

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>UNIVERSITY OF PITTSBURGH</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>116 ATWOOD STREET, SUITE 201</b> City or town, state or province, country, and ZIP or foreign postal code <b>PITTSBURGH, PA 15260-0100</b>	<b>D</b> Employer identification number <b>25-0965591</b>
	<b>E</b> Telephone number <b>(412) 624-6395</b>	<b>G</b> Gross receipts \$ <b>6,809,652,964.</b>
	<b>F</b> Name and address of principal officer: <b>PATRICK D. GALLAGHER</b> <b>107 CATHEDRAL OF LEARNING, PGH, PA 15260</b>	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	
	<b>J</b> Website: ▶ <b>WWW.PITT.EDU</b>	
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	<b>L</b> Year of formation: <b>1787</b> <b>M</b> State of legal domicile: <b>PA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE HIGH QUALITY EDUCATIONAL SERVICES, RESEARCH, AND COMMUNITY SERVICE.</b>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>36</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>28</b>
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>		<b>26867</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		<b>214</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>-26,000,007.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>		<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)		<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>302,720,212.</b>	<b>504,730,728.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>2,249,337,245.</b>	<b>2,066,084,614.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>270,148,289.</b>	<b>661,711,985.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>19,506,103.</b>	<b>-6,537,704.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>2,841,711,849.</b>	<b>3,225,989,623.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>333,603,534.</b>	<b>357,156,533.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>1,590,304,280.</b>	<b>1,528,997,821.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>25,387,199.</b>		<b>237,443.</b>	<b>374,137.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>858,940,674.</b>	<b>863,308,818.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>2,783,085,931.</b>	<b>2,749,837,309.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>58,625,918.</b>	<b>476,152,314.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)		<b>8,011,856,079.</b>	<b>9,651,464,888.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>3,011,172,348.</b>	<b>3,102,244,519.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer: <u>Hari Sastry</u> Date: <u>05/12/2022</u>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <u>JONATHAN LIST</u> Preparer's signature: <u>Jonathan List</u> Date: <u>05/12/2022</u> Check if self-employed: <input type="checkbox"/> PTIN: <u>P01679255</u> Firm's name: <u>KPMG</u> Firm's EIN: <u>13-5565207</u> Firm's address: <u>8350 BROAD STREET SUITE 900</u> <u>MCLEAN, VA 22102</u> Phone no. <u>703-286-8000</u>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code: ) (Expenses \$ 791,486,622. including grants of \$ 104,321,692. ) (Revenue \$ 1,016,536,933. )

RESEARCH - INCLUDES EXPENDITURES FOR ACTIVITIES SPECIFICALLY ORGANIZED TO PRODUCE RESEARCH OUTCOMES WHETHER COMMISSIONED BY AN EXTERNAL AGENCY OR BUDGETED BY A UNIT.

4b (Code: ) (Expenses \$ 615,946,913. including grants of \$ 252,179,554. ) (Revenue \$ 864,372,084. )

INSTRUCTION - INCLUDES EXPENDITURES FOR ACTIVITIES OF THE INSTITUTION'S INSTRUCTION PROGRAMS.

4c (Code: ) (Expenses \$ 311,692,217. including grants of \$ ) (Revenue \$ 96,252,856. )

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ 757,592,305. including grants of \$ 655,287. ) (Revenue \$ 89,962,372. )

4e Total program service expenses 2,476,718,057.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<input checked="" type="checkbox"/>	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input checked="" type="checkbox"/>	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input checked="" type="checkbox"/>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<input checked="" type="checkbox"/>	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<input checked="" type="checkbox"/>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input checked="" type="checkbox"/>	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<input checked="" type="checkbox"/>	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<input checked="" type="checkbox"/>	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<input checked="" type="checkbox"/>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input checked="" type="checkbox"/>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 22-38 cover various reporting requirements for grants, compensation, bond issues, and excess benefit transactions.

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 1a-1c cover reporting on Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [x]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK R. NARDUZZI HEAD FOOTBALL COACH	40.00				X		5,391,518.	0.	253,419.	
(2) F. JEFFREY CAPEL III HEAD MEN'S BASKETBALL COACH	40.00				X		3,572,820.	0.	41,768.	
(3) EDWARD J. GREFENSTETTE TRUSTEE	5.00 40.00	X					0.	1,618,408.	1,420,877.	
(4) ARTHUR S. LEVINE SVC HEALTH SCIENCES THRU 6/1/20	40.00 5.00					X	1,337,067.	0.	70,260.	
(5) ANANTHA SHEKHAR SR VICE CHANCELLOR HEALTH SCIENCES	40.00 1.00			X			908,857.	0.	133,283.	
(6) HEATHER R. LYKE DIRECTOR OF ATHLETICS	40.00				X		788,021.	0.	128,518.	
(7) PATRICK D. GALLAGHER CHANCELLOR / CEO	40.00 5.00	X	X				675,467.	15,000.	139,027.	
(8) MICHAEL J. BECICH CHAIRMAN PCI	40.00				X		661,440.	0.	100,383.	
(9) LANCE B. WHITE HEAD WOMEN'S BASKETBALL COACH	40.00				X		638,930.	0.	51,738.	
(10) GREGORY SCHULER CIO THRU 6/30/21	40.00			X			513,012.	0.	46,994.	
(11) ANN E. CUDD PROVOST/SR VICE CHANCELLOR	40.00			X			489,497.	0.	47,268.	
(12) KATHY S. HUMPHREY SVC ENGAGEMENT- THRU 6/30/21	40.00			X			443,805.	0.	59,193.	
(13) ROBIN A. RUTENBAR SR VICE CHANCELLOR- RESEARCH	40.00			X			435,587.	0.	44,182.	
(14) GEOVETTE E. WASHINGTON SVC & CHIEF LEGAL OFFICER	40.00			X			432,465.	0.	45,154.	
(15) PAUL LAWRENCE TREASURER	40.00			X			402,235.	0.	68,682.	
(16) NARAHARI SASTRY CFO/SR VICE CHANCELLOR	40.00 1.00			X			403,719.	0.	43,614.	
(17) DAVID N. DEJONG SVC BUSINESS OPS	40.00			X			367,909.	0.	72,174.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREGORY A. SCOTT SVC BUSINESS OPS THRU 7/15/20	40.00			X				300,008.	0.	32,499.
(19) PATRICIA E. BEESON PROVOST/SR VICE CHANCELLOR	40.00 1.00						X	232,508.	0.	39,076.
(20) JANE BILEWICZ ALLRED TRUSTEE	5.00	X						0.	0.	0.
(21) JOHN A. BARBOUR TRUSTEE	5.00	X						0.	0.	0.
(22) DOUGLAS M. BROWNING TRUSTEE	5.00	X						0.	0.	0.
(23) GARY T. BROWNLEE TRUSTEE	5.00	X						0.	0.	0.
(24) MARY ELLEN CALLAHAN TRUSTEE	5.00	X						0.	0.	0.
(25) LOUIS R. CESTELLO TRUSTEE	5.00	X						0.	0.	0.
(26) DAVID C. CHAVERN TRUSTEE	5.00	X						0.	0.	0.
<b>1b Subtotal</b>								17,994,865.	1,633,408.	2,838,109.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								17,994,865.	1,633,408.	2,838,109.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2,604

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PJ DICK INC 225 NORTH SHORE DRIVE, PITTSBURGH, PA 15212	CONSTRUCTION	27,512,139.
MASCARO CONSTRUCTION CO LP, 1720 METROPOLITAN STREET, PITTSBURGH, PA 15233	CONSTRUCTION	27,076,337.
TURNER CONSTRUCTION CO, 925 LIBERTY AVENUE 3RD FL, PITTSBURGH, PA 15222	CONSTRUCTION	16,198,634.
CHARTWELLS DINING SERVICES 2 INTERNATIONAL DR, RYE BROOK, NY 10573	FOOD SERVICE	14,693,370.
SODEXO PO BOX 536922, ATLANTA, GA 30353-6922	FOOD SERVICE	10,782,381.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 598

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) VAUGHN S. CLAGETTE TRUSTEE	5.00	X						0.	0.	0.
(28) JAY COSTA, JR. TRUSTEE	5.00	X						0.	0.	0.
(29) JAMES P. COVERT TRUSTEE	5.00	X						0.	0.	0.
(30) BRADLEY J. FRANCO TRUSTEE	5.00	X						0.	0.	0.
(31) DEBORAH J. GILLOTTI TRUSTEE	5.00	X						0.	0.	0.
(32) LISA A. GOLDEN TRUSTEE	5.00	X						0.	0.	0.
(33) IRA J. GUMBERG TRUSTEE	5.00	X						0.	0.	0.
(34) DAWNE S. HICKTON TRUSTEE	5.00	X						0.	0.	0.
(35) DIANE P. HOLDER TRUSTEE	5.00	X						0.	0.	0.
(36) SY HOLZER TRUSTEE	5.00	X						0.	0.	0.
(37) PATRICIA D. HOROHO TRUSTEE	5.00	X						0.	0.	0.
(38) THOMAS O. JOHNSON TRUSTEE	5.00	X						0.	0.	0.
(39) S. JEFFREY KONDIS TRUSTEE	5.00	X						0.	0.	0.
(40) WILLIAM K. LIEBERMAN TRUSTEE	5.00	X						0.	0.	0.
(41) ROBERTA A. LUXBACHER TRUSTEE	5.00	X						0.	0.	0.
(42) JOHN A. MAHER III TRUSTEE	5.00	X						0.	0.	0.
(43) LARRY J. MERLO TRUSTEE	5.00	X						0.	0.	0.
(44) NATALIE MIHALEK TRUSTEE	5.00	X						0.	0.	0.
(45) JOHN H. PELUSI, JR. TRUSTEE	5.00	X						0.	0.	0.
(46) THOMAS E. RICHARDS CHAIRPERSON OF THE BOARD OF TRUSTEES	5.00	X	X					0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) KEITH E. SCHAEFER TRUSTEE	5.00	<input checked="" type="checkbox"/>						0.	0.	0.
(48) THOMAS L. VANKIRK TRUSTEE	5.00	<input checked="" type="checkbox"/>						0.	0.	0.
(49) PETER C. VARISCHETTI TRUSTEE	5.00	<input checked="" type="checkbox"/>						0.	0.	0.
(50) JOHN J. VERBANAC TRUSTEE	5.00	<input checked="" type="checkbox"/>						0.	0.	0.
(51) MICHAEL G. WELLS TRUSTEE	5.00	<input checked="" type="checkbox"/>						0.	0.	0.
(52) JAKE WHEATLEY, JR. TRUSTEE	5.00	<input checked="" type="checkbox"/>						0.	0.	0.
(53) MARNA CUPP WHITTINGTON TRUSTEE	5.00	<input checked="" type="checkbox"/>						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 600,598.				
	<b>d</b> Related organizations	<b>1d</b> 250,436,364.				
	<b>e</b> Government grants (contributions)	<b>1e</b> 219,508,436.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 34,185,330.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 6,557,438.				
	<b>h Total.</b> Add lines 1a-1f		504,730,728.			
	<b>Program Service Revenue</b>	<b>2 a</b> <u>GRANTS/CONTRACTS</u>		<b>Business Code</b> 541700	1,016,536,933.	
<b>b</b> <u>TUITION</u>		611710	864,372,084.	864,372,084.		
<b>c</b> <u>SALES-EDUCATIONAL</u>		711300	94,980,455.	94,980,455.		
<b>d</b> <u>SALES-AUXILIARY</u>		900004	89,962,372.	88,737,816.	1,224,556.	
<b>e</b> <u>UNIVERSITY PRESS</u>		511130	232,770.	232,770.		
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			2,066,084,614.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)			118,383,493.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties			12,620,438.		12,620,438.
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	17,783,055.		
			(ii) Personal			
			<b>6b</b> Less: rental expenses	10,691,395.		
	<b>6c</b> Rental income or (loss)	7,091,660.				
	<b>d</b> Net rental income or (loss)			7,091,660.		7,091,660.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	4110185305.		
			(ii) Other			
			<b>7b</b> Less: cost or other basis and sales expenses	3566856813.		
	<b>7c</b> Gain or (loss)	543,328,492.				
	<b>d</b> Net gain or (loss)			543,328,492.		543,328,492.
	<b>8 a</b> Gross income from fundraising events (not including \$ 600,598. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		72,044.		
			<b>8b</b> Less: direct expenses	136,914.		
<b>c</b> Net income or (loss) from fundraising events				-64,870.		-64,870.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
		<b>9b</b> Less: direct expenses				
		<b>c</b> Net income or (loss) from gaming activities				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		7,501,515.			
		<b>10b</b> Less: cost of goods sold	5,978,219.			
		<b>c</b> Net income or (loss) from sales of inventory			1,523,296.	1,039,631.
<b>Miscellaneous Revenue</b>	<b>11 a</b> <u>PARTNERSHIP GAIN(LOSS)</u>		<b>Business Code</b> 523000	-27,708,228.		-27,708,228.
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d			-27,708,228.		
<b>12 Total revenue.</b> See instructions			3,225,989,623.	1,049,362,756.	-26,000,007.	1697896146.

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	101,629,666.	101,629,666.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	252,183,681.	252,183,681.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	3,343,186.	3,343,186.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	7,262,499.	1,299,600.	5,461,243.	501,656.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	2,552,713.	1,251,357.	1,152,487.	148,869.
<b>7</b> Other salaries and wages .....	1,167,555,208.	1,066,678,219.	84,911,870.	15,965,119.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	107,901,715.	98,008,806.	8,293,485.	1,599,424.
<b>9</b> Other employee benefits .....	170,368,838.	154,263,150.	13,622,726.	2,482,962.
<b>10</b> Payroll taxes .....	73,356,848.	66,381,323.	5,829,402.	1,146,123.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	518,518.		518,518.	
<b>b</b> Legal .....	13,934,827.		13,934,827.	
<b>c</b> Accounting .....	919,327.		919,327.	
<b>d</b> Lobbying .....	948,017.	948,017.		
<b>e</b> Professional fundraising services. See Part IV, line 17	374,137.			374,137.
<b>f</b> Investment management fees .....	50,790,233.		50,790,233.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	194,209,546.	161,568,740.	31,735,723.	905,083.
<b>12</b> Advertising and promotion .....	1,054,616.	1,052,253.		2,363.
<b>13</b> Office expenses .....	105,834,465.	105,451,187.		383,278.
<b>14</b> Information technology .....	50,095,227.	49,496,785.	283,036.	315,406.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	165,049,020.	157,956,815.	5,630,657.	1,461,548.
<b>17</b> Travel .....	14,148,583.	14,101,443.		47,140.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,787,442.	1,787,442.		
<b>20</b> Interest .....	47,329,537.	44,217,938.	3,111,599.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	193,024,292.	179,768,499.	13,255,793.	
<b>23</b> Insurance .....	10,390,750.	3,071,836.	7,310,690.	8,224.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> LIBRARY	8,702,510.	8,702,510.		
<b>b</b> DUES AND FEES	4,571,908.	3,555,604.	970,437.	45,867.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,749,837,309.	2,476,718,057.	247,732,053.	25,387,199.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	1,155,174,043.	<b>2</b>	1,225,674,034.
	<b>3</b> Pledges and grants receivable, net .....	203,978,435.	<b>3</b>	210,315,040.
	<b>4</b> Accounts receivable, net .....	84,865,468.	<b>4</b>	103,397,842.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	32,299,714.	<b>7</b>	28,836,425.
	<b>8</b> Inventories for sale or use .....	5,268,670.	<b>8</b>	4,579,035.
	<b>9</b> Prepaid expenses and deferred charges .....	20,891,969.	<b>9</b>	19,018,552.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,306,235,898.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,252,552,672.	1,979,055,246.	<b>10c</b> 2,053,683,226.
	<b>11</b> Investments - publicly traded securities .....	1,132,997,645.	<b>11</b>	1,290,954,963.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,093,341,814.	<b>12</b>	4,418,128,842.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	303,983,075.	<b>15</b>	296,876,929.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,011,856,079.	<b>16</b>	9,651,464,888.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	931,146,759.	<b>17</b>	980,775,879.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	126,570,043.	<b>19</b>	147,981,347.
	<b>20</b> Tax-exempt bond liabilities .....	95,794,831.	<b>20</b>	95,756,690.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	1,357,099,404.	<b>24</b>	1,414,390,936.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	500,561,311.	<b>25</b>	463,339,667.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,011,172,348.	<b>26</b>	3,102,244,519.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,265,808,622.	<b>27</b>	4,201,260,977.
	<b>28</b> Net assets with donor restrictions .....	1,734,875,109.	<b>28</b>	2,347,959,392.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,000,683,731.	<b>32</b>	6,549,220,369.
<b>33</b> Total liabilities and net assets/fund balances .....	8,011,856,079.	<b>33</b>	9,651,464,888.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,225,989,623.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,749,837,309.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	476,152,314.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,000,683,731.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,072,384,324.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,549,220,369.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2020)

**SCHEDULE A**  
**(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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization <p align="center">UNIVERSITY OF PITTSBURGH</p>	Employer identification number <p align="center">25-0965591</p>
--	--

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	261,078,515.	272,881,210.	278,771,458.	301,857,506.	509,627,810.	1624216499.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	261,078,515.	272,881,210.	278,771,458.	301,857,506.	509,627,810.	1624216499.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						1624216499.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	261,078,515.	272,881,210.	278,771,458.	301,857,506.	509,627,810.	1624216499.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	101,861,693.	98,266,163.	105,549,582.	80,213,104.	131,003,931.	516,894,473.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						2141110972.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	12,734,566,624.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	75.86 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	73.59 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? If "Yes" or "No" provide details in Part VI.		
<b>b</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.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7:			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
**▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Open to Public  
Inspection

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

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

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

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

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

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

Name of organization <b>UNIVERSITY OF PITTSBURGH</b>	Employer identification number <b>25-0965591</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

LHA  
032041 12-02-20

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2020



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		500.
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		927,494.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		20,023.
<b>j</b> Total. Add lines 1c through 1i			948,017.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE A: VOLUNTEERS- THE UNIVERSITY UTILIZES ALUMNI AND STUDENTS TO

ADVOCATE FOR STATE SUPPORT FOR THE UNIVERSITY THROUGH LETTER WRITING,

EMAILS AND VISITS TO LEGISLATORS AND STATE OFFICIALS.

LINE B: STAFF MEMBERS- THE UNIVERSITY GOVERNMENTAL RELATIONS OFFICE

**Part IV** Supplemental Information (continued)

STAFF MEMBERS ADVOCATE REGARDING LEGISLATIVE OR OTHER GOVERNMENTAL

INITIATIVES WHICH ARE LIKELY TO OR MAY IMPACT 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ 2,181,100.

(ii) Assets included in Form 990, Part X .....

▶ \$ 24,914,846.

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

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,203,474,474.	4,342,563,405.	4,226,329,646.	3,970,046,974.	3,546,457,502.
b Contributions	29,831,000.	30,445,000.	31,709,000.	63,962,000.	85,727,000.
c Net investment earnings, gains, and losses	1,605,842,000.	-1,518,000.	204,836,000.	342,945,000.	460,807,000.
d Grants or scholarships	19,275,340.	17,886,528.	17,170,023.	16,440,322.	15,963,945.
e Other expenditures for facilities and programs	124,056,830.	136,090,224.	89,627,514.	119,653,141.	94,405,682.
f Administrative expenses	15,589,418.	14,039,179.	13,513,704.	14,530,865.	12,574,901.
g End of year balance	5,680,225,886.	4,203,474,474.	4,342,563,405.	4,226,329,646.	3,970,046,974.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  51.5000 %
  - b Permanent endowment  38.8000 %
  - c Term endowment  9.7000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  | x   |    |
| (ii) Related organizations   |     | x  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		78,916,235.		78,916,235.
b Buildings		3,676,156,954.	2,324,604,037.	1,351,552,917.
c Leasehold improvements				
d Equipment		877,536,489.	633,930,826.	243,605,663.
e Other		673,626,220.	294,017,809.	379,608,411.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,053,683,226.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE INVESTMENTS	2,762,278,319.	END-OF-YEAR MARKET VALUE
(B) COMMINGLED INVESTMENTS IN PUBLIC SEC.	1,654,172,209.	END-OF-YEAR MARKET VALUE
(C) INSURANCE CSV & INSURANCE SURPLUS	1,678,314.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>4,418,128,842.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE US GOVERNMENT STUDENT LOANS	22,472,673.
(3) PRESENT VALUE OF SPLIT INTEREST AGREEMENTS	14,760,896.
(4) OTHER LIABILITIES	2,932,525.
(5) CONDITIONAL ASSET REMEDIATION OBLIGATION	28,079,250.
(6) INTEREST RATE SWAP AGREEMENTS	82,076,468.
(7) AMOUNTS HELD IN CUSTODY	16,883,858.
(8) RIGHT OF USE LEASE LIABILITIES	296,133,997.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>463,339,667.</b>

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	4,012,073,474.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	1,072,384,024.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	16,669,614.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	1,089,053,638.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	2,923,019,836.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	50,790,233.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	252,179,554.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	302,969,787.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	3,225,989,623.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	2,463,537,136.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	16,669,614.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	16,669,614.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	2,446,867,522.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	50,790,233.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	252,179,554.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	302,969,787.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	2,749,837,309.

**Part XIII Supplemental Information.**

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

PART III, LINE 4:

THE UNIVERSITY'S COLLECTIONS OF ART, HISTORICAL TREASURES, AND OTHER

SIMILAR ASSETS INCLUDE A VARIETY OF PAINTINGS, SCULPTURES, PHOTOGRAPHS,

ANTIQUES, AND FURNISHINGS AS WELL AS SCHOLARLY PAPERS AND ARCHIVES. THESE

ITEMS ARE HOUSED IN VARIOUS FACILITIES AROUND CAMPUS INCLUDING THE FRICK

FINE ARTS BUILDING, THE HILLMAN LIBRARY, AND THE NATIONALITY ROOMS. THE

WORKS OF ART, HISTORICAL TREASURES, AND OTHER SIMILAR ASSETS ARE USED FOR

PUBLIC EXHIBITION AND THE PRESERVATION OF ARTIFACTS AND ANTIQUES FOR THE

BENEFIT OF FUTURE GENERATIONS. THE SCHOLARLY PAPERS AND ARCHIVES ARE USED

FOR BOTH ACADEMIC RESEARCH AND THE PRESERVATION OF DOCUMENTS RELATED TO

KEY HISTORICAL FIGURES AND EVENTS.

**Part XIII** Supplemental Information (continued)

PART V, LINE 4:

ENDOWMENT PURPOSE:

CHAIRS, PROFESSORSHIPS AND INSTRUCTION

SCHOLARSHIPS, FELLOWSHIPS AND AWARDS

POST RETIREMENT RESERVES

GENERAL AND UNDESIGNATED FUNDS

RESEARCH, LIBRARY AND PUBLIC SERVICE

DEVELOPMENT AND INSTITUTIONAL SUPPORT

PART X, LINE 2:

THE UNIVERSITY ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT

THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN

THE CONSOLIDATED FINANCIAL STATEMENTS. NO PROVISION FOR INCOME TAXES WAS

REQUIRED FOR 2021 OR 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF COST OF SALES-AUX FROM EXPENSE	5,978,219.
---	------------

RECLASS OF EXTERNAL TENANT RENTAL EXPS FROM EXPENSE	10,691,395.
---	-------------

TOTAL TO SCHEDULE D, PART XI, LINE 2D	16,669,614.
---------------------------------------	-------------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF TUITION DISCOUNTS TO FINANCIAL AID EXPENSE	252,179,554.
---	--------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF COST OF SALES-AUX TO REVENUE	5,978,219.
---	------------

RECLASS OF EXTERNAL TENANT RENTAL EXPS TO REVENUE	10,691,395.
---	-------------

TOTAL TO SCHEDULE D, PART XII, LINE 2D	16,669,614.
--	-------------

**Part XIII** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF TUITION DISCOUNTS TO FINANCIAL AID EXPENSE 252,179,554.

Multiple horizontal lines for supplemental information.



**SCHEDULE E**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>THROUGH ELECTRONIC AND PRINT DISTRIBUTION AT THE BEGINNING OF EACH ACADEMIC TERM.</u>		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Admissions policies? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Employment of faculty or administrative staff? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Scholarships or other financial assistance? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Educational policies? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Use of facilities? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Athletic programs? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Other extracurricular activities? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Schedule E (Form 990 or 990-EZ) 2020

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE UNIVERSITY OF PITTSBURGH RECEIVES FUNDS FROM THE COMMONWEALTH OF PENNSYLVANIA. IN ADDITION, THE UNIVERSITY RECEIVES FEDERAL PELL GRANTS AND COMMONWEALTH PHEAA GRANTS THAT ARE APPLIED TO STUDENTS' ACCOUNTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	177,105.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	3,051,363.
EUROPE	0	0	PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	7,412,011.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	321,902.
NORTH AMERICA	0	0	PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	5,726,166.
RUSSIA AND NEIGHBORING STATES	0		PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	76,538.
SOUTH AMERICA	1	1	PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	227,894.
SOUTH ASIA	0	0	PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	291,349.
<b>3 a</b> Subtotal .....	1	1			17,284,328.
<b>b</b> Total from continuation sheets to Part I .....	0	0			127,934,419.
<b>c Totals</b> (add lines 3a and 3b) .....	1	1			145,218,747.

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

Schedule F (Form 990) 2020

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	590,818.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS.		35,842,529.
EUROPE	0	0	INVESTMENTS.		84,988,740.
NORTH AMERICA	0	0	INVESTMENTS.		343,332.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS.		6,169,000.
<b>Totals</b> .....					127,934,419.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH SUBCONTRACT.	278,982.	WIRE/CHECK	0.		
		EUROPE	RESEARCH SUBCONTRACT.	1,701,457.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUBCONTRACT.	238,435.	WIRE/CHECK	0.		
		NORTH AMERICA	RESEARCH SUBCONTRACT.	420,440.	WIRE/CHECK	0.		
		SOUTH ASIA	RESEARCH SUBCONTRACT.	149,960.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	RESEARCH SUBCONTRACT	381,293.	WIRE/CHECK	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	RESEARCH SUBCONTRACT.	100,264.	WIRE/CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	RESEARCH SUBCONTRACT.	72,354.	WIRE/CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 55

3 Enter total number of other organizations or entities ..... 5

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2020

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE INITIAL DETERMINATION OF ELIGIBILITY AND APPROPRIATENESS OF THE

ENTITY LIES JOINTLY BETWEEN THE PRINCIPAL INVESTIGATOR (PI)/DEPARTMENT

AND THE OFFICE OF RESEARCH. THE PI/DEPARTMENT IDENTIFIES THE ENTITY

USUALLY BASED UPON THE UNIQUE NEEDS OF THE PI EVIDENCED IN THE SCOPE OF

WORK. DOCUMENTATION IS OBTAINED FROM THE ENTITY WHICH IS REVIEWED. UPON

SUBMISSION, THE OFFICE OF RESEARCH LOOKS FOR THIS DOCUMENTATION SO THAT

IT MEETS SPONSOR AND UNIVERSITY REQUIREMENTS. IF AND WHEN THE PROJECT IS

FUNDED, THE DEPARTMENT INITIATES A SUBCONTRACT REQUEST. THE SUBCONTRACT

TERMS INCLUDE PROVISIONS FOR REGULAR WRITTEN PROGRESS REPORTS AS WELL AS

INVOICING.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DAVINCI DIRECT, INC. - 36 CORDAGE PARK CIRCLE SUITE	DIRECT MAIL SOLICITATION & CONSULTING		X	281,551.	180,345.	101,206.
ASPEN LEADERSHIP GROUP - PO BOX 1212, ASPEN, CO 81612	CONSULTING-SEE PART IV		X	0.	2,250.	-2,250.
PLUS DELTA PARTNERS - 6965 EL CAMINO REAL, CARLSBAD, CA	CONSULTING-SEE PART IV		X	0.	119,042.	-119,042.
GRADUWAY INC - 2815 ELLIOTT AVE, SEATTLE, WA 98121	CONSULTING-SEE PART IV		X	0.	72,500.	-72,500.
<b>Total</b>				281,551.	374,137.	-92,586.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CO, CT, FL, GA, IN, KS, KY, MD, MI, MN, MS, NJ, NH, NM, NC, ND, OH, OK, PA, RI, SC, TN  
UT, VA, WV, HI, CA, DC, IL, MA, ME, NV, OR, WA, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GTHMG HILLMAN CANCER CENTER GALA (event type)	UPGLF PITT-GREENSBURG GO (event type)	6 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	365,000.	245,391.	58,450.	668,841.
	<b>2</b> Less: Contributions .....	332,250.	227,665.	39,343.	599,258.
	<b>3</b> Gross income (line 1 minus line 2) .....	32,750.	17,726.	19,107.	69,583.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....		1,287.		1,287.
	<b>6</b> Rent/facility costs .....		4,230.	6,987.	11,217.
	<b>7</b> Food and beverages .....	42,391.	2,805.		45,196.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	50,133.	599.	28,482.	79,214.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				136,914.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-67,331.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: PA

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

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

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

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

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	56.25 %
b An outside facility	13b	43.75 %

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

Name ▶ RYAN VARLEY

Address ▶ 3105 PETERSEN EVENTS CENTER - PITTSBURGH, PA 15260

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

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

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

Name ▶ ASCEND FUNDRAISING SOLUTIONS

Address ▶ 1 YONGE ST - TORONTO, ON, CANADA

16 Gaming manager information:

Name ▶ SEE PART IV

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

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

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DAVINCI DIRECT, INC.

(I) ADDRESS OF FUNDRAISER:

36 CORDAGE PARK CIRCLE SUITE 339, PLYMOUTH, MA 02360

(I) NAME OF FUNDRAISER: PLUS DELTA PARTNERS

(I) ADDRESS OF FUNDRAISER: 6965 EL CAMINO REAL, CARLSBAD, CA 92009

**Part IV** Supplemental Information (continued)

## SCHEDULE G, PART I

THE UNIVERSITY RETAINS ASPEN LEADERSHIP, GRADUWAY, INC., AND PLUS DELTA

PARTNERS FOR FUNDRAISING CONSULTATION. DUE TO THE NATURE OF THE

SERVICES PROVIDED, IN THAT NO DIRECT SOLICITATIONS OR FUNDRAISING

EVENTS ARE CONDUCTED BY THESE FUNDRAISING CONSULTANTS, IT IS NOT

POSSIBLE TO REPORT GROSS RECEIPTS DIRECTLY RELATED TO THEIR SPECIFIC

CONSULTING SERVICES.

## SCHEDULE G, PART III

## LINE 15A

NAME OF ORGANIZATION	AMOUNT OF REVENUE RETAINED
ASCEND FUNDRAISING SOLUTIONS	\$21,329
1 YONGE ST.	
TORONTO, ON, CANADA	
BUMP WORLWIDE	\$5,000
PO BOX 936714	
ATLANTA, GA 31193	
PSSI	\$12,275
3400 WATER ST.	
PITTSBURGH, PA 15203	
BOM ADVISERS	\$10,935
252 MARSHALL AVE.	
CARNEGIE, PA 15106	

Schedule G (Form 990 or 990-EZ)

**Part IV** Supplemental Information (continued)

LINE 16A

GAMING MANAGER INFORMATION

NAME: KLAVIN BOYD

GAMING MANAGER COMPENSATION: \$1,750

DESCRIPTION OF SERVICES: OVERALL SUPERVISION OF 50/50 OPERATIONS AT  
HEINZ FIELD FOR RAFFLES HELD DURING FOOTBALL GAMES.

     DIRECTOR/OFFICER      EMPLOYEE   X   INDEPENDENT CONTRACTOR

NAME: RYAN VARLEY

GAMING MANAGER COMPENSATION: \$0

DESCRIPTION OF SERVICES: OVERALL SUPERVISION OF 50/50 OPERATIONS AT  
PETERSEN EVENTS CENTER FOR RAFFLES HELD DURING BASKETBALL GAMES.

  X   DIRECTOR/OFFICER      EMPLOYEE      INDEPENDENT CONTRACTOR

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

**Part I General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE ST - ANN ARBOR, MI 48109	38-6006309	115	7,139,915.	0.			RESEARCH- SUBCONTRACT
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	6,552,339.	0.			RESEARCH- SUBCONTRACT
NEW YORK UNIVERSITY 726 BROADWAY- 9TH FL NEW YORK, NY 10003	13-5562308	501(C)(3)	5,286,048.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF ILLINOIS 506 S WRIGHT ST URBANA, IL 61801	37-6000511	115	4,298,234.	0.			RESEARCH- SUBCONTRACT
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	2,464,795.	0.			RESEARCH- SUBCONTRACT
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	2,396,764.	0.			RESEARCH- SUBCONTRACT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 317.

**3** Enter total number of other organizations listed in the line 1 table ▶ 30.

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH WEST CAMPUS CLAYTON, MO 63105	43-0653611	501(C)(3)	2,388,472.	0.			RESEARCH- SUBCONTRACT
BRIGHAM AND WOMENS HOSPITAL INC 75 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)(3)	2,271,162.	0.			RESEARCH- SUBCONTRACT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1111 FRANKLIN ST 10TH FL - OAKLAND, CA 94607	94-3067788	115	2,092,349.	0.			RESEARCH- SUBCONTRACT
HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE STE 3 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	2,007,523.	0.			RESEARCH- SUBCONTRACT
OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY RD - COLUMBUS, OH 43210	31-6401599	501(C)(3)	1,718,387.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF SOUTHERN CALIFORNIA 837 W. DOWNEY WAY RM 315 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	1,654,186.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF WISCONSIN SYSTEM 700 REGENT ST, STE 301 MADISON, WI 53715	39-1805963	115	1,547,760.	0.			RESEARCH- SUBCONTRACT
VANDERBILT UNIVERSITY MEDICAL CENTER - 2525 WEST END AVE STE 450 - NASHVILLE, TN 37203	35-2528741	501(C)(3)	1,539,460.	0.			RESEARCH- SUBCONTRACT
CONSORTIUM FOR PUBLIC EDUCATION 410 9TH ST MCKEESPORT, PA 15132	25-1533592	501(C)(3)	1,415,073.	0.			RESEARCH- SUBCONTRACT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203-6248	52-6002033	115	1,187,063.	0.			RESEARCH- SUBCONTRACT
WEST VIRGINIA UNIVERSITY RESEARCH CORP - PO BOX 6005 - MORGANTOWN, WV 26506	55-0665758	501(C)(3)	1,131,101.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF FLORIDA PO BOX 115500 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	1,128,961.	0.			RESEARCH- SUBCONTRACT
STANFORD UNIVERSITY 3145 PORTER DR PALO ALTO, CA 94304	94-1156365	501(C)(3)	1,119,519.	0.			RESEARCH- SUBCONTRACT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	1,118,703.	0.			RESEARCH- SUBCONTRACT
YALE UNIVERSITY 47 COLLEGE ST STE 203 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	1,061,652.	0.			RESEARCH- SUBCONTRACT
COMMUNITY HUMAN SERVICES CORP 374 LAWN ST PITTSBURGH, PA 15213	25-1219610	501(C)(3)	1,061,638.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF CHICAGO 6054 S DREXEL AVE NO 300 CHICAGO, IL 60637	36-2177139	501(C)(3)	1,052,891.	0.			RESEARCH- SUBCONTRACT
KUMC RESEARCH INSTITUTE INC 300 EXECUTIVE DR STE 150 WEST ORANGE, NJ 07052	48-1108830	501(C)(3)	975,172.	0.			RESEARCH- SUBCONTRACT

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UNIVERSITY OF COLORADO 1800 N GRANT ST DENVER, CO 80203	84-6000555	115	923,461.	0.			RESEARCH- SUBCONTRACT
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST BOSTON, MA 02114	04-1564655	501(C)(3)	906,921.	0.			RESEARCH- SUBCONTRACT
WEILL MEDICAL COLLEGE 1300 YORK AVE NEW YORK, NY 10021	13-1623978	501(C)(3)	871,768.	0.			RESEARCH- SUBCONTRACT
OREGON HEALTH & SCIENCE UNIVERSITY FOUNDATION - 1121 SW SALMON ST - PORTLAND, OR 97205	23-7083114	501(C)(3)	843,589.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DR - CHAPEL HILL, NC 27599	56-6001393	115	840,711.	0.			RESEARCH- SUBCONTRACT
WILLIAM MARSH RICE UNIVERSITY 6100 MAIN ST HOUSTON, TX 77005	74-1109620	501(C)(3)	835,977.	0.			RESEARCH- SUBCONTRACT
MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION - 3339 WARD ST - PITTSBURGH, PA 15213	25-1462312	501(C)(3)	780,848.	0.			RESEARCH- SUBCONTRACT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - WASHINGTON ROAD - PRINCETON, NJ 08544	23-1352685	501(C)(3)	776,334.	0.			RESEARCH- SUBCONTRACT
PENNSYLVANIA STATE UNIVERSITY ONE OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	115	755,152.	0.			RESEARCH- SUBCONTRACT

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TEMPLE UNIVERSITY OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION - 1805 N BROAD - PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	718,401.	0.			RESEARCH- SUBCONTRACT
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN ST - HOUSTON, TX 75303	74-1761309	115	680,126.	0.			RESEARCH- SUBCONTRACT
MED-ALLY LLC PO BOX 975 GOOSE CREEK, SC 29445	45-4662780	N/A	651,106.	0.			RESEARCH- SUBCONTRACT
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE LEVY PL NEW YORK, NY 10029	13-6171197	501(C)(3)	635,991.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF VERMONT 850 SO PROSPECT ST RM 333 BURLINGTON, VT 05405	03-0179440	115	633,019.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF UTAH 540 ARAPEEN DR, STE 250 SALT LAKE CITY, UT 84108	87-6000525	115	610,859.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF VIRGINIA BOX 4001953 CHARLOTTESVILLE, VA 22904	54-6001786	115	580,116.	0.			RESEARCH- SUBCONTRACT
IHC HEALTH SERVICES INC 36 S STATE ST SALT LAKE CITY, UT 84111	94-2854057	501(C)(3)	570,999.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198	47-0771713	115	538,230.	0.			RESEARCH- SUBCONTRACT

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TURTLE CREEK VALLEY MH/MR INC 6823 ST CHARLES AVE NEW ORLEANS, LA 70118	25-1250510	501(C)(3)	537,192.	0.			RESEARCH- SUBCONTRACT
ALBERT EINSTEIN COLLEGE OF MEDICINE - 500 WEST 185TH ST - NEW YORK, NY 10033	23-7075620	501(C)(3)	509,740.	0.			RESEARCH- SUBCONTRACT
FOCUS ON RENEWAL 701 CHARTIERS AVE MCKEES ROCKS, PA 15136	23-7181440	501(C)(3)	506,567.	0.			RESEARCH- SUBCONTRACT
VETERANS RESEARCH FOUNDATION OF PITTSBURGH - 7180 HIGHLAND DR - PITTSBURGH, PA 15206	25-1666090	501(C)(3)	488,574.	0.			RESEARCH- SUBCONTRACT
NORTHWESTERN UNIVERSITY 619 CLARK ST RM 217 EVANSTON, IL 60208	36-2167817	501(C)(3)	486,591.	0.			RESEARCH- SUBCONTRACT
VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEHIGH ST RICHMOND, VA 23219	54-6001758	115	484,010.	0.			RESEARCH- SUBCONTRACT
COPD FOUNDATION, INC. 3300 PONCE DE LEON BLVD MIAMI, FL 33134	20-1048322	501(C)(3)	479,037.	0.			RESEARCH- SUBCONTRACT
KAISER FOUNDATION HOSPITALS CENTER FOR HEALTH RESEARCH - ONE KAISER PLAZA - OAKLAND, CA 94612	94-1105628	501(C)(3)	475,758.	0.			RESEARCH- SUBCONTRACT
HENRY M JACKSON FOUNDATION 6720 ROCKLEDGE DR STE A BETHESDA, MD 20817	52-1317896	501(C)(3)	475,232.	0.			RESEARCH- SUBCONTRACT

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FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE NORTH SEATTLE, WA 98109	23-7156071	501(C)(3)	472,743.	0.			RESEARCH- SUBCONTRACT
RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN RM 150 CHICAGO, IL 60612	36-2174823	501(C)(3)	452,199.	0.			RESEARCH- SUBCONTRACT
OHIO STATE UNIVERSITY 154 WEST 12TH AVE COLUMBUS, OH 43210	31-6025986	115	449,870.	0.			RESEARCH- SUBCONTRACT
COMMUNITY HEALTH AND SOCIAL SERVICES CENTER INC - 5635 W FORT ST - DETROIT, MI 48209	38-3094394	501(C)(3)	448,102.	0.			RESEARCH- SUBCONTRACT
OREGON RESEARCH INSTITUTE 1776 MILLRACE DR EUGENE, OR 97403	93-0495655	501(C)(3)	430,270.	0.			RESEARCH- SUBCONTRACT
ECM THERAPEUTICS INC 118 MARSHALL DR WARRENDALE, PA 15089	83-3490187	N/A	411,039.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF CALIFORNIA DAVIS 202 COUSTEAU PL STE 185 DAVIS, CA 95617	94-6036494	115	405,933.	0.			RESEARCH- SUBCONTRACT
TRUSTEES OF COLUMBIA UNIVERSITY 615 W 131ST ST NEW YORK, NY 10027	13-5598093	501(C)(3)	404,326.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF DELAWARE 83 E. MAIN ST, 3RD FL NEWARK, DE 19716	51-6000297	115	393,490.	0.			RESEARCH- SUBCONTRACT

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ARIZONA STATE UNIVERSITY BOX 873503 TEMPE, AZ 85287	86-0196696	115	392,269.	0.			RESEARCH- SUBCONTRACT
BETH ISRAEL DEACONESS MEDICAL CENTER - 300 BROOKLINE AVE - BOSTON, MA 02215	04-2103881	501(C)(3)	389,886.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	387,994.	0.			RESEARCH- SUBCONTRACT
INDIANA UNIVERSITY 400 E 7TH ST RM 501 BLOOMINGTON, IN 47405	35-6001673	115	383,562.	0.			RESEARCH- SUBCONTRACT
HEALTH FEDERATION OF PHILADELPHIA 1211 CHESTNUT ST STE 801 PHILADELPHIA, PA 19107	23-2244355	501(C)(3)	377,273.	0.			RESEARCH- SUBCONTRACT
CARNEGIE FOUNDATION FOR THE ADVANCEMENT OF TEACHING - 51 VISTA LN - STANFORD, CA 94305	13-1623924	501(C)(3)	374,182.	0.			RESEARCH- SUBCONTRACT
VANDERBILT UNIVERSITY VU STATION B BOX 356310 NASHVILLE, TN 37235	62-0476822	501(C)(3)	371,890.	0.			RESEARCH- SUBCONTRACT
EMORY UNIVERSITY 201 DOWMAN DR ATLANTA, GA 30322	58-0566256	501(C)(3)	367,175.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF MASSACHUSETTS 225 FRANKLIN ST BOSTON, MA 02110	04-3167352	115	349,423.	0.			RESEARCH- SUBCONTRACT

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INOVA HEALTH CARE SERVICES 2832 JUNIPER ST STE 104 FAIRFAX, VA 22031	54-0620889	501(C)(3)	344,587.	0.			RESEARCH- SUBCONTRACT
BROAD INSTITUTE INC 415 MAIN ST CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	341,815.	0.			RESEARCH- SUBCONTRACT
SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	339,426.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF WASHINGTON GERBERDING HALL G80 SEATTLE, WA 98195	91-6001537	115	329,474.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF ALABAMA AT BIRMINGHAM - PO BOX 870136 - TUSCALOOSA, AL 35401	63-6005396	115	319,028.	0.			RESEARCH- SUBCONTRACT
HOWARD UNIVERSITY 576 W ST NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	311,077.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 301 PETERSON SERVICE BUILDING - LEXINGTON, KY 40506	61-6033693	501(C)(3)	308,282.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	115	305,598.	0.			RESEARCH- SUBCONTRACT
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	304,342.	0.			RESEARCH- SUBCONTRACT

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DANA-FARBER CANCER INSTITUTE 44 BINNER ST STE BP600 BOSTON, MA 02115	04-2263040	501(C)(3)	303,936.	0.			RESEARCH- SUBCONTRACT
UPMC 600 GRANT ST FL 56 PITTSBURGH, PA 15219	25-1423657	501(C)(3)	299,623.	0.			RESEARCH- SUBCONTRACT
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM - 4000 AMBASSADOR DR - ANCHORAGE, AK 99508	92-0162721	501(C)(3)	298,221.	0.			RESEARCH- SUBCONTRACT
THERMAQUIL INC 1020 WALNUT ST PHILADELPHIA, PA 19107	82-3445801	N/A	295,992.	0.			RESEARCH- SUBCONTRACT
GEISINGER CLINIC N ACADEMY AVE DANVILLE, PA 17822	23-6291113	501(C)(3)	290,404.	0.			RESEARCH- SUBCONTRACT
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD WINSTON-SALEM, NC 27106	56-0532138	501(C)(3)	286,416.	0.			RESEARCH- SUBCONTRACT
SALK INSTITUTE 10010 N TORREY PINES RD LA JOLLA, CA 92037-1099	95-2160097	501(C)(3)	285,755.	0.			RESEARCH- SUBCONTRACT
MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	284,238.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF MISSOURI COLUMBIA 15 JESSE HALL COLUMBIA, MO 65211	43-6003859	115	274,515.	0.			RESEARCH- SUBCONTRACT

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TRUSTEES OF PRINCETON UNIVERSITY 622 W 113TH ST NEW YORK, NY 10025	21-0634501	501(C)(3)	266,079.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF ARIZONA 888 N EUCLID AVE TUCSON, AZ 85722-3607	74-2652689	115	260,255.	0.			RESEARCH- SUBCONTRACT
REGENTS OF THE UNIVERSITY OF MINNESOTA - 2221 UNIVERSITY AVE SE - MINNEAPOLIS, MN 55414	41-6007513	115	242,935.	0.			RESEARCH- SUBCONTRACT
WESTERN INSTITUTE FOR BIOMEDICAL RESEARCH - PO BOX 58719 - SALT LAKE CITY, UT 84158	87-0470748	501(C)(3)	238,787.	0.			RESEARCH- SUBCONTRACT
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	230,103.	0.			RESEARCH- SUBCONTRACT
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR FAIRFAX, VA 22030	54-0836354	115	229,553.	0.			RESEARCH- SUBCONTRACT
TULANE UNIVERSITY 169 HOLLAND ST SOMERVILLE, MA 02144	72-0423889	501(C)(3)	229,060.	0.			RESEARCH- SUBCONTRACT
GEORGIA TECH RESEARCH CORP 550 TENTH ST NW ATLANTA, GA 30332	58-0603146	501(C)(3)	227,619.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS-MD ANDERSON CANCER CENTER - PO BOX 4930 - HOUSTON, TX 77210-4390	74-6001118	115	224,540.	0.			RESEARCH- SUBCONTRACT

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AMERICAN LUNG ASSOCIATION 3001 OLD GETTYSBURG RD CAMP HILL, PA 17011	25-1825116	501(C)(3)	208,150.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - 7703 FLOYD CURL DR - SAN ANTONIO, TX 78229	74-1586031	115	206,764.	0.			RESEARCH- SUBCONTRACT
BOSTON UNIVERSITY 595 COMMONWEALTH AVE STE 700 BOSTON, MA 02215	04-2103547	501(C)(3)	205,324.	0.			RESEARCH- SUBCONTRACT
CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3435919	501(C)(3)	203,666.	0.			RESEARCH- SUBCONTRACT
CHRISTIANA CARE HEALTH SERVICES PO BOX 2653 WILMINGTON, DE 19805	51-0103684	501(C)(3)	201,704.	0.			RESEARCH- SUBCONTRACT
DUKE UNIVERSITY 324 BLACKWELL ST DURHAM, NC 27708	56-0532129	501(C)(3)	199,413.	0.			RESEARCH- SUBCONTRACT
NATIONWIDE CHILDRENS HOSPITAL 700 CHILDRENS DR COLUMBUS, OH 43205	31-4379441	501(C)(3)	189,863.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER - 3500 CAMP BOWIE BLVD - FORT WORTH, TX 76107	71-0986983	501(C)(3)	181,961.	0.			RESEARCH- SUBCONTRACT
NATIONAL MARROW DONOR PROGRAM 500 N 5TH ST MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	177,923.	0.			RESEARCH- SUBCONTRACT

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DENVER HEALTH AND HOSPITAL AUTHORITY - 777 BANNOCK ST - DENVER, CO 80204	84-1343242	115	176,239.	0.			RESEARCH- SUBCONTRACT
GLOBAL COALITION FOR ADAPTIVE RESEARCH INC - PO BOX 49272 - LOS ANGELES, CA 90049	82-1199380	501(C)(3)	174,376.	0.			RESEARCH- SUBCONTRACT
MICRO-LEADS, INC. 8 ST MARY'S ST BOSTON, MA 02215	47-1785621	N/A	168,419.	0.			RESEARCH- SUBCONTRACT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE NE 49-3131 - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	168,031.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF ALABAMA 723 BRADDOCK AVE BRADDOCK, PA 15104	63-6001138	501(C)(3)	166,836.	0.			RESEARCH- SUBCONTRACT
WEST VIRGINIA UNIVERSITY PO BOX 6005 MORGANTOWN, WV 26506	55-6000842	115	163,756.	0.			RESEARCH- SUBCONTRACT
SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE ADM 471 SAN FRANCISCO, CA 94132	93-1137247	115	157,751.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST COLUMBIA, SC 29208	57-6001153	115	155,371.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF PUERTO RICO PO BOX 365067 SAN JUAN, PR 00936	66-0433762	115	155,366.	0.			RESEARCH- SUBCONTRACT

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UNIVERSITY OF ROCHESTER PO BOX 278893 ROCHESTER, NY 14627	16-0743209	501(C)(3)	153,804.	0.			RESEARCH- SUBCONTRACT
FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 972 BRUSH HOLLOW RD FL 5 - WESTBURY, NY 11590	11-2673595	501(C)(3)	152,181.	0.			RESEARCH- SUBCONTRACT
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA NO T100 HOUSTON, TX 77030	74-1613878	501(C)(3)	151,242.	0.			RESEARCH- SUBCONTRACT
TIES TEACHING INSTITUTE FOR EXCELLENCE IN STEM LLC - PO BOX 18050 - CLEVELAND HEIGHTS, OH 44118	33-1014138	N/A	148,714.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7458 AUSTIN, TX 78713-7458	74-6000203	115	148,206.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS MEDICAL BRANCH OFFICE OF SPONSORED PROGRAMS PO BOX 4786-750 - HOUSTON, TX 77210-4786	74-6000949	115	146,620.	0.			RESEARCH- SUBCONTRACT
LOUISIANA STATE UNIVERSITY 204 THOMAS BOYD HALL BATON ROUGE, LA 70803	72-6000848	115	145,113.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 220 MONTGOMERY ST, 5TH FL - SAN FRANCISCO, CA 94104	94-6036493	115	138,758.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF KANSAS CENTER FOR RESEARCH INC - 2385 IRVING HALL - LAWRENCE, KS 66045	48-0680117	501(C)(3)	138,455.	0.			RESEARCH- SUBCONTRACT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORGRIDGE INSTITUTE FOR RESEARCH INC - 330 N ORCHARD ST - MADISON, WI 53715	20-8325570	501(C)(3)	137,746.	0.			RESEARCH- SUBCONTRACT
OREGON STATE UNIVERSITY 104 KERR ADMIN BLDG CORVALLIS, OR 97331	61-1730890	115	137,471.	0.			RESEARCH- SUBCONTRACT
BOSTON MEDICAL CENTER 1 BOSTON MEDICAL CENTER PL BOSTON, MA 02118	04-3314093	501(C)(3)	134,256.	0.			RESEARCH- SUBCONTRACT
DREXEL UNIVERSITY 3201 ARCH ST NO. 420 PHILADELPHIA, PA 19104-2875	23-1352630	501(C)(3)	128,485.	0.			RESEARCH- SUBCONTRACT
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 65 DAVIDSON RD- RM 317 - PISCATAWAY, NJ 08854	22-6001086	115	127,648.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF IOWA 201 GILMORE HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	126,606.	0.			RESEARCH- SUBCONTRACT
GIANT EAGLE INC 701 ALPHA DR PITTSBURGH, PA 15230	25-0698270	N/A	125,255.	0.			RESEARCH- SUBCONTRACT
TUFTS UNIVERSITY P221 FRANKLIN 3451 WALNUT ST PHILADELPHIA, PA 19104-6205	04-2103634	501(C)(3)	124,372.	0.			RESEARCH- SUBCONTRACT
GEORGETOWN UNIVERSITY 37TH O ST NW STE 400 WASHINGTON, DC 20057	53-0196603	501(C)(3)	124,140.	0.			RESEARCH- SUBCONTRACT

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UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 2215 S BROOK ST - LOUISVILLE, KY 40208	61-1029626	501(C)(3)	123,235.	0.			RESEARCH- SUBCONTRACT
METIS FOUNDATION 300 CONVENT ST STE 1330 SAN ANTONIO, TX 78205	47-2219464	501(C)(3)	121,225.	0.			RESEARCH- SUBCONTRACT
THOMAS JEFFERSON UNIVERSITY 1101 MARKET ST PHILADELPHIA, PA 19107	23-1352651	115	118,942.	0.			RESEARCH- SUBCONTRACT
BIRMINGHAM AIDS OUTREACH INC PO BOX 550070 BIRMINGHAM, AL 35255	63-0948495	501(C)(3)	118,351.	0.			RESEARCH- SUBCONTRACT
CORNELL UNIVERSITY 341 PINE ST ITHACA, NY 14850	15-0532082	501(C)(3)	115,745.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION - 310 E CAMPUS RD - ATHENS, GA 30602	58-6001998	115	115,163.	0.			RESEARCH- SUBCONTRACT
BROWN UNIVERSITY 164 ANGELL ST PROVIDENCE, RI 02912	05-0258809	501(C)(3)	113,117.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF CALIFORNIA SANTA BARBARA - 3201 SAASB BUILDING - SANTA BARBARA, CA 93106	95-6006145	115	110,138.	0.			RESEARCH- SUBCONTRACT
HOUSTON METHODIST RESEARCH INSTITUTE - 6565 FANNIN ST GB 240 - HOUSTON, TX 77030	87-0721923	501(C)(3)	109,178.	0.			RESEARCH- SUBCONTRACT

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UNIVERSITY OF CINCINNATI 500 UNIVERSITY HALL CINCINNATI, OH 45221	31-6000989	115	106,645.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF LOUISVILLE 2301 S 3RD ST LOUISVILLE, KY 40208	61-1014882	501(C)(3)	105,965.	0.			RESEARCH- SUBCONTRACT
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823	501(C)(3)	103,889.	0.			RESEARCH- SUBCONTRACT
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	102,611.	0.			RESEARCH- SUBCONTRACT
THE GOG FOUNDATION INC 3168 BRAVERTON ST STE 280 EDGEWATER, MD 21037	03-0466352	501(C)(3)	101,524.	0.			RESEARCH- SUBCONTRACT
ADVENTIST HEALTH SYSTEM-SUNBELT INC - 601 E ROLLINS ST - ORLANDO, FL 32803	59-0724459	501(C)(3)	99,485.	0.			RESEARCH- SUBCONTRACT
COLORADO SCHOOL OF MINES 1500 ILLINOIS ST GOLDEN, CO 80401	84-6000551	115	98,228.	0.			RESEARCH- SUBCONTRACT
WAYNE STATE UNIVERSITY 5700 CASS AVE DETROIT, MI 48202	38-3555142	501(C)(3)	96,669.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF NEVADA, RENO 2601 ENTERPRISE RD RENO, NV 89512	88-6000024	115	96,255.	0.			RESEARCH- SUBCONTRACT

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WASHINGTON DRUG & ALCOHOL COMMISSION INC - 90 W CHESTNUT ST - WASHINGTON, PA 15301	01-0671144	501(C)(3)	95,832.	0.			RESEARCH- SUBCONTRACT
RAND CORPORATION 1776 MAIN ST SANTA MONICA, CA 90407	95-1958142	N/A	94,419.	0.			RESEARCH- SUBCONTRACT
PURDUE UNIVERSITY 403 WEST WOOD ST WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	93,436.	0.			RESEARCH- SUBCONTRACT
BIOQUEST CURRICULUM CONSORTIUM PO BOX 45032 MADISON, WI 53744	45-3644991	501(C)(3)	93,259.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - 1000 SPRING GARDEN ST - GREENSBORO, NC 27412	56-6001468	115	90,690.	0.			RESEARCH- SUBCONTRACT
VERSITI WISCONSIN, INC PO BOX 2178 MILWAUKEE, WI 53201	39-0807235	501(C)(3)	90,664.	0.			RESEARCH- SUBCONTRACT
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	87,924.	0.			RESEARCH- SUBCONTRACT
ALLEGHENY-SINGER RESEARCH INSTITUTE - TWO ALLEGHENY CENTER - PITTSBURGH, PA 15212	25-1320493	501(C)(3)	87,272.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390	75-6002868	115	86,119.	0.			RESEARCH- SUBCONTRACT

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SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	95-3782169	501(C)(3)	86,074.	0.			RESEARCH- SUBCONTRACT
UNITED TECHNOLOGIES RESEARCH CENTER - 10 FARM SPRINGS RD - FARMINGTON, CT 06032	06-0570975	N/A	84,108.	0.			RESEARCH- SUBCONTRACT
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM RD KANSAS CITY, MO 64108	44-0605373	501(C)(3)	82,670.	0.			RESEARCH- SUBCONTRACT
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY - 300 TURNER ST NW - BLACKSBURG, VA 24061	54-6001805	115	81,240.	0.			RESEARCH- SUBCONTRACT
MICHIGAN STATE UNIVERSITY 301 ADMIN BLDG. EAST LANSING, MI 48824	38-6005984	501(C)(3)	80,548.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 N STATE ST - JACKSON, MS 39216	64-6008520	115	80,548.	0.			RESEARCH- SUBCONTRACT
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 17 ASHLEY AVE - CHARLESTON, SC 29403	57-6007222	115	79,750.	0.			RESEARCH- SUBCONTRACT
TEXAS A&M RESEARCH FOUNDATION 400 HARVEY MITCHELL PKWY S NO 300 COLLEGE STATION, TX 77845	74-1238434	115	79,404.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TENNESSEE 201 ANDY HOLT TOWER KNOXVILLE, TN 37996	62-6001636	115	78,345.	0.			RESEARCH- SUBCONTRACT

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UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR SAN DIEGO, CA 92093	95-6006144	115	76,928.	0.			RESEARCH- SUBCONTRACT
URBAN LEAGUE OF GREATER PITTSBURGH 610 WOOD ST PITTSBURGH, PA 15222	25-0965592	501(C)(3)	76,529.	0.			RESEARCH- SUBCONTRACT
FLIR DETECTION INC 1024 S INNOVATION WAY STILLWATER, OK 74074	77-0619113	N/A	76,372.	0.			RESEARCH- SUBCONTRACT
UPMC WESTERN BEHAVIORAL HEALTH AT SAFE HARBOR - 600 GRANT ST FL 56 - PITTSBURGH, PA 15219	25-1317492	501(C)(3)	74,880.	0.			RESEARCH- SUBCONTRACT
INCUBE LABS, LLC 2051 RINGWOOD AVE SAN JOSE, CA 95131	20-8527547	N/A	72,935.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF HAWAII 1408 LOWER CAMPUS RD HONOLULU, HI 96822	99-6000354	115	72,749.	0.			RESEARCH- SUBCONTRACT
NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7214 RALEIGH, NC 27695	56-6000756	115	72,123.	0.			RESEARCH- SUBCONTRACT
FAMILY HEALTH INTERNATIONAL 359 BLACKWELL ST DURHAM, NC 27701	23-7413005	501(C)(3)	71,091.	0.			RESEARCH- SUBCONTRACT
WIDENER UNIVERSITY ONE UNIVERSITY PL CHESTER, PA 19013	23-1386178	501(C)(3)	69,250.	0.			RESEARCH- SUBCONTRACT

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UNIVERSITY OF TOLEDO 2801 W BANCROFT ST TOLEDO, OH 43606	34-6401483	115	69,031.	0.			RESEARCH- SUBCONTRACT
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	64,132.	0.			RESEARCH- SUBCONTRACT
JACKSON LABORATORY PO BOX 254 BAR HARBOR, ME 04609	01-0211513	501(C)(3)	63,309.	0.			RESEARCH- SUBCONTRACT
WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	58,145.	0.			RESEARCH- SUBCONTRACT
LOYOLA UNIVERSITY CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(C)(3)	57,972.	0.			RESEARCH- SUBCONTRACT
INSIGHT POLICY RESEARCH INC 1901 N MOORE ST ARLINGTON, VA 22209	52-2300796	N/A	57,524.	0.			RESEARCH- SUBCONTRACT
PROMUNDO-US 1367 CONNECTICUT AVE NW STE 310 WASHINGTON, DC 20036	26-1931968	501(C)(3)	57,368.	0.			RESEARCH- SUBCONTRACT
NURELM INC PO BOX 5549 PITTSBURGH, PA 15206	51-0406938	N/A	55,160.	0.			RESEARCH- SUBCONTRACT
SICKLE CELL 101 25 RIO ROBIES SAN JOSE, CA 95134	46-4141467	501(C)(3)	54,501.	0.			RESEARCH- SUBCONTRACT

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UNIVERSITY OF NOTRE DAME DU LAC 724 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	50,891.	0.			RESEARCH- SUBCONTRACT
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK - 230 WEST 41ST ST 7TH FL - NEW YORK, NY 10036	13-1988190	501(C)(3)	50,660.	0.			RESEARCH- SUBCONTRACT
ALLEGHENY COUNTY TREASURER 436 GRANT ST PITTSBURGH, PA 15219		115	49,986.	0.			RESEARCH- SUBCONTRACT
QUEENS BOROUGH PUBLIC LIBRARY 89-11 MERRICK BLVD JAMAICA, NY 11432	11-1904262	501(C)(3)	49,500.	0.			RESEARCH- SUBCONTRACT
BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238	11-1904261	501(C)(3)	49,000.	0.			RESEARCH- SUBCONTRACT
ARISTOSYS LLC 208 FOX RUN DR VENETIA, PA 15367	82-0893712	N/A	48,907.	0.			RESEARCH- SUBCONTRACT
GROUP 2 5877 COMMERCE ST PITTSBURGH, PA 15206	25-1887604	N/A	48,350.	0.			RESEARCH- SUBCONTRACT
GENERAL DYNAMICS INFORMATION TECHNOLOGY INC - 3150 FAIRVIEW PARK DR - FALLS CHURCH, VA 22042	54-1194322	N/A	47,749.	0.			RESEARCH- SUBCONTRACT
GENESIS REHABILITATION SERVICES 101 E STATE ST KENNETT SQUARE, PA 19348	23-2446104	N/A	45,381.	0.			RESEARCH- SUBCONTRACT

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BOISE STATE UNIVERSITY 1910 UNIVERSITY DR BOISE, ID 83725	82-0290701	115	45,286.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF CALIFORNIA IRVINE 120 THEORY STE 200 IRVINE, CA 92617	95-2226406	115	45,240.	0.			RESEARCH- SUBCONTRACT
ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK RD PHILADELPHIA, PA 19141	23-2290323	501(C)(3)	44,632.	0.			RESEARCH- SUBCONTRACT
ST LOUIS UNIVERSITY ONE NORTH GRAND BLVD ST LOUIS, MO 63103	43-0654872	501(C)(3)	44,558.	0.			RESEARCH- SUBCONTRACT
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	43,874.	0.			RESEARCH- SUBCONTRACT
THE GENEVA FOUNDATION 917 PACIFIC AVE TAACOMA, WA 98402	91-1593913	501(C)(3)	40,737.	0.			RESEARCH- SUBCONTRACT
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT - 600 FORBES AVE - PITTSBURGH, PA 15219	25-1035663	501(C)(3)	40,465.	0.			RESEARCH- SUBCONTRACT
REGENTS OF THE UNIVERSITY OF CALIFORNIA MERCED - 5200 N LAKE RD - MERCED, CA 95343	27-0093858	115	40,292.	0.			RESEARCH- SUBCONTRACT
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE CINCINNATI, OH 45229	31-0833936	501(C)(3)	40,198.	0.			RESEARCH- SUBCONTRACT

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SICKLE CELL CONSORTIUM INC PO BOX 1195 CUMMING, GA 30040	47-4771677	501(C)(3)	40,000.	0.			RESEARCH- SUBCONTRACT
BRADBURY-SULLIVAN LGBT COMMUNITY CENTER - 522 W MAPLE ST - ALLENTOWN, PA 18101	20-1443960	501(C)(3)	39,999.	0.			RESEARCH- SUBCONTRACT
BLACK GIRL HEALTH FOUNDATION INC 103 N COURT ST HARRISBURG, PA 17101	83-2811235	501(C)(3)	39,986.	0.			RESEARCH- SUBCONTRACT
APTATEK BIOSCIENCES INC 1 RIGHTER PKWY WILMINGTON, DE 19803	47-4402133	N/A	39,892.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM - LITTLE ROCK, AR 72205	71-6046242	115	36,900.	0.			RESEARCH- SUBCONTRACT
ST VINCENT COLLEGE 300 FRASER PURCHASE RD LATROBE, PA 15650	25-0964126	501(C)(3)	36,479.	0.			RESEARCH- SUBCONTRACT
HOMEWOOD CHILDREN'S VILLAGE 801 N HOMEWOOD AVE PITTSBURGH, PA 15208	27-1885583	501(C)(3)	35,959.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF KENTUCKY 800 ROSE ST LEXINGTON, KY 40536	61-6001218	115	35,339.	0.			RESEARCH- SUBCONTRACT
KESSLER FOUNDATION 120 EAGLE ROCK AVE EAST HANOVER, NJ 07936	31-1562134	501(C)(3)	34,845.	0.			RESEARCH- SUBCONTRACT

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JULIE FRANTSVE-HAWLEY CONSULTING LLC - 621 BRIER ST - KENILWORTH, IL 60043		N/A	34,458.	0.			RESEARCH- SUBCONTRACT
AETHLON MEDICAL INC 11555 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	13-3632859	N/A	34,233.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS AT SAN ANTONIO ONE UTSA CIRCLE SAN ANTONIO, TX 78249	74-1717115	115	33,702.	0.			RESEARCH- SUBCONTRACT
SUTTER BAY HOSPITALS 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	94-0562680	501(C)(3)	33,633.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS AT ARLINGTON BOX 19198 701 S NEDDERMAN DR ARLINGTON, TX 76019	75-6000121	115	33,427.	0.			RESEARCH- SUBCONTRACT
PINNACLE HEALTH MEDICAL SERVICES PO BOX 8700 HARRISBURG, PA 17105	25-1709054	501(C)(3)	33,387.	0.			RESEARCH- SUBCONTRACT
CORNERSTONE CARE INC 7 GLASSWORKS RD GREENSBORO, PA 15338	25-1346194	501(C)(3)	32,700.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS AT EL PASO 500 W UNIVERSITY AVE EL PASO, TX 79968	74-6000813	115	32,473.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF CALIFORNIA AT LOS ANGELES - 10889 WILSHIRE BLVD STE 700 - LOS ANGELES, CA 90095	95-6006143	115	32,281.	0.			RESEARCH- SUBCONTRACT

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YOUNGSTOWN STATE UNIVERSITY 1 UNIVERSITY PLAZA YOUNGSTOWN, OH 44555	34-1011998	115	31,646.	0.			RESEARCH- SUBCONTRACT
ACADEMYHEALTH 1666 K ST NW STE 1100 WASHINGTON, DC 20006	52-1260918	501(C)(3)	31,411.	0.			RESEARCH- SUBCONTRACT
RADFORD UNIVERSITY PO BOX 6901 RADFORD, VA 24142	54-6001789	501(C)(3)	31,178.	0.			RESEARCH- SUBCONTRACT
BRIGHAM YOUNG UNIVERSITY PO BOX 21128 PROVO, UT 84602	87-0217280	501(C)(3)	29,091.	0.			RESEARCH- SUBCONTRACT
MONTEFIORE MEDICAL CENTER 111 EAST 210TH ST BRONX, NY 10467	13-1740114	501(C)(3)	27,993.	0.			RESEARCH- SUBCONTRACT
CLINTON HEALTH ACCESS INITIATIVE INC - 383 DORCHESTER AVE STE 400 - BOSTON, MA 02127	27-1414646	501(C)(3)	27,865.	0.			RESEARCH- SUBCONTRACT
EAST CAROLINA UNIVERSITY 209 E 5TH ST GREENVILLE, NC 27858	56-6000403	115	27,707.	0.			RESEARCH- SUBCONTRACT
CLEVELAND CLINIC PO BOX 931517 CLEVELAND, OH 44193	34-0714585	501(C)(3)	26,918.	0.			RESEARCH- SUBCONTRACT
KENNESAW STATE UNIVERSITY RESEARCH AND SERVICE FOUNDATION INC - 1000 CHASTAIN RD NW - KENNESAW, GA 30144	37-1535589	501(C)(3)	26,040.	0.			RESEARCH- SUBCONTRACT

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NORTH CAROLINA CENTRAL UNIVERSITY PO BOX 19713 DURHAM, NC 27707	56-6000730	115	25,768.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF ARKANSAS SYSTEM 1125 W MAPLE ST FAYETTEVILLE, AR 72701	71-6003252	115	25,470.	0.			RESEARCH- SUBCONTRACT
HENNEPIN IN HEALTHCARE RESEARCH INSTITUTE - 701 PARK AVE - MINNEAPOLIS, MN 55415	41-1677920	501(C)(3)	25,418.	0.			RESEARCH- SUBCONTRACT
SMART GROWTH PARTNERSHIP OF WESTMORELAND COUNTY INC - 214 DONOHOE RD - GREENSBURG, PA 15601	33-1208286	501(C)(3)	25,000.	0.			RESEARCH- SUBCONTRACT
COMMON GROUND HEALTH 1150 UNIVERSITY AVE ROCHESTER, NY 14607	16-1061456	501(C)(3)	24,800.	0.			RESEARCH- SUBCONTRACT
DISABILITY OPTIONS NETWORK 1929 E WASHINGTON ST NEW CASTLE, PA 16101	20-0384120	501(C)(3)	24,567.	0.			RESEARCH- SUBCONTRACT
CHATHAM UNIVERSITY WOODLAND ROAD PITTSBURGH, PA 15232	25-0717890	501(C)(3)	24,143.	0.			RESEARCH- SUBCONTRACT
BUCK INSTITUTE FOR RESEARCH ON AGING - 8001 REDWOOD BLVD. - NOVATO, CA 94945	94-3030609	501(C)(3)	23,659.	0.			RESEARCH- SUBCONTRACT
AMERICAN DENTAL ACCESSORIES INC 7310 OXFORD ST MINNEAPOLIS, MN 55426	41-1650006	N/A	23,297.	0.			RESEARCH- SUBCONTRACT

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J CRAIG VENTER INSTITUTE INC 4120 CAPRICORN LN LA JOLLA, CA 92037	52-1842938	501(C)(3)	23,242.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF OREGON PO BOX 3237 EUGENE, OR 97403	93-6001786	115	23,195.	0.			RESEARCH- SUBCONTRACT
ROWAN UNIVERSITY 201 MULLICA HILL RD GLASSBORO, NJ 08028	22-2764819	115	22,551.	0.			RESEARCH- SUBCONTRACT
MEHARRY MEDICAL COLLEGE 1005 DR DB TODD JR BLVD NASHVILLE, TN 37208	62-0488046	501(C)(3)	21,465.	0.			RESEARCH- SUBCONTRACT
AMERICAN INSTITUTES FOR RESEARCH 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 20007	25-0965219	501(C)(3)	21,453.	0.			RESEARCH- SUBCONTRACT
THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	21,198.	0.			RESEARCH- SUBCONTRACT
ACHIEVA 711 BINGHAM ST PITTSBURGH, PA 15203	25-1505216	501(C)(3)	20,907.	0.			RESEARCH- SUBCONTRACT
TOR PROJECT INC 217 1ST AVE SO SEATTLE, WA 98194	20-8096820	501(C)(3)	20,421.	0.			RESEARCH- SUBCONTRACT
ALLEGHENY COUNTY LIBRARY ASSN 22 WABASH ST PITTSBURGH, PA 15222	25-1742676	501(C)(3)	20,000.	0.			RESEARCH- SUBCONTRACT

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BOROUGH OF DENVER 501 MAIN ST DENVER, PA 17517	23-6002983	115	20,000.	0.			RESEARCH- SUBCONTRACT
CITY OF LANCASTER 120 N DUKE ST LANCASTER, PA 17602	23-6001904	115	20,000.	0.			RESEARCH- SUBCONTRACT
COUNTY OF ERIE 140 WEST 6TH ST ERIE, PA 16501	25-6001027	115	20,000.	0.			RESEARCH- SUBCONTRACT
END OF LIFE CHOICES NEW YORK 244 5TH AVE 2010 NEW YORK, NY 10001	13-4048114	501(C)(3)	20,000.	0.			RESEARCH- SUBCONTRACT
COLLEGE OF NEW JERSEY 2000 PENNINGTON RD EWING, NJ 08628	22-2797398	115	19,999.	0.			RESEARCH- SUBCONTRACT
SOUTHWEST PENNSYLVANIA ENVIRONMENTAL HEALTH PROJECT - 2001 WATERDAM PLAZA DR STE 201 - MCMURRAY, PA 15317	47-2505177	501(C)(3)	19,999.	0.			RESEARCH- SUBCONTRACT
PENNSYLVANIA LIBRARY ASSN 220 CUMBERLAND PKWY MECHANICSBURG, PA 17055	23-6050683	501(C)(3)	19,997.	0.			RESEARCH- SUBCONTRACT
HEPATITIS B FOUNDATION 3805 OLD EASTON RD DOYLESTOWN, PA 18902	23-2655669	501(C)(3)	19,978.	0.			RESEARCH- SUBCONTRACT
THE CHILDRENS HOME SOCIETY OF NEW JERSEY - 635 SOUTH CLINTON AVE - TRENTON, NJ 08611	21-0634966	501(C)(3)	19,916.	0.			RESEARCH- SUBCONTRACT

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SOUTHEASTERN NY LIBRARY RESOURCES COUNCIL - 21 S ELTING CORNERS RD - HIGHLAND, NY 12528	14-1498159	501(C)(3)	19,853.	0.			RESEARCH- SUBCONTRACT
INFLUENCING ACTION MOVEMENT FOUNDATION - 1958 PLYMOUTH ST - PHILADELPHIA, PA 19138	46-3479809	501(C)(3)	19,728.	0.			RESEARCH- SUBCONTRACT
PLANETARY SCIENCE INSTITUTE 1700 E FT LOWELL RD TUCSON, AZ 85719	33-0175263	501(C)(3)	19,197.	0.			RESEARCH- SUBCONTRACT
CATSKILL HUDSON AREA HEALTH EDUCATION CENTER - 598 STATE ROUTE 299 - HIGHLAND, NY 12528	20-0390262	501(C)(3)	19,165.	0.			RESEARCH- SUBCONTRACT
HEALTH RESEARCH INC EMPIRE STATE PLAZA PO BOX 509 ALBANY, NY 12201	14-1402155	501(C)(3)	19,020.	0.			RESEARCH- SUBCONTRACT
THE ABLEGAMERS FOUNDATION INC PO BOX 508 CHARLES TOWN, WV 25414	30-0533750	501(C)(3)	18,750.	0.			RESEARCH- SUBCONTRACT
ENVISION INDUSTRIES INC 2301 S WATER ST WICHITA, KS 67213	48-0543705	501(C)(3)	18,600.	0.			RESEARCH- SUBCONTRACT
ICAN TALK CLINIC 1100 WASHINGTON AVE STE 317 CARNEGIE, PA 15106	27-2398365	501(C)(3)	18,574.	0.			RESEARCH- SUBCONTRACT
NORTH BERGEN FREE PUBLIC LIBRARY 8411 BERGENLINE AVE NORTH BERGEN, NJ 07047	22-6002854	115	18,362.	0.			RESEARCH- SUBCONTRACT

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PALO ALTO VETERANS INSTITUTE FOR RESEARCH - 3801 MIRANDA AVE - PALO ALTO, CA 94304	77-0207331	501(C)(3)	18,290.	0.			RESEARCH- SUBCONTRACT
TOURO COLLEGE 500 SEVENTH AVE NEW YORK, NY 10018	13-2676570	501(C)(3)	18,161.	0.			RESEARCH- SUBCONTRACT
INGLIS FOUNDATION 2600 BELMONT AVE PHILADELPHIA, PA 19131	23-2326553	501(C)(3)	18,000.	0.			RESEARCH- SUBCONTRACT
NATIONALITIES SERVICE CENTER OF PHILADELPHIA - 1216 ARCH ST - PHILADELPHIA, PA 19107	23-1352336	501(C)(3)	17,836.	0.			RESEARCH- SUBCONTRACT
MIGHTY PENGUINS SLED HOCKEY 123 DUNEDIN DR CHESWICK, PA 15024	27-5095701	501(C)(3)	17,801.	0.			RESEARCH- SUBCONTRACT
ALLEGHENY COUNTY HEALTH DEPARTMENT 542 FOURTH AVE PITTSBURGH, PA 15219		115	17,775.	0.			RESEARCH- SUBCONTRACT
RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE, RI 02903	05-0258954	501(C)(3)	17,541.	0.			RESEARCH- SUBCONTRACT
BAYLOR UNIVERSITY ONE BEAR PL WACO, TX 76798	74-1159753	501(C)(3)	17,180.	0.			RESEARCH- SUBCONTRACT
OIL REGION DISTRICT LIBRARY CENTER 2 CENTRAL AVE OIL CITY, PA 16301	47-4159181	501(C)(3)	16,500.	0.			RESEARCH- SUBCONTRACT

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WILLAMETTE UNIVERSITY 900 STATE ST SALEM, OR 97310	93-0386972	501(C)(3)	16,082.	0.			RESEARCH- SUBCONTRACT
CAERNARVON TOWNSHIP 2139 MAIN ST NARVON, PA 17555	23-6000264	115	16,000.	0.			RESEARCH- SUBCONTRACT
COUNTY OF GREENE 19 S WASHINGTON ST WAYNESBURG, PA 15370	25-6001034	115	15,840.	0.			RESEARCH- SUBCONTRACT
GREENBURGH PUBLIC LIBRARY 300 TARRYTOWN RD ELMSFORD, NY 10523	13-6007293	115	15,232.	0.			RESEARCH- SUBCONTRACT
FIGHTING BACK SCHOLARSHIP PROGRAM PO BOX 141 MALVERN, PA 19355	01-0731414	501(C)(3)	15,132.	0.			RESEARCH- SUBCONTRACT
ALTOONA AREA PUBLIC LIBRARY 1600 5TH AVE ALTOONA, PA 16602	23-7413433	501(C)(3)	15,036.	0.			RESEARCH- SUBCONTRACT
NEIGHBORHOOD LEGAL SERVICES ASSOCIATION - 928 PENN AVE - PITTSBURGH, PA 15222	25-1157129	501(C)(3)	15,000.	0.			RESEARCH- SUBCONTRACT
PROVEN FORM LLC 100 S COMMONS #102 PITTSBURGH, PA 15212	83-2950723	N/A	15,000.	0.			RESEARCH- SUBCONTRACT
UPPER PROVIDENCE TOWNSHIP 1286 BLACK ROCK RD OAKS, PA 19456	23-6000546	501(C)(3)	15,000.	0.			RESEARCH- SUBCONTRACT

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COUNTY OF MONROE 1 QUAKER PLAZA STROUDSBURG, PA 18360	24-6000734	115	14,607.	0.			RESEARCH- SUBCONTRACT
MISSISSIPPI STATE UNIVERSITY PO DRAWER 5227 MISSISSIPPI STATE, MS 39762	64-6000819	501(C)(3)	14,170.	0.			RESEARCH- SUBCONTRACT
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - BOX 41023 - LUBBOCK, TX 79409-1023	75-6002622	115	13,829.	0.			RESEARCH- SUBCONTRACT
SOUTHWESTERN PENNSYLVANIA LEGAL SERVICES INC - 10 W CHERRY AVE - WASHINGTON, PA 15301	25-1192139	501(C)(3)	13,291.	0.			RESEARCH- SUBCONTRACT
AMERICAN COLLEGE OF RADIOLOGY 1891 PRESTON WHITE DR RESTON, VA 20191	36-2261602	501(C)(3)	13,112.	0.			RESEARCH- SUBCONTRACT
PPD DEVELOPMENT LP 26361 NETWORK PLACE CHICAGO, IL 60693-1263	74-2325267	N/A	13,031.	0.			RESEARCH- SUBCONTRACT
COMMUNITY LIVING AND SUPPORT SERVICES - 1400 S BRADDOCK AVE - PITTSBURGH, PA 15218	25-0987252	501(C)(3)	11,976.	0.			RESEARCH- SUBCONTRACT
HEALTHPARTNERS INSTITUTE PO BOX 1309 MINNEAPOLIS, MN 55440	41-1670163	501(C)(3)	11,912.	0.			RESEARCH- SUBCONTRACT
PENNSYLVANIA CENTER FOR ADAPTED SPORTS - 4 BOATHOUSE ROW - PHILADELPHIA, PA 19130	23-2814991	501(C)(3)	11,097.	0.			RESEARCH- SUBCONTRACT

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LOUISIANA PUBLIC HEALTH INSTITUTE 1515 POYDRAS ST NEW ORLEANS, LA 70112	72-1379921	501(C)(3)	10,500.	0.			RESEARCH- SUBCONTRACT
NEW YORK PRESBYTERIAN BROOKLYN METHODIST HOSPITAL - 506 6TH ST - BROOKLYN, NY 11215	11-1631796	501(C)(3)	10,413.	0.			RESEARCH- SUBCONTRACT
CENTER FOR INDEPENDENT LIVING OF SOUTH CENTRAL PA - 3211 NORTH FRONT STREET - HARRISBURG, PA 17110	25-1573334	501(C)(3)	10,265.	0.			RESEARCH- SUBCONTRACT
ACES SCHOOL 1515 S INDIAN BEND RD TEMPE, AZ 85281	25-1683757	N/A	10,000.	0.			RESEARCH- SUBCONTRACT
HEKTOEN INSTITUTE FOR MEDICAL RESEARCH LLC - 1339 S WOOD ST NO G - CHICAGO, IL 60608	36-2244897	501(C)(3)	10,000.	0.			RESEARCH- SUBCONTRACT
INTELOMED INC 201 SMITH DR CRANBERRY TOWNSHIP, PA 16066	20-2559866	N/A	10,000.	0.			RESEARCH- SUBCONTRACT
THE MOREHOUSE SCHOOL OF MEDICINE INC - 720 WESTVIEW DR SW - ATLANTA, GA 30310	58-1438873	501(C)(3)	10,000.	0.			RESEARCH- SUBCONTRACT
RIDGEWOOD PUBLIC LIBRARY 125 N MAPLE AVE RIDGEWOOD, NJ 07450	22-6002258	115	9,816.	0.			RESEARCH- SUBCONTRACT
STETSON UNIVERSITY 421 N WOODLAND BLVD DELAND, FL 32723	59-0624416	501(C)(3)	9,782.	0.			RESEARCH- SUBCONTRACT

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THE GENERAL HOSPITAL CORP 399 REVOLUTION DR SOMERVILLE, MA 02145	04-2697983	501(C)(3)	9,656.	0.			RESEARCH- SUBCONTRACT
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON - 1201 NINTH AVE - SEATTLE, WA 98101	91-0653422	501(C)(3)	9,509.	0.			RESEARCH- SUBCONTRACT
SHENANDOAH UNIVERSITY 1460 UNIVERSITY DR WINCHESTER, VA 22601	54-0525605	501(C)(3)	9,446.	0.			RESEARCH- SUBCONTRACT
RIPPLE LLC 2056 SOUTH 100 EAST SALT LAKE CITY, UT 84106	20-0944755	N/A	9,388.	0.			RESEARCH- SUBCONTRACT
TOWNSHIP OF DERRY 600 CLEARWATER RD HERSHEY, PA 17033	23-6000290	115	9,011.	0.			RESEARCH- SUBCONTRACT
LIBEROS LLC 11601 WILSHIRE BLVD LOS ANGELES, CA 90025	47-3285398	N/A	8,985.	0.			RESEARCH- SUBCONTRACT
IOWA STATE UNIVERSITY 1600 SOUTH 16TH ST AMES, IA 50011	42-6004224	501(C)(3)	8,724.	0.			RESEARCH- SUBCONTRACT
METHODIST HEALTHCARE FOUNDATION 1211 UNION AVE STE 450 MEMPHIS, TN 38104	23-7320638	501(C)(3)	8,417.	0.			RESEARCH- SUBCONTRACT
PIEDMONT HEALTHCARE INC 1800 HOWELL MILL RD ATLANTA, GA 30318	58-1503902	501(C)(3)	8,385.	0.			RESEARCH- SUBCONTRACT

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NATIONAL JEWISH HEALTH 1400 JACKSON ST DENVER, CO 80206	74-2044647	501(C)(3)	8,131.	0.			RESEARCH- SUBCONTRACT
TEXAS A&M HEALTH SCIENCE CENTER PO BOX 10420 COLLEGE STATION, TX 77842	74-2907553	501(C)(3)	7,706.	0.			RESEARCH- SUBCONTRACT
CHILDREN'S HEALTHCARE OF ATLANTA 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30329	58-2367819	501(C)(3)	7,404.	0.			RESEARCH- SUBCONTRACT
WISS, JANNEY, ELSTNER ASSOCIATES INC - 800 VINIAL ST - PITTSBURGH, PA 15212	36-2757956	N/A	7,226.	0.			RESEARCH- SUBCONTRACT
TOWNSHIP OF SCOTCH PLAINS 430 PARK AVE SCOTCH PLAINS, NJ 07076	22-6002290	115	7,096.	0.			RESEARCH- SUBCONTRACT
LIBRARY JUICE ACADEMY PO BOX 188784 SACRAMENTO, CA 95818	46-0964251	N/A	6,750.	0.			RESEARCH- SUBCONTRACT
RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - PO BOX 715245 - COLUMBUS, OH 43271	31-6056230	501(C)(3)	6,688.	0.			RESEARCH- SUBCONTRACT
SEATTLE CHILDREN'S HOSPITAL PO BOX 5371 SEATTLE, WA 98145	91-0564748	501(C)(3)	6,687.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF ALASKA 1530 3RD AVE BIRMINGHAM, AL 35294	92-6000147	115	6,659.	0.			RESEARCH- SUBCONTRACT

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NORTH COUNTRY LIBRARY SYSTEM 22072 COUNTRY RT 190 WATERTOWN, NY 13601	15-0617698	501(C)(3)	6,647.	0.			RESEARCH- SUBCONTRACT
VITAMED RESEARCH LLC 3857 BIRCH ST NEWPORT BEACH, CA 92660	32-0451363	N/A	6,538.	0.			RESEARCH- SUBCONTRACT
HOSPITAL FOR SPECIAL SURGERY 535 E 70TH ST NEW YORK, NY 10021	13-1624135	501(C)(3)	6,515.	0.			RESEARCH- SUBCONTRACT
THE NEW SCHOOL 66 W 12TH ST NEW YORK, NY 10011	13-3297197	501(C)(3)	5,902.	0.			RESEARCH- SUBCONTRACT
AUGUSTA UNIVERSITY 1120 15TH ST AUGUSTA, GA 30912	58-6002053	115	5,871.	0.			RESEARCH- SUBCONTRACT
CENTER FOR INHERITED BLOOD DISORDERS - 2670 N. MAIN ST - SANTA ANA, CA 92705	27-0179192	501(C)(3)	5,831.	0.			RESEARCH- SUBCONTRACT
CURE 4 THE KIDS FOUNDATION PO BOX 10170 LAS VEGAS, NV 89147	26-0286469	501(C)(3)	5,590.	0.			RESEARCH- SUBCONTRACT
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1660 SOUTH COLUMBIAN WAY - SEATTLE, WA 98108	91-1452438	501(C)(3)	5,417.	0.			RESEARCH- SUBCONTRACT
INSTITUTE FOR CANCER RESEARCH 333 COTTMAN AVE PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	5,040.	0.			RESEARCH- SUBCONTRACT

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NEED 429 FOURTH AVE 20TH FL PITTSBURGH, PA 15219	25-6070821	501(C)(3)	130,200.	0.			SPONSORSHIP
ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 425 SIXTH AVE - PITTSBURGH, PA 15219	25-0965213	501(C)(3)	105,095.	0.			SPONSORSHIP
ALBERT SCHWEITZER FELLOWSHIP PITTSBURGH - 5614 ELGIN ST - PITTSBURGH, PA 15206	46-3414778	501(C)(3)	66,000.	0.			SPONSORSHIP
GRANTMAKERS OF WESTERN PA 650 SMITHFIELD ST STE 210 PITTSBURGH, PA 15222	25-1496312	501(C)(3)	50,000.	0.			SPONSORSHIP
CAVE CANEM 20 JAY ST BROOKLYN, NY 11201	13-3932909	501(C)(3)	40,000.	0.			SPONSORSHIP
DAPPER DAN CHARITIES 2201 SWEENEY DR CLINTON, PA 15026	23-7216540	501(C)(3)	35,000.	0.			SPONSORSHIP
OAKLAND PLANNING & DEVELOPMENT CORP - 235 ATWOOD ST - PITTSBURGH, PA 15213	25-1382510	501(C)(3)	25,000.	0.			SPONSORSHIP
PENNSYLVANIA INNOCENCE PROJECT 1515 MARKET ST PHILADELPHIA, PA 19102	26-3176893	501(C)(3)	21,000.	0.			SPONSORSHIP
HILLMAN CANCER CENTER		501(C)(3)	15,040.	0.			SPONSORSHIP

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UNITED WAY OF SOUTHWESTERN PENNSYLVANIA - 1250 PENN AVE - PITTSBURGH, PA 15230	25-1043578	501(C)(3)	14,703.	0.			SPONSORSHIP
NASPAA 1028 VERMONT AVE NW STE 1100 WASHINGTON, DC 20005	52-1080991	501(C)(3)	13,000.	0.			SPONSORSHIP
AFRICAN AMERICAN CHAMBER OF COMMERCE - 436 7TH AVE - PITTSBURGH, PA 15219	25-1729192	501(C)(6)	12,000.	0.			SPONSORSHIP
CHUCK COOPER FOUNDATION 49 THORNCREST DR PITTSBURGH, PA 15235	27-4722527	501(C)(3)	7,500.	0.			SPONSORSHIP
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 NORTH LINDEN ST - DUQUESNE, PA 15110	25-1420599	501(C)(3)	6,619.	0.			SPONSORSHIP
AMERICAN RED CROSS 2801 LIBERTY AVE PITTSBURGH, PA 15222	250965231	501(C)(3)	6,000.	0.			SPONSORSHIP
412 FOOD RESCUE 6022 BROAD ST PITTSBURGH, PA 15206	47-3476140	501(C)(3)	5,500.	0.			SPONSORSHIP
PEOPLES OAKLAND 3433 BATES ST PITTSBURGH, PA 15213	23-7407933	501(C)(3)	5,500.	0.			SPONSORSHIP

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INSTITUTIONAL AID TO STUDENTS	18985	239,316,964.	0.		
TUITION REMISSION	2300	27,803,658.	0.		
TUITION REMISSION- STUDENTS ATTENDING OTHER UNIVERSITIES	85	1,584,993.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MONITORING PROCEDURES PART II: GRANTS AND ASSISTANCE TO GOVERNMENTS AND

ORGANIZATIONS IN THE UNITED STATES:

THE UNIVERSITY HAS ESTABLISHED POLICIES AND PROCEDURES FOR FINANCIAL

AFFAIRS. RESPONSIBILITY CENTER HEADS WITHIN THE UNIVERSITY ARE RESPONSIBLE

FOR MONITORING THE GENERAL USE OF UNIVERSITY FUNDS FOR APPROVED USES.

DISBURSEMENT REQUESTS FOR GRANT FUNDS MUST BE APPROVED BY THE FINANCIAL

ACCOUNTING INFORMATION SYSTEM (FAIS) ACCOUNT ADMINISTRATOR OR THE HEAD OF

**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 THE FACULTY RECORDS OFFICE.

**Part IV** Supplemental Information

GRANT FUNDS THAT ARE RESTRICTED IN THEIR USE AND ARE NOT REFUNDABLE IN CASH

TO THE STUDENTS ARE MONITORED THROUGH THE UNIVERSITY'S STUDENT SYSTEM.

GRANTS THAT ARE NOT RESTRICTED IN THEIR USE AND ARE REFUNDABLE TO THE

STUDENTS ARE NOT MONITORED.

PART III, COLUMN B:

THE NUMBER OF RECIPIENTS REFLECTS THE ACTUAL NUMBER OF STUDENTS AND

EMPLOYEES WHO RECEIVED THE ASSISTANCE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Employer identification number

UNIVERSITY OF PITTSBURGH

25-0965591

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	X	
<b>2</b> 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 on line 1a? .....	X	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	X	
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	X	
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....		X
<b>b</b> Any related organization? .....		X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....		X
<b>b</b> Any related organization? .....		X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....		X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....		X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....		



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK R. NARDUZZI HEAD FOOTBALL COACH	(i)	3,973,910.	1,316,667.	100,941.	233,600.	19,819.	5,644,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) F. JEFFREY CAPEL III HEAD MEN'S BASKETBALL COACH	(i)	3,478,453.	0.	94,367.	22,400.	19,368.	3,614,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EDWARD J. GREFENSTETTE TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	675,000.	800,000.	143,408.	1,389,887.	30,990.	3,039,285.	938,468.
(4) ARTHUR S. LEVINE SVC HEALTH SCIENCES THRU 6/1/20	(i)	1,157,844.	61,855.	117,368.	34,200.	36,060.	1,407,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANANTHA SHEKHAR SR VICE CHANCELLOR HEALTH SCIENCES	(i)	881,018.	5,698.	22,141.	122,800.	10,483.	1,042,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HEATHER R. LYKE DIRECTOR OF ATHLETICS	(i)	735,809.	35,000.	17,212.	109,200.	19,318.	916,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PATRICK D. GALLAGHER CHANCELLOR / CEO	(i)	663,576.	0.	11,891.	34,200.	104,827.	814,494.	0.
	(ii)	15,000.	0.	0.	0.	0.	15,000.	0.
(8) MICHAEL J. BECICH CHAIRMAN PCI	(i)	641,338.	20,000.	102.	77,656.	22,727.	761,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LANCE B. WHITE HEAD WOMEN'S BASKETBALL COACH	(i)	605,464.	25,000.	8,466.	29,075.	22,663.	690,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) GREGORY SCHULER CIO THRU 6/30/21	(i)	505,539.	0.	7,473.	22,800.	24,194.	560,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANN E. CUDD PROVOST/SR VICE CHANCELLOR	(i)	472,543.	0.	16,954.	22,800.	24,468.	536,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KATHY S. HUMPHREY SVC ENGAGEMENT- THRU 6/30/21	(i)	422,749.	6,000.	15,056.	34,200.	24,993.	502,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ROBIN A. RUTENBAR SR VICE CHANCELLOR- RESEARCH	(i)	422,575.	0.	13,012.	27,135.	17,047.	479,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) GEOVETTE E. WASHINGTON SVC & CHIEF LEGAL OFFICER	(i)	426,768.	0.	5,697.	34,200.	10,954.	477,619.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PAUL LAWRENCE TREASURER	(i)	391,998.	0.	10,237.	47,485.	21,197.	470,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) NARAHARI SASTRY CFO/SR VICE CHANCELLOR	(i)	394,497.	0.	9,222.	22,800.	20,814.	447,333.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) DAVID N. DEJONG	(i)	367,909.	0.	0.	54,011.	18,163.	440,083.	0.
SVC BUSINESS OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) GREGORY A. SCOTT	(i)	172,148.	0.	127,860.	21,023.	11,476.	332,507.	0.
SVC BUSINESS OPS THRU 7/15/20	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) PATRICIA E. BEESON	(i)	219,417.	0.	13,091.	26,687.	12,389.	271,584.	0.
PROVOST/SR VICE CHANCELLOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**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 IS TREATED AS TAXABLE INCOME ON FORM

W-2 IF NOT FOR BONA FIDE BUSINESS PURPOSES.

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

**Part III** Supplemental Information

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

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

PROSPECTIVE DONORS, INSTITUTIONAL SUPPORTERS, AND BUSINESS ASSOCIATES. USE

OF THE RESIDENCE IS NOT CONSIDERED TAXABLE INCOME UNDER IRC SEC. 119(D).

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES:

BECAUSE CERTAIN OFFICERS OF THE UNIVERSITY ARE REQUIRED TO ENTERTAIN

DONORS, PROSPECTIVE DONORS, INSTITUTIONAL SUPPORTERS, AND BUSINESS

ASSOCIATES, CLUB MEMBERSHIPS ARE PROVIDED. PERSONAL USE OF CLUB MEMBERSHIPS

IS TREATED AS TAXABLE INCOME ON FORM W-2.

PERSONAL SERVICES:

FINANCIAL CONSULTING SERVICES UP TO A MAXIMUM AMOUNT OF \$5,000 PER YEAR ARE

PROVIDED TO CERTAIN SENIOR OFFICERS OF THE UNIVERSITY AND ARE TREATED AS

TAXABLE INCOME ON FORM W-2.

PART I, LINES 4A-B:

LINE 4A- SEVERANCE PAYMENT- G.SCOTT- \$116,792

LINE 4B-SUPPLEMENTAL GTL INSURANCE PROGRAM FOR CERTAIN ACTIVE & RETIRED

OFFICERS, INCLUDING A TAX GROSS-UP-; P.BEESON-\$20,275; A.LEVINE-\$21,342.

**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.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>UNIVERSITY OF PITTSBURGH</b>	Employer identification number <b>25-0965591</b>
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<b>Part I Bond Issues</b> SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> SEE SCHEDULE K, PART VI	25-0965591	91335VJP2	09/18/14	96,564,106.	CAPITAL PROJECTS		X		X		X
<b>B</b> SEE SCHEDULE K, PART VI	25-0965591	91335VKW5	04/15/21	210,298,215.	CAPITAL PROJECTS; REFUND PORTION OF 2018 PANTHERS		X		X		X
<b>C</b> SEE SCHEDULE K, PART VI	25-0965591	91335VKV7	12/03/19	200,000,000.	CAPITAL PROJECTS		X		X		X
<b>D</b>											

	A		B		C		D	
<b>1</b> Amount of bonds retired .....								
<b>2</b> Amount of bonds legally defeased .....								
<b>3</b> Total proceeds of issue .....	96,645,580.		210,298,215.		200,000,000.			
<b>4</b> Gross proceeds in reserve funds .....								
<b>5</b> Capitalized interest from proceeds .....								
<b>6</b> Proceeds in refunding escrows .....								
<b>7</b> Issuance costs from proceeds .....	557,401.		769,716.		671,501.			
<b>8</b> Credit enhancement from proceeds .....								
<b>9</b> Working capital expenditures from proceeds .....								
<b>10</b> Capital expenditures from proceeds .....	96,065,099.		124,528,499.		199,328,499.			
<b>11</b> Other spent proceeds .....			85,000,000.					
<b>12</b> Other unspent proceeds .....								
<b>13</b> Year of substantial completion .....	2015		2021		2019			
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X	X			X		
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X		X		X		
<b>16</b> Has the final allocation of proceeds been made? .....	X		X		X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X		X			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		X		X			
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X		X			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....	X		X		X			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		X		X			
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...	X		X		X			
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.23 %		.82 %		3.12 %		%
<b>5</b> 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 .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		.23 %		.82 %		3.12 %		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X	X			
<b>8a</b> 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? .....		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X		X		X		
<b>b</b> Exception to rebate? .....	X		X		X			
<b>c</b> No rebate due? .....		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X		X		X			

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		
<b>b</b> Name of provider .....	N/A		N/A		N/A			
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....		X		X		X		
<b>e</b> Was the hedge terminated? .....		X		X		X		
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X		X		X			

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: SEE SCHEDULE K, PART VI

(F) DESCRIPTION OF PURPOSE:

CAPITAL PROJECTS; REFUND PORTION OF 2018 PANTHERS BOND

SCHEDULE K PART I BOND ISSUES- COLUMN (A)- ISSUER NAME

A- UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION-UNIVERSITY CAPITAL PROJECT BONDS, SERIES A, B-1, B-2 (SERIES 2014)

B- UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION-PITT ASSET NOTES TAX EXEMPT HIGHER EDUCATION REGISTERED SERIES OF 2021

C- UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION-PITT ASSET NOTES TAX EXEMPT HIGHER EDUCATION REGISTERED SERIES OF 2019

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

SCHEDULE K PART I BOND ISSUES- COLUMN (F)- DESCRIPTION OF PURPOSE

A-FINANCE CAPITAL PROJECTS

B- FINANCE CAPITAL PROJECTS AND EQUIPMENT; REFUND PORTION OF 2018

PANTHERS

C- FINANCE CAPITAL PROJECTS AND EQUIPMENT

SCHEDULE K PART II, LINE 3 COLUMN (A), TOTAL PROCEEDS OF ISSUE

AMOUNT INCLUDES INTEREST EARNED IN PROJECT FUNDS, LESS FEES.



Transactions With Interested Persons

2020

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows are empty.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$

Part II Loans to and/or From Interested Persons.

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

Table with columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows are empty.

Total ..... \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Contains two rows of data: 19,500 SCHOLARSHIP and 10,000 SCHOLARSHIP.

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SEE SCH. L PART V	N/A	0.	N/A		X

**Part V Supplemental Information.**

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

SCHEDULE L PART IV

(A) NAME OF INTERESTED PERSON: NEAL BECKER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF ANN E. CUDD, SVC AND PROVOST.

(C) AMOUNT OF TRANSACTION: \$122,607

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF INTERESTED PERSON: ANITA P. COURCOULAS, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF IRA J. GUMBERG, A TRUSTEE.

(C) AMOUNT OF TRANSACTION: \$243,287

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF INTERESTED PERSON: SEAN GALLAGHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF PATRICK D. GALLAGHER, CEO/CHANCELLOR.

(C) AMOUNT OF TRANSACTION: \$80,790

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

**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: DAVID HICKTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF DAWNE HICKTON, A TRUSTEE.

(C) AMOUNT OF TRANSACTION: \$36,403

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF INTERESTED PERSON: JOHN C. PELUSI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF JOHN H. PELUSI, JR. A TRUSTEE.

(C) AMOUNT OF TRANSACTION: \$103,810

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF INTERESTED PERSON: JASON RICHARDS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF THOMAS E. RICHARDS, A TRUSTEE.

(C) AMOUNT OF TRANSACTION: \$92,932

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF INTERESTED PERSON: ELIZABETH SCOTT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF GREGORY A. SCOTT, SVC, BUSINESS OPS.

(C) AMOUNT OF TRANSACTION: \$41,144

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

**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

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	5,000.	WRITTEN APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,414,400.	WRITTEN APPRAISAL
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	118	3,960,286.	MEAN VALUE DATE REC'D
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	1	11,700.	WRITTEN APPRAISAL
19 Food inventory	X	1	12,450.	WRITTEN APPRAISAL
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens	X	4	750,000.	WRITTEN APPRAISAL
24 Archeological artifacts				
25 Other ( SCIENTIFIC EQ )	X	3	367,929.	WRITTEN APPRAISAL
26 Other ( TRAVEL & AIRF )	X	1	24,573.	FMV
27 Other ( INTERFACE HAR )	X	1	11,100.	WRITTEN APPRAISAL
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 6

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

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

SCHEDULE M, PART I, COLUMN (B)

THE AMOUNTS REPORTED IN COLUMN (B) REPRESENTS A COMBINATION OF ITEMS

RECEIVED AND TOTAL NUMBER OF CONTRIBUTIONS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE UNIVERSITY OF PITTSBURGH, FOUNDED IN 1787, IS ONE OF THE OLDEST

INSTITUTIONS OF HIGHER EDUCATION IN THE UNITED STATES AND ONE OF THE

NATION'S TOP PUBLIC RESEARCH UNIVERSITIES. FOR MORE THAN TWO

CENTURIES, THE UNIVERSITY OF PITTSBURGH HAS SERVED THE NEEDS OF ITS

HOME REGION, THE COMMONWEALTH OF PENNSYLVANIA, AND THE NATION AS A

LEADER IN EDUCATION, A PIONEER IN RESEARCH AND A PARTNER IN COMMUNITY

SERVICE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

	EXPENSES	GRANTS	REVENUE
STUDENT SERVICES	197,942,351		
AUXILIARY ENTERPRISES	164,417,014		89,962,372
LIBRARIES	51,928,897		
PUBLIC SERVICE	91,124,489	655,287	

EXPENSES \$ 757,592,305. INCL GRANTS OF \$ 655,287. REVENUE \$ 89,962,372.

FORM 990, PART VI, SECTION A, LINE 2:

PATRICK D. GALLAGHER AND EDWARD J. GREFENSTETTE HAVE A BUSINESS RELATIONSHIP

(ONE IS ON THE BOARD OF DIRECTORS OF THE OTHER'S EMPLOYER).

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

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 11B:

PRIOR TO THE MAY 11, 2022 MEETING OF THE AUDIT COMMITTEE OF THE BOARD OF

TRUSTEES, A COPY OF THE DRAFT IRS FORMS 990 AND 990-T FOR FISCAL YEAR 2021

WAS DISTRIBUTED TO EACH COMMITTEE MEMBER. AT THE MAY 11TH 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 REQUIRES THAT ALL MEMBERS OF ITS BOARD OF TRUSTEES PROMPTLY

DISCLOSE POTENTIAL OR ACTUAL CONFLICTS OF INTEREST AS THEY ARISE, AS WELL

AS ANNUALLY COMPLETE A DISCLOSURE QUESTIONNAIRE. DISCLOSURES ARE SUBMITTED

THROUGH THE UNIVERSITY'S OFFICE OF THE SECRETARY, REVIEWED BY THE

UNIVERSITY'S OFFICE OF UNIVERSITY COUNSEL AND PROVIDED TO THE BOARD

CHAIRPERSON AND THE CHAIRPERSON OF THE GOVERNANCE AND NOMINATING COMMITTEE

FOR REVIEW AND POSSIBLE ACTION. THE GOVERNANCE AND NOMINATING COMMITTEE OF

THE BOARD OF TRUSTEES OVERSEES TRUSTEE COMPLIANCE AND ADVISES, WHEN

NECESSARY, ON MANAGING ANY POTENTIAL OR ACTUAL CONFLICTS. TRUSTEES



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

GENERALLY ARE REQUIRED TO REFRAIN FROM PARTICIPATION ON MATTERS RELATED TO  
ANY CONFLICT.

THE UNIVERSITY ALSO REQUIRES THAT EMPLOYEES, INCLUDING ITS OFFICERS,  
DISCLOSE TRANSACTIONS AND PROPOSED TRANSACTIONS AS THEY ARISE WITH THE  
UNIVERSITY, AS WELL AS ANNUALLY COMPLETE A CONFLICT OF INTEREST STATEMENT.  
ALL DISCLOSURES REQUIRED OF UNIVERSITY EMPLOYEES ARE 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 BOARD  
CHAIRPERSON). THE RECIPIENT REVIEWS SUCH DISCLOSURES FOR REAL, APPARENT OR  
POTENTIAL CONFLICTS OF INTEREST AND THEN RECOMMENDS AND INITIATES ANY  
NECESSARY ACTIONS. EMPLOYEES ARE PROHIBITED FROM EXERCISING ANY UNIVERSITY  
DECISION-MAKING AUTHORITY OR FROM EXERTING INFLUENCE CONCERNING ANY  
ORGANIZATION OR TRANSACTION IN WHICH THEY OR A RELATED PARTY 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  
DETERMINES THE COMPENSATION, INCLUDING FRINGE BENEFITS AND PERQUISITES, OF  
THE OFFICERS OF THE UNIVERSITY, EXCEPT ASSISTANT AND ASSOCIATE TREASURERS  
AND 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

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

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.

UNIVERSITIES. THE OFFICERS' COMPENSATION IS BENCHMARKED AGAINST THESE

INSTITUTIONS.

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

OFFICE OF THE SECRETARY OF THE BOARD OF TRUSTEES. ACCESS TO MINUTES OF ALL

PUBLIC MEETINGS OF THE BOARD OF TRUSTEES AND ITS COMMITTEES ARE AVAILABLE

TO THE PUBLIC.

FORM 990, PART VI, SECTION C, LINE 19:

ALL RELEVANT DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY AND

AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE

UNIVERSITY'S WEB SITE AND/OR BY REQUEST.

FORM 990, PART VI, SECTION B, LINE 13 AND 14

THE UNIVERSITY HAS A WHISTLEBLOWER AND DOCUMENT RETENTION AND

DESTRUCTION POLICY. HOWEVER, THE POLICIES HAVE NOT BEEN ADOPTED BY THE

BOARD OF TRUSTEES.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
3441 F STREET, LLC - 37-1893874 251 LITTLE FALLS DRIVE WILMINGTON, DE 19808	REAL ESTATE HOLDINGS	DELAWARE		1,915,289	STONE MANSION, LLC
LIFEX LABS LLC - 83-1525466 4200 FIFTH AVENUE PITTSBURGH, PA 15260	LIFE SCIENCES INCUBATOR	PENNSYLVANIA	1,439,334	978,280	LIFEX VENTURES LLC
LIFEX VENTURES LLC - 83-3620757 4200 FIFTH AVENUE PITTSBURGH, PA 15260	LIFE SCIENCES INCUBATOR HOLDING COMPANY	PENNSYLVANIA			UNIVERSITY OF PITTSBURGH
STONE MANSION, LLC - 82-5055695 4200 FIFTH AVENUE PITTSBURGH, PA 15260	REAL ESTATE HOLDING COMPANY	PENNSYLVANIA		4,117	UNIVERSITY OF PITTSBURGH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNIVERSITY OF PITTSBURGH AND UPMC MEDICAL AND HEALTH SCIENCES FOUNDATION - 1, 3600 FORBES AVE, SUITE 8084 FORBES TOWER, BRADFORD EDUCATIONAL FOUNDATION - 25-1399653 300 CAMPUS DRIVE BRADFORD, PA 16701	TO INTEGRATE FUNDRAISING FOR THE UNIVERSITY OF PITTSBURGH AND UPMC	PENNSYLVANIA	501(C)(3)	12A			X
JOHNSTOWN EDUCATIONAL FOUNDATION - 25-1513720, UPJ, 266 BLACKINGTON HALL, JOHNSTOWN, PA 15904	TO SUPPORT THE UNIVERSITY OF PITTSBURGH AT BRADFORD	PENNSYLVANIA	501(C)(3)	12C			X
EYE AND EAR FOUNDATION - 25-1439732 BIOMEDICAL SCIENCES TOWER, 203 LOTHROP ST, PITTSBURGH, PA 15213	ADVANCE EFFORTS OF OTOLARYNGOLOGY AND OPHTHALMOLOGY DEPARTMENTS	PENNSYLVANIA	501(C)(3)	12C	UNIVERSITY OF PITTSBURGH	X	
							X

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

**Schedule R (Form 990) 2020**

SEE PART VII FOR CONTINUATIONS

**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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
UNIVERSITY OF PITTSBURGH TRUST - 25-1465279 5TH AVE AND BIGELOW PITTSBURGH, PA 15260	OVERSIGHT OF CERTAIN UNIVERSITY AFFILIATED ENTITIES AND ASSETS	PENNSYLVANIA	501(C)(3)	12C	UNIVERSITY OF PITTSBURGH	X	
UNIVERSITY DENTAL HEALTH SERVICES - 25-1762396, 3501 TERRACE STREET, PITTSBURGH, PA 15261	TO PROVIDE TEACHING AND PATIENT CARE IN A TEACHING AND RESEARCH SETTING	PENNSYLVANIA	501(C)(3)	3	UNIVERSITY OF PITTSBURGH	X	
PITTSBURGH SKIN & CANCER FOUNDATION - 25-0965472, 190 LOTHROP STREET STE 145, PITTSBURGH, PA 15213	SUPPORT OF PROGRAMS, RESEARCH, AND EDUCATION WITHIN DERMATOLOGY	PENNSYLVANIA	501(C)(3)	7	UNIVERSITY OF PITTSBURGH	X	
PITTSBURGH TISSUE ENGINEERING INITIATIVE INC. - 25-1789285, 100 TECHNOLOGY DRIVE NO 200, PITTSBURGH, PA 15219	FOSTER RESEARCH PERTAINING TO TISSUE ENGINEERING	PENNSYLVANIA	501(C)(3)	12A			X
MPC CORPORATION - 25-1128244 5000 FORBES AVENUE PITTSBURGH, PA 15213	RESEARCH ACTIVITIES TO AID EDUCATIONAL AND ECONOMIC DEVELOPMENT IN PA	PENNSYLVANIA	501(C)(3)	12A			X
UPMC - 25-1423657 600 GRANT STREET 58TH FLOOR PITTSBURGH, PA 15219	SUPPORTING SUBSIDIARIES HEALTHCARE, EDUCATION, AND RESEARCH PROGRAMS	PENNSYLVANIA	501(C)(3)	12C			X
DIETRICH FOUNDATION - 36-4711746 600 GRANT STREET NO 5360 PITTSBURGH, PA 15219	TO BENEFIT HIGHER EDUCATION AND OTHER CHARITABLE PURPOSES.	PENNSYLVANIA	501(C)(3)	12A			X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TSH CORPORATION - 25-1520417 124 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	DORMANT	PA	UNIVERSITY OF PITTSBURGH TRUST	C CORP			5.00%	X	
FORBES-SCHENLEY LAND COMPANY - EIN UNKNOWN 5TH AVE AND BIGELOW PITTSBURGH, PA 15260	DORMANT	PA	UNIVERSITY OF PITTSBURGH	C CORP			100.00%	X	
SCHENLEY PARK APARTMENTS COMPANY - EIN UNKNOWN, 5TH AVE AND BIGELOW, PITTSBURGH, PA 15260	DORMANT	PA	UNIVERSITY OF PITTSBURGH	C CORP			100.00%	X	
CARRILLO STEAM PRODUCTION ASSOCIATION, LLC - 27-1073489, 400 EUREKA BUILDING, 3400 FORBES AVENUE, PITTSBURGH, PA 15260	SERVICE CORPORATION TO MANAGE THE STEAM PLANT	PA	UNIVERSITY OF PITTSBURGH	C CORP		189,621.	75.00%	X	
VINCENT PAYMENT SOLUTIONS 2711 CENTERVILLE ROAD WILMINGTON, DE 19808	PAYMENT SOLUTION PROVIDER	DE	UNIVERSITY OF PITTSBURGH	C CORP			50.00%		X



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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JOHNSTOWN EDUCATIONAL FOUNDATION	C	190,364.	CASH
(2) UNIVERSITY DENTAL HEALTH SERVICES	O	2,017,707.	CASH
(3) UNIVERSITY DENTAL HEALTH SERVICES	Q	282,747.	CASH
(4)			
(5)			
(6)			

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

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

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



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

UNIVERSITY OF PITTSBURGH AND UPMC MEDICAL AND HEALTH

SCIENCES FOUNDATION

EIN: 11-3708851

3600 FORBES AVE, SUITE 8084 FORBES TOWER

PITTSBURGH, PA 15213

**CARRYOVER DATA TO 2021**

Name UNIVERSITY OF PITTSBURGH	Employer Identification Number 25-0965591
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Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - NON-CONTROLLED INVEST	31,121,171.
FEDERAL POST-2017 NET OPERATING LOSS - COINVESTMENT	730,099.
FEDERAL POST-2017 NET OPERATING LOSS - CAMPUS RETAIL	8,332,524.
FEDERAL POST-2017 NET OPERATING LOSS - OTHER CAMPUS ACTIVITI	1,287,470.
FEDERAL POST-2017 NET OPERATING LOSS - PARTNERSHIP ACTIVITY	3,893,869.
FEDERAL POST-2017 NET OPERATING LOSS - PARTNERSHIP ACTIVITY	58.
FEDERAL POST-2017 NET OPERATING LOSS - PARTNERSHIP ACTIVITY	165,369.
FEDERAL PRE-2018 NET OPERATING LOSS	48,587,211.
FEDERAL CONTRIBUTION - 50% CASH	3,904,993.
FEDERAL CONTRIBUTION CARRYOVER HAS BEEN ADJUSTED	
DUE TO NET OPERATING LOSS CARRYOVER PER INCOME	
TAX REGULATIONS SEC. 1.170A-11(C)(2) AS FOLLOWS:	
CONTRIBUTION DEDUCTION BEFORE NOL	12,531.
LESS CONTRIBUTION DEDUCTION AFTER NOL	0.
ADJUSTMENT TO CONTRIBUTION CARRYOVER	12,531.
MA NET OPERATING LOSS	29,751,321.

**University of Pittsburgh Top 25 Highest Paid Non-Officers for the  
Year Ended June 30, 2021 Right-To-Know Disclosure**

<b>Ranking</b>	<b>Name</b>	<b>Total Gross</b>
1	Narduzzi, Patrick	\$ 5,296,739.21
2	Capel, Felton Jeffrey III	\$ 3,485,000.04
3	Lyke, Heather Renee	\$ 777,000.08
4	Becich, Michael J	\$ 673,000.04
5	White, Lance B	\$ 640,000.00
6	Davitt, Kristin	\$ 615,000.00
7	Costello, Bernard James III	\$ 615,000.00
8	James, Alton Everette III	\$ 610,813.68
9	Vesterlund, Lise Duedal	\$ 576,650.00
10	Gronenborn, Angela M	\$ 560,520.31
11	Bates, Randy Van	\$ 555,208.42
12	Silverstein, Jonathan	\$ 557,548.09
13	Whipple, Mark	\$ 541,667.10
14	Reis, Steven E	\$ 550,000.00
15	Partridge, Charles James	\$ 535,447.96
16	Strick, Peter Leonard	\$ 525,000.00
17	Shlomchik, Mark Jay	\$ 499,999.96
18	Huber, George A	\$ 463,454.40
19	Imbrogno, Michael Edward	\$ 496,002.22
20	Denis, David	\$ 495,999.96
21	Wipf, Peter	\$ 482,135.28
22	Lima, Michael Taylor	\$ 475,230.11
23	Freeman, Bruce A	\$ 475,000.04
24	Bahar, Ivet	\$ 470,000.04
25	Assad, Arjang A	\$ 467,718.96