EXTENDED TO MAY 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning JUL 1 2022 and ending JUN 30 2023 в C Name of organization D Employer identification number Check if applicable: Address change UNIVERSITY OF PITTSBURGH]Name]change 25-0965591 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 116 ATWOOD STREET, SUITE 201 (412) 624-3189 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 5,754,762,599. Amended PITTSBURGH, PA 15260-0100 H(a) Is this a group return Applica-F Name and address of principal officer: PATRICK D. GALLAGHER Yes X No for subordinates? pending 107 CATHEDRAL OF LEARNING, PGH, PA 15260 **H(b)** Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 527 _ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: WWW.PITT.EDU H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1787 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE HIGH QUALITY Activities & Governance EDUCATIONAL SERVICES, RESEARCH, AND COMMUNITY SERVICE. 2 Check this box ot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 35 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 28 4 4 28506 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 166 6 6 Total number of volunteers (estimate if necessary) 6,993,672. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Ο. Prior Year Current Year Contributions and grants (Part VIII, line 1h) 580,482,564, 565,546,032. 8 Revenue 2,234,980,838 2,401,300,421. Program service revenue (Part VIII, line 2g) 9 365,183,978 141,313,501. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 49,905,677 31,411,002. 11 3,230,553,057 3,139,570,956. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 398,942,947 429,008,070. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 Ο. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,584,150,315 15 1,690,240,053. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 441 222 646,774. **b** Total fundraising expenses (Part IX, column (D), line 25) 29,847,245. 936,736,568 1,028,248,407. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,920,271,052 3,148,143,304. 18 310,282,005 8,572,348. 19 Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year** End of Year Assets (Balanc 9,742,545,228 9,680,542,422. Total assets (Part X, line 16) 20 3,015,858,765 2,818,269,936. **21** Total liabilities (Part X, line 26) Net / 6,726,686,463. 6,862,272,486. 22 Net assets or fund balances. Subtract line 21 from line 20 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.

	_ Thuman Wingrove 05/09/2024										
Sign	Signature of omičer		Da	te							
Here											
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	BRIAN KEARNS	Brian Kearung	5/9/2024	self-employed P02061479							
Preparer	Firm's name KPMG		Fir	Firm's EIN 13-5565207							
Use Only	Firm's address 8350 BROAD STREET SUITE 9	00									
	MCLEAN, VA 22102		Ph	one no.703-286-8000							
Sign C Here THURMAN D. WINGROVE, INTERIM CFO & CONTROLLER Type or print name and title Paid Print/Type preparer's name BRIAN KEARNS Preparer's signature Brian, KEARNS Brian, Kearns Firm's name KPMG Firm's address 8350 BROAD STREET SUITE 900											

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047

Open to Public

Inspection

 Briefly describe the organization's mission: SEE SCHEDULE O Did the organization undertake any significant program serprior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant If "Yes," describe these changes on Schedule O. Did the organization's program service accomplishme Section 501(c)(3) and 501(c)(4) organizations are required t revenue, if any, for each program service reported. (Code:) (Expenses \$942,080,587.intersection 1000000000000000000000000000000000000	any line in this Part III
 Briefly describe the organization's mission: <u>SEE_SCHEDULE_O</u> <u>SEE_SCHEDULE_O</u> <u>Did the organization undertake any significant program serprior Form 990 or 990-EZ?</u> <u>If "Yes," describe these new services on Schedule O.</u> <u>Did the organization cease conducting, or make significant If "Yes," describe these changes on Schedule O.</u> <u>Did the organization cease conducting, or make significant If "Yes," describe these changes on Schedule O.</u> <u>Describe the organization's program service accomplishments Section 501(c)(3) and 501(c)(4) organizations are required to revenue, if any, for each program service reported. <u>Gode:) (Expenses \$942,080,587i RESEARCH - INCLUDES EXPENDITURES FOR ACTIVITTO PRODUCE RESEARCH OUTCOMES WHETHER COMMISS</u> <u>Contemportation of the second contemportation of the second contemport</u></u>	rvices during the year which were not listed on the t changes in how it conducts, any program services?
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RESEARCH - INCLUDES EXPENDITURES FOR ACTIVIT TO PRODUCE RESEARCH OUTCOMES WHETHER COMMISS	TIES SPECIFICALLY ORGANIZED
	SIONED BY AN EXTERNAL AGENCY
OR BUDGETED BY A UNIT.	
4b (Code:)(Expenses 939,915,904. i INSTRUCTION - INCLUDES EXPENDITURES FOR ACTI	including grants of \$ 275,285,161.) (Revenue \$ 968,389
	INTITES OL THE THEITIOLION 2
INSTRUCTION PROGRAMS.	
4c (Code:) (Expenses \$ 368,354,884. i	including grants of \$) (Revenue \$ 116,077
ACADEMIC SUPPORT - INCLUDES EXPENDITURES IN	
PRIMARY MISSIONS - INSTRUCTION, RESEARCH, AN	
4d Other program services (Describe on Schedule O.)	
(Expenses \$ 594,787,207. including grants of \$	994,998.) (Revenue \$ 148,718,215.)
4e Total program service expenses 2,845,1	138,582.
	Form 99
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Form 990 (UNIVERSITY		
Part IV	Checklist o	f Required Sc	hed	ules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	x	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Tie	л	<u> </u>
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-	v	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	19	Х	v
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Form	990	(2022)
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1 01	t IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If	00-	v	
20	"Yes," complete Schedule L, Part IV	28c 29	X X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	^ _	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	x	
31	contributions? If "Yes," complete Schedule M	31	- 23	x
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If 'res,' complete Schedulery, rat'r</i>	51		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 56745	5		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b1	5		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Form	990 (202	2) UNIVERSITY OF PITTSBURGH	25-0965591		Р	age 5
Pai	rt V S	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
					Yes	No
2a		e number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		the calendar year ending with or within the year covered by this return	2a 28506			
b		t one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	X	
3a				3a	X	
		has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	X	
4a		me during the calendar year, did the organization have an interest in, or a signature or other				
		account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	,	enter the name of the foreign country				
		ructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
5a		organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b		taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
		to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		e organization have annual gross receipts that are normally greater than \$100,000, and did the				
		tributions that were not tax deductible as charitable contributions?		6a		X
b		did the organization include with every solicitation an express statement that such contribu-	tions or gifts			
_		t tax deductible?		6b		
7	-	ations that may receive deductible contributions under section 170(c).		_		
а		rganization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		7a	X	
b		did the organization notify the donor of the value of the goods or services provided?		7b	X	
с		organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
		vrm 8282?	1 1	7c		X
		indicate the number of Forms 8282 filed during the year	7d			
е		organization receive any funds, directly or indirectly, to pay premiums on a personal benefit o		7e		X
f		organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	X	
g		ganization received a contribution of qualified intellectual property, did the organization file F		7g		
h		ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	-	ring organizations maintaining donor advised funds. Did a donor advised fund maintained	•			
		ing organization have excess business holdings at any time during the year?		8		
9	-	ring organizations maintaining donor advised funds.		-		
a				9a		
b		sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10		501(c)(7) organizations. Enter:				
a		fees and capital contributions included on Part VIII, line 12	10a			
b		eceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11		501(c)(12) organizations. Enter:				
a		come from members or shareholders	11a			
b		come from other sources. (Do not net amounts due or paid to other sources against	445			
10-		s due or received from them.)	11b	40-		
		4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		enter the amount of tax-exempt interest received or accrued during the year	12b			
13		501(c)(29) qualified nonprofit health insurance issuers.		10-		
а		ganization licensed to issue qualified health plans in more than one state?		13a		
h		ee the instructions for additional information the organization must report on Schedule O.				
b		e amount of reserves the organization is required to maintain by the states in which the	13b			
•		tion is licensed to issue qualified health plans				
		e amount of reserves on hand	13c	140		x
14a			μο Ο	14a		
		has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		<u> </u>
15		ganization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		15	x	
		parachute payment(s) during the year?		13		
16		see the instructions and file Form 4720, Schedule N.	at income?	16		x
16		ganization an educational institution subject to the section 4968 excise tax on net investmer		10		
17		complete Form 4720, Schedule O. 501(c)(21) or any discussified or other person engage in any as	rtivitios			
17		501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac uld result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
		complete Form 6069.				
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	990 (2022) UNIVERSITY OF PITTSBURGH	25-0965591			ag
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thro	•	a "No"	respo	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				<u> </u>
		.		Yes	1
1a		la 35			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
		1b 28	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w			77	
	officer, director, trustee, or key employee?		2	х	┝
3	Did the organization delegate control over management duties customarily performed by or under the o				Ι.
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990		4		+-
5	Did the organization become aware during the year of a significant diversion of the organization's asset		5		
6	Did the organization have members or stockholders?		6		:
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appr				
	more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
_	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b		-		
a	The governing body?		8a	X	╞
	Each committee with authority to act on behalf of the governing body?		8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ed at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Code.)			
				Yes	
	Did the organization have local chapters, branches, or affiliates?		10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		\vdash
	Has the organization provided a complete copy of this Form 990 to all members of its governing body k	before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	┝
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,				
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13		
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approval b	y independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a			
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	ation's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed PA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-T (section 501(c)(3)s only) avail	ab
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain or				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of interest policy, ar	nd fina	ncial	
	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 book	s and records			
	THURMAN D. WINGROVE - (412)624-6050				
	3015 CATHEDRAL OF LEARNING, PITTSBURGH, PA 15260-6471				
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	7				
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Form 990 (2	2022) UNIVERSITY OF PITTSBURGH	25-0965591	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per		(do not check more box, unless person is				compensation	compensation	amount of	
	week		cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	trustee			en sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		loye	co mi		1099-NEC)		and related
	below	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PATRICK R. NARDUZZI	line) 40.00	Ē	Ë	5	₹.	Ξē	요			
HEAD FOOTBALL COACH	40.00					x		6,443,259.	0.	256,292.
(2) EDWARD J. GREFENSTETTE	5.00							0,110,200.	••	100,101.
TRUSTEE	40.00	x						0.	2,134,476.	1,854,743.
(3) F. JEFFREY CAPEL III	40.00								2,101,170,	1,001,110.
HEAD MEN'S BASKETBALL COACH						x		3,546,396.	0.	44,217.
(4) HEATHER R. LYKE	40.00							, ,		,
DIRECTOR OF ATHLETICS		1				x		1,557,361.	0.	130,362.
(5) ARTHUR S. LEVINE	40.00									
FMR SVC HEALTH SCIENCES THRU 6/1/20							х	1,499,390.	0.	53,427.
(6) ANANTHA SHEKHAR	40.00									
SVC HEALTH SCIENCES	1.00			х				1,378,891.	0.	157,775.
(7) JEFFER CHOUDHRY	40.00									
CHIEF INVESTMENT OFFICER				Х				1,340,904.	0.	22,475.
(8) RANDY V. BATES	40.00									
ASSISTANT FOOTBALL COACH						X		868,538.	0.	69,406.
(9) PATRICK D. GALLAGHER	40.00									
CHANCELLOR / CEO	5.00	х		X				679,385.	25,000.	139,969.
(10) PAUL LAWRENCE	40.00									
TREASURER				х				723,889.	0.	79,632.
(11) FRANK CIGNETTI	40.00									
ASSISTANT FOOTBALL COACH						Х		753,489.	0.	42,986.
(12) ANN E. CUDD	40.00							400 077	0.	70 047
PROVOST/SR VICE CHANCELLOR (13) ROBIN A. RUTENBAR	40.00			X		-		489,277.	0.	70,047.
SR VICE CHANCELLOR- RESEARCH	40.00			x				442,651.	0.	62,317.
(14) DAVID N. DEJONG	40.00							,		
SVC BUSINESS OPS				x				420,520.	0.	83,742.
(15) GEOVETTE E. WASHINGTON	40.00							,		,
SVC & CHIEF LEGAL OFFICER		1		x				444,923.	0.	47,658.
(16) NARAHARI SASTRY	40.00									
CFO/SR VICE CHANCELLOR	1.00			х				403,888.	0.	56,976.
(17) ROSALYN E. JONES	40.00									
VC/SECRETARY OF THE BOT				х				254,328.	0.	30,853.
232007 12-13-22						0				Form 990 (2022)

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Form 990 (2022) UNIVERSITY OF									25-0965591		F	Page 8		
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)					
(A) (B) (C) (D) (E) (F)														
Name and title	Average			Pos	ition	ו		Reportable	Reportable	F	Estimated			
	hours per					than is bot		compensation	compensation		mount			
	week					or/trus		from	from related	۳ ۱	other			
	(list any	tor						the	organizations	Cor	npensa			
	hours for	direc				-		organization	(W-2/1099-MISC/		from th			
	related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)		ganiza			
	organizations	ruste	ll trus		ee	mper		1099-NEC)			nd rela			
	below	dualt	tion	_	lold	st co	5				anizat			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				,			
(18) JOHN A. BARBOUR	5.00	=		0	×					-				
TRUSTEE		x						0.	0			0.		
	E 0.0	~				-		Ū.	0	<u>-</u>				
(19) SALISA BERRIEN	5.00	l												
TRUSTEE		х				-		0.	0	·		0.		
(20) EVA TANSKY BLUM	5.00													
TRUSTEE		Х						0.	0	•		0.		
(21) SUNDAA BRIDGETT-JONES	5.00													
TRUSTEE		x						0.	0			Ο.		
(22) DOUGLAS M. BROWNING	5.00													
CHAIR OF THE BOT		x		х				0.	0			Ο.		
(23) GARY T. BROWNLEE	5.00									-				
	5.00							0	0			0		
TRUSTEE		х				-		0.	0	·		0.		
(24) LOUIS R. CESTELLO	5.00													
TRUSTEE		X						0.	0	·		٥.		
(25) DAVID C. CHAVERN	5.00													
TRUSTEE		х						0.	0	•		0.		
(26) VAUGHN S. CLAGETTE	5.00													
TRUSTEE		x						0.	0			Ο.		
1b Subtotal						-		21,247,089.	2,159,476		3,202,877.			
1b Subtotal 21,247,089. 2,159,476. c Total from continuation sheets to Part VII, Section A 0. 0.									_	0.				
								21,247,089.	2,159,476	•	3 202	,877.		
d Total (add lines 1b and 1c)										• <u> </u>	, 202	, • • • •		
2 Total number of individuals (including but n		iose	liste	a a	DOVE	e) wi	10 1	eceived more than \$100	,000 of reportable			2 0 0 0		
compensation from the organization											Yes	2,808		
											res	No		
3 Did the organization list any former officer,														
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X			
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	l ot	her compensation from	the organization					
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J	for such individual		4	X			
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services					
rendered to the organization? If "Yes," com	-				-			-		5	T	x		
Section B. Independent Contractors														
1 Complete this table for your five highest co	mpensated in	dona	ande	nt c	onti	racto	re f	that received more than	\$100.000 of comper	eation	from			
	-	-								Sation	nom			
the organization. Report compensation for	the calendar y	ear	enai	ng v	vitri	or w			year.					
(A) Name and business	addross							(B) Description of s	onvicos		(C) ensatio	20		
	audress						_			Jointe				
CHARTWELLS DINING SERVICES														
2 INTERNATIONAL DR, RYE BROOK, NY 105	573							FOOD SERVICE		52	1,743	,856.		
PJ DICK INC														
225 NORTH SHORE DRIVE, PITTSBURGH, PA	A 15212							CONSTRUCTION		50	0,835	,447.		
TURNER MOSITES JOINT VENTURE, 925 LIE	BERTY													
AVENUE 3RD FL, PITTSBURGH, PA 15222								CONSTRUCTION		4	9.400	,548.		
RYCON CONSTRUCTION CO, 2501 SMALLMAN	ST										,	/ -		
STE 100, PITTSBURGH, PA 15222	51							CONSTRUCTION		3	مەم ر	772		
· · ·							_	CONSTRUCTION			±,990	,772.		
MASCARO BARTON-MALOW														
1720 METROPOLITAN ST, PITTSBURGH, PA							_	CONSTRUCTION		2:	1,421	,886.		
2 Total number of independent contractors (i	ncluding but r	iot lii	mite	d to	tho	se lis	stee	d above) who received m	nore than					
\$100,000 of compensation from the organi	zation				67	9								
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS								Form	990	(2022)		
232008 12-13-22														
						9								

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Form 990 UNIVERSITY C	25-0965591									
Part VII Section A. Officers, Directors, Tr		mplo	oyee			ligh	est		ees (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average		Position		Reportable	Reportable	Estimated			
	hours	(C	hecł	k all	that	app	oly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for	e or d	tee			sated		(W-2/1099-MISC)		organization
	related organizations	rustee	l trus		ee	npen				and related organizations
	below	lual ti	tiona		ploy	st cor				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAY COSTA, JR.	5.00									
TRUSTEE		Х						0.	0.	0.
(28) JAMES P. COVERT	5.00									
TRUSTEE		x						0.	0.	0.
(29) BRADLEY J. FRANC THRU 11/22	5.00									
TRUSTEE		x						0.	0.	0.
(30) DEBORAH J. GILLOTTI	5.00									
TRUSTEE		x						0.	0.	0.
(31) LISA A. GOLDEN	5.00									
TRUSTEE		x						٥.	٥.	0.
(32) DAWNE S. HICKTON	5.00									
TRUSTEE		х						0.	0.	0.
(33) DIANE P. HOLDER	5.00									
TRUSTEE		x						0.	0.	0.
(34) SY HOLZER THRU 11/22	5.00									
TRUSTEE		x						0.	0.	0.
(35) PATRICIA D. HOROHO	5.00									
TRUSTEE		x						0.	0.	0.
(36) S. JEFFREY KONDIS	5.00									
TRUSTEE		x						0.	0.	0.
(37) WILLIAM K. LIEBERMAN	5.00									
TRUSTEE		x						0.	0.	0.
(38) ROBERTA A. LUXBACHER	5.00							-		-
TRUSTEE		x						0.	0.	0.
(39) JOHN A. MAHER III	5.00									
TRUSTEE		x						0.	0.	0.
(40) ERIN W. MCDOWELL	5.00							- •		- •
TRUSTEE		x						0.	0.	0.
(41) LARRY J. MERLO	5.00				+			· · ·		
TRUSTEE	5.00	x						0.	0.	0.
(42) NATALIE MIHALEK	5.00				-			· · ·	· ·	<u>.</u>
TRUSTEE	5.00	x						0.	0.	0.
(43) VALERIE NJIE	5.00	^			-			••	••	••
TRUSTEE	5.00	x						0.	0.	0
(44) JOHN H. PELUSI, JR.	5.00	^	-	-	┢		\vdash	· · ·	U.	0.
TRUSTEE	5.00	x						0.	0.	0.
(45) ROBERT RITSON, JR.	5.00	<u> </u>		\vdash	\vdash				`	.
TRUSTEE		x						0.	0.	0.
(46) JACK T. TIGHE III	5.00	<u> </u>		-	\vdash		\vdash	`.	`	.
TRUSTEE		x						0.	0.	0.
	1	1		1	1	1				.
Total to Part VII, Section A, line 1c										

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Form 990 UNIVERSIT	25-0965591									
Part VII Section A. Officers, Directors (A)	s, Trustees, Key E (B)	mplo 	oyee			High	est		ees (continued) (E)	(F)
(A) Name and title		(B) (C) Average Position				h		(D) Reportable	(⊏) Reportable	(r) Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per	<u> </u>					<u> </u>	from	from related	other
	week	5				Highest com pensated em ployee		the	organizations	compensation
	(list any	irecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related	e or d	stee			Isated		(00-2/1099-00150)		organization and related
	organizations	truste	Institutional trustee		yee	mper				organizations
	below	id ual	ution	5	Key employee	est co	er			5
	(list any hours for related organizations below line)	Indiv	Insti	Officer	Key (High	Former			
(47) PETER C. VARISCHETTI	5.00									
TRUSTEE		х						0.	0.	0
(48) JOHN J. VERBANAC	5.00									
TRUSTEE		Х						٥.	0.	0
(49) ADAM C. WALKER	5.00									
TRUSTEE		х						0.	0.	0
(50) WILLIAM WARD, JR.	5.00									
TRUSTEE		х						0.	0.	0
(51) MICHAEL G. WELLS	5.00									
TRUSTEE		X						0.	0.	0
(52) JAKE WHEATLEY, JR.	5.00									
TRUSTEE		х						0.	0.	0
		1								

232201 04-01-22

ar	t VII									
		Check if Schedule O	conta	ains a respo	nse	or note to any lir	ne in this Part VIII	(R)		
							(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue exclud from tax under sections 512 - 5
2	1 a	a Federated campaigns 1a								
and Other Similar Amounts	b	Membership dues		1b						
A	с	Fundraising events		1c		1,511,807.				
llar		Related organizations				232,523,008.				
		Government grants (contr				206,494,670.				
E.	f	All other contributions, gifts,								
5		similar amounts not included				125,016,547.				
	-	Noncash contributions included in	lines	1a-1f 1g \$		5,486,393.				
σ	h	Total. Add lines 1a-1f				Dusinger Carls	565,546,032.			
	• •	GRANTS/CONTRACTS				Business Code 541700	1,164,937,719.			1164937
	2 a b					611710	968,389,674.	968,389,674.		1104957
anu		SALES-AUXILIARY				900004	151,923,202.	148,718,215.		
eve	•	SALES-EDUCATIONAL				711300	115,018,109.	113,150,200.		
нечепие	-	UNIVERSITY PRESS				513110	1,031,717.	1,031,717.	_,,	
	-	All other program service	reve	nue			_,,.	_,,.		
		Total. Add lines 2a-2f				·	2,401,300,421.			
	3	Investment income (inclue								
		other similar amounts)			99,001,656.			99,001,		
	4	Income from investment of	of ta>	k-exempt bo	nd p	proceeds				
	5	Royalties					25,659,133.			25,659,
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	_	12,543,8						
		Rental income or (loss)	6c	3,428,1	.89.					
		Net rental income or (loss	i) <u></u>			(ii) Others	3,428,189.			3,428,3
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	26363163	94.					
	b	Less: cost or other basis		25940045	10					
	-	and sales expenses	7b	42,311,8						
		Gain or (loss)		, ,			42,311,845.			42,311,
		Net gain or (loss)				I	42,511,045.			42,511,
	0 4	including \$ 1,								
		contributions reported on								
		Part IV, line 18		-	8a	227,778.				
	b	Less: direct expenses			8b	1,820,051.				
		Net income or (loss) from			nts	· · · · ·	-1,592,273.			-1,592,
	9 a	Gross income from gamin	ng ac	tivities. See						
		Part IV, line 19			9a	284,860.				
	b	Less: direct expenses			9b	185,645.				
	с	Net income or (loss) from	gam	ing activities	<u></u>		99,215.			99,
	10 a	Gross sales of inventory,								
			and allowances 10a		9,534,396.					
				10b	, ,					
+	С	Net income or (loss) from	sale	s of invento	у		2,896,859.	1,895,962.	1,000,897.	
						Business Code	010 070		010 070	
Revenue		PARTNERSHIP GAIN(LO	55)			525990	919,879.		919,879.	
Ven	b									
R R	ر ام	All other reverse								
		All other revenue				I	919,879.			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instruction			<u></u>			1,233,185,768.	6,993,672.	13338454
	16		5113					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10000101

Form 990 (2022)

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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 respons			·····	·····
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	146,923,601.	146,923,601.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	275,299,420.	275,299,420.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16	6,785,049.	6,785,049.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	7 245 192	1 001 247	5 675 961	577 Q75
~	trustees, and key employees	7,345,183.	1,091,347.	5,675,861.	577,975
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2,886,002.	1,467,055.	1,260,102.	158,845
7	Other salaries and wages	1,288,611,686.	1,180,616,099.	90,818,725.	17,176,862
8	Pension plan accruals and contributions (include		_,,		
5	section 401(k) and 403(b) employer contributions)	105,718,171.	95,853,991.	8,176,935.	1,687,245
9	Other employee benefits	206,992,451.	187,167,679.	16,850,142.	2,974,630
10	Payroll taxes	78,686,560.	71,091,921.	6,342,240.	1,252,399
11	Fees for services (nonemployees):	, , , .	, , -	, , .	, ,
	Management	524,822.		524,822.	
	Legal	15,492,435.		15,492,435.	
	Accounting	2,249,729.		2,249,729.	
	Lobbying	801,000.	801,000.		
	Professional fundraising services. See Part IV, line 17	646,774.			646,774
f	Investment management fees	55,807,799.		55,807,799.	
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	239,668,378.	207,112,673.	30,421,048.	2,134,657
12	Advertising and promotion	2,307,877.	2,295,945.		11,932
13	Office expenses	134,501,430.	133,760,669.		740,761
14	Information technology	57,073,336.	56,957,753.	20,034.	95,549
15	Royalties				
16	Occupancy	160,959,299.	147,714,940.	11,840,355.	1,404,004
17	Travel	62,975,777.	62,139,470.		836,307
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,927,438.	6,840,497.		86,941
20	Interest	58,750,716.	54,859,505.	3,891,211.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	203,445,678.	190,224,071.	13,221,607.	11 010
23	Insurance	11,580,838.	2,249,092.	9,320,036.	11,710
24	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 0.)				
а	LIBRARY	9,409,636.	9,409,636.		
b	DUES AND FEES	5,772,219.	4,477,169.	1,244,396.	50,654
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,148,143,304.	2,845,138,582.	273,157,477.	29,847,245
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Pa	tΧ	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
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	798,356,609
	3	Pledges and grants receivable, net	69,687,774.	3	67,381,342
	4	Accounts receivable, net	258,011,485.	4	394,640,727
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net	26,635,921.	7	25,576,359
Assets	8	Inventories for sale or use	5,635,697.	8	4,320,740
⋖	9	Prepaid expenses and deferred charges	24,449,677.	9	26,063,767
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 6,236,955,24	5.		
	b	Less: accumulated depreciation 10b 3,596,623,45	L. 2,397,508,041.	10c	2,640,331,794
	11	Investments - publicly traded securities		11	1,418,415,935
	12	Investments - other securities. See Part IV, line 11	4,262,599,508.	12	4,125,445,852
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	269,348,593.	15	180,009,297
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	9,680,542,422
	17	Accounts payable and accrued expenses	793,298,700.	17	720,882,970
	18	Grants payable		18	
	19	Deferred revenue		19	181,846,040
	20	Tax-exempt bond liabilities		20	95,680,409
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,367,985,653.	24	1,323,350,368
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	496,510,149
	26	Total liabilities. Add lines 17 through 25	3,015,858,765.	26	2,818,269,936
ŝ		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions		27	4,554,839,416
ğ	28	Net assets with donor restrictions	2,370,374,026.	28	2,307,433,070
Ŝ		Organizations that do not follow FASB ASC 958, check here			
2		and complete lines 29 through 33.			
its (29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž	32	Total net assets or fund balances		32	6,862,272,486
	33	Total liabilities and net assets/fund balances	9,742,545,228.	33	9 , 680 , 542 , 422 Form 990 (2022

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Form	1990 (2022) UNIVERSITY OF PITTSBURGH	25-096559	1	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,139	,570	,956.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,148	,143	,304.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 8	,572	,348.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,726	,686	,463.
5	Net unrealized gains (losses) on investments	5	75	,421	,877.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	68	,736	,494.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,862	,272	,486.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	iedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Employer identification number

Name of the organization

	UNIVERSITY OF PITTSBURGH								5-0965591		
Par	t I	Reason for Public (Charity Status.	(All organizations must c	omplete ti	nis part.) S	See instructior	IS.			
The o	rgan	ization is not a private found	lation because it is: (For lines 1 through 12, c	check only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1)(A)(i).				
2	X	A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)						
з [A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
_		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit descrik	bed 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). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or		
_		university:									
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of i	ts support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the or	ganization	after June 30, 1975.		
_		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to ca	arry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box on		
	_	lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), †	typically by	' giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving		
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,		
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	oorting organization oper	ated in co	nnection \	with its suppo	rted organ	zation(s)		
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness		
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	v .				
е		Check this box if the orga					а Туре I, Туре	II, Type III			
		functionally integrated, or		nally integrated support	ing organi:	zation.					
		er the number of supported o	•								
g		vide the following information			(iv) Is the orga	nization listed	(a) Amount of		(ui) Amount of other		
	(Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No					
Total											
ισιαί									1		

Schedule A (Form 990) 2022

UNIVERSITY OF PITTSBURGH

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

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	278,771,458.	301,857,506.	509,627,810.	562,423,485.	567,852,464.	2220532723.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 3	278,771,458.	301,857,506.	509,627,810.	562,423,485.	567,852,464.	2220532723.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4.						2220532723.		
-	ction B. Total Support								
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	278,771,458.	301,857,506.	509,627,810.	562,423,485.	567,852,464.	2220532723.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \ldots	105,549,582.	80,213,104.	131,003,931.	56,237,751.	99,001,656.	472,006,024.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on \dots								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. Add lines 7 through 10						2692538747.		
	Gross receipts from related activities,		,				3,802,268,266.		
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)			
	organization, check this box and stor						<u></u>		
	ction C. Computation of Publ						0.0 4 7		
	Public support percentage for 2022 (14	82.47 %		
	Public support percentage from 2021						80.34 %		
16a	33 1/3% support test - 2022. If the c								
	stop here. The organization qualifies								
b	33 1/3% support test - 2021. If the o								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization								
-	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a				
						Schedule A	(Form 990) 2022		

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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.)

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	(a) 2010	(0) 2019	(~) 2020			(I) IOLAI
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purposeGross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	-			•		tion,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2022 (15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves		`			, , <u>, , , , , , , , , , , , , , , , , </u>	
17 Investment income percentage for 20					17	%
18 Investment income percentage from a					18	%
19a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than (33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation	
b 33 1/3% support tests - 2021. If the	organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	, and
line 18 is not more than 33 1/3%, che	eck this box and s f	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	nis box and see in	structions	
232023 12-09-22					Schedule	A (Form 990) 2022
	- -		18			
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Yes No

1

2

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022 PITT 1

Schedule A (Form 990) 2022	UNIVERSITY OF PITTSBURGH	25-0965591		Pa	age 5
Part IV Supporting Organi	zations (continued)				
				Yes	No
11 Has the organization accepted	a gift or contribution from any of the following persons?				
a A person who directly or indirect	tly controls, either alone or together with persons described on	lines 11b and			
11c below, the governing body	of a supported organization?	1.	la		
b A family member of a person de	escribed on line 11a above?	1	lb		
c A 35% controlled entity of a per	rson described on line 11a or 11b above?If "Yes" to line 11a, 11	1b, or 11c, provide			
detail in Part VI.		1 [.]	1c		1
Section B. Type I Supporting	Organizations				

1	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.
2	Did the organization operate for the benefit of any supported organization other than the supported

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported

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

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

Section E. Type III Functionally Integrated Supporting Organizations

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗋	The organization supported a	oovernmental entitv	. Describe in Part VI how	you supported a	governmental entity	(see instructions).
-----	------------------------------	---------------------	---------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- 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.* 232025 12-09-22

3b | Schedule A (Form 990) 2022

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2a

2b

За

Yes No

Yes

1

2

No

20

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Part V Type III Non-Functionally Integrated 509(a)(3) Supp			
1 Check here if the organization satisfied the Integral Part Test as a qu			Part VI). See instructio
All other Type III non-functionally integrated supporting organization	s must complete	Sections A through E.	İ
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount	nt.		
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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 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 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-fund	ctionally integrate	ed Type III supporting or	anization (see

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

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022 (

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - <i>explain in</i> Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
-	Total of lines 3a through 3e				
-	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u> </u>	Excess from 2022				

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022

	(Form 990) 2022		Y OF PITTSBURGH			25-0965591	. ag
	Supplemental Part IV, Section A, line 1; Part IV, Sect	lines 1, 2, 3b, 3c, 4b tion D, lines 2 and 3;	, 4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section E, lines	equired by Part II, line 1 1a, 11b, and 11c; Part I 1c, 2a, 2b, 3a, and 3b; nd 6. Also complete this	IV, Section B, lines 1 Part V, line 1; Part V	and 2; Part IV /, Section B, lin	ne 12; , Section C, le 1e; Part V,
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SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047	
(Form 990)	Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527			2022			
	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.				Open to Public		
Internal Revenue Service	epartment of the Treasury					Inspection	
If the organization ans	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) org 	ganizations: Corr	plete Parts I-A and B. Do not co	mplete Part I-C.				
		01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Pa	rt I-B.		
 Section 527 organization 		•					
		Form 990, Part IV, line 4, or Fo					
	-	have filed Form 5768 (election ur		-	-		
	-	nave NOT filed Form 5768 (electi					
Tax) (See separate inst		Form 990, Part IV, line 5 (Prox	y Tax) (See separate	Instructions) or Forn	n 990-ez,	Part V, line 35C (Proxy	
		ions: Complete Part III.					
Name of organization	, or (0) organization				Employe	r identification number	
i laine er erganzaten	UNIVERSITY	OF PITTSBURGH				5-0965591	
Part I-A Comple		anization is exempt und	er section 501(c)	or is a section 5			
	j						
1 Provide a description	on of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.			
2 Political campaign					\$		
3 Volunteer hours for							
	F	.			···· <u> </u>		
Part I-B Comple	ete if the org	anization is exempt und	er section 501(c)	(3).			
1 Enter the amount o	f any excise tax	incurred by the organization und	er section 4955		\$		
2 Enter the amount o	f any excise tax	incurred by organization manage					
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720	for this year?			Yes No	
4a Was a correction m	ade?					Yes No	
b If "Yes," describe ir	n Part IV.						
-		anization is exempt und			. , .		
		by the filing organization for sec			\$		
		ization's funds contributed to otl	-				
					\$		
	-	. Add lines 1 and 2. Enter here a			•		
						Yes No	
		1120-POL for this year?					
		nployer identification number (Ell tion listed, enter the amount paid					
	-	omptly and directly delivered to a					
	•	additional space is needed, prov			openato o	ogi ogaloa iana ol a	
(a) Name	<u> </u>	(b) Address	(c) EIN	(d) Amount paid f	rom	(e) Amount of political	
(a) Name	-	(b) Address		filing organizatio		ntributions received and	
				funds. If none, ente	er -0	promptly and directly	
						lelivered to a separate political organization.	
						If none, enter -0	
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 9	90 or 990-EZ.		Sche	dule C (Form 990) 2022	
LHA							

	SITY OF PI			25-09	0
Part II-A Complete if the organiza	tion is exe	mpt under sectio	on 501(c)(3) and fil	ed Form 5768 (e	election under
section 501(h)).					
A Check if the filing organization be	ongs to an af	filiated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of ex	, ,	• •			
B Check if the filing organization ch	ecked box A a	and "limited control" pro	ovisions apply.		
Limits on L	obbying Expe	enditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expenditures	' means amo	unts paid or incurred.	.)	totals	lotais
1a Total lobbying expenditures to influence p	ublic opinion	(grassroots lobbying)			
b Total lobbying expenditures to influence a	•				
c Total lobbying expenditures (add lines 1a					
e Total exempt purpose expenditures (add					
f_Lobbying nontaxable amount. Enter the a			r		
If the amount on line 1e, column (a) or (b) is:	The lo	obying nontaxable am	ount is:		
Not over \$500,000	20% o	f the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,00	0 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter 25%	6 of line 1f)				
h Subtract line 1g from line 1a. If zero or les	s, enter -0-				
i Subtract line 1f from line 1c. If zero or less					
j If there is an amount other than zero on e	ther line 1h o	r line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?					Yes No
		eraging Period Under		(h - 1
(Some organizations that ma		ou1(h) election do not rate instructions for li	•	of the five columns	below.
		enditures During 4-Ye	,		
E		l			
Calendar year (or fiscal year beginning in)	a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
.					
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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)).

of the kobbying activity: Yes No Amount 1 During the year, did the filing organization attempt to influence public opinion on a legislative matter or referending, introducing any attempt to influence public opinion on a legislative matter or referending the use of: X X 1 During the year, did the filing organization attempt to influence public opinion on a legislative matter or referending, for management (include compensation in expenses reported on lines 1c through 1i)? X 16, 624. 4 Mailings to members, legislators, or the public? X 16, 624. 6 Publications, published or broadcast statements? X 16, 624. 7 Grants to other organizations, their staffs, government officials, or a legislative body? X 958, 285. 1 Other activities? X 10,076,690. 1,076,690. 2 Diff the organization organization to be not described in section 501(c)(3)? X 10,076,690. 2 Diff the organization management under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 1 1 Hit the lifting organization management under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 1 1 2 Diff the organization ake only in house lobbying and political campaign activity organization make only in	For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(1	b)
Including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X Including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X Including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X Including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X Including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X Including any attempt to influence public opinion on a legislative body? X Including any attempt to influence public opinion on a legislative body? X Including any attempt to influence public opinion on a legislative body? X Including any attempt to influence public opinion on a legislative body? X Including any attempt to influence public opinion on a legislative body? X Including any attempt to influence public opinion on a legislative body? X Including any attempt to influence public opinion on a legislative body? X Including any attempt to influence public opinion on a legislative body? X Including any attempt to influence public opinion on a legislative body? X Including any attempt to influence public opinion on ategislative body? X <			Yes	No	Amo	ount
or referendum, through the use of: a Volunteers? braid staff or management (include compensation in expenses reported on lines 1c through 11)? x x 16,624, x dealia advertisements? x x 16,624, x dealia advertisements? x x 16,624, x dealia advertisements? x x 16,624, x dealia advertisements? x x companizations for lobbying purposes? x y for carts to other organizations, their staffs, government officials, or a legislative body? x x v 1011,720, x v 1,720, x v 1,720, x v 1,720, x v	1					
a Volunteers? x b Paid staff or management (include compensation in expenses reported on lines 1c through 11)? x c Media advertisements? x d Mailings to members, legislators, or the public? x e Publications, or published or broadcast statements? x f Grants to other organizations for lobbying purposes? x g Direct contact with legislators, their staffs, government officials, or a legislative body? x n Ralles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? x i Other activities in 1,076,630. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? x b If "ves," enter the amount of any tax incurred under section 4912 i d If the filing organization inserved a section 4912 tax, did it life Form 4720 for this year? x 1 Were substantially all (0% or more) dues received nondeductible by members? 1 1 Were substantially all (0% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 3 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from 501(c)(6), or section 501(c)(6)						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? X 16,624. c Media advertisements? X 16,624. d Malings to members, legislators, or the public? X 1 e Publications, or published or broadcast statements? X X g Direct contact with legislators, their staffs, government officials, or a legislative body? X 958,286. h Ralles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X 101,780. i Othor activities? X 101,780. 1,076,690. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 1,076,690. 2a Did the activities in line 1 cause the organization in sector 4912 X 10,776,690. Yes, "enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). X 1 Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 2 1 Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 1 1 2 Did the organization agree			v			
c Media advertisements? X 16,624. d Mailings to members, legislators, or the public? X X Publications, or published or broadcast statements? X X 9 g Direct contact with legislators, their staffs, government officials, or a legislative body? X 958,286. Ralles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X 101,780. i Other activities? X 101,778. i Other activities in line 1 cause the organization to be not described in section 501(c)(3)? X 1001,780. 2 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 1001,780. 2 Did the activities in line 1 cause the organization on angers under section 4912 X 1001,780. 5 If 'Yes,' enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section S01(c)(6). X 100 9 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 1 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or les						
d Malings to members, egisitators, or the public? x e Publications, or published or broadcast statements? x f Grants to other organizations for lobbying purposes? x g Direct contact with legislators, seminars, conventions, speeches, lectures, or any similar means? x i Other activities? x 101,780, j Total. Add lines 1c through 11 x 1,075,630, 2a Did the activities? x 101,776,630, b If 'Yes,' enter the amount of any tax incurred under section 4912 x 1,075,630, c If 'Yes,' enter the amount of any tax incurred under section 4912 x 1,075,630, Part III-A Complete If the organization is exempt under section 501(c)(3), section 501(c)(5), or section 501(c)(6). x 1 Were substantially all (00% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 1 2 Did the organization aree to carry over lobbying and political campaign activity expenditures from the prior year? 3 1 2 Did the organization aree to carry over lobbying and political expenditures from the prior year? 3 1 2 2 Did the organization aree to carry over lobbying and political expenditures from the prior year?						16 624
e Publications, or published or broadcast statements? x f Grants to other organizations for lobbying purposes? x 958,286. f Briest contact with legislators, their staffs, government officials, or a legislative body? x 958,286. h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? x 101,780. i Other activities? i 1,076,690. x 101,780. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 1,076,690. 2a Did the activities in line 1 cause the organization managers under section 4912 i 1 ct If 'Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Section 501(c)(6). Yes No Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Section 501(c)(6). Yes No 1 Verse substantially all (80% or more) dues received nondeductible by members? 1 1 2 1 2 Did the organization nake only in-house lobbying and political campaign activity expenditures from the prior year? 3 1 2 <td< td=""><td></td><td></td><td>A</td><td>x</td><td></td><td>10,024.</td></td<>			A	x		10,024.
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	LINE	A: VOLUNTEERS- THE UNIVERSITY UTILIZES ALUMNI AND STUDENTS TO				
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EMAILS AND VISITS TO LEGISLATORS AND STATE OFFICIALS.	EMAI	LS AND VISITS TO LEGISLATORS AND STATE OFFICIALS.				

LINE B: STAFF MEMBERS- THE UNIVERSITY GOVERNMENTAL RELATIONS OFFICE

Schedule C (Form 990) 2022

Part IV Supplemental Information (continued)

STAFF MEMBERS ADVOCATE REGARDING LEGISLATIVE OR OTHER GOVERNMENTAL

INITIATIVES WHICH ARE LIKELY TO OR MAY IMPACT THE UNIVERSITY.

LINE C: MEDIA ADVERTISEMENTS (SOCIAL MEDIA) - THE UNIVERSITY

PERIODICALLY UTILIZES SOCIAL MEDIA AND MEDIA ADVERTISEMENTS TO ADVOCATE

FOR STATE SUPPORT FOR 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 I: OTHER ACTIVITIES- THE EXPENSE RELATES TO ALLOWABLE GIFTS TO

STATE ELECTED OFFICIALS AND OTHER INDIRECT LOBBYING EXPENSES AS

REFLECTED IN OUR LOBBY DISCLOSURE FORMS FILED ON BEHALF OF THE

UNIVERSITY WITH THE COMMONWEALTH OF PENNSYLVANIA.

Schedule C (Form 990) 2022

SCHEDULE I	C
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Department of the Treasury Internal Revenue Service

(Form	990)
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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 for instructions and the latest information.



Nam	e of the organization UNIVERSITY OF PITTSBURGH			Emp	loyer identifica 25-096559	
Pa		d Funds or Other S	Similar Fund			_
Ia	organizations Maintaining Donor Advised				III.3. Complete	
		(a) Donor advise	d funde	(b) Euro	ds and other ac	counte
						counts
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 w	•				
	are the organization's property, subject to the organization's e				Yes	└── No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or			0		
De	impermissible private benefit?				Yes	No No
Pa			s" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	1			
	Preservation of land for public use (for example, recreat	ion or education)	1	-	important land a	area
	Protection of natural habitat		Preservation o	of a certified his	toric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contrib	ution in the forn	n of a conserva		
	day of the tax year.				Held at the End o	of the Tax Year
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired a					
	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by th	ne organization	during the tax	
	year					
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the peri	odic monitoring, inspec	tion, handling of			
	violations, and enforcement of the conservation easements it					No No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, ar	nd enforcing co	nservation ease	ements during t	he year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and en	forcing conserv	ation easemen	ts during the ye	ar
8	Does each conservation easement reported on line 2(d) above	•				
	and section 170(h)(4)(B)(ii)?				Yes	└── No
9	In Part XIII, describe how the organization reports conservation		-			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	s financial stater	nents that des	cribes the	
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections of	-	easures, or G	Sther Simila	ar Assets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	•				
	of art, historical treasures, or other similar assets held for pub	,	,		public	
	service, provide in Part XIII the text of the footnote to its finan					
b	If the organization elected, as permitted under FASB ASC 958					
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in fur	therance of pu	blic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				<u> </u>	149,020.
						25,191,568.
2	If the organization received or held works of art, historical trea	asures, or other similar a	ssets for financi	ial gain, provide	Э	
	the following amounts required to be reported under FASB AS	-				
а	Revenue included on Form 990, Part VIII, line 1			9	<u>.</u>	
b	Assets included in Form 990, Part X				\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
232051 09-01-22	

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Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 UNIVERSITY	OF PITTSBURGH				25-0965	5591	Pa	age 2
Pa	t III Organizations Maintaining C	Collections of A	t, Historical Tr	easures, o	r Other	Similar Ass	ets(contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that	make sig	nificant use of it	s		
	collection items (check all that apply):								
а	X Public exhibition	d	Loan or exc	hange prograr	n				
b	X Scholarly research	е	Other						
с	X Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	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?								
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "\	res" on Fo	orm 990, Part IV	', line 9, oi		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributior	ns or other ass	ets not in	cluded	_		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			· · · · ·			
							Amoun	t	
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			1
	Did the organization include an amount on F				-	?L	Yes		No
_	If "Yes," explain the arrangement in Part XIII								<u> </u>
Pa	t V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	.,		Three years back	. ,	-	
1 a	Beginning of year balance		5,680,225,886.			,342,563,405			
b	Contributions	57,290,000.	59,744,000.		-	30,445,000		,709,	
	Net investment earnings, gains, and losses	128,738,000.		1,605,842	-	-1,518,000		,836,	
	Grants or scholarships	23,746,000.	20,435,624.	19,275	,340.	17,886,528	. 17	,170,	023.
е	Other expenditures for facilities								
	and programs	185,462,095.	148,676,865.			136,090,224	_	,627,	
f	Administrative expenses	14,873,000.	15,057,968.	-	-	14,039,179		<u>,513,</u>	
g	End of year balance	5,518,961,334.			,886. 4	,203,474,474	4,342	,563,	405.
2	Provide the estimated percentage of the cur	•		a)) held as:					
а	Board designated or quasi-endowment	60.1000	_%						
	Permanent endowment 39.5000	%							
с	Term endowment .4000								
-	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administer	ed for the		1	Yes	Na
	organization by:								No
	(i) Unrelated organizations							X	
	(ii) Related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
	t VI Land, Buildings, and Equipn		wment funds.						
Fai	t VI Land, Buildings, and Equipn Complete if the organization answere) Part IV line 11a S	Soo Form 000	Dart V lin	0.10			
			· · ·		•				
	Description of property	(a) Cost or o basis (investn		or other (other)	• •	umulated eciation	(d) Boo	k value	3
1-	Land	· · · ·	,	,294,016.	uepie		116	,294,	016
	Land			,234,010.	2 58	3,196,894.	1,701		
	Buildings		4,204	, 233, 131.	2,00.	· , · · · · , · · · · · ·	-,/01	, ,	557.
	Leasehold improvements		951	,484,134.	69.	7,368,660.	251	,115,	474
	Equipment			,941,344.		5,057,897 .		<u>,113,</u> ,883,	
	Other			, ,	510		2,640		
Tota	Aud intes ra through re. (Column (d) must e	quai ruini 990, Part	л, сошти (в), ште т						
						Schedu	le D (Forn	n aan)	2022

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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	2,914,878,551.	END-OF-YEAR MARKET VALUE
(B) COMMINGLED INVESTMENTS IN PUBLIC SEC.	1,208,657,817.	END-OF-YEAR MARKET VALUE
(C) INSURANCE CSV & INSURANCE SURPLUS	1,909,484.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,125,445,852.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
otal. (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	16,031,309.
(3)	PRESENT VALUE OF SPLIT INTEREST AGREEMENTS	14,562,543.
(4)	OTHER LIABILITIES	3,341,979.
(5)	CONDITIONAL ASSET REMEDIATION OBLIGATION	23,646,151.
(6)	INTEREST RATE SWAP AGREEMENTS	23,050,223.
(7)	AMOUNTS HELD IN CUSTODY	21,742,670.
(8)	RIGHT OF USE LEASE LIABILITIES	179,080,188.
(9)	ASSEMBLY BUILDING FINANCING	215,055,086.
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	496,510,149.

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...

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 UNIVERSITY OF PITTSBURGH		25-0965591	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			
Par	t XII Reconciliation of Expenses per Audited Financial Stat	tements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))	5	
Par	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	; Part V, line 4; Part X, line 2; Par	t 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		
SIMI	LAR ASSETS INCLUDE A VARIETY OF PAINTINGS, SCULPTURES, PHOT	OGRAPHS,		
ANTI	QUES, AND FURNISHINGS AS WELL AS SCHOLARLY PAPERS AND ARCHI	VES. THESE		
ITEM	S ARE HOUSED IN VARIOUS FACILITIES AROUND CAMPUS INCLUDING	THE FRICK		
FINE	ARTS BUILDING, THE HILLMAN LIBRARY, AND THE NATIONALITY RO	OMS. THE		
WORK	S OF ART, HISTORICAL TREASURES, AND OTHER SIMILAR ASSETS AR	RE USED FOR		
PUBL	IC EXHIBITION AND THE PRESERVATION OF ARTIFACTS AND ANTIQUE	IS FOR THE		
BENE	FIT OF FUTURE GENERATIONS. THE SCHOLARLY PAPERS AND ARCHIV	YES ARE USED		
FOR	BOTH ACADEMIC RESEARCH AND THE PRESERVATION OF DOCUMENTS RE	LATED TO		
KEY	HISTORICAL FIGURES AND EVENTS.			

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 2023 OR 2022.

Schedule D (Form 990) 2022

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990)

Schools

OMB No. 1545-0047

Open to Public

Inspection

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 for the latest information.

Name of the organization

Employer identification number

l

	UNI	VERSITY	OF	PITTSBURGH
Dort				

VES NO 2 Does the organization have a racially nondiscriminatory policy toward students in all its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 X 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochnes, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 X 3 Has the organization publicized its racially nondiscriminatory policy on the primary publicly accessible Internet homepage, at all times during its avy seri in a manner reasonable yexpected to be noticed by visions 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 its enves? If "Yes," please describe. If "No," please acptain. If you need more space, use Part II """" 3 X 4 Does the organization maintain the following? 4 X 4 X 4 Does the organization discriminate by the organization or on its behaif to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. 4 X 5 Does the organization discriminate by race in any way with respect to: 5 5 5 X 6 X	Fa				
by aws, other governing instrument, or in a resolution of its governing body? 1 X 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 X 3 Has the organization publicized its racially nondiscriminatory policy on its primary publicy accessible Internet homepage, or through newspaper or broadcast media during the peried 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 Yos, "please describe. If Yos, "pleas				YES	NO
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its bochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 X 3 Has the organization publicized its racially nondiscriminatory policy on its primary publicy accessible internet homepage, or through newspaper or broadstate 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 'Ves,'' please describe. If 'No,' please explain. If you need more space, use Part II. 3 X 4 Does the organization maintain the following? 4 X 4 X 5 Does the organization discriminate by the organization or on its behalf to solicit contributions? 4d X 4 Does the organization discriminate by race in any way with respect to: 3 X 4d X 5 Does the organization discriminate by race in any way with respect to: 3d X 5d X 6 Admissions policies? 5d X 5d X 6 Admissions policies? 5d X 5d X 7 Does the organization discriminate by race in any way with respect to: 3d X	1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
a tablogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 X 3 Has the organization public/cells is racially nondiscriminatory publicly accessible internet homepage, at all times during its tax 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 general community it serves? If 'Yes,' please describe if 'No,'' please explain. If you need more space, use Part II 3 X THROUGH ELECTRONIC AND PRINT DISTRIBUTION AT THE BEGINNING OF 40 X 40 X a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a X 4b X b Records documenting that scholarships? 4d X 4d X 4d X c Copies of all matered lused by the organization or on its behalf to solicit contributions? 4d X 4d X f you answered 'No' to any of the above, please explain. If you need more space, use Part II. 5a X 5b X f use or againzation discriminate by race in any way with respect to: a Students' rights or privileges? 5a X f use or againzation discriminate by race in any way with respect to: a Students' rights or privileges? 5a X <tr< td=""><td></td><td>bylaws, other governing instrument, or in a resolution of its governing body?</td><td>1</td><td>Х</td><td></td></tr<>		bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through nexpaper or broadcast media during the period of solicitation for solucients, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. If you need more space, use Part II 3 X 4 Does the organization maintain the following? 4a X 4a X 5 Dees the organization maintain the solue stolar ships and other financial assistance are awarded on a racially nondiscriminatory basis? 4d X 4d X 6 Does the organization discriminate by the organization or on its behalf to solicit contributions? 5a X 4d X 4 Does the organization discriminate by race in any way with respect to: 3a X 5a X 5 Does the organization discriminate by race in any way with respect to: 5a X 5a X 6 Datimismism policies? 5d X 5a X 6 Datimismism policies? 5d X 5a X 6a Datimismismo policies? <t< td=""><td>2</td><td>Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,</td><td></td><td></td><td></td></t<>	2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
homepage at all times during its tax 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 of solicitation or on its behalf to solicit contributions? 4 Copies of all material used by the organization or on its behalf to solicit contributions? 4d X if you answered "No" to any of the above, please explain. If you need more space, use Part II. 5a X 5b		catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period II 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 decision. If 'No, 'Please explain. If you need more space, use Part II. 3 X 4 Does the organization maintain the following? 4a X 4b X 5 Does the organization discriminate by race in any way with respect to: 3b X 4d X 6 Does the organization discriminate by race in any way with respect to: 3b X 5c 7 Use of racial control is participation or or its behalf to solicit contributions? 5c 5c X 6 Does the organization discriminate by race in any way with respect to: 3b X X 6 Does the organization discriminate by race in any way with respect to: 5c X X 6 Does the organization discriminate by race in any way with respect to: 5c X X 8 Admissions policies? 5c X X X 9 Admissions policies? 5c X X X 1 You answered 'No' to annioita tassistance? 5c <td>3</td> <td>Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet</td> <td></td> <td></td> <td></td>	3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
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. TIREOUGH ELECTRONIC ADD PRINT DISTRIBUTION AT THE BEGINNING OP EACH ACADEMIC TERM. A Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5 Does the organization discriminate by tace in any way with respect to: a Students' rights or privileges? 5 Equivable and discriminate by race in any way with respect to: a Students' rights or privileges? 5 Does the organization discriminate by tace in any way with respect to: a Students' rights or privileges? 5 Educational policies? 5 A Athetic programs? 6 A Does the organization receive any financial aid or assistance from a governmental agency? 6 A b es the organization receive any financial aid or assistance from a governmental agency? 6 A b es the organization receive any financial aid or assistance from a governmental agency? 6 A b es the organization receive any financial aid or assistance from a governmental agency? 6 A b es the organization receive any financial aid or assistance from a governmental agency? 6 A b es the organization receive any financial aid or assistance		homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
community it serves? If Yes," please describe. If 'No," please explain. If you need more space, use Part II 3 X THROUGH ELECTRONIC AND PRINT DISTRIBUTION AT THE BEGINNING OF 4 X X EACH ACADEMIC TERM,		homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
THROUGH ELECTRONIC AND PRINT DISTRIBUTION AT THE BEGINNING OF EACH ACADEMIC TERM.		registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
EACH ACADEMIC TERM. 4 Dees the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a X b Records indicating the racial composition of the student body, faculty, and administrative staff? 4b X c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c X d Copies of all material used by the organization or on its behalf to solicit contributions? 4c X if you answered "No" to any of the above, please explain. If you need more space, use Part II. 5 5a X c Employment of faculty or administrative staff? 5a X 5b X d Scholarships or other financial assistance? 5d X 5d X g Athletic programs? 5d X 5g X f Use of facilities? 5g X 5g X g Athletic programs? 5d X 5g X h Other extracurricular activities? 5g X 5g X f you answered "Nes" to any of the above, please explain. If you need more space, use Part II. 5g X		community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х	
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4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering		If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
	7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
racial nondiscrimination? If "No," explain on Part II		4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			
		racial nondiscrimination? If "No," explain on Part II	7	Х	

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

Schedule E (Form 990) 2022

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Schedule E (Form 990) 2022 UNIVERSITY OF PITTSBURGH	25-0965591	Pa
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and applicable. Also provide any other additional information. See instructions.	d 7, as	
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.		
AND COMMONWEALIN FREAM GRANIS INAL ARE AFFLIED TO STUDENTS ACCOUNTS.		
232062 10-18-22 38	Schedule E	(Form 990)
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Name of the organization					Employer identif	cation number
UNIVERSITY OF PITTSBURG	H				25-0965591	
Part I General Infor	mation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "\	es" on
Form 990, Part IV	, line 14b.		· · · · · · · · · · · · · · · · · · ·	-		
1 For grantmakers. Does	the organizatior	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes 🗌 No
2 For grantmakers. Descu United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
3 Activities per Region. (Th	ne following Part	t I, line 3 table c	an be duplicated if additional space is I	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If acti	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent	gram services, investments, grants to		specific type	investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
				PROGRAM SEF	VICES IN	
CENTRAL AMERICA AND				RELATION TO	EDUCATIONAL	
THE CARIBBEAN	1	13	PROGRAM SERVICES.	PROGRAMS.		501,700.
				PROGRAM SEF		
EAST ASIA AND THE					EDUCATIONAL	
PACIFIC			PROGRAM SERVICES.	PROGRAMS.		1,979,958.
				PROGRAM SEF		
					EDUCATIONAL	
EUROPE			PROGRAM SERVICES.	PROGRAMS.		27,014,704.
				PROGRAM SEF	WICES IN	
MIDDLE EAST AND					DEDUCATIONAL	
			DROCRAM CERVICES		EDUCATIONAL	616 277
NORTH AFRICA			PROGRAM SERVICES.	PROGRAMS.		616,377.
				PROGRAM SEF	VICES IN	
					EDUCATIONAL	
NORTH AMERICA			PROGRAM SERVICES.	PROGRAMS.		6,149,564.
				riconino.		0,149,304.
				PROGRAM SEF	VICES IN	
RUSSIA AND					EDUCATIONAL	
NEIGHBORING STATES			PROGRAM SERVICES.	PROGRAMS.		99,287.
				PROGRAM SEF	VICES IN	
					EDUCATIONAL	
SOUTH AMERICA			PROGRAM SERVICES.	PROGRAMS.		854,373.
						,
				PROGRAM SEF	VICES IN	
				RELATION TO	EDUCATIONAL	
SOUTH ASIA			PROGRAM SERVICES.	PROGRAMS.		1,121,977.
3 a Subtotal	1	13				38,337,940.
b Total from continuation						

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 for instructions and the latest information.

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

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Schedule F (Form 990) 2022

OMB No. 1545-0047

Open to Public

Inspection

232071 10-17-22

and 3b)

SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

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

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94,116,382.

132,454,322.

Schedule F (Form 990) Part I Continuati	UNIVERSITY C		i n. (Schedule F (Form 990), Part I, line :	25-0965591	Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	764,93
EAST ASIA AND THE			INVESTMENTS.		16,593,96
UROPE			INVESTMENTS.		73,629,00
SOUTH ASIA			INVESTMENTS.		2,036,98
SUB-SAHARAN AFRICA			INVESTMENTS.		1,091,50
Totals					94,116,38

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Page 2

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.	513,258.	WIRE/CHECK	0.		
		EUROPE	RESEARCH SUBCONTRACT.	3,038,691.	WIRE/CHECK	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	RESEARCH SUBCONTRACT.	474,518.	WIRE/CHECK	Ο.		
		NORTH AMERICA	RESEARCH SUBCONTRACT.	1,875,044.	WIRE/CHECK	0.		
				, ,				
		SOUTH ASIA	RESEARCH SUBCONTRACT.	425 884	WIRE/CHECK	0.		
			······	,				
		SUB-SAHARAN AFRICA	RESEARCH SUBCONTRACT	442 272	WIRE/CHECK	Ο.		
		SOUTH AMERICA -	RESEARCH SUBCONTRACT	443,273.	WIRE/CHECK	0.		
		ARGENTINA,						
		BOLIVIA, BRAZIL,						
		CHILE, COLUMBIA,	RESEARCH SUBCONTRACT.	8,855.	WIRE/CHECK	0.		
		RUSSIA AND						
		NEIGHBORING						
		STATES	RESEARCH SUBCONTRACT.	5,526.	WIRE/CHECK	Ο.		
			recognized as charities by the					- ·
			or counsel has provided a sec					60
3 Enter total number of	other organizations of	or entities				🕨		9

Schedule F (Form 990) 2022

Schedule F	(Form	990)	2022
		550)	2022

UNIVERSITY OF PITTSBURGH

25-0965591

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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)

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

Schedule F (Form 990) 2022

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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. RT I, LINE 2: TITY LIES JOINTLY BETWEEN THE PRINCIPAL INVESTIGATOR (PI)/DEPARTMENT D THE OFFICE OF RESEARCH. THE PI/DEPARTMENT IDENTIFIES THE ENTITY UALLY BASED UPON THE UNIQUE NEEDS OF THE PI EVIDENCED IN THE SCOPE OF		Form 990) 2022 UNIVERSITY OF PITTSBURGH	25-0965591	Page
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. RT I, LINE 2: TITY LIES JOINTLY BETWEEN THE PRINCIPAL INVESTIGATOR (PI)/DEPARTMENT D THE OFFICE OF RESEARCH. THE PI/DEPARTMENT IDENTIFIES THE ENTITY UALLY BASED UPON THE UNIQUE NEEDS OF THE PI EVIDENCED IN THE SCOPE OF RK, DOCUMENTATION IS OBTAINED FROM THE ENTITY WHICH IS REVIEWED. UPON TEMISSION, THE OFFICE OF RESEARCH LOOKS FOR THIS DOCUMENTATION SO THAT P MEETS SPONSOR AND UNIVERSITY REQUIREMENTS. IF AND WHEN THE PROJECT IS NDED, THE DEPARTMENT INITIATES A SUBCONTRACT REQUEST. THE SUBCONTRACT RMS INCLUDE PROVISIONS FOR REGULAR WRITTEN PROGRESS REPORTS AS WELL AS	Part V	Supplemental Information		
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. RT I, LINE 2: TITY LIES JOINTLY BETWEEN THE PRINCIPAL INVESTIGATOR (PI)/DEPARTMENT D THE OFFICE OF RESEARCH. THE PI/DEPARTMENT IDENTIFIES THE ENTITY UALLY BASED UPON THE UNIQUE NEEDS OF THE PI EVIDENCED IN THE SCOPE OF RK, DOCUMENTATION IS OBTAINED FROM THE ENTITY WHICH IS REVIEWED. UPON THE OFFICE OF RESEARCH LOOKS FOR THIS DOCUMENTATION SO THAT P MEETS SPONSOR AND UNIVERSITY REQUIREMENTS. IF AND WHEN THE PROJECT IS NDED, THE DEPARTMENT INITIATES A SUBCONTRACT REQUEST. THE SUBCONTRACT RMS INCLUDE PROVISIONS FOR REGULAR WRITTEN PROGRESS REPORTS AS WELL AS				
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	FUNDED,	THE DEPARTMENT INITIATES A SUBCONTRACT REQUEST. THE SUBCONTRACT		
	TERMS IN	CLUDE PROVISIONS FOR REGULAR WRITTEN PROGRESS REPORTS AS WELL AS		
	INVOICIN	G.		

232075 10-17-22

SCHE	DULE	G
(Form	990)	

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection		
Name of the organization				unu			oyer ide	ntification number
C C	UNIVERSITY	OF PITTSBURGH				25-0	- 965591	
	ng Activities	Complete if the organization answet.	ered "Y	'es" o	n Form 990, Part IV, li	ne 17. For	m 990-EZ	filers are not
 Indicate whether the a X Mail solicitation b X Internet and e c X Phone solicitation d X In-person soli 2 a Did the organization key employees lister 	e organization rais ons email solicitations ations citations n have a written c ed in Form 990, P	sed funds through any of the followi $e \boxed{x}$ Solicita	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus undraising services?	[X Yes ser is to b	
compensated at lea	of individual	e organization. (ii) Activity	(iii) fundr have c or con contribu	vhotau	(iv) Gross receipts from activity	(v) Amounto (or retai fundra listed in c	ned by) iser	(vi) Amount paid to (or retained by) organization
DAVINCI DIRECT, INC	36	DIRECT MAIL SOLICITATION &	Yes	No				
CORDAGE PARK CIRCLE	SUITE	CONSULTING		Х	397,420.	20	04,174.	193,246.
PLUS DELTA PARTNERS CAMINO REAL, CARLSB		CONSULTING-SEE PART IV		x	0.	11	L3,153.	-113,153.
GRADUWAY INC - 2815 AVE, SEATTLE, WA 9 RUFFALO, NOEL, LEVI	8121	CONSULTING-SEE PART IV		x	0.	11	L4,904.	-114,904.
KIRKWOOD PKWY, CEDA		CONSULTING-SEE PART IV		x	0.	18	37,043.	-187,043.
WASHBURN & MCGOLDRI BRYN MAWR AVENUE, B	CK - 24 N	CONSULTING-SEE PART IV		x	0.		, 27,500.	-27,500.
		on is registered or licensed to solicit			397 , 420 . s or has been notified		16 , 774 . pt from re	-249,354. egistration

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

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.

		or fundraising event contributions and gr		,	<u> </u>	is greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			UPMC CELEBRITY			(add col. (a) through
			CLASSIC GOLF OUTIN	HILLMAN GALA	12	col. (c)
~			(event type)	(event type)	(total number)	coi. (c))
nu						
Revenue	1	Gross receipts	167,480.	1,393,885.	168,647.	1,730,012.
œ						
	2	Less: Contributions	109,500.	1,264,932.	130,342.	1,504,774.
			· · · · · ·			
	3	Gross income (line 1 minus line 2)	57,980.	128,953.	38,305.	225,238.
	4	Cash prizes	1,095.			1,095.
	5	Noncash prizes	1,280.			1,280.
es						
Direct Expenses	6	Rent/facility costs	35,789.	153,563.	11,804.	201,156.
ц.						
ğ	7	Food and beverages	56,153.	198,460.	126,950.	381,563.
<u> Jire</u>		·····	,	,	,	,
	8	Entertainment	3,200.	350,000.	63,599.	416,799.
	9				13,358.	818,158.
	10			,	,	1,820,051.
	11		.,			-1,594,813.
Pa	10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	n 9 in column (d) ne 3, column (d)			1,820,

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue			284,860.	284,860.
ses	2 Cash prizes			142,460.	142,460.
Expens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses			43,185.	43,185.
	6 Volunteer labor	└── Yes % └── No	Yes%	Yes% X No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			185,645.
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			99,215.
	Enter the state(s) in which the organization conducts the organization licensed to conduct gaming ac If "No," explain:	tivities in each of these	states?		X Yes No
D	If "No," explain:				
	Were any of the organization's gaming licenses real If "Yes," explain:		-	year?	Yes X No
					dula C (Farm 000) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022	UNIVERSITY OF PITTSBURGH 25-0	965591		Page 3
11	Does the organization conduct ga	aming activities with nonmembers?	X	Yes	No
		eficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	X No
13	Indicate the percentage of gaming	g activity conducted in:			
					58.80 %
			13b		41.20 %
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and records:			
	Name RYAN VARLEY				
	Address 3105 PETERSEN E	VENTS CENTER - PITTSBURGH, PA 15260			
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue? \ldots	X	Yes	🗌 No
k	If "Yes," enter the amount of gam	ing revenue received by the organization \$ 284,860. and the amount			
	of gaming revenue retained by the	e third party \$ 43,185.			
c	If "Yes," enter name and address	of the third party:			
	Name BUMP WORLDWIDE				
	Address PO BOY 936714 -	ATLANTA, GA 31193			
	Address PO BOX 936714 -	AIDANIA, GA SIISS			
16	Gaming manager information:				
	Name SEE PART IV				
	Gaming manager compensation	\$			
	Description of services provided				
	Description of services provided				
	Director/officer	Employee Independent contractor			
	Mandatory distributions:	r state low to make charitable distributions from the coming proceeds to			
č		r state law to make charitable distributions from the gaming proceeds to		Yes	X No
ŀ		required under state law to be distributed to other exempt organizations or spent in the		100	
~	organization's own exempt activit				
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, I	ines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.			
~ ~ ~					
SCH	LEDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: DAVIN	ICI DIRECT, INC.			
(I)	ADDRESS OF FUNDRAISER:				
26	CORDAGE DARK GIRGLE GUIDE				
30	CORDAGE PARK CIRCLE SUITE	222, EDIMODIU' WW 07300			
(I)	NAME OF FUNDRAISER: PLUS	DELTA PARTNERS			
(I)	ADDRESS OF FUNDRAISER: 69	65 EL CAMINO REAL, CARLSBAD, CA 92009			
2200	83 10-27-22	Caba	dula C	(Form	990) 2022
2320	83 10-27-22	47	aule G	u orm	330) 2022

	VERSITY OF PITTSBURGH	25-0965591	Page 4
Part IV Supplemental Informati	on (continued)		
(I) NAME OF FUNDRAISER: RUFFALO, 1	NOEL, LEVITZ		
(I) ADDRESS OF FUNDRAISER: 1025 K	IRKWOOD PKWY, CEDAR RAPIDS, IA 52404		
(I) NAME OF FUNDRAISER: WASHBURN	& MCGOLDRICK		
(I) ADDRESS OF FUNDRAISER: 24 N B	RYN MAWR AVENUE, BRYN MAWR, PA 19010		
SCHEDULE G, PART I			
THE UNIVERSITY RETAINS GRADUWAY,	INC., PLUS DELTA PARTNERS,		
RUFFALO, NOEL, LEVITZ, AND WASHBURN	& MCGOLDRICK FOR FUNDRAISING		
CONSULTATION. DUE TO THE NATURE O	F THE SERVICES PROVIDED, IN THAT NO		
DIRECT SOLICITATIONS OR FUNDRAISI	NG EVENTS ARE CONDUCTED BY THESE		
FUNDRAISING CONSULTANTS, IT IS NO	T POSSIBLE TO REPORT GROSS RECEIPTS		
DIRECTLY RELATED TO THEIR SPECIFIC	C CONSULTING SERVICES.		
SCHEDULE G, PART III			
LINE 15B			
BUMP WORLDWIDE	\$18,890		
PO BOX 936714			
ATLANTA, GA 31193			
PSSI	\$12,658		
3400 WATER ST			
PITTSBURGH, PA 15203			
BOM ADVISERS	\$7,083		
252 MARSHALL AVE.			
CARNEGIE, PA 15106			0/5
232084 04-01-22	48	Schedule	G (Form 990
060514 785294 PITT	48 2022.05060 UNIVERSITY OF F	PITTSBURGH PI	LTT1

UNIVERSITY OF PITTSBURGH

25-0965591

UNIVERSITY OF PITTSBURGH

LINE 16

GAMING MANAGER INFORMATION

NAME: KLAVIN BOYD

GAMING MANAGER COMPENSATION: \$1,440

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.

DIRECTOR/OFFICER X EMPLOYEE INDEPENDENT CONTRACTOR

Schedule G (Form 990)

232084 04-01-22

epartment of the Treasury ternal Revenue Service Iame of the organization UNIVERSITY OF PI Part I General Information on Grants and A 1 Does the organization maintain records to si criteria used to award the grants or assistan 2 Describe in Part IV the organization's proceed Part II Grants and Other Assistance to Dor recipient that received more than \$5,0 1 (a) Name and address of organization	ITTSBURGH Assistance substantiate the nce? edures for monit	e amount of the grants toring the use of grant izations and Domestic	Attach to Form .gov/Form990 for or assistance, the funds in the United c Governments. Co	990. the latest informa grantees' eligibility	ntion.		Open to Public Inspection Employer identification numb 25-0965591
 Iternal Revenue Service Iternal Revenue Service UNIVERSITY OF PIT Part I General Information on Grants and J Does the organization maintain records to sucriteria used to award the grants or assistan Describe in Part IV the organization's proceed Part II Grants and Other Assistance to Dor recipient that received more than \$5,0 	Assistance substantiate the nce? edures for monit omestic Organi 000. Part II can	e amount of the grants toring the use of grant izations and Domestic	or assistance, the funds in the United c Governments. Co	grantees' eligibility			Employer identification numb
UNIVERSITY OF PI' Part I General Information on Grants and I Does the organization maintain records to secriteria used to award the grants or assistan Describe in Part IV the organization's proceed Part II Grants and Other Assistance to Dorrecipient that received more than \$5,0	Assistance substantiate the nce? edures for monit omestic Organi 000. Part II can	toring the use of grant zations and Domestic	funds in the United c Governments. C		/ for the grants or ass		
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 criteria used to award the grants or assistan 2 Describe in Part IV the organization's proced Part II Grants and Other Assistance to Dor recipient that received more than \$5,0 	nce? edures for monit omestic Organi 000. Part II can	toring the use of grant zations and Domestic	funds in the United c Governments. C		/ for the grants or ass		
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2 Describe in Part IV the organization's proceed Part II Grants and Other Assistance to Dor recipient that received more than \$5,0	edures for monit omestic Organi ,000. Part II can	toring the use of grant zations and Domestic	funds in the United c Governments. C				X Yes I
recipient that received more than \$5,0	000. Part II can						
1 (a) Name and address of organization	(b) EIN		ional space is need		nization answered "Y	es" on Form 990, Par	t IV, line 21, for any
or government	<u> </u>	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARNEGIE MELLON UNIVERSITY 000 FORBES AVE							
ITTSBURGH, PA 15213 2	25-0969449	501(C)(3)	9,280,473.	Ο.			RESEARCH- SUBCONTRACT
EGENTS OF THE UNIVERSITY OF ALIFORNIA - 1111 FRANKLIN ST 10TH L - OAKLAND, CA 94607 9	94-3067788	115	8,654,989.	0.			RESEARCH- SUBCONTRACT
EW YORK UNIVERSITY 26 BROADWAY- 9TH FL EW YORK, NY 10003 1	13-5562308	501(C)(3)	7,527,121.	0.			RESEARCH- SUBCONTRACT
EGENTS OF THE UNIVERSITY OF IICHIGAN - 3003 S STATE ST - ANN RBOR, MI 48109 3	38-6006309	115	4,947,479.	0.			RESEARCH- SUBCONTRACT
ASHINGTON UNIVERSITY IN ST. LOUIS 425 FORSYTH WEST CAMPUS ELAYTON, MO 63105 4	43-0653611	501(C)(3)	4,546,015.	0.			RESEARCH- SUBCONTRACT
NIVERSITY OF ILLINOIS 06 S WRIGHT ST		115	4 165 100				
1	37-6000511		4,165,193.	0.			RESEARCH- SUBCONTRACT
 2 Enter total number of section 501(c)(3) and g 3 Enter total number of other organizations list 	-	-	e line 1 table				3

Schedule I (Form 990) UNIVERSITY OF PITTSBURGH	Schedule I	e I (Form 990)	UNIVERSITY	OF	PITTSBURGH
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Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMENS HOSPITAL INC							
75 FRANCIS ST							
BOSTON, MA 02115	04-2312909	501(C)(3)	3,169,951.	0.			RESEARCH- SUBCONTRACT
JNIVERSITY OF SOUTHERN CALIFORNIA							
37 W. DOWNEY WAY RM 315							
LOS ANGELES, CA 90089	95-1642394	115	3,098,679.	0.			RESEARCH- SUBCONTRACT
JOHNS HOPKINS UNIVERSITY							
1101 EAST 33RD ST							
BALTIMORE, MD 21218	52-0595110	501(C)(3)	2,786,032.	0.			RESEARCH- SUBCONTRACT
JNIVERSITY OF CHICAGO							
5054 S DREXEL AVE NO 300							
CHICAGO, IL 60637	36-2177139	501(C)(3)	2,588,555.	0.			RESEARCH- SUBCONTRACT
MASSACHUSETTS GENERAL HOSPITAL							
55 FRUIT ST							
BOSTON, MA 02114	04-1564655	501(C)(3)	2,459,454.	0.			RESEARCH- SUBCONTRACT
INDIANA UNIVERSITY							
400 E 7TH ST RM 501							
BLOOMINGTON, IN 47405	35-6001673	115	2,351,531.	0.			RESEARCH- SUBCONTRACT
BOARD OF REGENTS OF THE UNIVERSITY							
OF WISCONSIN SYSTEM - 700 REGENT							
ST, STE 301 - MADISON, WI 53715	39-1805963	115	2,177,696.	0.			RESEARCH- SUBCONTRACT
,, 511 551 MD156N, WI 55715	33 1003203		2,177,090.				Debeninger Bebeoninger
JNIVERSITY OF MARYLAND							
PO BOX 41428							
BALTIMORE, MD 21203-6248	52-6002033	115	2,165,082.	0.			RESEARCH- SUBCONTRACT
NORTHEASTERN UNIVERSITY							
360 HUNTINGTON AVE							
BOSTON, MA 02115	04-1679980	501(C)(3)	2,077,552.	٥.			RESEARCH- SUBCONTRACT

							() 5
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY							
154 WEST 12TH AVE							
COLUMBUS, OH 43210	31-6025986	115	2,064,330.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF DELAWARE							
33 E. MAIN ST, 3RD FL							
NEWARK, DE 19716	51-6000297	115	1,956,130.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF NORTH CAROLINA AT							
CHAPEL HILL - 104 AIRPORT DR -							
CHAPEL HILL, NC 27599	56-6001393	115	1,912,077.	0.			RESEARCH- SUBCONTRACT
· · ·							
HARVARD UNIVERSITY							
1033 MASSACHUSETTS AVE STE 3							
CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	1,777,845.	0.			RESEARCH- SUBCONTRACT
CONCODUTING FOR DURITS EDVICINITON							
CONSORTIUM FOR PUBLIC EDUCATION 410 9TH ST							
	25-1533592	501(0)(2)	1,757,631.	0.			RESEARCH- SUBCONTRACT
MCKEESPORT, PA 15132	23-1333392	501(0)(3)	1,757,051.	0.			RESEARCH- SUBCONTRACT
TRUSTEES OF COLUMBIA UNIVERSITY							
515 W 131ST ST							
NEW YORK, NY 10027	13-5598093	501(C)(3)	1,689,247.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF IOWA							
201 GILMORE HALL							
IOWA CITY, IA 52242	42-6004813	115	1,497,210.	Ο.			RESEARCH- SUBCONTRACT
TRUSTEES OF THE UNIVERSITY OF	12 0004015		1,10,210.	0.			Debeowinker
PENNSYLVANIA - P221 FRANKLIN 3451							
VALNUT ST - PHILADELPHIA, PA							
L9104-6205	23-1352685	501(C)(3)	1,457,543.	0.			RESEARCH- SUBCONTRACT
			, , ,				
JNIVERSITY OF CINCINNATI							
500 UNIVERSITY HALL							
CINCINNATI, OH 45221	31-6000989	115	1,419,804.	Ο.			RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other		omestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa		5-0965591 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
10UNT SINAI SCHOOL OF MEDICINE							
ONE GUSTAVE LEVY PL							
NEW YORK, NY 10029	13-6171197	501(C)(3)	1,419,063.	0.			RESEARCH- SUBCONTRACT
BROAD INSTITUTE INC							
15 MAIN ST							
CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	1,367,131.	0.			RESEARCH- SUBCONTRACT
ALBERT EINSTEIN COLLEGE OF MEDICINE – 500 WEST 185TH ST – NEW							
YORK, NY 10033	23-7075620	501(C)(3)	1,191,503.	0.			RESEARCH- SUBCONTRACT
TORR, NI 10055	23-7073020	501(0)(3)	1,191,505.	0.			RESEARCH- SOBCONTRACT
ANDERBILT UNIVERSITY MEDICAL							
CENTER - 2525 WEST END AVE STE 450							
- NASHVILLE, TN 37203	35-2528741	501(C)(3)	1,186,352.	0.			RESEARCH- SUBCONTRACT
,							
JNIVERSITY OF MASSACHUSETTS							
225 FRANKLIN ST							
BOSTON, MA 02110	04-3167352	115	1,147,512.	0.			RESEARCH- SUBCONTRACT
VALE UNIVERSITY							
47 COLLEGE ST STE 203	06-0646973	501(C)(2)	1,132,319.	0.			
NEW HAVEN, CT 06520	06-0646975	501(C)(3)	1,132,319.	0.			RESEARCH- SUBCONTRACT
MAGEE-WOMENS RESEARCH INSTITUTE							
AND FOUNDATION - 3339 WARD ST -							
PITTSBURGH, PA 15213	25-1462312	501(C)(3)	1,090,806.	Ο.			RESEARCH- SUBCONTRACT
,,			_,,				
JNIVERSITY OF CALIFORNIA DAVIS							
02 COUSTEAU PL STE 185							
DAVIS, CA 95617	94-6036494	115	1,090,734.	0.			RESEARCH- SUBCONTRACT
COMMUNITY HUMAN SERVICES CORP							
374 LAWN ST							
PITTSBURGH, PA 15213	25-1219610	501(C)(3)	1,071,461.	Ο.			RESEARCH- SUBCONTRACT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY RESEARCH							
FOUNDATION - 1960 KENNY RD -							
COLUMBUS, OH 43210	31-6401599	501(C)(3)	1,047,983.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS HEALTH SCIENCE							
CENTER - 7703 FLOYD CURL DR - SAN							
ANTONIO, TX 78229	74-1586031	115	993,964.	0.			RESEARCH- SUBCONTRACT
MAYO CLINIC ROCHESTER							
200 FIRST ST SW							
ROCHESTER, MN 55905	41-6011702	501(C)(3)	975,145.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS-MD ANDERSON							
CANCER CENTER - PO BOX 4930 -				_			
HOUSTON, TX 77210-4390	74-6001118	115	943,629.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF FLORIDA							
PO BOX 115500							
GAINESVILLE, FL 32611	59-6002052	501(C)(3)	942,029.	0.			RESEARCH- SUBCONTRACT
TEMPLE UNIVERSITY OF THE							
COMMONWEALTH SYSTEM OF HIGHER							
EDUCATION - 1805 N BROAD -							
PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	863,003.	0.			RESEARCH- SUBCONTRACT
THERMAQUIL INC							
1020 WALNUT ST							
PHILADELPHIA, PA 19107	82-3445801	N/A	846,416.	0.			RESEARCH- SUBCONTRACT
· · · ·			,				
CHILDREN'S HOSPITAL OF							
PHILADELPHIA - 3615 CIVIC CENTER							
BLVD - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	844,865.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF UTAH							
540 ARAPEEN DR, STE 250							
SALT LAKE CITY, UT 84108	87-6000525	115	808,808.	0.			RESEARCH- SUBCONTRACT

Schedule I (Form 990)	UNIVERSITY	OF	PITTSBURGH
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY							
10900 EUCLID AVE							
CLEVELAND, OH 44106	34-1018992	501(C)(3)	799,069.	0.			RESEARCH- SUBCONTRACT
EMORY UNIVERSITY							
201 DOWAN DR							
ATLANTA, GA 30322	58-0566256	501(C)(3)	797,141.	0.			RESEARCH- SUBCONTRACT
VERSITI WISCONSIN, INC							
PO BOX 2178							
MILWAUKEE, WI 53201	39-0807235	501(C)(3)	797,114.	0.			RESEARCH- SUBCONTRACT
PENNSYLVANIA STATE UNIVERSITY							
ONE OLD MAIN							
UNIVERSITY PARK, PA 16802	24-6000376	115	795,913.	Ο.			RESEARCH- SUBCONTRACT
			,				
BOARD OF TRUSTEES LELAND STANFORD							
UNIVERSITY - 3145 PORTER DR - PALO							
ALTO, CA 94304	94-1156365	501(C)(3)	795,458.	0.			RESEARCH- SUBCONTRACT
THE FRED HUTCHINSON CANCER							
RESEARCH CENTER - 1100 FAIRVIEW							
AVE NORTH - SEATTLE, WA 98109	23-7156071	501(C)(3)	777,766.	0.			RESEARCH- SUBCONTRACT
WEST VIRGINIA UNIVERSITY RESEARCH							
CORP - PO BOX 6005 - MORGANTOWN,		115					
WV 26506	55-0665758	115	775,257.	0.			RESEARCH- SUBCONTRACT
RUSH UNIVERSITY MEDICAL CENTER							
1700 W VAN BUREN RM 150							
CHICAGO, IL 60612	36-2174823	501(C)(3)	754,241.	0.			RESEARCH- SUBCONTRACT
UENDY M TACKGON FOUNDARTON							
HENRY M JACKSON FOUNDATION 6720 ROCKLEDGE DR STE A							
0720 NOCKHEDGE DK SIE A						1	1

(a) Name and address of			(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(b) Dumpers of grant
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY							
324 BLACKWELL ST							
DURHAM, NC 27708	56-0532129	501(C)(3)	713,292.	0.			RESEARCH- SUBCONTRACT
DANA-FARBER CANCER INSTITUTE							
4 BINNER ST STE BP600							
BOSTON, MA 02115	04-2263040	501(C)(3)	712,884.	0.			RESEARCH- SUBCONTRACT
SCRIPPS RESEARCH INSTITUTE							
0550 N TORREY PINES RD							
LA JOLLA, CA 92037	33-0435954	501(C)(3)	701,400.	0.			RESEARCH- SUBCONTRACT
NIVERSITY OF KENTUCKY RESEARCH							
OUNDATION - 301 PETERSON SERVICE	61 6000600	501(0)(0)	602.255				
BUILDING - LEXINGTON, KY 40506	61-6033693	501(C)(3)	683,355.	0.			RESEARCH- SUBCONTRACT
RESEARCH FOUNDATION FOR MENTAL							
IYGIENE - 150 BROADWAY NO 301 -							
IENANDS, NY 12204	14-1410842	501(C)(3)	654,725.	0.			RESEARCH- SUBCONTRACT
NIVERSITY OF CALIFORNIA SAN DIEGO							
500 GILMAN DR							
AN DIEGO, CA 92093	95-6006144	115	651,917.	0.			RESEARCH- SUBCONTRACT
SOSTON UNIVERSITY							
595 COMMONWEALTH AVE STE 700	04 0100545	F01(d)(2)	C 17 100				
BOSTON, MA 02215	04-2103547	501(C)(3)	647,429.	0.			RESEARCH- SUBCONTRACT
EILL MEDICAL COLLEGE							
300 YORK AVE							
IEW YORK, NY 10021	13-1623978	501(C)(3)	637,335.	0.			RESEARCH- SUBCONTRACT
NIVERSITY OF NEBRASKA MEDICAL							
CENTER - 987835 NEBRASKA MEDICAL							
ENTER - OMAHA, NE 68198	47-0771713	115	625,294.	0.			RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other		mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa		5-0965591 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XUMC RESEARCH INSTITUTE INC							
300 EXECUTIVE DR STE 150							
WEST ORANGE, NJ 07052	48-1108830	501(C)(3)	604,070.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF WASHINGTON GERBERDING HALL G80							
SEATTLE, WA 98195	91-6001537	115	598,945.	0.			RESEARCH- SUBCONTRACT
WILLIAM MARSH RICE UNIVERSITY 6100 MAIN ST							
HOUSTON, TX 77005	74-1109620	501(C)(3)	586,130.	0.			RESEARCH- SUBCONTRACT
AMIDA TECHNOLOGY SOLUTIONS INC 1640 RHODE ISLAND AVE. NW SE 650							
WASHINGTON, DC 20036	46-2882019	N/A	562,500.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF ROCHESTER PO BOX 278893							
ROCHESTER, NY 14627	16-0743209	115	553,707.	0.			RESEARCH- SUBCONTRACT
TURTLE CREEK VALLEY MH/MR INC 723 BRADDOCK AVE							
BRADDOCK, PA 15104	25-1250510	501(C)(3)	538,162.	٥.			RESEARCH- SUBCONTRACT
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVE -							
BIRMINGHAM, AL 35294	63-6005396	115	537,350.	0.			RESEARCH- SUBCONTRACT
MED-ALLY LLC PO BOX 975							
GOOSE CREEK, SC 29445	45-4662780	N/A	531,096.	0.			RESEARCH- SUBCONTRACT
JACKSON LABORATORY PO BOX 254							
BAR HARBOR, ME 04609	01-0211513	501(C)(3)	518,108.	0.			RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	is and Domestic G	i overnments (Sche I	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS, THE STATE UNIVERSITY OF							
NEW JERSEY - 65 DAVIDSON RD- RM							
317 - PISCATAWAY, NJ 08854	22-6001086	115	517,278.	0.			RESEARCH- SUBCONTRACT
CITY OF HOPE							
1500 E DUARTE RD							
DUARTE, CA 91010	95-3435919	501(C)(3)	510,109.	0.			RESEARCH- SUBCONTRACT
OREGON HEALTH & SCIENCE UNIVERSITY							
FOUNDATION - 1121 SW SALMON ST -							
PORTLAND, OR 97205	23-7083114	501(C)(3)	498,723.	0.			RESEARCH- SUBCONTRACT
INTUEDCIMY OF ADIZONA							
UNIVERSITY OF ARIZONA 888 N EUCLID AVE							
TUCSON, AZ 85722-3607	74-2652689	115	495,648.	0.			RESEARCH- SUBCONTRACT
10050N, AZ 03722 3007	74 2052005	113	495,040.	0.			KEDEAKCH BOBCONTRACT
HEALTH FEDERATION OF PHILADELPHIA							
1211 CHESTNUT ST STE 801							
PHILADELPHIA, PA 19107	23-2244355	501(C)(3)	468,620.	٥.			RESEARCH- SUBCONTRACT
UNIVERSITY OF MISSOURI COLUMBIA							
15 JESSE HALL							
COLUMBIA, MO 65211	43-6003859	115	462,228.	0.			RESEARCH- SUBCONTRACT
NEW YORK GENOME CENTER INC							
101 AVENUE OF THE AMERICAS	00 0621724	F01/(3)/(3)	457.000	0			
NEW YORK, NY 10013	80-0631734	501(C)(3)	457,969.	0.			RESEARCH- SUBCONTRACT
CARNEGIE FOUNDATION FOR THE							
ADVANCEMENT OF TEACHING - 51 VISTA							
LN - STANFORD, CA 94305	13-1623924	501(C)(3)	457,435.	0.			RESEARCH- SUBCONTRACT
,			, ,				
UNIVERSITY OF CALIFORNIA SAN							
FRANCISCO - 220 MONTGOMERY ST, 5TH							
FL - SAN FRANCISCO, CA 94104	94-6036493	115	454,745.	0.			RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt II.)	
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UNIVERSITY OF COLORADO							
1800 N GRANT ST							
DENVER, CO 80203	84-6000555	115	441,292.	0.			RESEARCH- SUBCONTRACT
REGENTS OF THE UNIVERSITY OF							
MINNESOTA - 2221 UNIVERSITY AVE SE							
- MINNEAPOLIS, MN 55414	41-6007513	115	440,296.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF LOUISVILLE RESEARCH							
FOUNDATION - 2215 S BROOK ST -							
LOUISVILLE, KY 40208	61-1029626	501(C)(3)	423,438.	0.			RESEARCH- SUBCONTRACT
	01 1029020	501(0/(3/	125,150.				Kibbinken bobeowinner
UNIVERSITY OF NORTH TEXAS HEALTH							
SCIENCE CENTER - 3500 CAMP BOWIE							
BLVD - FORT WORTH, TX 76107	71-0986983	115	419,745.	0.			RESEARCH- SUBCONTRACT
	/1 000000						
FOCUS ON RENEWAL							
701 CHARTIERS AVE							
MCKEES ROCKS, PA 15136	23-7181440	501(C)(3)	413,071.	ο.			RESEARCH- SUBCONTRACT
			,				
INOVA HEALTH CARE SERVICES							
2832 JUNIPER ST STE 104							
FAIRFAX, VA 22031	54-0620889	501(C)(3)	407,763.	٥.			RESEARCH- SUBCONTRACT
BAYLOR COLLEGE OF MEDICINE							
ONE BAYLOR PLAZA NO T100							
HOUSTON, TX 77030	74-1613878	501(C)(3)	400,299.	٥.			RESEARCH- SUBCONTRACT
WEST VIRGINIA UNIVERSITY							
PO BOX 6005							
MORGANTOWN, WV 26506	55-6000842	501(C)(3)	389,170.	0.			RESEARCH- SUBCONTRACT
NACCA CUUCERRECT NORTHWER OF							
MASSACHUSETTS INSTITUTE OF							
TECHNOLOGY - 77 MASSACHUSETTS AVE	04 0100504	E01/(0)/(0)	256 001				
NE 49-3131 - CAMBRIDGE, MA 02139	04-2103594	put(C)(3)	376,891.	0.			RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Othe			1				
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY							
800 EAST LEHIGH ST							
RICHMOND, VA 23219	54-6001758	115	374,083.	0.			RESEARCH- SUBCONTRACT
NORTHWESTERN UNIVERSITY							
619 CLARK ST RM 217							
EVANSTON, IL 60208	36-2167817	501(C)(3)	363,707.	0.			RESEARCH- SUBCONTRACT
GEORGETOWN UNIVERSITY							
37TH O ST NW STE 400							
WASHINGTON, DC 20057	53-0196603	501(C)(3)	363,164.	0.			RESEARCH- SUBCONTRACT
,			,				
WAKE FOREST UNIVERSITY							
1834 WAKE FOREST RD							
WINSTON-SALEM, NC 27106	56-0532138	501(C)(3)	361,222.	0.			RESEARCH- SUBCONTRACT
ARIZONA STATE UNIVERSITY							
BOX 873503	86-0196696	115	250 174	0.			RESEARCH- SUBCONTRACT
TEMPE, AZ 85287	86-0136636	115	359,174.	υ.			RESEARCH- SUBCONTRACT
HOWARD UNIVERSITY							
576 W ST NW							
WASHINGTON, DC 20059	53-0204707	501(C)(3)	354,041.	0.			RESEARCH- SUBCONTRACT
CHILDRENS RESEARCH INSTITUTE							
700 CHILDRENS DR							
COLUMBUS, OH 43205	31-4379441	501(C)(3)	351,665.	Ο.			RESEARCH- SUBCONTRACT
MAYO CLINIC ARIZONA							
200 FIRST ST SW							
ROCHESTER, MN 55905	86-0800150	501(C)(3)	349,629.	0.			RESEARCH- SUBCONTRACT
VITALANT							
PO BOX 1867							
SCOTTSDALE, AZ 85252	86-0098929		345,253.	Ο.			RESEARCH- SUBCONTRACT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY							
VU STATION B BOX 356310							
NASHVILLE, TN 37235	62-0476822	501(C)(3)	333,269.	Ο.			RESEARCH- SUBCONTRACT
UNIVERSITY OF MIAMI							
PO BOX 248106							
CORAL GABLES, FL 33124	59-0624458	115	329,234.	0.			RESEARCH- SUBCONTRACT
GLOBAL COALITION FOR ADAPTIVE							
RESEARCH INC - PO BOX 49272 - LOS							
ANGELES, CA 90049	82-1199380	501(C)(3)	320,401.	0.			RESEARCH- SUBCONTRACT
THOMAS JEFFERSON UNIVERSITY							
1101 MARKET ST							
PHILADELPHIA, PA 19107	23-1352651	115	317,101.	0.			RESEARCH- SUBCONTRACT
	25 1552051	113	517,101.	۰.			KEDEAKCH DUDCONTRACT
UNIVERSITY OF VIRGINIA							
BOX 4001953							
CHARLOTTESVILLE, VA 22904	54-6001786	115	316,897.	0.			RESEARCH- SUBCONTRACT
,			,				
THE MIRIAM HOSPITAL							
164 SUMMIT AVE							
PROVIDENCE, RI 02906	05-0258905	501(C)(3)	315,230.	0.			RESEARCH- SUBCONTRACT
CLEVELAND STATE UNIVERSITY							
2121 EUCLID AVE							
CLEVELAND, OH 44115	34-0966056	115	303,496.	0.			RESEARCH- SUBCONTRACT
			,	- •			
EAST CAROLINA UNIVERSITY							
209 E 5TH ST							
GREENVILLE, NC 27858	56-6000403	115	299,689.	0.			RESEARCH- SUBCONTRACT
TRUSTEES OF PRINCETON UNIVERSITY							
WASHINGTON ROAD							
PRINCETON, NJ 08544	21-0634501		293,700.	0.			RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other		mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990) Pa		5-0965591 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEKTOEN INSTITUTE FOR MEDICAL RESEARCH – 1339 S WOOD ST NO G – CHICAGO, IL 60608	36-2244897	501(C)(3)	291,741.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF NEBRASKA-LINCOLN 1400 R ST LINCOLN, NE 68588	47-0491233	115	286,767.	0.			RESEARCH- SUBCONTRACT
GE GLOBAL OPERATIONS 3135 EASTON TURNPIKE FAIRFIELD, CT 06828	14-0689340	N/A	282,075.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER – 2500 N STATE ST – JACKSON, MS 39216	64-6008520	115	280,158.	0.			RESEARCH- SUBCONTRACT
VETERANS RESEARCH FOUNDATION OF PITTSBURGH - 7180 HIGHLAND DR - PITTSBURGH, PA 15206	25-1666090	501(C)(3)	264,987.	0.			RESEARCH- SUBCONTRACT
WESTERN INSTITUTE FOR BIOMEDICAL RESEARCH – PO BOX 58719 – SALT LAKE CITY, UT 84158	87-0470748	501(C)(3)	261,971.	0.			RESEARCH- SUBCONTRACT
TIES TEACHING INSTITUTE FOR EXCELLENCE IN STEM LLC - PO BOX 18050 - CLEVELAND HEIGHTS, OH 44118	33-1014138	N/A	257,257.	0.			RESEARCH- SUBCONTRACT
RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK - PO BOX 9 - ALBANY, NY 12201	14-1368361	501(C)(3)	255,572.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF VERMONT 850 SO PROSPECT ST RM 333 BURLINGTON, VT 05405	03-0179440	115	253,949.	0.			RESEARCH- SUBCONTRACT

Schedule I (Form 990) UNIVERSITY OF PITT	ITTSBURGH
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Part II Continuation of Grants and Other		maatia Organization	a and Domostia G	overnmente (Seb	adula I (Earm 000) Da		5-0965591 Page
Part II Continuation of Grants and Other	Assistance to De			overnments (Sche	edule I (Form 990), Pa	nt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH AND SOCIAL							
SERVICES CENTER INC - 5635 W FORT							
ST - DETROIT, MI 48209	38-3094394	501(C)(3)	253,846.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF NEVADA, RENO							
2601 ENTERPRISE RD							
RENO, NV 89512	88-6000024	115	252,593.	0.			RESEARCH- SUBCONTRACT
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR							
FAIRFAX, VA 22030	54-0836354	115	243,469.	٥.			RESEARCH- SUBCONTRACT
NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7214							
RALEIGH, NC 27695	56-6000756	115	238,301.	0.			RESEARCH- SUBCONTRACT
GEISINGER CLINIC N ACADEMY AVE							
DANVILLE, PA 17822	23-6291113	501(C)(3)	237,219.	0.			RESEARCH- SUBCONTRACT
UPMC CENTER FOR HIGH-VALUE HEALTHCARE - 600 GRANT ST FL 56 -							
PITTSBURGH, PA 15219	45-2178782	501(C)(3)	235,010.	0.			RESEARCH- SUBCONTRACT
CHRISTIANA CARE HEALTH SERVICES PO BOX 2653							
WILMINGTON, DE 19805	51-0103684	501(C)(3)	232,586.	Ο.			RESEARCH- SUBCONTRACT
JNIVERSITY OF KANSAS CENTER FOR RESEARCH INC - 2385 IRVING HILL RD							
- LAWRENCE, KS 66045	48-0680117	501(C)(3)	229,971.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TENNESSEE							
201 ANDY HOLT TOWER	62-6001636	115	225 426	0.			RESEARCH- SUBCONTRACT
KNOXVILLE, TN 37996	02-0001030	H+2	225,426.	۰ ⁰			RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other		mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990) Pa		5-0965591 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDREN'S HOSPITAL 20 BOX 5371 SEATTLE, WA 98145	91-0564748	501(C)(3)	216,217.	0.			RESEARCH- SUBCONTRACT
PINNACLE HEALTH MEDICAL SERVICES PO BOX 8700 MARRISBURG, PA 17105	25-1709054	501(C)(3)	213,882.	0.			RESEARCH- SUBCONTRACT
ROWN UNIVERSITY 64 ANGELL ST ROVIDENCE, RI 02912	05-0258809	501(C)(3)	213,267.	0.			RESEARCH- SUBCONTRACT
SALK INSTITUTE 10010 N TORREY PINES RD LA JOLLA, CA 92037-1099	95-2160097	501(C)(3)	209,590.	0.			RESEARCH- SUBCONTRACT
CURATORS OF THE UNIVERSITY OF MISSOURI – 118 UNIVERSITY HALL – COLUMBIA, MO 65211	26-6440629	501(C)(3)	201,739.	0.			RESEARCH- SUBCONTRACT
OUSTON METHODIST RESEARCH INSTITUTE - 6565 FANNIN ST GB 240 HOUSTON, TX 77030	87-0721923	501(C)(3)	200,547.	0.			RESEARCH- SUBCONTRACT
NAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - MEDICAL CENTER BLVD - MINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	199,958.	0.			RESEARCH- SUBCONTRACT
TULANE UNIVERSITY 5823 ST CHARLES AVE NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	199,772.	0.			RESEARCH- SUBCONTRACT
ST LUKES HOSPITAL OF KANSAS CITY 4401 WORNALL RD KANSAS CITY, MO 64111	44-0545297	501(C)(3)	199,302.	0.			RESEARCH- SUBCONTRACT

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HE UNIVERSITY OF TEXAS HEALTH							
SCIENCE CENTER AT HOUSTON - 7000							
FANNIN ST - HOUSTON, TX 75303	74-1761309	115	190,807.	0.			RESEARCH- SUBCONTRACT
KRON CHILDRENS HOSPITAL							
505 MARKET ST							
COUNGSTOWN, OH 44512	34-0714357	501(C)(3)	188,614.	0.			RESEARCH- SUBCONTRACT
NIVERSITY OF NOTRE DAME DU LAC							
24 GRACE HALL							
NOTRE DAME, IN 46556	35-0868188	501(C)(3)	186,271.	0.			RESEARCH- SUBCONTRACT
÷							
LLEGHENY-SINGER RESEARCH							
NSTITUTE - TWO ALLEGHENY CENTER -							
PITTSBURGH, PA 15212	25-1320493	501(C)(3)	180,626.	0.			RESEARCH- SUBCONTRACT
IRECA RESEARCH							
301 WILSON BLVD							
ARLINGTON, VA 22203	84-2724646	501(C)(3)	180,407.	0.			RESEARCH- SUBCONTRACT
INCINNATI CHILDRENS HOSPITAL							
MEDICAL CENTER - 3333 BURNET							
AVENUE - CINCINNATI, OH 45229	31-0833936	501(C)(3)	175,165.	Ο.			RESEARCH- SUBCONTRACT
,			, -				
URADA BIO INC							
5 TANAGER ST							
ARLINGTON, MA 02476	88-0712517	N/A	174,741.	0.			RESEARCH- SUBCONTRACT
EORGIA TECH RESEARCH CORP							
550 TENTH ST NW							
TLANTA, GA 30332	58-0603146	501(C)(3)	172,016.	0.			RESEARCH- SUBCONTRACT
ADEUNICE COUNT OF MEDICINE INC							
OREHOUSE SCHOOL OF MEDICINE INC							
20 HEDIATEM DV DM	58-1438873	1	171,064.	Ο.			RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sche I	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MERCY HOSPITAL							
2401 GILLHAM RD							
KANSAS CITY, MO 64108	44-0605373	501(C)(3)	168,467.	0.			RESEARCH- SUBCONTRACT
1			,				
THE GOG FOUNDATION INC							
3168 BRAVERTON ST STE 280							
EDGEWATER, MD 21037	03-0466352	501(C)(3)	167,412.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS AT AUSTIN							
PO BOX 7458							
AUSTIN, TX 78713-7458	74-6000203	115	165,640.	0.			RESEARCH- SUBCONTRACT
JPMC WESTERN BEHAVIORAL HEALTH AT							
SAFE HARBOR - 600 GRANT ST FL 56 -	25-1317492	501(0)(2)	156 072	0.			
PITTSBURGH, PA 15219	25-151/492	501(C)(3)	156,072.	0.			RESEARCH- SUBCONTRACT
BOSTON CHILDREN'S HOSPITAL							
300 LONGWOOD AVE							
BOSTON, MA 02115	04-2774441	115	149,281.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS MEDICAL BRANCH							
OFFICE OF SPONSORED PROGRAMS PO							
BOX 4786-750 - HOUSTON, TX							
77210-4786	74-6000949	115	139,907.	0.			RESEARCH- SUBCONTRACT
MICHIGAN STATE UNIVERSITY							
301 ADMIN BLDG.							
EAST LANSING, MI 48824	38-6005984	501(C)(3)	136,490.	0.			RESEARCH- SUBCONTRACT
TUFTS UNIVERSITY							
169 HOLLAND ST	04 010000	F01(d)(2)	126.220				
SOMERVILLE, MA 02144	04-2103634	501(C)(3)	136,332.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF GEORGIA RESEARCH							
FOUNDATION - 310 E CAMPUS RD -							
ATHENS, GA 30602	58-6001998	115	134,794.	0.			RESEARCH- SUBCONTRACT
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Part II Continuation of Grants and Other	Assistance to De	omestic Organization	is and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARP MEMORIAL HOSPITAL							
8695 SPECTRUM CENTER BLVD							
SAN DIEGO, CA 92123	95-3782169	501(C)(3)	133,405.	0.			RESEARCH- SUBCONTRACT
DREXEL UNIVERSITY							
3201 ARCH ST NO. 420							
PHILADELPHIA, PA 19104-2875	23-1352630	501(C)(3)	133,253.	0.			RESEARCH- SUBCONTRACT
OREGON STATE UNIVERSITY							
104 KERR ADMIN BLDG							
CORVALLIS, OR 97331	61-1730890	115	128,608.	0.			RESEARCH- SUBCONTRACT
,			,				
AMERICAN INSTITUTES FOR RESEARCH							
1000 THOMAS JEFFERSON ST NW							
WASHINGTON, DC 20007	25-0965219	501(C)(3)	127,605.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF CALIFORNIA AT LOS							
ANGELES - 7408 BOELTER HALL - LOS	05 6006143	115	104 562	0			
ANGELES, CA 90095	95-6006143	115	124,563.	0.			RESEARCH- SUBCONTRACT
BLOMGREN CONSULTING SERVICES LTD							
1554 CLARENCE AVE							
CLEVELAND, OH 44107	34-1878550	N/A	124,000.	0.			RESEARCH- SUBCONTRACT
ALGER ROUNDARION HOGELENIG CONTROL							
AISER FOUNDATION HOSPITALS CENTER							
FOR HEALTH RESEARCH - ONE KAISER	04 1105600	E01(0)(2)	102 505				
PLAZA - OAKLAND, CA 94612	94-1105628	DUI(C)(3)	123,585.	0.			RESEARCH- SUBCONTRACT
JATIONAL MARROW DONOR PROGRAM							
500 N 5TH ST							
MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	123,414.	Ο.			RESEARCH- SUBCONTRACT
JNIVERSITY OF TOLEDO							
2801 W BANCROFT ST		115	101.000				
FOLEDO, OH 43606	34-6401483	μ ₁₂	121,263.	0.			RESEARCH- SUBCONTRACT

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
INTERNATIONAL AIDS VACCINE							
INITATIVE - 125 BROAD STREET NO							
9TH FL - NEW YORK, NY 10004	13-3870223	501(C)(3)	120,780.	0.			RESEARCH- SUBCONTRACT
BOSTON MEDICAL CENTER							
1 BOSTON MEDICAL CENTER PL							
BOSTON, MA 02118	04-3314093	501(C)(3)	119,408.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF NEW MEXICO							
1 UNIVERSITY OF NEW MEXICO							
ALBUQUERQUE, NM 87131	85-6000642	115	118,971.	0.			RESEARCH- SUBCONTRACT
CLINTON HEALTH ACCESS INITIATIVE							
INC - 383 DORCHESTER AVE STE 400 -							
BOSTON, MA 02127	27-1414646	501(C)(3)	111,583.	Ο.			RESEARCH- SUBCONTRACT
	27 1111010	501(0)(3)	111,505.				debinden bebeenninger
AUGUSTA UNIVERSITY							
1120 15TH ST							
AUGUSTA, GA 30912	58-6002053	501(C)(3)	110,001.	0.			RESEARCH- SUBCONTRACT
FLORIDA INTERNATIONAL UNIVERSITY							
11200 SW 8TH ST							
MIAMI, FL 33199	65-0177616	115	107,664.	0.			RESEARCH- SUBCONTRACT
COMMINITELY CAMPILE DADENIED CUITES FOR							
COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH - PO BOX 12124 - RALEIGH,							
NC 27605	94-3285533	501(C)(3)	105,158.	Ο.			RESEARCH- SUBCONTRACT
			100,100.				Sobeowinker
UNIVERSITY OF OREGON							
PO BOX 3237							
EUGENE, OR 97403	93-6001786	501(C)(3)	103,799.	0.			RESEARCH- SUBCONTRACT
COLD SPRING HARBOR LABORATORY							
1 BUNGTOWN RD							
COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	103,092.	0.			RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other		_					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPMC							
600 GRANT ST FL 56							
PITTSBURGH, PA 15219	25-1423657	115	100,564.	0.			RESEARCH- SUBCONTRACT
RENSSELAER POLYTECHNIC INSTITUTE							
L10 EIGHTH ST							
TROY, NY 12180	14-1340095	501(C)(3)	99,540.	0.			RESEARCH- SUBCONTRACT
STATE UNIVERSITY OF NEW YORK							
STATE UNIVERSITY PLAZA							
ALBANY, NY 12246	14-6013200	115	93,566.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF SOUTH ALABAMA							
HEALTH SERVICES FOUNDATION - PO	62 0725649	E01(0)(2)	01 976	0.			
BOX 8499 - MOBILE, AL 36689	63-0725648	501(C)(3)	91,876.	0.			RESEARCH- SUBCONTRACT
MICHAEL BAKER INTERNATIONAL INC							
500 GRANT ST STE 5400							
PITTSBURGH, PA 15219	25-1228638	N/A	91,238.	0.			RESEARCH- SUBCONTRACT
REGENTS OF THE UNIVERSITY OF							
CALIFORNIA MERCED - 5200 N LAKE RD							
- MERCED, CA 95343	27-0093858	115	89,105.	0.			RESEARCH- SUBCONTRACT
			, ,				
UNIVERSITY OF NORTH CAROLINA AT							
GREENSBORO - 1000 SPRING GARDEN ST							
- GREENSBORO, NC 27412	56-6001468	115	86,726.	0.			RESEARCH- SUBCONTRACT
WAND CLIMIC TACKGONNILLE							
MAYO CLINIC JACKSONVILLE 200 FIRST ST SW							
ROCHESTER, MN 55905	59-3337028	501(C)(3)	86,377.	0.			RESEARCH- SUBCONTRACT
Nonibility, int 55505	55 5557620						Bobeninaci bobeninaci
JNIVERSITY OF ARKANSAS SYSTEM							
1125 W MAPLE ST							
FAYETTEVILLE, AR 72701	71-6003252	115	85,799.	0.			RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	is and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE CARE INC							
7 GLASSWORKS RD							
GREENSBORO, PA 15338	25-1346194	501(C)(3)	84,883.	0.			RESEARCH- SUBCONTRACT
CORNELL UNIVERSITY							
341 PINE ST							
ITHACA, NY 14850	15-0532082	501(C)(3)	83,707.	Ο.			RESEARCH- SUBCONTRACT
DIDNINGUAN AIDS OUTDEAGU INS							
BIRMINGHAM AIDS OUTREACH INC PO BOX 550070							
BIRMINGHAM, AL 35255	63-0948495	501(C)(3)	83,288.	Ο.			RESEARCH- SUBCONTRACT
	05 0540455	501(0/(3/	00,200.				
NEW ENGLAND RESEARCH INSTITUTES							
INC - 9 GALEN STREET - WATERTOWN,							
MA 02472	04-2919509	N/A	81,567.	Ο.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS SOUTHWESTERN							
MEDICAL CENTER - 5323 HARRY HINES							
BLVD DALLAS, TX 75390	75-6002868	115	80,652.	0.			RESEARCH- SUBCONTRACT
UNCREMENCE MEDIDIAN DENIMU INC							
HACKENSACK MERIDIAN HEALTH, INC. 343 THORNALL ST							
EDISON, NJ 08837	22-1487576	501(C)(3)	79,983.	0.			RESEARCH- SUBCONTRACT
		551(6)(5)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.			
THE CHARLOTTE-MECKLENBURG HOSPITAL							
AUTHORITY - 1000 BLYTHE BOULEVARD							
- CHARLOTTE, NC 28203	56-0529945	501(C)(3)	79,628.	Ο.			RESEARCH- SUBCONTRACT
TEXAS TECH UNIVERSITY HEALTH							
SCIENCES CENTER - BOX 41023 -							
LUBBOCK, TX 79409-1023	75-6002622	115	79,576.	0.			RESEARCH- SUBCONTRACT
SAGE BIONETWORKS							
2901 THIRD AVE							
SEATTLE, WA 98121	26-4489946	501(C)(3)	79,212.	Ο.			RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other	Assistance to De	omestic Organization	is and Domestic G	i overnments (Sche I	edule I (Form 990), Pa I	rt II.) T	
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WAYNE STATE UNIVERSITY							
5700 CASS AVE							
DETROIT, MI 48202	38-3555142	501(C)(3)	79,111.	0.			RESEARCH- SUBCONTRACT
OREGON RESEARCH INSTITUTE 1776 MILLRACE DR							
EUGENE, OR 97403	93-0495655	501(C)(3)	78,685.	0.			RESEARCH- SUBCONTRACT
LOYOLA UNIVERSITY CHICAGO 820 N MICHIGAN AVE							
CHICAGO, IL 60611	36-1408475	501(C)(3)	77,467.	0.			RESEARCH- SUBCONTRACT
SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE ADM 471							
SAN FRANCISCO, CA 94132	93-1137247	115	77,066.	0.			RESEARCH- SUBCONTRACT
ALTA BATES SUMMIT MEDICAL CENTER 3012 SUMMIT ST							
OAKLAND, CA 94609	94-0562680	501(C)(3)	76,198.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS AT SAN ANTONIO ONE UTSA CIRCLE							
SAN ANTONIO, TX 78249	74-1717115	115	74,486.	0.			RESEARCH- SUBCONTRACT
FLUIDFORM INC 283 BEAR HILL RD							
WALTHAM, MA 02451	83-2027523	N/A	72,630.	٥.			RESEARCH- SUBCONTRACT
BAYSTATE MEDICAL CENTER 759 CHESTNUT ST							
SPRINGFIELD, MA 01199	04-2790311	501(C)(3)	72,520.	٥.			RESEARCH- SUBCONTRACT
STEM EQUITY INITIATIVE INC 4 CODY AVENUE							
PARKVILLE, MD 21234	83-1909902	501(C)(3)	71,519.	0.			RESEARCH- SUBCONTRACT

Schedule I (Form 990) UNIVERSITY OF PITTSBURGH	Schedule I	e I (Form 990)	UNIVERSITY	OF	PITTSBURGH
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Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JS NAVAL ACADEMY 1							
121 BLAKE RD							
ANNAPOLIS, MD 21402	52-1261462	115	66,794.	0.			RESEARCH- SUBCONTRACT
INSIGHT POLICY RESEARCH INC							
1901 N MOORE ST							
ARLINGTON, VA 22209	52-2300796	N/A	63,304.	٥.			RESEARCH- SUBCONTRACT
UNIVERSITY OF MISSISSIPPI							
306 KINARD							
UNIVERSITY, MS 38677	64-6001159	501(C)(3)	62,369.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF CALIFORNIA IRVINE							
120 THEORY STE 200							
IRVINE, CA 92617	95-2226406	115	61,522.	Ο.			RESEARCH- SUBCONTRACT
•			, ,				
ALLEGHENY COUNTY TREASURER							
436 GRANT ST							
PITTSBURGH, PA 15219		115	61,339.	0.			RESEARCH- SUBCONTRACT
DUQUESNE UNIVERSITY OF THE HOLY							
SPIRIT - 600 FORBES AVE -							
PITTSBURGH, PA 15219	25-1035663	501(C)(3)	60,968.	0.			RESEARCH- SUBCONTRACT
CHILDREN'S HOSPITAL OF PITTSBURGH							
OF UPMC - 600 GRANT ST FL 58 -							
PITTSBURGH, PA 15219	25-0402510	501(C)(3)	60,175.	0.			RESEARCH- SUBCONTRACT
RESEARCH TRIANGLE INSTITUTE							
PO BOX 12194							
RESEARCH TRIANGLE PARK, NC 27709	56-0686338	501(C)(3)	57,976.	٥.			RESEARCH- SUBCONTRACT
RBANKIND INSTITUTE							
ESTHER ST,		NT / 7	E7 201	0.			
PITTSBURGH, PA 15227		N/A	57,381.	U.			RESEARCH- SUBCONTRACT

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Schedul	e I (Form 990)	UNIVERSITY	OF	PITTSBURGH	

25-0965591 Page 1

(a) Name and address of		(a) IPC spation	(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(b) Durpage of grant
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN HEALTHCARE NETWORK							
5501 OLD YORK RD							
PHILADELPHIA, PA 19141	23-2290323	501(C)(3)	55,734.	0.			RESEARCH- SUBCONTRACT
SICKLE CELL 101							
25 RIO ROBIES							
SAN JOSE, CA 95134	46-4141467	501(C)(3)	54,501.	0.			RESEARCH- SUBCONTRACT
DIGITAL PROMISE GLOBAL							
1929 E WASHINGTON ST							
NEW CASTLE, PA 16101	46-5460594	501(C)(3)	53,203.	0.			RESEARCH- SUBCONTRACT
BUCK INSTITUTE FOR RESEARCH ON							
AGING - 8001 REDWOOD BLVD							
NOVATO, CA 94945	94-3030609	501(C)(3)	52,239.	0.			RESEARCH- SUBCONTRACT
Novino, en 94945	54 5050005	501(0)(5)	52,255.	••			
USDA							
1400 INDEPENDENCE AVE SW							
WASHINGTON, DC 20250	72-0564834	115	51,592.	0.			RESEARCH- SUBCONTRACT
METROHEALTH SYSTEM							
2500 METROHEALTH DRIVE							
CLEVELAND, OH 44109	34-6004382	115	50,000.	Ο.			RESEARCH- SUBCONTRACT
RHODE ISLAND COLLEGE							
600 MT PLEASANT AVE							
PROVIDENCE, RI 02908	05-6016315	115	49,683.	Ο.			RESEARCH- SUBCONTRACT
1.00115E40E, AI 02500			±,005.	0.			Bobeninger
CATHOLIC UNIVERSITY OF AMERICA							
620 MICHIGAN AVE NE							
WASHINGTON, DC 20064	53-0196583	501(C)(3)	49,405.	0.			RESEARCH- SUBCONTRACT
THE GENEVA FOUNDATION							
917 PACIFIC AVE							
TAACOMA, WA 98402	91-1593913	501(C)(3)	49,128.	0.			RESEARCH- SUBCONTRACT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ST VINCENT COLLEGE									
300 FRASER PURCHASE RD									
LATROBE, PA 15650	25-0964126	501(C)(3)	49,025.	0.			RESEARCH- SUBCONTRACT		
FEINSTEIN INSTITUTE FOR MEDICAL									
RESEARCH - 972 BRUSH HOLLOW RD FL									
5 - WESTBURY, NY 11590	11-2673595	501(C)(3)	48,675.	0.			RESEARCH- SUBCONTRACT		
CLEMSON UNIVERSITY									
201 SIKES HALL									
CLEMSON, SC 29634	57-6000254	115	47,559.	0.			RESEARCH- SUBCONTRACT		
YOUNGSTOWN STATE UNIVERSITY									
1 UNIVERSITY PLAZA									
YOUNGSTOWN, OH 44555	34-1011998	115	46,510.	Ο.			RESEARCH- SUBCONTRACT		
OKLAHOMA MEDICAL RESEARCH									
FOUNDATION - 825 NE 13TH ST -									
OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	45,455.	0.			RESEARCH- SUBCONTRACT		
BENAROYA RESEARCH INSTITUTE									
1201 NINTH AVE									
SEATTLE, WA 98101	91-0653422	501(C)(3)	44,722.	Ο.			RESEARCH- SUBCONTRACT		
,			, -						
UNIVERSITY OF SOUTH CAROLINA									
1600 HAMPTON ST									
COLUMBIA, SC 29208	57-6001153	501(C)(3)	44,692.	0.			RESEARCH- SUBCONTRACT		
J CRAIG VENTER INSTITUTE INC									
4120 CAPRICORN LN									
LA JOLLA, CA 92037	52-1842938	501(C)(3)	43,924.	0.			RESEARCH- SUBCONTRACT		
	52 1512550			••			Sobeominici		
DARTMOUTH COLLEGE									
6066 DEVELOPMENT OFFICE									
HANOVER, NH 03755	02-0222111	501(C)(3)	43,451.	٥.			RESEARCH- SUBCONTRACT		

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAYTHEON TECHNOLOGIES RESEARCH							
CENTER - 10 FARM SPRINGS RD - FARMINGTON, CT 06032	06-0570975	N/A	42,808.	0.			RESEARCH- SUBCONTRACT
GENERAL DYNAMICS INFORMATION FECHNOLOGY INC - 3150 FAIRVIEW							
PARK DR - FALLS CHURCH, VA 22042	54-1194322	N/A	42,186.	0.			RESEARCH- SUBCONTRACT
MEDICAL UNIVERSITY OF SOUTH CAROLINA – 17 ASHLEY AVE –							
CHARLESTON, SC 29403	57-6007222	115	41,237.	0.			RESEARCH- SUBCONTRACT
NOMA AI INC 3700 BUTLER ST							
PITTSBURGH, PA 15201	84-3658407	N/A	40,364.	0.			RESEARCH- SUBCONTRACT
BATTELLE MEMORIAL INSTITUTE 505 KING AVE							
COLUMBUS, OH 43201	31-4379427	501(C)(3)	40,000.	0.			RESEARCH- SUBCONTRACT
CORPORATION FOR A SKILLED WORKFORCE - 1100 VICTORS WAY - ANN							
ARBOR, MI 48108	38-2991143	501(C)(3)	39,202.	0.			RESEARCH- SUBCONTRACT
NYU GROSSMAN SCHOOL OF MEDICINE 550 1ST AVE							
NEW YORK, NY 10016	13-5562309	501(C)(3)	36,809.	0.			RESEARCH- SUBCONTRACT
INSTITUTE FOR CANCER RESEARCH 333 COTTMAN AVE							
PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	35,909.	0.			RESEARCH- SUBCONTRACT
SICKLE CELL CONSORTIUM INC							
CUMMING, GA 30040	47-4771677	501(C)(3)	35,000.	0.			RESEARCH- SUBCONTRACT

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UNIVERSITY OF CALIFORNIA SANTA							
BARBARA - 3201 SAASB BUILDING -							
SANTA BARBARA, CA 93106	95-6006145	115	34,512.	0.			RESEARCH- SUBCONTRACT
RESEARCH FOUNDATION OF THE CITY							
UNIVERSITY OF NEW YORK - 230 WEST							
41ST ST - NEW YORK, NY 10036	13-1988190	501(C)(3)	34,075.	0.			RESEARCH- SUBCONTRACT
4151 51 - NEW TORK, NI 10050	13-1988190	501(C)(3)	34,075.	0.			RESEARCH- SUBCONTRACT
TEXAS A&M RESEARCH FOUNDATION							
400 HARVEY MITCHELL PKWY S NO 300							
COLLEGE STATION, TX 77845	74-1238434	115	33,164.	0.			RESEARCH- SUBCONTRACT
URBAN LEAGUE OF GREATER PITTSBURGH							
610 WOOD ST							
PITTSBURGH, PA 15222	25-0965592	501(C)(3)	32,945.	0.			RESEARCH- SUBCONTRACT
MEDICAL COLLEGE OF WISCONSIN							
8701 WATERTOWN PLANK RD							
MILWAUKEE, WI 53226	39-0806261	501(C)(3)	32,670.	0.			RESEARCH- SUBCONTRACT
HARVARD EYE ASSOCIATES							
23961 CALLE DE LA MAGDALENA							
LAGUNA HILLS, CA 92653	95-3873981	N/A	32,556.	0.			RESEARCH- SUBCONTRACT
LAGONA HILLS, CA 92055	93-367396I	N/A	32,550.	0.			RESEARCH- SUBCONTRACT
MASSACHUSETTS EYE AND EAR							
INFIRMARY - 399 REVOLUTION DR -							
SOMERVILLE, MA 02145	04-2103591	501(C)(3)	31,873.	0.			RESEARCH- SUBCONTRACT
,			, ,				
LOS ALAMOS NATIONAL LABORATORY							
1112 PLAZA DEL NORTE							
ESPANOLA, NM 87532	74-2853972	501(C)(3)	31,658.	0.			RESEARCH- SUBCONTRACT
ROBERT MORRIS UNIVERSITY							
6001 UNIVERSITY BLVD							
MOON TOWNSHIP, PA 15108	25-1120678	501(C)(3)	31,542.	0.			RESEARCH- SUBCONTRACT

Chedule (Form 990) UNIVERSITY OF PITTSBURGH 25-0965591 Page Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 25-0965591 Page									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MEHARRY MEDICAL COLLEGE									
1005 DR D B TODD JR BLVD									
NASHVILLE, TN 37208	62-0488046	501(C)(3)	30,659.	0.			RESEARCH- SUBCONTRACT		
LEGACY EMANUEL MEDICAL CENTER									
2801 N GANTENBEIN AVE									
PORTLAND, OR 97227	93-0386823	501(C)(3)	30,392.	0.			RESEARCH- SUBCONTRACT		
UNIVERSITY OF CONNECTICUT HEALTH									
CENTER - 263 FARMINGTON AVE -									
FARMINGTON, CT 06030	52-1725543	115	30,262.	0.			RESEARCH- SUBCONTRACT		
NEW YORK CITY HEALTH AND HOSPITALS									
CORPORATION - 40 SUNSHINE COTTAGE									
RD - VALHALLA, NY 10595	13-1099420	501(C)(3)	30,000.	0.			RESEARCH- SUBCONTRACT		
NORTH DAKOTA STATE UNIVERSITY									
P.O. BOX 6050									
FARGO, ND 58108	45-6002439	115	30,000.	0.			RESEARCH- SUBCONTRACT		
HEALTHPARTNERS INSTITUTE									
PO BOX 1309									
MINNEAPOLIS, MN 55440	41-1670163	501(C)(3)	29,958.	0.			RESEARCH- SUBCONTRACT		
·									
PALO ALTO VETERANS INSTITUTE FOR									
RESEARCH - 3801 MIRANDA AVE - PALO									
ALTO, CA 94304	77-0207331	501(C)(3)	29,544.	0.			RESEARCH- SUBCONTRACT		
RAND CORPORATION									
1776 MAIN ST									
SANTA MONICA, CA 90407	95-1958142	N/A	28,728.	0.			RESEARCH- SUBCONTRACT		
,									
ALLEGHENY COUNTY HEALTH DEPARTMENT									
542 FOURTH AVE									
PITTSBURGH, PA 15219		115	28,544.	٥.			RESEARCH- SUBCONTRACT		

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE COMMUNITY COUNSELING							
CENTER - 537 S ALVARADO ST - LOS ANGELES, CA 90057	95-3128532	501(C)(3)	28,301.	0.			RESEARCH- SUBCONTRACT
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION - 58 EDGEWOOD AVE 3RD							
FL - ATLANTA, GA 30303	58-1845423	501(C)(3)	26,207.	0.			RESEARCH- SUBCONTRACT
ICAN TALK CLINIC 1100 WASHINGTON AVE							
CARNEGIE, PA 15106	27-2398365	501(C)(3)	26,195.	0.			RESEARCH- SUBCONTRACT
ATTUNE HEALTH RESEARCH INC 8750 WILSHIRE BLVD SUITE 350							
BEVERLY HILLS, CA 90211	82-1842765	N/A	25,674.	0.			RESEARCH- SUBCONTRACT
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE							
GRAND RAPIDS, MI 49503	52-2000823	501(C)(3)	25,145.	0.			RESEARCH- SUBCONTRACT
HEALTHY START INC 400 N LEXINGTON AVE							
PITTSBURGH, PA 15208	25-1691864	501(C)(3)	25,000.	0.			RESEARCH- SUBCONTRACT
ADVENTIST HEALTH SYSTEM-SUNBELT INC - 601 E ROLLINS ST - ORLANDO,							
FL 32803	59-0724459	501(C)(3)	24,636.	0.			RESEARCH- SUBCONTRACT
ARISTOSYS LLC 208 FOX RUN DR							
VENETIA, PA 15367	82-0893712	N/A	23,586.	0.			RESEARCH- SUBCONTRACT
POKANE EYE CLINICAL RESEARCH 27 S BERNARD ST							
SPOKANE, WA 99204	45-2887234	N/A	22,633.	0.			RESEARCH- SUBCONTRACT

Schedule I (Form 990) UNIVERSITY OF PITTSBURGH
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ACADEMYHEALTH							
1666 K ST NW STE 1100							
WASHINGTON, DC 20006	52-1260918	501(C)(3)	22,592.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF HAWAII							
1408 LOWER CAMPUS RD							
HONOLULU, HI 96822	99-6000354	115	22,151.	0.			RESEARCH- SUBCONTRACT
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD							
LOS ANGELES, CA 90048	95-1644600	501(C)(3)	21,756.	0.			RESEARCH- SUBCONTRACT
DONALD GUTHRIE FOUNDATION 1 GUTHRIE SQ							
SAYRE, PA 18840	24-6022957	501(C)(3)	21,000.	0.			RESEARCH- SUBCONTRACT
ROWAN UNIVERSITY							
201 MULLICA HILL RD							
GLASSBORO, NJ 08028	22-2764819	115	20,890.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF CALIFORNIA SANTA CRUZ - 1156 HIGH ST - SANTA CRUZ,							
CA 95064	94-1539563	115	20,569.	0.			RESEARCH- SUBCONTRACT
BOISE STATE UNIVERSITY 1910 UNIVERSITY DRIVE							
BOISE, ID 83725-1135	82-0290701	115	20,081.	0.			RESEARCH- SUBCONTRACT
WESTED							
730 HARRISON ST							
SAN FRANCISCO, CA 94107	94-3233542	115	20,003.	0.			RESEARCH- SUBCONTRACT
SOUTHERN UNIVERSITY LAW CENTER 3050 DR. MARTIN LUTHER KING, JR. D							
SHREVEPORT, LA 71106	72-6000817	115	20,000.	0.			RESEARCH- SUBCONTRACT

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Schedule I (Form 990)	UNIVERSITY	OF PITTSBURGH

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
THE COOPER HEALTH SYSTEM							
1 FEDERAL ST							
CAMDEN, NJ 08103	21-0634462	501(C)(3)	20,000.	0.			RESEARCH- SUBCONTRACT
ST LOUIS UNIVERSITY							
ONE NORTH GRAND BLVD							
ST LOUIS, MO 63103	43-0654872	501(C)(3)	20,000.	0.			RESEARCH- SUBCONTRACT
COREPOWER MAGNETICS INC							
1435 BEDFORD AVE							
PITTSBURGH, PA 15219	85-2354132	N/A	19,998.	0.			RESEARCH- SUBCONTRACT
	05 2554152		19,990.				
OPHTHALMOLOGY ASSOCIATES							
PO BOX 911791							
DALLAS, TX 75391	75-2664866	N/A	19,844.	0.			RESEARCH- SUBCONTRACT
RESEARCH INSTITUTE AT NATIONWIDE							
CHILDREN'S HOSPITAL - PO BOX							
715245 - COLUMBUS, OH 43271	31-6056230	501(C)(3)	19,445.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF MAINE SYSTEM							
16 MAIN ST							
BANGOR, ME 04401	01-6000769	115	19,309.	0.			RESEARCH- SUBCONTRACT
			,				
ASSOCIATION OF AMERICAN MEDICAL							
COLLEGES - 655 K ST NW STE 100 -							
WASHINGTON, DC 20001	36-2169124	501(C)(3)	18,263.	0.			RESEARCH- SUBCONTRACT
PLANETARY SCIENCE INSTITUTE							
1700 E FT LOWELL RD	22 0175060	F01(d)(2)	10 110				
TUCSON, AZ 85719	33-0175263	501(C)(3)	18,112.	0.			RESEARCH- SUBCONTRACT
ST JOSEPH'S HOSPITAL AND MEDICAL							
CENTER - 350 W THOMAS RD -							
PHOENIX, AZ 85013	72-1561134	501(C)(3)	17,657.	0.			RESEARCH- SUBCONTRACT

Schedule I (Form 990) UNIVERSITY OF PITTSBURGH
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FORUM FOR YOUTH INVESTMENT							
7064 EASTERN AVE NW							
WASHINGTON, DC 20012	52-2242472	501(C)(3)	17,272.	0.			RESEARCH- SUBCONTRACT
PPD DEVELOPMENT LP							
26361 NETWORK PLACE							
CHICAGO, IL 60693-1263	74-2325267	N/A	16,297.	0.			RESEARCH- SUBCONTRACT
HEALTH RESEARCH INC							
150 BROADWAY							
MENANDS, NY 12204	14-1402155	501(C)(3)	16,265.	0.			RESEARCH- SUBCONTRACT
CLEVELAND CLINIC							
PO BOX 931517							
CLEVELAND, OH 44193	34-0714585	501(C)(3)	16,099.	0.			RESEARCH- SUBCONTRACT
	54 0714505	501(0/(3/	10,000.				Kibbanten bobeowrither
COLLEGE OF NEW JERSEY							
1872 PENNINGTON RD							
EWING TOWNSHIP, NJ 08618	22-2797398	115	16,011.	0.			RESEARCH- SUBCONTRACT
KEAN UNIVERSITY							
1000 MORRIS AVE							
UNION, NJ 07083	22-2960726	115	15,513.	0.			RESEARCH- SUBCONTRACT
				- •			
UNIVERSITY OF CONNECTICUT							
438 WHITNEY RD EXT							
STORRS, CT 06269	06-0772160	115	15,488.	0.			RESEARCH- SUBCONTRACT
CENTER OF LIFE							
161 HAZELWOOD AVE	01 0617000	E01(0)(2)	15 000				
PITTSBURGH, PA 15207	01-0617023	501(C)(3)	15,000.	0.			RESEARCH- SUBCONTRACT
NEIGHBORHOOD LEGAL SERVICES							
ASSOCIATION - 928 PENN AVE -							
PITTSBURGH, PA 15222	25-1157129	501(C)(3)	15,000.	Ο.			RESEARCH- SUBCONTRACT

Schedule I (Form 990)	UNIVERSITY (OF	PITTSBURGH
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Part II Continuation of Grants and Other		mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990) Pa		S-0965591 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWESTERN PENNSYLVANIA LEGAL SERVICES INC – 10 W CHERRY AVE – WASHINGTON, PA 15301	25-1192139	501(C)(3)	15,000.	0.			RESEARCH- SUBCONTRACT
ZYLO THERAPEUTICS INC 105A BEN HAMBY DR. GREENVILLE, SC 29615	83-3038824	N/A	14,996.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS AT EL PASO 500 W UNIVERSITY AVE EL PASO, TX 79968	74-6000813	115	14,928.	0.			RESEARCH- SUBCONTRACT
WILLS EYE HOSPITAL 840 WALNUT ST PHILADELPHIA, PA 19107	23-6000204	501(C)(3)	13,947.	0.			RESEARCH- SUBCONTRACT
STEADMAN PHILIPPON RESEARCH INSTITUTE - 181 WEST MEADOW DR - VAIL, CO 81657	88-0245022	501(C)(3)	13,517.	0.			RESEARCH- SUBCONTRACT
MGH INSTITUTE OF HEALTH PROFESSIONS INC - 36 1ST AVE - BOSTON, MA 02129	04-2868893	501(C)(3)	13,279.	0.			RESEARCH- SUBCONTRACT
NATIONAL JEWISH HEALTH 1400 JACKSON ST DENVER, CO 80206	74-2044647	501(C)(3)	13,009.	0.			RESEARCH- SUBCONTRACT
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL 260 ASHBURN, VA 20147	53-0196584	501(C)(3)	12,801.	0.			RESEARCH- SUBCONTRACT
EMMA PENDLETON BRADLEY HOSPITAL 1011 VETERANS MEMORIAL PKWY RIVERSIDE, RI 02915	05-0258806	501(C)(3)	12,628.	0.			RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART OF DEMOCRACY LLC							
51 ROYCROFT AVE							
PITTSBURGH, PA 15288	81-0775443	N/A	12,150.	0.			RESEARCH- SUBCONTRACT
US GEOLOGICAL SURVEY USGS							
2201 SUNRISE VALLEY DR							
RESTON, VA 20192	53-0196958	115	11,668.	0.			RESEARCH- SUBCONTRACT
FASTWATT LLC							
6 BRASSFIELD CT							
CLIFTON PARK, NY 12065		N/A	11,545.	0.			RESEARCH- SUBCONTRACT
,			, ,				
ARRHYTHMIA RESEARCH GROUP LLC							
L14 E OAK AVE.							
JONESBORO, AK 72401	83-3328484	N/A	10,580.	0.			RESEARCH- SUBCONTRACT
PINNACLE HEALTH CARDIOVASCULAR							
INSTITUTE INC - 409 S SECOND ST -	32-0321362	NT / 3	10 200	0.			RESEARCH- SUBCONTRACT
HARRISBURG, PA 17104	32-0321362	N/A	10,380.	υ.			RESEARCH- SUBCONTRACT
UNIVERSITY OF TEXAS AT ARLINGTON							
BOX 19198 701 S NEDDERMAN DR							
ARLINGTON, TX 76019	75-6000121	115	10,202.	0.			RESEARCH- SUBCONTRACT
CHADELWODE COLLECE							
SWARTHMORE COLLEGE							
500 COLLEGE AVE	23-1352602	501(0)(2)	10 121	_			
SWARTHMORE, PA 19081	23-1352683	501(C)(3)	10,131.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF CALIFORNIA BERKELEY							
1608 FOURTH ST							
BERKELEY, CA 94710	94-6002123	115	10,004.	0.			RESEARCH- SUBCONTRACT
CITY OF STEUBENVILLE							
3900 SUNSET BLVD.	24 6000700	115	10.000	_			
STEUBENVILLE, OH 43952	34-6002729	115	10,000.	0.			RESEARCH- SUBCONTRACT

Part II Continuation of	Cronto and Oth	or Acciptones to
Schedule I (Form 990)	UNIVERSITY C	OF PITTSBURGH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAZELWOOD INITIATIVE INC							
4901 2ND AVE							
PITTSBURGH, PA 15207	25-1825591	501(C)(3)	10,000.	0.			RESEARCH- SUBCONTRACT
TEMS JOINT AMBULANCE DISTRICT							
201 S 4TH ST							
TORONTO, OH 43964	76-0712710	115	10,000.	0.			RESEARCH- SUBCONTRACT
VILLAGE OF MINGO JUNCTION							
501 COMMERCIAL STREET							
MINGO JUNCTION, OH 43938	34-6001908	115	10,000.	0.			RESEARCH- SUBCONTRACT
MINGO DONCTION, ON 43530	54 0001900	113	10,000.				
WINTERSVILLE VOL FIRE DEPT INC							
PO BOX 2448							
WINTERSVILLE, OH 43953	51-0172600	501(C)(3)	10,000.	Ο.			RESEARCH- SUBCONTRACT
,				•			
SEATTLE INSTITUTE FOR BIOMEDICAL							
AND CLINICAL RESEARCH - 1660 SOUTH							
COLUMBIAN WAY - SEATTLE, WA 98108	91-1452438	501(C)(3)	9,800.	Ο.			RESEARCH- SUBCONTRACT
			,				
COLORADO SCHOOL OF MINES							
1500 ILLINOIS ST							
GOLDEN, CO 80401	84-6000551	115	9,598.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY OF ALASKA							
3211 PROVIDENCE DR							
ANCHORAGE, AK 99508	92-6000147	115	9,000.	0.			RESEARCH- SUBCONTRACT
UNIVERSITY MEDICAL CENTER INC							
530 S JACKSON ST	<i>ca</i> 4000-0-			_			
LOUISVILLE, KY 40202	61-1293786	501(C)(3)	8,990.	0.			RESEARCH- SUBCONTRACT
JULIE FRANTSVE-HAWLEY CONSULTING							
LLC - 621 BRIER ST - KENILWORTH,							

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Schedule I (Form 990) UNIVERSITY OF PITTSBURGH	

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARROW CLINICAL RESEARCH INSTITUTE - 1200 E MICHIGAN AVE - LANSING, MI 48912	38-3075242	501(C)(3)	8,309.	0.			RESEARCH- SUBCONTRACT
OKLAHOMA STATE UNIVERSITY P.O. BOX 645 STILLWATER, OK 74076	73-1383996	115	7,814.	0.			RESEARCH- SUBCONTRACT
LOUISIANA STATE UNIVERSITY 204 THOMAS BOYD HALL BATON ROUGE, LA 70803	72-6000848	115	7,300.	0.			RESEARCH- SUBCONTRACT
HENRY FORD HEALTH SYSTEM 1 FORD PL DETROIT, MI 48202	38-1357020	501(C)(3)	7,072.	0.			RESEARCH- SUBCONTRACT
WASHINGTON STATE UNIVERSITY PO BOX 641024 PULLMAN, WA 99164	91-6001108	115	6,581.	0.			RESEARCH- SUBCONTRACT
WHITWORTH UNIVERSITY 300 W HAWTHORNE ROAD SPOKANE, WA 99251	91-0473310	501(C)(3)	6,229.	0.			RESEARCH- SUBCONTRACT
RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE, RI 02903	05-0258954	501(C)(3)	6,065.	0.			RESEARCH- SUBCONTRACT
METIS FOUNDATION 300 CONVENT ST STE 1330 SAN ANTONIO, TX 78205	47-2219464	501(C)(3)	5,134.	0.			RESEARCH- SUBCONTRACT
BRIGHAM YOUNG UNIVERSITY PO BOX 21128 PROVO, UT 84602	87-0217280	501(C)(3)	5,100.	0.			RESEARCH- SUBCONTRACT

Schedule I (Form 990) UNIVI	ERSITY OF	PITTSBURGH
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Schedule I (Form 990) UNIVERSITY OF							5-0965591 Pag
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	urt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 425 SIXTH AVE -	25,0065212	501(0)(2)	100.000				CDONGOD CUT D
PITTSBURGH, PA 15219	25-0965213	501(C)(3)	100,000.	0.			SPONSORSHIP
OAKLAND BUSINESS IMPROVEMENT DISTRICT – 235 ATWOOD ST – PITTSBURGH, PA 15213	25-1833743	N/A	100,000.	0.			SPONSORSHIP
AMERICAN HEART ASSOCIATION 7777 PENN CENTER BLVD PITTSBURGH, PA 15235	13-5613797	501(C)(3)	53,090.	0.			SPONSORSHIP
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE							
PITTSBURGH, PA 15213	25-0969449	501(C)(3)	50,000.	0.			SPONSORSHIP
PITTSBURGH BUSINESS TIMES 45 S 23RD STREET							
PITTSBURGH, PA 15219	43-1366184	N/A	42,500.	0.			SPONSORSHIP
ALBERT SCHWEITZER FELLOWSHIP PITTSBURGH – 5614 ELGIN ST – PITTSBURGH, PA 15206	46-3414778	501(C)(3)	40,000.	0.			SPONSORSHIP
CAVE CANEM 20 JAY ST							
BROOKLYN, NY 11201	13-3932909	501(C)(3)	40,000.	0.			SPONSORSHIP
IRELAND FUNDS AMERICA 10 POST OFFICE SQUARE N950 BOSTON, MA 02109	25-1306992	501(C)(3)	25,000.	0.			SPONSORSHIP
202101, 111 02105	25 1300552		23,000.				
PITTSBURGH PROMISE 1901 CENTRE AVENUE							
PITTSBURGH, PA 15219	26-1982661	501(C)(3)	25,000.	0.			SPONSORSHIP

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600 GRANT STREET 58TH FL CORP TAX	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of	(g) Description of	(h) Purpose of grant
RUSH TO CRUSH CANCER 600 GRANT STREET 58TH FL CORP TAX PITTSBURGH, PA 15219				assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
PITTSBURGH, PA 15219	1						
	87-4771624	501(C)(3)	24,746.	0.			SPONSORSHIP
CHILDREN'S HOSPITAL OF PITTSBURGH 600 GRANT STREET 58TH FL CORP TAX							
PITTSBURGH, PA 15219	25-0402510	501(C)(3)	20,951.	0.			SPONSORSHIP
AMERICAN ACADEMY OF NURSING 1000 VERMONT AVENUE NW							
WASHINGTON, DC 20005	52-2213870	501(C)(3)	15,000.	0.			SPONSORSHIP
STOP THE VIOLENCE PITTSBURGH 1106 SUCCESS ST							
PITTSBURGH, PA 15212		N/A	15,000.	0.			SPONSORSHIP
NASPAA 1028 VERMONT AVE NW STE 1100	52-1080991	501(C)(3)	13,500.	0.			SPONSORSHIP
WASHINGTON, DC 20005	52-1080991	501(0)(3)	13,500.	υ.			SPONSORSHIP
PITTSBURGH SYMPHONY ORCHESTRA 600 PENN AVE							
PITTSBURGH, PA 15222	25-0986052	501(C)(3)	13,500.	0.			SPONSORSHIP
PA CHAMBER OF BUS & INDUSTRY 417 WALNUT STREET							
HARRISBURG, PA 17101	23-0961100	501(C)(6)	12,000.	0.			SPONSORSHIP
PITTSBURGH PARKS CONSERVANCY 45 SOUTH 23RD ST STE 101							
PITTSBURGH, PA 15203	23-2882145	501(C)(3)	11,000.	0.			SPONSORSHIP
AMERICAN CANCER SOCIETY							
320 BILMAR DR PITTSBURGH, PA 15205	25-1798733	501(C)(3)	10,347.	0.			SPONSORSHIP

Schedule I (Form 990) UNIVERSITY OF PITTSBURGH	Schedule I	e I (Form 990)	UNIVERSITY	OF	PITTSBURGH
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Part II Continuation of Grants and Other		maatia Organization	a and Domostic C	evernmente (Cob			5-0965591 Pag
Part II Continuation of Grants and Other	Assistance to De	Dimestic Organization	is and Domestic G	overnments (Sche	edule I (Form 990), Pa	irt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL JEWISH UNIVERSITY CENTER 4607 FORBES AVE							
PITTSBURGH, PA 15213	25-6065236	501(C)(3)	10,000.	0.			SPONSORSHIP
STATE SCIENCE & TECHNOLOGY INSTITUTE - 5015 PINE CREEK DRIVE - WESTERVILLE, OH 43081	31-1448843	501(C)(3)	10,000.	0.			SPONSORSHIP
PENNSYLVANIA INNOCENCE PROJECT 1515 MARKET STREET SUITE 300 PHILADELPHIA, PA 19102	26-3176893	501(C)(3)	10,000.	0.			SPONSORSHIP
INDEPENDENCE VISITOR CENTER CORPORATION - 6TH AND MARKET STREETS - PHILADELPHIA, PA 19106	23-2952488	501(C)(3)	10,000.	0.			SPONSORSHIP
, PITTSBURGH DOWNTOWN PARTNERSHIP 307 FOURTH AVE BANK TOWER 2 FL PITTSBURGH, PA 15222	25-1728064	501(C)(3)	10,000.	0.			SPONSORSHIP
SHAPIRO DAVIS INAUGURATION 1617 JFK BLVD	92-1042075						
PHILADELPHIA, PA 19103 MARY FURLONG & ASSOCIATES 3257 MT DIABLE BLVD	92-1042075	N/A	10,000.	0.			SPONSORSHIP
LAFAYETTE, CA 94549	25-1902889	N/A	8,500.	0.			SPONSORSHIP
KYIV SCHOOL OF ECONOMICS 2403 AVENUE X BROOKLYN, NY 11235	52-2264611	501(C)(3)	8,500.	0.			SPONSORSHIP
GRANTMAKERS OF WESTERN PA 650 SMITHFIELD ST STE 210	05.1405045	501 (5) (2)					
PITTSBURGH, PA 15222	25-1496312	DOT(C)(3)	8,000.	0.			SPONSORSHIP

Part II Continuation of Grants and Other	Assistance to D	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SOCIETY FOR PUBLIC							
ADMINISTRATION - 1730 RHODE ISLAND							
AVE NW - WASHINGTON, DC 20036	36-2340300	501(C)(3)	7,500.	0.			SPONSORSHIP
,,,			.,				
CHILDRENS MUSEUM OF PITTSBURGH							
10 CHILDRENS WAY ALLEGHENY SW							
PITTSBURGH, PA 15212	25-1379704	501(C)(3)	7,500.	0.			SPONSORSHIP
GREATER PITTSBURGH CHAMBER OF							
COMMERCE - 11 STANWIX ST FL 17 -							
PITTSBURGH, PA 15222	25-0399620	501(C)(6)	7,500.	0.			SPONSORSHIP
JUVENILE DIABETES RESEARCH							
FOUNDATION INTERNATIONAL - 120							
WALL ST - NEW YORK, NY 10005	23-1907729	501(C)(3)	7,500.	0.			SPONSORSHIP
WEDTON DED GDOGG							
AMERICAN RED CROSS							
2801 LIBERTY AVE	25 0065221	E01(0)(2)	6 000	0			
PITTSBURGH, PA 15222	25-0965231	501(C)(3)	6,000.	0.			SPONSORSHIP
HELLO NEIGHBOR							
6587 HAMILTON AVENUE 1E							
PITTSBURGH, PA 15206	82-3695047	501(C)(3)	6,000.	0.			SPONSORSHIP
· ·			, , ,				
STANLEY M MARKS BLOOD CANCER							
RESEARCH FUND - 5150 CENTRE AVE -							
PITTSBURGH, PA 15323	82-3369773	501(C)(3)	6,000.	0.			SPONSORSHIP
MARCH OF DIMES INC							
1550 CRYSTAL DRIVE 1300							
ARLINGTON, VA 22202	13-1846366	501(C)(3)	5,856.	0.			SPONSORSHIP
ASSOCIATION FOR PUBLIC POLICY							
ANALYSIS AND MANAGEMENT - 1100							
VERMONT AVENUE NW 650 -							
WASHINGTON, DC 20005	52-2193861	501(C)(3)	5,500.	0.			SPONSORSHIP

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
(a) Name and address of organization or government		if applicable	cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	or assistance
BAN LEAGUE OF GREATER PITTSBURGH 0 WOOD ST							
TTSBURGH, PA 15222	25-0965592	501(C)(3)	5,260.	0.			SPONSORSHIP

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UNIVERSITY OF PITTSBURGH

25-0965591

Page 2

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	19390	264,195,545.	0.		
TUITION REMISSION	2129	29,030,724.	0.		
TUITION REMISSION- STUDENTS ATTENDING OTHER					
UNIVERSITIES	66	1,309,648.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional 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

UNIVERSITY OF PITTSBURGH

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 SPONSORED PROGRAMS. 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 SPONSORED

PROGRAMS LOOKS FOR THIS DOCUMENTATION SO THAT IT MEETS SPONSOR AND

UNIVERSITY REQUIREMENTS. IF AND WHEN THE PROJECT IS FUNDED, THE DEPARTMENT

INITIATES A SUBCONTRACT REQUEST.

SCHEDULE I, PART I, LINE 2: MONITORING PROCEDURES PART III GRANTS AND OTHER

ASSISTANCE TO INDIVIDUALS IN THE UNITED STATES:

THE INSTITUTION DOES MAINTAIN RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS

OR ASSISTANCE. THE RECORDS, ELIGIBILITY AND SELECTION CRITERIA ARE

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

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

Schedule I (Form 990)

232291 04-01-22

92 2022.05060 UNIVERSITY OF PITTSBURGH PITT_1 Part IV Supplemental Information

THE FACULTY RECORDS OFFICE.

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

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

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

STUDENTS ARE NOT MONITORED.

PART III, COLUMN B:

THE NUMBER OF RECIPIENTS REFLECTS THE ACTUAL NUMBER OF STUDENTS AND

EMPLOYEES WHO RECEIVED THE ASSISTANCE.

Schedule I (Form 990)

232291 04-01-22

SCHEDULE J (Form 990) Compensation Information DMB No. 1545-0047 Department of the Tressury Internal Revenue Service 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 for instructions and the latest information. Department of the Tressury Internal Revenue Service Department of the Tressury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Department of the Tressury Complete if the organization answered "Yes" on Form 990. Department of the organization Employee Identification number 25-0965591 Part I Questions Regarding Compensation Employer Identification number 25-0965591 Yes No 1a 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. Yes No 2 Travel for companions Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib X 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 Ib X 2 Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directo
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Therma Revenue Service Open to Public Inspection Name of the organization Employer identification number 25-0965591 Part I Questions Regarding Compensation 25-0965591 Ia 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. Yes No Ia 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. Yes No Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Image: Travel for companion and gross-up payments Image: Travel for companion and gross-up payment and form reimbursement or provision of all of the expenses described
Department of the Treasury Internal Revenue Service Open to Public Inspection Name of the organization Employer identification number 25-0965591 Part I Questions Regarding Compensation Image: Compensation of 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. Yes No Image: Compensation of the organization and gross-up payments Image: Health or social club dues or initiation fees Yes No Image: Compensation 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 Ib Ib Ib Image: Compensation of the following the 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. Ib Ib Ib Image: Compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation to establish compensation committee Image: Compensation to establish compensation to Image: Compensation to Image: Compensation to Image: Compensation committee Image: Compensation committe Image: Compensation to
Name of the organization Employer identification number 25-0965591 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Ia 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. Yes No Ia 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. Yes No Image: Travel for companions Paryments for business use of personal residence Paryments for business use of personal residence Image: Paryments for business use for personal residence Image: Paryments
UNIVERSITY OF PITTSBURGH 25-0965591 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No X First-class or charter travel X Housing allowance or residence for personal use Payments for business use of personal residence Image: Comparison of the organization provided above? If "No," complete Part III to explain
Part I Questions Regarding Compensation 1a 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. Yes No X First-class or charter travel X Housing allowance or residence for personal use Image: Company and the payments for business use of personal residence Image: Company and the payments or business use of personal residence Image: Company and the payments or business use of personal residence Image: Company and the payments or business use of personal residence Image: Company and the payment or policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Image: Company and the ceco/Executive Director, regarding the items checked on line 1a? Image: Company and the ceco/Executive Director, regarding the items checked on line 1a? Image: Company and the ceco/Executive Director, regarding the items checked on line 1a? Image: Company and the ceco/Executive Director, the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Company and the ceco/Executive Director, but explain in Part III. X Compensation committee Image: Company and the ceco/Executive Director, but explain in Part III. Image: Company and the ceco/Executive Director, but explain in Part III. X Compensation committee <t< td=""></t<>
1a 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. Yes No X First-class or charter travel X Housing allowance or residence for personal use Payments for business use of personal residence X Travel for companions Payments for business use of personal residence Payments for business use of personal residence X Tax indemnification and gross-up payments X Health or social club dues or initiation fees Discretionary spending account X Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the Organization used to establish the compensation of the organization to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. Y Y <tr< th=""></tr<>
1a 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. X First-class or charter travel X X First-class or charter travel X X Travel for companions Payments for business use of personal residence X Tax indemnification and gross-up payments X Discretionary spending account X Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Vitten employment contract Vitten employment contract
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. X First-class or charter travel X Housing allowance or residence for personal use X Travel for companions Payments for business use of personal residence X Tax indemnification and gross-up payments X Health or social club dues or initiation fees Discretionary spending account X Personal services (such as maid, chauffeur, chef) Image: Complete Part III to explain 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 Image: Complete Part III to explain
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 Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 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? Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract
 Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 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? Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee
 Discretionary spending account The personal services (such as maid, chauffeur, chef) 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
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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. Image: Compensation committee Image: Written employment contract
establish compensation of the CEO/Executive Director, but explain in Part III.
X Compensation committee Written employment contract
X Independent compensation consultant
X Form 990 of other organizations X Approval by the board or compensation committee
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:
a Receive a severance payment or change-of-control payment?
b Participate in or receive payment from a supplemental nonqualified retirement plan?
c Participate in or receive payment from an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:
a The organization? 5a X
b Any related organization? 5b X
If "Yes" on line 5a or 5b, describe in Part III.
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:
a The organization?
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments
not described on lines 5 and 6? If "Yes," describe in Part III
8 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
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)? 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2022

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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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation reportable compensation				reported as deferred on prior Form 990	
(1) PATRICK R. NARDUZZI	(i)	4,973,594.	1,423,333.	46,332.	234,800.	21,492.	6,699,551.	0.	
HEAD FOOTBALL COACH	(ii)	0.	Ο.	0.	0.	0.	0.	0.	
(2) EDWARD J. GREFENSTETTE	(i)	0.	Ο.	0.	0.	0.	0.	0.	
TRUSTEE	(ii)	789,908.	1,087,500.	257,068.	1,825,333.	29,410.	3,989,219.	1,337,240.	
(3) F. JEFFREY CAPEL III	(i)	3,486,394.	25,000.	35,002.	23,200.	21,017.	3,590,613.	0.	
HEAD MEN'S BASKETBALL COACH	(ii)	0.	Ο.	0.	0.	0.	0.	0.	
(4) HEATHER R. LYKE	(i)	1,066,967.	474,033.	16,361.	109,800.	20,562.	1,687,723.	0.	
DIRECTOR OF ATHLETICS	(ii)	0.	Ο.	0.	0.	0.	0.	0.	
(5) ARTHUR S. LEVINE	(i)	1,462,803.	Ο.	36,587.	34,800.	18,627.	1,552,817.	0.	
FMR SVC HEALTH SCIENCES THRU 6/1/20	(ii)	Ο.	0.	0.	0.	٥.	0.	0.	
(6) ANANTHA SHEKHAR	(i)	995,834.	350,000.	33,057.	123,200.	34,575.	1,536,666.	0.	
SVC HEALTH SCIENCES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JEFFER CHOUDHRY	(i)	598,854.	740,000.	2,050.	14,000.	8,475.	1,363,379.	0.	
CHIEF INVESTMENT OFFICER	(ii)	0.	Ο.	0.	0.	0.	0.	0.	
(8) RANDY V. BATES	(i)	803,010.	56,042.	9,486.	45,652.	23,754.	937,944.	0.	
ASSISTANT FOOTBALL COACH	(ii)	0.	Ο.	0.	0.	0.	0.	0.	
(9) PATRICK D. GALLAGHER	(i)	664,355.	0.	15,030.	34,800.	105,169.	819,354.	0.	
CHANCELLOR / CEO	(ii)	25,000.	Ο.	0.	0.	0.	25,000.	0.	
(10) PAUL LAWRENCE	(i)	392,039.	324,447.	7,403.	57,378.	22,254.	803,521.	0.	
TREASURER	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(11) FRANK CIGNETTI	(i)	750,174.	2,797.	518.	23,200.	19,786.	796,475.	0.	
ASSISTANT FOOTBALL COACH	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(12) ANN E. CUDD	(i)	472,337.	0.	16,940.	42,050.	27,997.	559,324.	0.	
PROVOST/SR VICE CHANCELLOR	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(13) ROBIN A. RUTENBAR	(i)	422,504.	Ο.	20,147.	40,311.	22,006.	504,968.	0.	
SR VICE CHANCELLOR- RESEARCH	(ii)	0.	Ο.	0.	0.	0.	0.	0.	
(14) DAVID N. DEJONG	(i)	406,370.	0.	14,150.	59,450.	24,292.	504,262.	0.	
SVC BUSINESS OPS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(15) GEOVETTE E. WASHINGTON	(i)	426,693.	0.	18,230.	34,800.	12,858.	492,581.	0.	
SVC & CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(16) NARAHARI SASTRY	(i)	394,191.	0.	9,697.	34,800.	22,176.	460,864.	0.	
CFO/SR VICE CHANCELLOR	(ii)	0.	0.	0.	0.	٥.	0.	0.	

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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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) ROSALYN E. JONES	(i)	247,899.	Ο.	6,429.	20,000.	10,853.	285,181.	0
VC/SECRETARY OF THE BOT	(ii)	0.	Ο.	0.	0.	0.	. 0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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

Schedule J (Form 990) 2022 UNIVERSITY OF PITTSBURGH

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, LINE 4B:

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

OFFICERS, INCLUDING A TAX GROSS-UP- A. LEVINE-\$36,587.

SCHEDULE K

Supplemental Information on Tax-Exempt Bonds 2022 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, (Form 990) explanations, and any additional information in Part VI. **Open to Public** Department of the Treasury Internal Revenue Service Inspection Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization UNIVERSITY OF PITTSBURGH 25-0965591 SEE PART VI FOR COLUMN (F) CONTINUATIONS Part I Bond Issues (g) Defeased (h) On behalf (i) Pooled (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose of issuer financing Yes No Yes No Yes No A SEE SCHEDULE K, PART VI 25 - 096559191335VJP2 09/18/14 96,564,106 CAPITAL PROJECTS Х х Х CAPITAL PROJECTS: REFUND 25-0965591 91335VKW5 04/15/21210,298,215,PORTION OF 2018 PANTHERS х х х B SEE SCHEDULE K, PART VI 25-0965591 200,000,000 CAPITAL PROJECTS х х C SEE SCHEDULE K, PART VI 91335VKV7 12/03/19 х D Part II Proceeds Α В С D 1 Amount of bonds retired 2 Amount of bonds legally defeased 96,645,580 210,298,215. 200 000 000 3 Total proceeds of issue 4 Gross proceeds in reserve funds **5** Capitalized interest from proceeds 6 Proceeds in refunding escrows 557,401 769,716, 671,501 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 96,065,099 125,528,499 199 328 499 **10** Capital expenditures from proceeds 85,000,000, **11** Other spent proceeds 12 Other unspent proceeds 2015 2021 2019 **13** Year of substantial completion Yes No Yes No Yes No Yes No 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Х Х х if issued prior to 2018, a current refunding issue)? 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if х х х issued prior to 2018, an advance refunding issue)? х х х **16** Has the final allocation of proceeds been made? 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Х х Х

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

Schedule K (Form 990) 2022

OMB No. 1545-0047

Schedule K (Form 990) 2022 UNIVERSITY OF PITTSBURGH

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Page 2

Part III Private Business Use			23-01	903391				Page
		A		В		С		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		x		X		x		
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?	Х		х		х			
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?	х		х		х			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?	х		х		х			
c Are there any research agreements that may result in private business use of								
bond-financed property?	х		х		х			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?	х		х		х			
4 Enter the percentage of financed property used in a private business use by entities		•		-				1
other than a section 501(c)(3) organization or a state or local government		.24 %		1.39 %		3.09 %		
5 Enter the percentage of financed property used in a private business use as a		,,,		,,,		,,,		
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
6 Total of lines 4 and 5		.24 %		1.39 %		3.09 %		
7 Does the bond issue meet the private security or payment test?		x		x		x		
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x		x		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								1
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		70		/0		/0		1
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								+
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	х		x		х			
Part IV Arbitrage	21		21		21			<u> </u>
Aiblidge		A		В		С		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		x		x		<u> </u>
2 If "No" to line 1, did the following apply?		1				1		1
a Rebate not due yet?		x		x		x		
b Exception to rebate?	Х		X		Х			+
c No rebate due?		x		X		x		1
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								<u> </u>
performed								
3 Is the bond issue a variable rate issue?	x		x		Х			1
ט וא נווב אטווע ואטעב מ אמומאוב ומנכ ואטעב :							 	

Schedule K (Form 990) 2022 UNIVERSITY OF PITTSBURGH

25-0965591

Page 3

Part IV Arbitrage (continued)								
		Ą	В	В		c		
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х	_	Х		
b Name of provider	N/A		N/A		N/A			
c Term of hedge								
d Was the hedge superintegrated?		Х		Х		Х		
e Was the hedge terminated?		X		X		X		
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		Х		
b Name of provider								
c Term of GIC		-						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		Х		Х		
7 Has the organization established written procedures to monitor the								
requirements of section 148?	х		Х		Х			
Part V Procedures To Undertake Corrective Action								
		4	В)		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	х		X		х			
Part VI Supplemental Information. Provide additional information for responses to question	is on Schedul	e K. See inst	ructions.					
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								
B- UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION-PITT ASSET NOTES TAX EXEMPT HIGHER EDUCATION REGISTERED								
EDUCATION-PITT ASSET NOTES TAX EXEMPT HIGHER EDUCATION REGISTERED								
EDUCATION-PITT ASSET NOTES TAX EXEMPT HIGHER EDUCATION REGISTERED								
EDUCATION-PITT ASSET NOTES TAX EXEMPT HIGHER EDUCATION REGISTERED SERIES OF 2021								

HEDULE K PART I BOND ISSUES- COLUMN (F)- DESCRIPTION OF PURPOSE	
-FINANCE CAPITAL PROJECTS	
3- FINANCE CAPITAL PROJECTS AND EQUIPMENT; REFUND PORTION OF 2018	
NTHERS	
- FINANCE CAPITAL PROJECTS AND EQUIPMENT	
HEDULE K PART II, LINE 3 COLUMN (A), TOTAL PROCEEDS OF ISSUE	
NOUNT INCLUDES INTEREST EARNED IN PROJECT FUNDS, LESS FEES.	
2124 10-28-22	Schedule K (Form 990) 202

25-0965591

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Schedule K (Form 990) 2022

UNIVERSITY OF PITTSBURGH

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

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(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

ОМВ	No.	1545-0047	

Open To Public

Department of the Treasury Internal Revenue Service		Go to ww	w.irs.gov/Forn	n990 fe	or inst	ructions and the la	itest inform	nation.				spect		inc.		
Name of the organizatio	n								Em	ploye	ident	ificati	on nu	Imbei		
			PITTSBURGH							0965						
						ion 501(c)(4), and s										
Complete	f the organiza					art IV, line 25a or 25	b, or Form	990-EZ, F	Part V,	line 40)b.					
1 (a) Name of disqua	lified person	(b) F	elationship bet person and o			lified (c) Descripti	on of trar	nsactio	on		<u> </u>		ected?		
	•		person and o	iyaniza	ation								es	No		
												_				
												+				
2 Enter the amount of	of tax incurred	d by the o	rganization mar	nagers	or dise	qualified persons du	uring the ye	ar under								
3 Enter the amount of	of tax, if any, c	on line 2,	above, reimburs	sed by	the or	ganization				\$						
Part II Loans to	and/or Fi	rom Int	erested Per	sons												
						, Part V, line 38a or	Form 990. I	Part IV. lir	ne 26:	or if th	ne ora:	anizati	on			
	-		, Part X, line 5,			,, ·, ,		,	,							
(a) Name of		lationship	(c) Purpose		oan to or n the	(e) Original	(f) Balance due		inal (f) Balance due) In			(i) V	Vritten
interested persor	with org	ganization	of loan	organi	ization?	principal amount			defa	ault?	cómm	nittee?	agree	ement?		
				То	From				Yes	No	Yes	No	Yes	No		
							+				┼───	├──		+		
							+							+		
														+		
														<u> </u>		
														<u> </u>		
Tatal						<u>م</u>						L		<u> </u>		
Total Part III Grants of	or Assistar	nce Ber	nefiting Inte	reste	d Pe	⊅ rsons.						_				
			wered "Yes" on													
(a) Name of intere	-		(b) Relationship			(c) Amount of		(d) Type	of		(e) Purp	ose o	of		
			interested per		d	assistance		assistan	ice		:	assista	ance			
			the organiz	ation												
					<u> </u>	000 000 5-										
LHA For Paperwork R	eduction Act	t Notice,	see the Instruc	ctions	for Fo	rm 990 or 990-EZ.				Sche	edule L		m 990)) 2(

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Schedule L	(Form	990) 20)22
Deat IV/	D	5		Ŧ

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?			
	person and the organization	transastion	Tansaotion	Yes	No		
SEE SCH. L PART V	N/A	0	.N/A		X		
Part V Supplemental Information.							
Provide additional information for res	oonses to questions on Schedule L (see i	nstructions).					
SCHEDULE L PART IV							
(A) NAME OF INTERESTED PERSON: NEAL H	BECKER						
(B) RELATIONSHIP BETWEEN INTERESTED PR	ERSON AND ORGANIZATION: FAMILY						
MEMBER OF ANN E. CUDD, SVC AND PROVOST	•						
(C) AMOUNT OF TRANSACTION: \$130,700							
· · · · · ·							
(D) DESCRIPTION OF TRANSACTION: EMPLO	DYMENT						
(E) SHARING OF ORGANIZATION'S REVENUES	3? NO						
(A) NAME OF INTERESTED PERSON: ALLEGH	IENY STRATEGY PARTNERS, LLC						
(B) RELATIONSHIP BETWEEN INTERESTED PH	RSON AND ORGANIZATION: FAMILY						
MEMBER OF PETER VARISCHETTI, A TRUSTER	B						
(C) AMOUNT OF TRANSACTION: \$129,020							
(D) DESCRIPTION OF TRANSACTION: BUSIN	IESS						
			Schedule L	/Earm 00	00 2022		

232132 11-01-22

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: SEAN GALLAGHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF PATRICK D. GALLAGHER, CEO/CHANCELLOR.

(C) AMOUNT OF TRANSACTION: \$102,765

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(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 S. HICKTON, A TRUSTEE.

(C) AMOUNT OF TRANSACTION: \$368,597

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF INTERESTED PERSON: PEYTON KONDIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

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Schedule L (Form 990

UNIVERSITY OF PITTSBURGH

Part V Supplemental Information

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

MEMBER OF S. JEFFREY KONDIS, A TRUSTEE.

(C) AMOUNT OF TRANSACTION: \$58,716

(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: \$104,187

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION'S REVENUES? NO

(A) NAME OF INTERESTED PERSON: NORMAN WOLMARK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF EVA TANSKY BLUM, A TRUSTEE.

(C) AMOUNT OF TRANSACTION: \$172,648

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

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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

232461 04-01-22

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

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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 for instructions and the latest information.

Open to Public . Inspection

Name of the organization

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Employer identification number 25-0965591

Fai		pes of Property			-					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, lii	on	(d) Method of de noncash contribu	etermir		s
1	Art - Works	s of art								
2		rical treasures								
3		onal interests								
4		publications								
5		nd household goods								
6		other vehicles								
7		planes								
8		l property								
9		- Publicly traded		171	5,318	,973.	MEAN VALUE DATE	REC '	D	
10		- Closely held stock								
11		- Partnership, LLC, or								
	trust intere									
12	Securities	- Miscellaneous								
13		conservation contribution -								
	Historic st	ructures								
14	Qualified c	conservation contribution - Other								
15	Real estate	e - Residential								
16	Real estate	e - Commercial								
17		e - Other								
18		s		2	109	,670.	WRITTEN APPRAISA	L		
19	Food inver	ntory								
20		medical supplies		1	6	,750.	WRITTEN APPRAISA	L		
21	Taxidermy	,								
22	Historical a	artifacts								
23	Scientific s	specimens								
24	Archeolog	ical artifacts								
25	Other	(ORACLE CLOUD PR)	X	1	51	,000.	FMV			
26	Other	()								
27	Other	()								
28	Other	()								
29		f Forms 8283 received by the organ		• •						
	for which t	the organization completed Form 8	283, Part V, I	Donee Acknowledg	gement 29)			0	
									Yes	No
30a	During the	year, did the organization receive	by contribution	on any property rep	ported in Part I, lines 1	throu	gh 28, that it			
		for at least 3 years from the date of		•	•					
		irposes for the entire holding period	d?					30a		X
b		escribe the arrangement in Part II.								
31		organization have a gift acceptance						31	Х	
32a		organization hire or use third parties		5	· • ·					-
	contributio							32a		X
b	-	escribe in Part II.								
33		nization didn't report an amount in	column (c) fo	or a type of propert	y for which column (a)	is che	cked,			
	describe ir						.			
ιца	For Dan	erwork Reduction Act Notice se	a tha Instruc	tions for Form QQ	in a second s		Schodulo M	A (Eorr	n QQA)	. 2022

leduction Act Notice, see the Instructions for Form 990.

chedule M (Form 990) 2022

232141 09-09-22

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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 M (Form 990) 2022

25-0965591

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

Name of the organization

c questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 25-0965591

UNIVERSITY OF PITTSBURGH

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

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

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

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

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

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

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

SERVICE.

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

	EXPENSES	GRANTS	REVENUE		
STUDENT SERVICES	\$243,868,683				
AUXILIARY ENTERPRISES	\$163,263,889				
\$148,718,215					
LIBRARIES	\$60,413,058				
PUBLIC SERVICE	\$127,241,577	\$994,998			
EXPENSES \$ 594 787 207.	INCL GRANTS OF S 994	998. REVENU	E S 148 718 215.		

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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2022.05060 UNIVERSITY OF PITTSBURGH

Schedule O (Form 990) 2022 Name of the organization	Pa Employer identification num
UNIVERSITY OF PITTSBURGH	25-0965591
GOVERNOR, WITH ADVICE AND CONSENT OF TWO-THIRDS OF ALL MEMBERS OF THE	
SENATE. FOUR ARE APPOINTED BY THE PRESIDENT PRO TEMPORE OF THE SENATE.	
FOUR ARE APPOINTED BY THE SPEAKER OF THE HOUSE OF REPRESENTATIVES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
PRIOR TO THE MAY 14, 2024 MEETING OF THE AUDIT COMMITTEE OF THE BOARD OF	
TRUSTEES, A COPY OF THE DRAFT IRS FORMS 990 AND 990-T FOR FISCAL YEAR 2023	
WAS DISTRIBUTED TO EACH COMMITTEE MEMBER. AT THE MAY 14TH 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	
232212 10-28-22	Schedule O (Form 990) 2
060514 785294 PITT 2022.05060 UNIVERSITY OF PI	TTSBURGH PITT

NECESSARY, ON MANAGING ANY POTENTIAL OR ACTUAL CONFLICTS. TRUSTEES	
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,	
232212 10-28-22 Sche 112	edule O (Form 990) 2022

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Schedule O (Form 990) 2022

UNIVERSITY OF PITTSBURGH

Name of the organization

2022.05060 UNIVERSITY OF PITTSBURGH

PITT___1

Page 2

Employer identification number

25-0965591

Schedule O (Form 990) 2022	Page 2
Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
THE CHAIR OF THE BUDGET COMMITTEE OF THE BOARD, AND OTHER TRUSTEES. NO	
TRUSTEE SERVING ON THE COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST	
WITH RESPECT TO THE CHANCELLOR'S OR OFFICERS' COMPENSATION ARRANGEMENTS.	
TO ASSIST THE COMPENSATION COMMITTEE IN MEETING ITS RESPONSIBILITIES, THE	
SERVICES OF A GLOBAL PROFESSIONAL SERVICES FIRM ARE USED FOR COMPENSATION	
CONSULTING AND MARKET RESEARCH. THAT FIRM PROVIDES THE COMPENSATION	
COMMITTEE WITH COMPENSATION DATA FROM A GROUP OF COMPARABLE U.S.	
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.	

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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Schedule O (Form 990) 2022

Page 2

Schedule O (Form 990) 202 Name of the organization					Pag dentification num
	UNIVERSITY OF PITTSBU	RGH		25-096	5591
NON PERIODIC CHANGES	IN BENEFIT PLANS		68,736,494.		
32212 10-28-22				Schedu	ule O (Form 990)
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SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

22 Open to Public Inspection

Employer identification number

25-0965591

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF PITTSBURGH

Part I

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
3441 F STREET, LLC - 37-1893874					
251 LITTLE FALLS DRIVE					
WILMINGTON, DE 19808	REAL ESTATE HOLDING COMPANY	DELAWARE		1,966,101.	STONE MANSION, LLC
LIFEX GLOBAL, LLC - 83-1525466					
4200 FIFTH AVENUE					
PITTSBURGH, PA 15260	LIFE SCIENCES INCUBATOR	PENNSYLVANIA	1,206,224.	1,960,921.	LIFEX HOLDINGS, LLC
LIFEX HOLDINGS, LLC - 82-3620757					
4200 FIFTH AVENUE	LIFE SCIENCES INCUBATOR				UNIVERSITY OF
PITTSBURGH, PA 15260	HOLDING COMPANY	PENNSYLVANIA			PITTSBURGH
STONE MANSION, LLC - 82-5055695					
4200 FIFTH AVENUE					UNIVERSITY OF
PITTSBURGH, PA 15260	REAL ESTATE HOLDING COMPANY	PENNSYLVANIA		3,269.	PITTSBURGH

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 Part II 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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
UNIVERSITY OF PITTSBURGH AND UPMC MEDICAL	TO INTEGRATE FUNDRAISING						
AND HEALTH SCIENCES FOUNDATION - 1, 3600	FOR THE UNIVERSITY OF						
FORBES AVE, SUITE 8084 FORBES TOWER,	PITTSBURGH AND UPMC	PENNSYLVANIA	501(C)(3)	12A			х
BRADFORD EDUCATIONAL FOUNDATION - 25-1399653							
300 CAMPUS DRIVE	TO SUPPORT THE UNIVERSITY						
BRADFORD, PA 16701	OF PITTSBURGH AT BRADFORD	PENNSYLVANIA	501(C)(3)	12C			х
JOHNSTOWN EDUCATIONAL FOUNDATION -							
25-1513720, UPJ,266 BLACKINGTON HALL,	TO SUPPORT THE UNIVERSITY				UNIVERSITY OF		
JOHNSTOWN, PA 15904	OF PITTSBURGH AT JOHNSTOWN	PENNSYLVANIA	501(C)(3)	12C	PITTSBURGH	x	
EYE AND EAR FOUNDATION - 25-1439732	ADVANCE EFFORTS OF						
BIOMEDICAL SCIENCES TOWER, 203 LOTHROP ST,	OTOLARYNGOLOGY AND						
PITTSBURGH, PA 15213	OPTHALMOLOGY DEPARTMENTS	PENNSYLVANIA	501(C)(3)	12C			х

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

SEE PART VII FOR CONTINUATIONS

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LIFEX VENTURES, LLC - 30-1207043	LIFE SCIENCES INVESTMENT				
4200 FIFTH AVENUE	AND COMMERCIALIZATION				
PITTSBURGH, PA 15260	COMPANY	PENNSYLVANIA	43,709.	1,405,197.	LIFEX HOLDINGS, LLC
LIFEX MANAGEMENT, LLC - 85-3416978					
4200 FIFTH AVENUE	LIFE SCIENCES INCUBATOR				
PITTSBURGH, PA 15260	SERVICE PROVIDER	PENNSYLVANIA			LIFEX HOLDINGS, LLC

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
UNIVERSITY OF PITTSBURGH TRUST - 25-1465279	OVERSIGHT OF CERTAIN						
5TH AVE AND BIGELOW	UNIVERSITY AFFILIATED				UNIVERSITY OF		
PITTSBURGH, PA 15260	ENTITIES AND ASSETS	PENNSYLVANIA	501(C)(3)	12C	PITTSBURGH	x	
UNIVERSITY DENTAL HEALTH SERVICES -	TO PROVIDE TEACHING AND						
25-1762396, 3501 TERRACE STREET, PITTSBURGH,	PATIENT CARE IN A TEACHING				UNIVERSITY OF		
PA 15261	AND RESEARCH SETTING	PENNSYLVANIA	501(C)(3)	3	PITTSBURGH	x	
PITTSBURGH SKIN & CANCER FOUNDATION -	SUPPORT OF PROGRAMS,						
25-0965472, 190 LOTHROP STREET STE 145,	RESEARCH, AND EDUCATION				UNIVERSITY OF		
PITTSBURGH, PA 15213	WITHIN DERMATOLOGY	PENNSYLVANIA	501(C)(3)	7	PITTSBURGH	x	
MPC CORPORATION - 25-1128244	RESEARCH ACTIVITIES TO AID						
5000 FORBES AVENUE	EDUCATIONAL AND ECONOMIC						
PITTSBURGH, PA 15213	DEVELOPMENT IN PA	PENNSYLVANIA	501(C)(3)	12A			x
UPMC - 25-1423657	SUPPORTING SUBSIDIARIES						
600 GRANT STREET 58TH FLOOR	HEALTHCARE, EDUCATION, AND						
PITTSBURGH, PA 15219	RESEARCH PROGRAMS	PENNSYLVANIA	501(C)(3)	12C			x
DIETRICH FOUNDATION - 36-4711746	TO BENEFIT HIGHER						
600 GRANT STREET NO 5360	EDUCATION AND OTHER						
PITTSBURGH, PA 15219	CHARITABLE PURPOSES.	PENNSYLVANIA	501(C)(3)	12A			x
LIFEX GREENHOUSE, INC 88-1083211	FACILITATE RESEARCH &						
2730 SIDNEY ST, STE 300	ECONOMIC DEVELOPMENT IN				LIFEX HOLDINGS,		
PITTSBURGH, PA 15203	THE LIFE SCIENCES INDUSTRY	PENNSYLVANIA	501(C)(3)	8	rrc ,	x	
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	l or Percentage ^{ing} ownership r?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	YesI	10

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	ress, and EIN Primary activity Legal domicile Direct controlling		Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total income	end-of-year	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)		or trust)		assets			No
TSH CORPORATION - 25-1520417			UNIVERSITY OF						
124 CATHEDRAL OF LEARNING			PITTSBURGH						
PITTSBURGH, PA 15260	DORMANT	PA	TRUST	C CORP			5.00%	х	
FORBES-SCHENLEY LAND COMPANY - EIN UNKNOWN									
5TH AVE AND BIGELOW			UNIVERSITY OF						
PITTSBURGH, PA 15260	DORMANT	PA	PITTSBURGH	C CORP			100.00%	х	
SCHENLEY PARK APARTMENTS COMPANY - EIN									
UNKNOWN, 5TH AVE AND BIGELOW, PITTSBURGH, PA			UNIVERSITY OF						
15260	DORMANT	PA	PITTSBURGH	C CORP			100.00%	х	
CARRILLO STEAM PRODUCTION ASSOCIATION, LLC -	SERVICE CORPORATION								
27-1073489, 400 EUREKA BUILDING, 3400 FORBES	TO MANAGE THE STEAM		UNIVERSITY OF						
AVENUE, PITTSBURGH, PA 15260	PLANT	PA	PITTSBURGH	C CORP	0.	0.	75.00%	х	
VINCENT PAYMENT SOLUTIONS - 82-1101143									
2711 CENTERVILLE ROAD	PAYMENT SOLUTION		UNIVERSITY OF						
WILMINGTON, DE 19808	PROVIDER	DE	PITTSBURGH	C CORP			50.00%		x

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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	Sec 512(l conti ent	(i) ction (b)(13) trolled tity?
		country)		or trust)		assets		Yes	No
CHARITABLE REMAINDER TRUSTS(1)	CHARITABLE TRUST	PA	UNIVERSITY OF PITTSBURGH					x	
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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.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х		
	Gift, grant, or capital contribution to related organization(s)	1b		х		
с	Gift, grant, or capital contribution from related organization(s)	1c	Х			
d	Loans or loan guarantees to or for related organization(s)	1d	X			
	Loans or loan guarantees by related organization(s)	1e		Х		
f	Dividends from related organization(s)	1f		х		
g	Sale of assets to related organization(s)	1g		х		
h	Purchase of assets from related organization(s)	1h		х		
i	Exchange of assets with related organization(s)	1i		х		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		x		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х			
0	Sharing of paid employees with related organization(s)	10	Х			
р	Reimbursement paid to related organization(s) for expenses	1p	Х			
q	Reimbursement paid by related organization(s) for expenses	1q	X			
r	Other transfer of cash or property to related organization(s)	1r		X		
S	Other transfer of cash or property from related organization(s)	1s		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	с	160,008.	сазн
(2) UNIVERSITY DENTAL HEALTH SERVICES	o	1,836,792.	САЅН
(3) UNIVERSITY DENTAL HEALTH SERVICES	Q	381,683.	САЅН
<u>(4)</u>			
(5)			
(6)	120		

Schedule R (Form 990) 2022 UNIVERSITY OF PITTSBURGH

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.

(-)	(h)		(a)	-		(6)	(1	-)	(:)	(3)	(1.)
(a)	(b)	(c)	(d)	(e Are	all	(f)	(g)	()	IJ	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partnei 501 (i org	rs sec.	Share of	Share of	Dispr tior alloca	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing	
of entity		(state or foreign	excluded from tax under	org		total	end-of-year	alloca	tions?	of Schedule K-1	partner?	ownersnip
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	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

232165 09-14-22

Schedule R (Form 990) 2022 122 2022.05060 UNIVERSITY OF PITTSBURGH PITT___1 Paid Non-Officers for the Fiscal Year Ended June 30, 2023. Compensation is reported for the Calendar Year (ended 12/31/22) within the Tax Year (July 1, 2022-June 30, 2023)

<u>Ranking</u>	Name	Total Gross						
1	Narduzzi, Patrick	\$	6,403,412.41					
2	Capel III, Jeffrey F.	\$	3,518,712.52					
3	Lyke, Heather R.	\$	1,547,863.58					
4	Levine, Arthur S.	\$	1,466,957.46					
5	Bates, Randy V.	\$	868,333.67					
6	Cignetti, Frank	\$	756,250.00					
7	Partridge, Charles J.	\$	747,917.04					
8	Becich, Michael J.	\$	728,460.92					
9	White, Lance B.	\$	641,537.56					
10	Imbrogno, Michael E.	\$	636,368.66					
11	Davitt, Kristen	\$	629,638.98					
12	James III, Alton E.	\$	621,541.14					
13	Fisher, Daniel T.	\$	614,923.33					
14	Almodovar, David R.	\$	615,254.48					
15	Reis, Steven E.	\$	614,000.02					
16	Gronenborn, Angela M.	\$	613,066.14					
17	Strick, Peter L.	\$	586,455.00					
18	Silverstein, Jonathan	\$	575,844.02					
19	Costello III, Bernard J.	\$	575,000.00					
20	Borbely, David	\$	539,604.09					
21	Geraci, Mark	\$	550,000.00					
22	Vesterlund, Lise D.	\$	537,500.00					
23	Shlomchik, Mark J.	\$	527,673.31					
24	Bahar, Ivet	\$	522,921.98					
25	Bell, Michael J.	\$	503,337.62					