

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT</b>		<b>D</b> Employer identification number <b>25-1035663</b>
	Doing business as		<b>E</b> Telephone number <b>(412) 396-6592</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>600 FORBES AVENUE</b>		<b>G</b> Gross receipts \$ <b>672,040,159.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>PITTSBURGH, PA 15282-0226</b>		
<b>F</b> Name and address of principal officer: <b>KENNETH G. GORMLEY, ESQ.</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.DUQ.EDU**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1878** **M** State of legal domicile: **PA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT IS A CATHOLIC UNIVERSITY, FOUNDED (CONTINUED ON SCH O)</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>33</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>31</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>4059</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>31</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>742,381.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>83,332.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year: 49,103,381. Current Year: 55,954,998.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>377,696,518. 381,448,354.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>17,061,908. 36,284,328.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>549,371. 448,048.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>444,411,178. 474,135,728.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>133,031,688. 131,093,561.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0. 0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>178,064,744. 174,303,424.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0. 0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,505,607.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>120,204,340. 119,312,996.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>431,300,772. 424,709,981.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>13,110,406. 49,425,747.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year: 1037258014. End of Year: 1039124199.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>297,421,476. 339,257,415.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>739,836,538. 699,866,784.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date <b>5/12/2023</b>
	<b>MATTHEW J. FRIST, SENIOR VP FOR BUSINESS/FINANCE</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SUSAN M. KIRSCH</b>	Preparer's signature <b>SUSAN M. KIRSCH</b>	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00341397</b>
	Firm's name ▶ <b>SCHNEIDER DOWNS &amp; CO., INC.</b>	Firm's EIN ▶ <b>25-1408703</b>		Phone no. <b>412-261-3644</b>	
	Firm's address ▶ <b>ONE PPG PLACE, SUITE 1700 PITTSBURGH, PA 15222</b>				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: DUQUESNE SERVES GOD BY SERVING STUDENTS-THROUGH COMMITMENT TO EXCELLENCE IN LIBERAL AND PROFESSIONAL EDUCATION, THROUGH PROFOUND CONCERN FOR MORAL AND SPIRITUAL VALUES, THROUGH THE MAINTENANCE OF AN ECUMENICAL ATMOSPHERE OPEN TO DIVERSITY, AND THROUGH SERVICE TO THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 244,648,388. including grants of \$ 119,065,017. ) (Revenue \$ 337,494,541. ) EDUCATIONAL PROGRAMS, GENERAL/OTHER: INSTRUCTION - SCHOOL OF LIBERAL ARTS, BUSINESS ADMINISTRATION, EDUCATION, MUSIC, HEALTH SCIENCES, PHARMACY, LAW, NATURAL AND ENVIRONMENTAL SCIENCES, NURSING (8,333 STUDENTS). (4 FUNDING AGENCIES)

4b (Code: ) (Expenses \$ 70,200,503. including grants of \$ 11,969,323. ) (Revenue \$ 42,953,030. ) AUXILIARY/STUDENT SERVICES: STUDENT SERVICES PROGRAMS, STUDENT SERVICES, INSTITUTIONAL SUPPORT, AND AUXILIARY ENTERPRISES (10,747 STUDENTS AND EMPLOYEES) UNIVERSITY COMMUNITY AND ROOM & BOARD, FOOD SERVICE, INTERCOLLEGIATE ATHLETICS, PARKING EVENTS, CONFERENCES. (5 FUNDING AGENCIES)

4c (Code: ) (Expenses \$ 37,433,351. including grants of \$ ) (Revenue \$ 154,032. ) EDUCATIONAL DELIVERY, ACADEMIC SUPPORT - LIBRARY, DEANS OFFICE, PROVOST OFFICES, CATALOGS, COMMENCEMENT, CLERGY RESIDENCE, INCLUDING 9,282 STUDENTS AND FACULTY. (12 FUNDING AGENCIES)

4d Other program services (Describe on Schedule O.) (Expenses \$ 13,479,623. including grants of \$ 59,220. ) (Revenue \$ 505,436. )

4e Total program service expenses 365,761,865.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
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 "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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 "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 11949	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 33; 1b Enter the number of voting members included on line 1a... 31; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA, MN, KY, OH, NH, CO, MA, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JAMES A. TORTELLA - (412)396-6592 600 FORBES AVE, ROOM 211, PITTSBURGH, PA 15282

**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, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEITH DAMBROT HEAD COACH MEN BASKETBALL	55.00 0.00					X		924,935.	0.	213,814.
(2) KENNETH G GORMLEY PRESIDENT EX OFFICIO BOARD	55.00 0.00	X		X				572,512.	0.	166,051.
(3) JOHN P PLANTE -EXIT 6/30/21 FORMER SR VP ADVANCEMENT	55.00 0.50						X	609,766.	0.	16,848.
(4) JOHN KAUFFMAN DEAN, OSTEOPATHIC MEDICINE	55.00 0.00					X		439,234.	0.	40,828.
(5) DAVID HARPER VP OF ATHLETICS	55.00 0.00				X			332,993.	0.	143,643.
(6) DAVID DAUSEY EXEC PROVOST VP ACADEMIC	55.00 0.00			X				371,066.	0.	91,542.
(7) MATTHEW J FRIST SR VP FINANCE & BUSINESS	55.00 0.00			X				366,360.	0.	51,906.
(8) J DOUGLAS BRICKER-EXIT 6/30/20 FORMER KEY EMPLOYEE	55.00 0.00						X	354,460.	0.	9,264.
(9) DOUGLAS K FRIZZELL SR VP STUDENT LIFE	55.00 0.00			X				246,538.	0.	85,764.
(10) JOEL BAUMAN SR VP ENROLLMENT MGMT	55.00 0.00			X				277,955.	0.	49,623.
(11) DEAN B. MCFARLIN DEAN, BUSINESS SCHOOL	55.00 0.00				X			269,350.	0.	52,502.
(12) ALEEM GANGJEE PROFESSOR, SCHOOL OF PHARM	55.00 0.00					X		296,748.	0.	18,889.
(13) MARY ELLEN GLASGOW DEAN, SCHOOL OF NURSING	55.00 0.00				X			285,173.	0.	29,780.
(14) JAMES K. DRENNEN DEAN, SCHOOL OF PHARMACY	55.00 0.00				X			249,914.	0.	59,797.
(15) DANIEL BURT HEAD COACH W BASKETBALL	55.00 0.00					X		300,303.	0.	8,888.
(16) WILLIAM GENERETT JR SR VP COMMUNITY ENGAGEMENT	55.00 0.00			X				272,175.	0.	10,231.
(17) JAMES MILLER- ENTER 7/1/21 SR VP OF UNIVERSITY ADV	55.00 0.50			X				255,199.	0.	18,357.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER ELLIOT ASSOC PROF/FRITZKY CHAIR	55.00 0.00					X		266,771.	0.	5,972.
(19) FEVZI AKINCI DEAN, HEALTH SCIENCES	55.00 0.00				X			220,669.	0.	31,052.
(20) KRISTINE BLAIR DEAN, SCHOOL LIBERAL ARTS	55.00 0.00				X			219,283.	0.	19,690.
(21) CHARLES BARTEL VP IT AND CIO	55.00 0.00				X			210,062.	0.	28,048.
(22) PAUL-JAMES CUKANNA-EXIT 8/7/20 FORMER VP ENROLLMENT MGMT	55.00 0.00						X	237,120.	0.	0.
(23) GABRIEL WELSCH VP OF MKTG/COMMUNICATION	55.00 0.00				X			192,425.	0.	32,360.
(24) MADELYN REILLY -EXIT 4/30/21 FORMER SR VP LEGAL/COUNSEL	55.00 0.00						X	190,815.	0.	899.
(25) PAMELA CONNELLY- ENTER 4/26/21 SR VP LEGALAFFAIRS/COUNSEL	55.00 0.00				X			157,466.	0.	17,208.
(26) REV. RAYMOND FRENCH, C.S.SP. SR VP MISSION BOARD EXOFFICIO	55.00 0.00	X		X				0.	0.	14,754.
<b>1b Subtotal</b>								8,119,292.	0.	1217710.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	44,066.
<b>d Total (add lines 1b and 1c)</b>								8,119,292.	0.	1261776.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 316

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
EAT'N PARK HOSPITALITY GROUP, INC., 285 EAST WATERFRONT DR., PITTSBURGH, PA 15230	FOOD SERVICE	12,904,999.
P.J. DICK INCORPORATED 225 NORTH SHORE DRIVE, PITTSBURGH, PA 15212	CONSTRUCTION	5,613,087.
RYCON CONSTRUCTION INC, 2501 SMALLMAN ST STE 100, PITTSBURGH, PA 15222	CONSTRUCTION	3,245,142.
AIMS GROUP INC, 200 CEDAR RIDGE DR STE 209, PITTSBURGH, PA 15205	CONSTRUCTION	1,122,031.
S-L-A-M COLLABORATIVE, INC. 80 GLASTONBURY BLVD, GLASTONBURY, CT 06033	PROFESSIONAL SERVICES	949,746.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 52

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) V REV. JAMES MCCLOSKEY SECRETARY OF BOARD	55.00 0.00			X				0.	0.	14,742.
(28) REV. WILLIAM CHRISTY CORP BOARD VICE EXOFFICIO	2.00 0.00	X						0.	0.	14,700.
(29) REV. JOHN A. SAWICKI, C.S.SP CORP BOARD SEC EXOFFICIO	2.00 0.00	X						0.	0.	14,624.
(30) JOHN R MCGINLEY JR BOARD MEMBER AND CHAIRMAN	2.00 0.00	X		X				0.	0.	0.
(31) DIANE L HUPP BOARD MEMBER AND VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(32) ANTHONY CARFANG BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(33) SR MARY CARNEY, OSF BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(34) JAY COSTA BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(35) STEVEN M COSTABILE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(36) MATTHEW V COSTELLO BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(37) DAVID D'ERAMO BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(38) V. REV. LAWRENCE A. DINARDO BISHOP APPOINTEE EX OFFICI	2.00 0.00	X						0.	0.	0.
(39) DANIEL DRAWBRAUGH BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(40) LINDA EREMITA BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(41) RODNEY W. FINK BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(42) GREGORY J GERUSON BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(43) MICHAEL GRACE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(44) CHARLOTTE S JEFFERIES BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(45) MARY CLAIRE KASUNIC BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(46) CHARLES A KENNEDY BOARD MEMBER	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) WILLIAM LYONS- ENTER 7/1/21 BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(48) ROBERT I MALLET BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(49) REV DONALD MCEACHIN- ENTER 7/1/ BOARD MEMBER EX OFFICIO	2.00 0.00	X						0.	0.	0.
(50) CHRISTOPHER S. MCMAHON BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(51) JONATHAN OGURCHAK BOARD PRES ALUMNI EX OFFICIO	2.00 0.00	X						0.	0.	0.
(52) BRIAN PARKER BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(53) JOSEPH ROCKEY- ENTER 7/1/21 BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(54) CATHARINE M. RYAN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(55) GRETCHEN G. SMARTO BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(56) BRIAN L. SULLIVAN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(57) THOMAS A. TRIBONE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(58) REV. MICHAEL WHITE , C.S.SP. BOARD MEMBER	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										44,066.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	115,207.					
	<b>d</b> Related organizations	<b>1d</b>	1,249,550.					
	<b>e</b> Government grants (contributions)	<b>1e</b>	17,877,800.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	36,712,441.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,423,953.					
	<b>h Total.</b> Add lines 1a-1f			55,954,998.				
	Program Service Revenue	<b>2 a</b> EDUCATIONAL PROGRAMS	Business Code	611710	337494541.	337494541.		
<b>b</b> STUDENT SERVICE PROGRAMS			611710	43,294,345.	42953030.	341,315.		
<b>c</b> PUBLIC SERVICE			611710	505,436.	505,436.			
<b>d</b> ACADEMIC SUPPORT			611710	154,032.	154,032.			
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f				381448354.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			8,495,425.		399,483.	8095942.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties			208,954.			208,954.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	400,282.				
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>		212,631.				
	<b>c</b> Rental income or (loss)	<b>6c</b>		187,651.				
	<b>d</b> Net rental income or (loss)				187,651.	-10,942.	198,593.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	225,072,994.				
			(ii) Other		35,238.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		197,319,329.	0.			
	<b>c</b> Gain or (loss)	<b>7c</b>		27,753,665.	35,238.			
<b>d</b> Net gain or (loss)				27,788,903.		27788903.		
<b>8 a</b> Gross income from fundraising events (not including \$ 115,207. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>			257,627.				
<b>b</b> Less: direct expenses	<b>8b</b>			273,101.				
<b>c</b> Net income or (loss) from fundraising events				-15,474.		-15,474.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			166,287.				
<b>b</b> Less: cost of goods sold	<b>10b</b>			99,370.				
<b>c</b> Net income or (loss) from sales of inventory				66,917.	12,525.	54,392.		
Miscellaneous Revenue	<b>11 a</b>	Business Code						
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				474135728.	381107039.	742,381.	36331310.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 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 ...	59,220.	59,220.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	130,314,715.	130,314,715.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	719,626.	719,626.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	5,497,661.	3,171,600.	1,950,678.	375,383.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	131,280,076.	111,475,913.	17,673,442.	2,130,721.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	5,316,055.	4,071,939.	1,244,116.	
9 Other employee benefits .....	23,266,883.	19,317,173.	3,949,710.	
10 Payroll taxes .....	8,942,749.	7,501,747.	703,513.	737,489.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	746,060.	4,042.	742,018.	
c Accounting .....	220,210.		220,210.	
d Lobbying .....	181,392.		181,392.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	6,014,221.		6,014,221.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	23,830,020.	21,421,202.	2,092,798.	316,020.
12 Advertising and promotion .....	3,861,908.	1,913,702.	1,760,091.	188,115.
13 Office expenses .....	10,981,682.	8,820,322.	1,968,756.	192,604.
14 Information technology .....	7,135,789.	2,646,383.	4,489,400.	6.
15 Royalties .....				
16 Occupancy .....	15,535,500.	12,507,792.	2,981,662.	46,046.
17 Travel .....	6,527,871.	6,165,611.	205,537.	156,723.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	598,669.	532,040.	63,087.	3,542.
20 Interest .....	5,416,491.	4,392,517.	1,022,951.	1,023.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	22,652,219.	18,329,915.	4,272,369.	49,935.
23 Insurance .....	1,880,738.	20,329.	1,860,409.	
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 O.)				
a <b>MEMBERSHIPS</b> .....	691,971.	493,974.	173,349.	24,648.
b .....				
c .....				
d .....				
e All other expenses .....	13,038,255.	11,882,103.	872,800.	283,352.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>424,709,981.</b>	<b>365,761,865.</b>	<b>54,442,509.</b>	<b>4,505,607.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	86,562,884.	<b>2</b>	55,909,879.
	<b>3</b> Pledges and grants receivable, net .....	14,330,149.	<b>3</b>	23,525,172.
	<b>4</b> Accounts receivable, net .....	32,050,729.	<b>4</b>	40,191,825.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	777,559.	<b>8</b>	944,967.
	<b>9</b> Prepaid expenses and deferred charges .....	9,067,242.	<b>9</b>	6,628,671.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 634,746,534.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 345,432,643.		
	<b>11</b> Investments - publicly traded securities .....	292,041,893.	<b>10c</b>	289,313,891.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	194,604,960.	<b>11</b>	239,613,184.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	402,280,418.	<b>12</b>	332,349,315.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,542,180.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1037258014.	<b>15</b>	50,647,295.	
		<b>16</b>	1039124199.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	48,776,014.	<b>17</b>	43,261,438.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	39,391,789.	<b>19</b>	47,390,126.
	<b>20</b> Tax-exempt bond liabilities .....	191,330,022.	<b>20</b>	230,579,140.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	17,923,651.	<b>25</b>	18,026,711.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	297,421,476.	<b>26</b>	339,257,415.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	482,744,010.	<b>27</b>	442,673,374.
	<b>28</b> Net assets with donor restrictions .....	257,092,528.	<b>28</b>	257,193,410.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	739,836,538.	<b>32</b>	699,866,784.
	<b>33</b> Total liabilities and net assets/fund balances .....	1037258014.	<b>33</b>	1039124199.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	474,135,728.
2	Total expenses (must equal Part IX, column (A), line 25)	2	424,709,981.
3	Revenue less expenses. Subtract line 2 from line 1	3	49,425,747.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	739,836,538.
5	Net unrealized gains (losses) on investments	5	-89,410,975.
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	15,474.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	699,866,784.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** DUQUESNE UNIVERSITY OF THE HOLY SPIRIT **Employer identification number** 25-1035663

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	36633329.	29402076.	29229967.	49103381.	55954998.	200323751
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	36633329.	29402076.	29229967.	49103381.	55954998.	200323751
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1267130.
<b>6 Public support.</b> Subtract line 5 from line 4.						199056621

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	36633329.	29402076.	29229967.	49103381.	55954998.	200323751
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3891195.	5841365.	7389761.	10113193.	8716120.	35951634.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		89,566.			278,533.	368,099.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						236643484
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12 1,921,584,158.	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	84.12 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	83.68 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
<b>1</b>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number

25-1035663

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT</b>	Employer identification number  <b>25-1035663</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>6,662,758.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,047,523.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,543,385.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,260,204.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT</b>	Employer identification number  <b>25-1035663</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,253,195.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,178,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,215,137.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT</b>	Employer identification number  <b>25-1035663</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	APPLE 9071 SHARES @ \$170.15 _____ _____ _____	\$ <u>1,543,385.</u>	<u>03/23/22</u>
6	MSA SAFETY 1997 SHARES @\$159.63; 2033 SHARES @ \$148.27 _____ _____ _____	\$ <u>620,204.</u>	<u>08/27/21</u>
7	APPLE 1750 SHARES @\$144.15; 3175 SHARES @ \$153; 3250 SHARES @ \$158.52 _____ _____ _____	\$ <u>1,253,195.</u>	<u>07/09/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT</b>	Employer identification number  <b>25-1035663</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT</b>	Employer identification number <b>25-1035663</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		196,703.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		196,703.	
<b>d</b> Other exempt purpose expenditures .....		425099562.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		425296265.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	140,759.	134,690.	194,191.	196,703.	666,343.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV Supplemental Information**

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

**FORM 990, PART II-A, LINES 1 AND 2**

DUQUESNE UNIVERSITY ENGAGES IN DIRECT FEDERAL, STATE, AND LOCAL LOBBYING EFFORTS AND GOVERNMENT RELATIONS WITHIN THE COMMUNITY. THE UNIVERSITY ALSO MAINTAINS MEMBERSHIPS WITH ORGANIZATIONS THAT ALLOCATE A PORTION OF THE MEMBERSHIP FEES TO LOBBYING EFFORTS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization DUQUESNE UNIVERSITY OF THE HOLY SPIRIT Employer identification number 25-1035663

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	493,688,086.	368,641,853.	383,108,617.	307,951,172.	272,588,792.
b Contributions	28,346,713.	8,593,895.	4,010,660.	79,140,421.	23,445,989.
c Net investment earnings, gains, and losses	-48,028,953.	126,170,482.	-2,906,613.	7,742,682.	22,348,987.
d Grants or scholarships	4,679,817.	4,217,576.	4,211,136.	3,822,555.	3,915,264.
e Other expenditures for facilities and programs	18,205,036.	5,343,532.	11,359,675.	7,903,103.	6,517,332.
f Administrative expenses	173,875.	157,036.			
g End of year balance	450,947,118.	493,688,086.	368,641,853.	383,108,617.	307,951,172.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  52.0000 %
  - b Permanent endowment  15.0000 %
  - c Term endowment  33.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| (i) Unrelated organizations   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,989,837.		25,989,837.
b Buildings		479,819,889.	245,572,083.	234,247,806.
c Leasehold improvements				
d Equipment		93,262,438.	81,534,170.	11,728,268.
e Other		35,674,370.	18,326,390.	17,347,980.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				289,313,891.



**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) HEDGE FUNDS	55,425,216.	END-OF-YEAR MARKET VALUE
(B) EMERGING MARKETS	27,152,361.	END-OF-YEAR MARKET VALUE
(C) GLOBAL EQUITY	120,629,748.	END-OF-YEAR MARKET VALUE
(D) US EQUITY	57,232,168.	END-OF-YEAR MARKET VALUE
(E) VENTURE CAPITAL & PRIVATE		
(F) EQUITY	18,915,568.	END-OF-YEAR MARKET VALUE
(G) PRIVATE EQUITY	52,994,254.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>332,349,315.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CONDITIONAL ASSET RETIREMENT</b>	
(3) <b>OBLIGATION</b>	4,320,883.
(4) <b>AGENCY FUNDS</b>	1,119,790.
(5) <b>ANNUITIES PAYABLE</b>	405,184.
(6) <b>LIABILITIES ASSOCIATED WITH</b>	
(7) <b>INVESTMENTS</b>	4,478,287.
(8) <b>REFUNDABLE LOAN</b>	7,702,567.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>18,026,711.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	248,499,754.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-89,410,975.	
b	Donated services and use of facilities	2b	614,642.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-131979749.	
e	Add lines 2a through 2d	2e	-220776082.	
3	Subtract line 2e from line 1	3	469,275,836.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,014,221.	
b	Other (Describe in Part XIII.)	4b	-1,154,329.	
c	Add lines 4a and 4b	4c	4,859,892.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	474,135,728.	

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

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

1	Total expenses and losses per audited financial statements		1	288,469,508.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	614,642.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,138,855.	
e	Add lines 2a through 2d	2e	1,753,497.	
3	Subtract line 2e from line 1	3	286,716,011.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,014,221.	
b	Other (Describe in Part XIII.)	4b	131,979,749.	
c	Add lines 4a and 4b	4c	137,993,970.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	424,709,981.	

**Part XIII Supplemental Information.**

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

**PART III, LINE 1A:**

FINE ART COLLECTIONS, BOOK COLLECTIONS, OR SIMILAR DONATED ASSETS THAT ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH ARE NOT REPORTED IN DUQUESNE UNIVERSITY'S FINANCIAL STATEMENTS.

**PART III, LINE 4:**

THE UNIVERSITY RECEIVED AND MAINTAINS A FINE ART COLLECTION AND AN ARCHIVE AND BOOK COLLECTION TO BE USED FOR THE UNIVERSITY'S EXEMPT PURPOSE OF EDUCATION AND RESEARCH.

**PART V, LINE 4:**

THE INTENDED USES OF DUQUESNE UNIVERSITY OF THE HOLY SPIRIT ENDOWMENT

**Part XIII** Supplemental Information (continued)

FUNDS ARE TO PRIMARILY PROVIDE FUNDS FOR STUDENT SCHOLARSHIPS,  
 FELLOWSHIPS, LECTURESHIPS, FACULTY CHAIRS, AND RESOURCE FUNDS. ENDOWMENT  
 FUNDS ALSO SUPPORT LIBRARY, ACADEMIC SUPPORT, REPAIR AND REPLACEMENT OF  
 FACILITIES, AND GENERAL OPERATIONS. ALL USES ARE IN ACCORDANCE WITH  
 APPLICABLE DONOR RESTRICTIONS.

## PART X, LINE 2:

THE UNIVERSITY ADOPTED GUIDANCE FOR UNCERTAINTY IN INCOME TAXES, WHICH  
 PROVIDES CRITERIA FOR THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX  
 POSITIONS. THIS GUIDANCE REQUIRES THAT AN UNCERTAIN TAX POSITION SHOULD BE  
 RECOGNIZED ONLY IF IT IS MORE LIKELY THAN NOT THAT THE POSITION IS  
 SUSTAINABLE BASED ON ITS TECHNICAL MERITS. RECOGNIZABLE TAX POSITIONS  
 SHOULD THEN BE MEASURED TO DETERMINE THE AMOUNT OF BENEFIT RECOGNIZED IN  
 THE FINANCIAL STATEMENTS. THE UNIVERSITY FILES U.S. FEDERAL, STATE, AND  
 LOCAL INCOME TAX RETURNS, AND NO RETURNS ARE CURRENTLY UNDER EXAMINATION.  
 THE UNIVERSITY CONTINUES TO EVALUATE ITS TAX POSITIONS PURSUANT TO THE  
 PRINCIPLES OF SUCH GUIDANCE AND HAS DETERMINED THAT THERE IS NO MATERIAL  
 IMPACT ON THE UNIVERSITY'S FINANCIAL STATEMENTS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

FINANCIAL AID/SCHOLARSHIPS	-131,215,554.
BOND DEFEASANCE	-27,270.
VOLUNTARY RETIREMENT PLAN	-736,925.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-131,979,749.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

COMPREHENSIVE INCOME GAIN	-1,014,285.
SPECIAL EVENTS	-15,474.

Schedule D (Form 990) 2021

**Part XIII** Supplemental Information (continued)

COST OF GOODS SOLD	-99,370.
GAIN ON SALE OF ASSETS	35,238.
INTERDEPARTMENTAL TRANSFERS	152,193.
RENTAL EXPENSES	-212,631.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,154,329.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	99,370.
GAIN ON SALES OF ASSETS	-35,238.
INTERDEPARTMENTAL TRANSFERS	-152,193.
COMPREHENSIVE INCOME GAIN	1,014,285.
RENTAL EXPENSES	212,631.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,138,855.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BOND DEFEASEMENT	27,270.
FINANCIAL AID/SCHOLARSHIPS	131,215,554.
VOLUNTARY RETIREMENT PLAN	736,925.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	131,979,749.

**SCHEDULE E**  
**(Form 990)**

**Schools**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

**DUQUESNE UNIVERSITY OF THE HOLY SPIRIT**

Employer identification number

**25-1035663**

**Part I**

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

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

Schedule E (Form 990) 2021

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

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

DUQUESNE UNIVERSITY'S NONDISCRIMINATORY POLICY IS PUBLISHED IN CATALOGS, REGISTRATION PUBLICATIONS, APPLICATIONS FOR ADMISSION AND FINANCIAL AID. THE POLICY IS ALSO AVAILABLE ON MULTIPLE AREAS OF THE UNIVERSITY'S WEB SITE AS WELL AS PUBLISHED IN THE PITTSBURGH POST GAZETTE ANNUALLY. THE POLICY IS ALSO PUBLISHED IN HUMAN RESOURCE / EMPLOYMENT PUBLICATIONS AND DOCUMENTS, THE PREAMBLE OF THE EXECUTIVE RESOLUTIONS OF THE BOARD AND IN ADMINISTRATIVE POLICIES.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

IN THE COURSE OF OUR BUSINESS AS A UNIVERSITY, THE INSTITUTION RECEIVES FEDERAL GRANT FUNDS FOR ADMINISTRATIVE ALLOWANCES FOR FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, PELL GRANTS, FEDERAL COLLEGE WORK STUDY GRANTS, AND STATE INSTITUTIONAL ASSISTANCE GRANTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization <b>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT</b>	Employer identification number <b>25-1035663</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	8,928.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	STUDY ABROAD	73,468.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	309.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	MISSIONARY	14,107.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	178,489.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	RECRUITMENT	211,338.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	STUDY ABROAD	306.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	17,527.
<b>3 a Subtotal</b> .....	0	0			504,472.
<b>b Total from continuation sheets to Part I</b> .....	2	18			84,980,770.
<b>c Totals</b> (add lines 3a and 3b) .....	2	18			85,485,242.

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

Schedule F (Form 990) 2021

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	183,597.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	RECRUITMENT	13,338.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	2	18	PROGRAM SERVICES	STUDY ABROAD	1,857,881.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	39,064.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	FINANCIAL AID	719,626.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	4,373.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	RECRUITMENT	12,040.
NORTH AMERICA -CANADA & MEXICO, NOT US	0	0	PROGRAM SERVICES	RECRUITMENT	2,928.
NORTH AMERICA -CANADA & MEXICO, NOT US	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	32,797.
NORTH AMERICA -CANADA & MEXICO, NOT US	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	52,282.
<b>Totals</b> .....					



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	993.
SOUTH AMERICA	0	0	PROGRAM SERVICES	RECRUITMENT	421,204.
SOUTH AMERICA	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	3,011.
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD	11,146.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	22,331.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	15.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	RECRUITMENT	37,849.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	RECRUITMENT	14,711.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	MISSIONARY	1,525.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	5,694.
<b>Totals</b> .....					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	137,642.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		81,405,723.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	INVESTMENTS		1,000.
<b>Totals</b> .....	2	18			84,980,770.

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.

Table with 9 columns: (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). The table contains 9 empty rows.

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

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

(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)
SCHOLARSHIP AND FINANCIAL AID	EUROPE (INCLUDING ICELAND & GREENLAND)	61	719,626.	FINANCIAL AID AWARD POSTED ON STUDENT'S ACCOUNT	0.	N/A	N/A

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**DUQUESNE UNIVERSITY OF THE HOLY SPIRIT**

Employer identification number

**25-1035663**

**Part I**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		LAUREL VALLEY GOLF (event type)	VACARELLO GOLF INVITAT (event type)	3 (total number)		
Revenue	1	Gross receipts	124,533.	68,465.	179,836.	372,834.
	2	Less: Contributions	37,209.	28,286.	49,712.	115,207.
	3	Gross income (line 1 minus line 2)	87,324.	40,179.	130,124.	257,627.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	15,829.	5,315.	8,813.	29,957.
	6	Rent/facility costs	75,367.	26,048.	124,565.	225,980.
	7	Food and beverages	20.	60.	10,648.	10,728.
	8	Entertainment				
	9	Other direct expenses	664.	2,336.	3,436.	6,436.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				273,101.
11	Net income summary. Subtract line 10 from line 3, column (d)				-15,474.	

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

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

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

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

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

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

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



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

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

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

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

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**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **DUQUESNE UNIVERSITY OF THE HOLY SPIRIT** Employer identification number **25-1035663**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 11 STANWIX ST 17TH FLOOR - PITTSBURGH, PA 15222	25-0965213	501(C)(3)	30,096.	0.	N/A	N/A	PROGRAM SUPPORT
PITTSBURGH COUNCIL OF HIGHER EDUCATION - 201 WOOD ST - PITTSBURGH, PA 15222	23-7303727	501(C)(3)	24,234.	0.	N/A	N/A	PROGRAM SUPPORT

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

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **0.**

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

Schedule I (Form 990) 2021

**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
ACADEMIC SCHOLARSHIPS	11672	107,233,219.	0.	N/A	N/A
ATHLETIC SCHOLARSHIPS	729	9,404,237.	0.	N/A	N/A
TUITION ASSISTANCE SCHOLARSHIPS	1630	5,792,506.	0.	N/A	N/A
RELIGIOUS / H.S., TEACHER, SCHOLARSHIPS	1369	3,734,149.	0.	N/A	N/A
NEED BASED SCHOLARSHIPS	1992	4,150,604.	0.	N/A	N/A

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

**PART I, LINE 2:**

A SCHOLARSHIP IS AN ACHIEVEMENT AWARD. AWARDS CAN BE BASED ON THE STUDENT'S AFFILIATION WITH A PARTICULAR MAJOR, BEING A PART OF A CLUB/GROUP, OR BASED ON THE STUDENT'S ACADEMIC RECORD.

STUDENTS RECEIVING SCHOLARSHIPS AND GRANTS FROM THE UNIVERSITY ARE MONITORED TO ENSURE THAT THEY MEET THE ACADEMIC REQUIREMENTS OR OTHER CRITERIA ASSOCIATED WITH THE AWARD.

FINANCIAL ASSISTANCE BASED ON FINANCIAL NEED IS ALSO PROVIDED TO STUDENTS.

**Part IV** Supplemental Information

STUDENTS RECEIVING FINANCIAL ASSISTANCE BASED ON NEED ARE MONITORED TO ENSURE THEY MEET THE ACADEMIC REQUIREMENTS OR OTHER CRITERIA ASSOCIATED WITH THE FINANCIAL ASSISTANCE.

GRANTS TO DOMESTIC ORGANIZATIONS ARE MONITORED TO ENSURE THAT THEY MEET THE REQUIREMENTS OR OTHER CRITERIA STIPULATED BY OUR MISSION.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **DUQUESNE UNIVERSITY OF THE HOLY SPIRIT** Employer identification number **25-1035663**

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed 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? .....
- b** Any related organization? .....
- 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)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEITH DAMBROT HEAD COACH MEN BASKETBALL	(i)	883,702.	28,750.	12,483.	189,500.	24,314.	1,138,749.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KENNETH G GORMLEY PRESIDENT EX OFFICIO BOARD	(i)	432,724.	112,144.	27,644.	136,903.	29,148.	738,563.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN P PLANTE -EXIT 6/30/21 FORMER SR VP ADVANCEMENT	(i)	160,393.	14,387.	434,986.	1,217.	15,631.	626,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN KAUFFMAN DEAN, OSTEOPATHIC MEDICINE	(i)	415,752.	21,500.	1,982.	10,750.	30,078.	480,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID HARPER VP OF ATHLETICS	(i)	272,814.	37,800.	22,379.	66,950.	76,693.	476,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID DAUSEY EXEC PROVOST VP ACADEMIC	(i)	299,859.	70,500.	707.	7,778.	83,764.	462,608.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MATTHEW J FRIST SR VP FINANCE & BUSINESS	(i)	281,730.	78,604.	6,026.	7,294.	44,612.	418,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) J DOUGLAS BRICKER-EXIT 6/30/20 FORMER KEY EMPLOYEE	(i)	97,107.	9,798.	247,555.	113.	9,151.	363,724.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DOUGLAS K FRIZZELL SR VP STUDENT LIFE	(i)	226,136.	18,939.	1,463.	5,919.	79,845.	332,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JOEL BAUMAN SR VP ENROLLMENT MGMT	(i)	254,542.	20,960.	2,453.	31,550.	18,073.	327,578.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DEAN B. MCFARLIN DEAN, BUSINESS SCHOOL	(i)	230,528.	17,896.	20,926.	31,437.	21,065.	321,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ALEEM GANGJEE PROFESSOR, SCHOOL OF PHARM	(i)	279,739.	15,368.	1,641.	5,911.	12,978.	315,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARY ELLEN GLASGOW DEAN, SCHOOL OF NURSING	(i)	259,389.	20,236.	5,548.	7,228.	22,552.	314,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JAMES K. DRENNEN DEAN, SCHOOL OF PHARMACY	(i)	219,168.	13,008.	17,738.	6,185.	53,612.	309,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DANIEL BURT HEAD COACH W BASKETBALL	(i)	262,462.	26,188.	11,653.	5,917.	2,971.	309,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) WILLIAM GENERETT JR SR VP COMMUNITY ENGAGEMENT	(i)	218,702.	52,732.	741.	5,610.	4,621.	282,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JAMES MILLER- ENTER 7/1/21 SR VP OF UNIVERSITY ADV	(i)	213,993.	34,751.	6,455.	6,148.	12,209.	273,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JENNIFER ELLIOT ASSOC PROF/FRITZKY CHAIR	(i)	258,700.	7,703.	368.	4,497.	1,475.	272,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) FEVZI AKINCI DEAN, HEALTH SCIENCES	(i)	207,565.	12,718.	386.	5,030.	26,022.	251,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) KRISTINE BLAIR DEAN, SCHOOL LIBERAL ARTS	(i)	203,755.	14,700.	828.	5,250.	14,440.	238,973.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) CHARLES BARTEL VP IT AND CIO	(i)	190,286.	17,000.	2,776.	5,000.	23,048.	238,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) PAUL-JAMES CUKANNA-EXIT 8/7/20 FORMER VP ENROLLMENT MGMT	(i)	0.	0.	237,120.	0.	0.	237,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) GABRIEL WELSCH VP OF MKTG/COMMUNICATION	(i)	175,399.	16,650.	376.	4,625.	27,735.	224,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) MADELYN REILLY -EXIT 4/30/21 FORMER SR VP LEGAL/COUNSEL	(i)	152,271.	37,539.	1,005.	0.	899.	191,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) PAMELA CONNELLY- ENTER 4/26/21 SR VP LEGALAFFAIRS/COUNSEL	(i)	157,100.	0.	366.	6,000.	11,208.	174,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

**PART I, LINE 1A:**

TO ENCOURAGE EDUCATIONAL AND GOOD BUSINESS RELATIONSHIPS, DUQUESNE  
UNIVERSITY MAKES AVAILABLE SOCIAL CLUB MEMBERSHIPS AND TRAVEL FOR  
COMPANIONS TO SELECT SENIOR MANAGEMENT.

**PART I, LINES 4A-B:**

PART I, 4A: PAUL-JAMES CUKANNA, A FORMER OFFICER, SEPARATED FROM THE  
UNIVERSITY ON 8/7/20, RECEIVED A SEPARATION PAYMENT OF \$237,120; JD  
BRICKER, A FORMER KEY EMPLOYEE, SEPARATED FROM THE UNIVERSITY ON 6/30/20,  
RECEIVED A SEPARATION PAYMENT OF \$244,950; JOHN PLANTE, A FORMER OFFICER,  
SEPARATED FROM THE UNIVERSITY ON 6/30/21, RECEIVED A SEPARATION PAYMENT OF  
\$431,596

PART I, 4B: THE FOLLOWING EMPLOYEES PARTICIPATED IN A NONQUALIFIED  
RETIREMENT PLAN FOR FISCAL YEAR 2022: KEITH DAMBROT \$175,000, KENNETH  
GORMLEY \$125,000, DEAN MCFARLIN \$25,000, JOEL BAUMAN \$25,000, DAVID HARPER  
\$60,000.

**PART I, LINE 7:**

**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.

FROM TIME TO TIME, THE UNIVERSITY AWARDS PERFORMANCE BASED BONUSES THAT ARE  
EITHER CONTRACTUALLY AGREED TO OR BOARD APPROVED.

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 1

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2021**  
**Open to Public Inspection**

Name of the organization **DUQUESNE UNIVERSITY OF THE HOLY SPIRIT** Employer identification number **25-1035663**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>(7) ALLEGHENY COUNTY A HIGHER EDUC.BUILD.AUTH.</b>	25-1425398	01728RKC2	03/19/13	43044915.	SEE PART VI	X			X		X
<b>(8) ALLEGHENY COUNTY B HIGHER EDUC.BUILD.AUTH.</b>	25-1425398	01728RKY4	12/17/14	43842545.	SEE PART VI	X			X		X
<b>(9) ALLEGHENY COUNTY C HIGHER EDUC.BUILD.AUTH.</b>	25-1425398	01728RLR8	05/05/16	68038418.	SEE PART VI	X			X		X
<b>(11) ALLEGHENY COUNTY D HIGHER EDUC BUILD AUTH</b>	25-1425398	01728RKC2	05/08/18	12230000.	SEE PART VI		X		X		X

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired .....	15,500,000.		15,630,000.		3,795,000.					
<b>2</b> Amount of bonds legally defeased .....	5,030,000.		4,540,000.		15,000.					
<b>3</b> Total proceeds of issue .....	43,051,476.		43,842,545.		68,038,418.			12,230,000.		
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....	335,654.		404,261.		469,527.					
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....	95.				36,314.					
<b>10</b> Capital expenditures from proceeds .....	16,879,743.									
<b>11</b> Other spent proceeds .....	25,835,984.		43,438,284.		67,532,577.			12,230,000.		
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....	2014		2014		2016		2018			
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X	X			X	X			
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....	X		X		X				X	
<b>16</b> Has the final allocation of proceeds been made? .....	X		X		X				X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X		X		X			

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

Schedule K (Form 990) 2021

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 2

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2021**  
**Open to Public Inspection**

Name of the organization **DUQUESNE UNIVERSITY OF THE HOLY SPIRIT** Employer identification number **25-1035663**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
(12) ALLEGHENY COUNTY A HIGHER EDUC BUILD AUTH	25-1425398	01728RKY4	05/08/18	860,000.	SEE PART VI		X		X		X
(13) ALLEGHENY COUNTY B HIGHER EDUC BUILD AUTH	25-1425398	01728RLR8	05/08/18	1,380,000.	SEE PART VI		X		X		X
(14) ALLEGHENY COUNTY C HIGHER EDUC BUILD AUTH	25-1425398	01728RMW6	05/30/18	20253295.	SEE PART VI		X		X		X
(15) PENNSYLVANIA HIGHER D EDUC FACILITIES AUTH	22-2243852	70917S4F7	03/27/19	21285927.	SEE PART VI		X		X		X

<b>Part II Proceeds</b>										
	A		B		C		D			
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue	860,000.		1,380,000.		20,278,758.			21,749,488.		
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds					246,249.			184,753.		
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds					787,951.			1,192.		
10 Capital expenditures from proceeds					19,244,558.			21,563,543.		
11 Other spent proceeds	860,000.		1,380,000.							
12 Other unspent proceeds										
13 Year of substantial completion	2018		2018		2019		2021			
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X				X			X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X			X			X
16 Has the final allocation of proceeds been made?		X		X	X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

Schedule K (Form 990) 2021

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 3

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2021**  
**Open to Public Inspection**

Name of the organization **DUQUESNE UNIVERSITY OF THE HOLY SPIRIT** Employer identification number **25-1035663**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> (16) ALLEGHENY COUNTY HIGHER EDUC BUILD AUTH	25-1425398	01728RNL9	08/27/20	10393364.	SEE PART VI		X		X		X
<b>B</b> (17) ALLEGHENY COUNTY HIGHER EDUC BUILD AUTH	25-1650137	01728RNX3	12/09/21	56256072.	SEE PART VI		X		X		X
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired										
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	10,393,364.		56,288,890.							
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	106,834.		448,051.							
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds	10,286,530.		2,798,280.							
<b>11</b> Other spent proceeds			5,802,924.							
<b>12</b> Other unspent proceeds			47,239,635.							
<b>13</b> Year of substantial completion	2021									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X							
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X						
<b>16</b> Has the final allocation of proceeds been made?	X			X						
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Schedule K (Form 990) 2021

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		X		X			X
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X		X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.90 %		.90 %		.50 %		.00 %	
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 .....	.90 %		.90 %		.50 %		.00 %	
7 Does the bond issue meet the private security or payment test? .....		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X			X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....	47.00 %		18.00 %		5.00 %			
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....	X		X		X			
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X		X	

**Part IV Arbitrage**

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

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X	X		X	
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X	X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X		X	
c Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		.00 %		.00 %		.00 %
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 .....		.00 %		.00 %		.00 %		.00 %
7 Does the bond issue meet the private security or payment test? .....		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X		X	

**Part IV Arbitrage**

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

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		X					
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.00 %		.00 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....								
<b>6</b> Total of lines 4 and 5 .....	.00 %		.00 %					
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X					

**Part IV Arbitrage**

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





**Part IV Arbitrage** *(continued)*

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

**Part V Procedures To Undertake Corrective Action**

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

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

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

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

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

SCHEDULE K  
 SCHEDULE K, PART I, COLUMN A: ISSUER NAME: ACHEBA - ALLEGHENY COUNTY  
 HIGHER EDUCATION BUILDING AUTHORITY; PHEFA - PENNSYLVANIA HIGHER  
 EDUCATIONAL FACILITIES AUTHORITY  
 PART I, ROW A, COLUMN F(7): THE PURPOSE OF THE ISSUE WAS TO FINANCE  
 CAPITAL PROJECTS AND REFUND THE ISSUE DATED 3/31/2004.  
 PART I, ROW B, COLUMN F(8): THE PURPOSE OF THE ISSUE IS TO REFUND  
 ISSUES DATED 12/2/2005 AND 8/23/2007.  
 PART I, ROW C, COLUMN F(9): THE PURPOSE OF THE ISSUE IS TO PARTIALLY  
 REFUND ISSUES DATED 6/19/2008 AND 2/10/2011.  
 PART I, ROWS A,B,D, COLUMN F(11,12,13): DUE TO A SALE OF BOND FINANCED  
 PROPERTY, THE UNIVERSITY ENTERED A REMEDIAL ACTION IN ACCORDANCE WITH  
 SECTION 1.141.12(E) OF THE TREASURY REGULATIONS. IN ACCORDANCE WITH  
 SECTION 1.141.12(E)2 OF THE TREASURY REGULATIONS, THE PORTION OF BONDS  
 ALLOCABLE TO THE BOND FINANCED PROPERTY THAT WAS SOLD IS TREATED AS A  
 REISSUANCE. THE UNIVERSITY COMPLETED AND FILED WITH THE IRS A FORM 8038  
 FOR THE NON-QUALIFIED PORTIONS OF THE FOLLOWING BONDS: SERIES 2013A,  
 ORIGINALLY ISSUED ON 3/19/2013 THE NON-QUALIFIED PORTION OF WHICH WAS  
 \$12,230,000 WHICH CORRESPONDS TO THE BOND LISTED IN COLUMN B(11);  
 SERIES 2014A, ORIGINALLY ISSUED ON 12/17/2014 THE NON-QUALIFIED PORTION

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

OF WHICH WAS \$860,000 WHICH CORRESPONDS TO THE BOND LISTED IN COLUMN C(12); AND, SERIES 2016A ORIGINALLY ISSUED ON 5/05/2016 THE NON-QUALIFIED PORTION OF WHICH WAS \$1,380,000 WHICH CORRESPONDS TO THE BOND LISTED IN COLUMN D(13).

PART I, ROW C, COLUMN F(14): THE PURPOSE OF THE ISSUE WAS TO FINANCE VARIOUS CAPITAL PROJECTS FOR THE UNIVERSITY.

PART I, ROW D, COLUMN F(15): THE PURPOSE OF THE ISSUE WAS TO FINANCE CAPITAL PROJECTS FOR THE UNIVERSITY.

PART I, ROW A, COLUMN F(16): THE PURPOSE OF THE ISSUE WAS TO FINANCE CAPITAL PROJECTS AND REFUND THE ISSUE DATED 3/19/13.

PART I, ROW B, COLUMN F(17): THE PURPOSE OF THE ISSUE WAS TO FINANCE CAPITAL PROJECTS AND REFUND THE ISSUE DATED 2/10/11.

PART II, LINE 2, COLUMNS B AND C: IN ACCORDANCE WITH SECTION 1.141-12(D) OF THE TREASURY REGULATIONS, PROCEEDS FROM THE SALE OF BOND FINANCED PROPERTY WERE USED TO DEFEASE THE NON-QUALIFIED PORTION OF THE 2014A AND 2016 ISSUES.

SCHEDULE K, PART I, COLUMN F, PART II, LINE 3 AND LINE 11

PART II, LINE 3, COLUMN A, B, C, D: THE DIFFERENCE BETWEEN ISSUE PRICE FROM PART I, COLUMN E AND TOTAL PROCEEDS SHOWN IN PART II IS INVESTMENT EARNINGS.

PART II, LINE 11, COLUMNS A, B, C AND D: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW.

PART III, LINE 8B, COLUMNS A(7), B(8) AND C(9): IN ACCORDANCE WITH SECTION 1.141-12(D) & (E) OF THE TREASURY REGULATIONS, THE UNIVERSITY DEFEASED A PORTION OF THE NON-QUALIFIED BONDS AND REISSUED A PORTION OF THE NON-QUALIFIED BONDS. SUPPLEMENTAL INFORMATION REGARDING THE REISSUANCE IS PROVIDED IN THE NOTES FOR THE ISSUES DATED 05/08/2018.

PART IV, LINE 2C, COLUMN A(7): A REBATE CALCULATION WAS PERFORMED AS OF 3/15/2018 WITH NO REBATE BEING DUE.

PART IV, LINE 2C, COLUMN A(8): A REBATE CALCULATION WAS PERFORMED AS OF 2/25/2020 WITH NO REBATE BEING DUE.

PART IV, LINE 2C, COLUMN A(9): A REBATE CALCULATION WAS PERFORMED AS OF 5/26/2021 WITH NO REBATE BEING DUE.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2021**

**Open To Public  
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **DUQUESNE UNIVERSITY OF THE HOLY SPIRIT** Employer identification number **25-1035663**

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

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

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

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

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
		5,500.	ACADEMIC MERIT	TO FURTHER ED

SEE PART V FOR CONTINUATIONS

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
G. GENERETT	SPOUSE OF OFFICER,	223,029.	EMPLOYMENT:		X

**Part V Supplemental Information.**

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

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(C) AMOUNT OF GRANT \$ 5,500.

(D) TYPE OF ASSISTANCE: ACADEMIC MERIT AWARD

(E) PURPOSE OF ASSISTANCE: TO FURTHER EDUCATION

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: G. GENERETT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF OFFICER, WILLIAM GENERETT, SR VP COMMUNITY ENGAGEMENT

(C) AMOUNT OF TRANSACTION \$ 223,029.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT: EMPLOYED AS DEAN OF SCHOOL OF EDUCATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **DUQUESNE UNIVERSITY OF THE HOLY SPIRIT** Employer identification number **25-1035663**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		5,000.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	25	4,142,903.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( RESEARCH SUPP )	X	1	71,050.	FMV
26 Other ▶ ( EQUIPMENT )	X	1	5,000.	FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE M, LINE 33:

SMALL ITEMS WITH A DE MINIMIS FMV ARE NOT RECORDED IN THE FINANCIAL STATEMENTS. ITEMS WITH AN UNAPPRAISED FMV ARE NOT RECORDED IN THE FINANCIAL STATEMENTS.

SCHEDULE M, COLUMN (B) NUMBER OF CONTRIBUTIONS IS BASED ON NUMBER OF DONORS, NOT NUMBER OF ITEMS DONATED.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number

25-1035663

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

BY MEMBERS OF THE CONGREGATION OF THE HOLY SPIRIT, THE SPIRITANS, AND  
SUSTAINED THROUGH A PARTNERSHIP OF LAITY AND RELIGIOUS. DUQUESNE SERVES  
GOD BY SERVING STUDENTS-THROUGH COMMITMENT TO EXCELLENCE IN LIBERAL AND  
PROFESSIONAL EDUCATION, THROUGH PROFOUND CONCERN FOR MORAL AND  
SPIRITUAL VALUES, THROUGH THE MAINTENANCE OF AN ECUMENICAL ATMOSPHERE  
OPEN TO DIVERSITY, AND THROUGH SERVICE TO THE CHURCH, THE COMMUNITY,  
THE NATION AND THE WORLD.

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

CHURCH, COMMUNITY, NATION AND THE WORLD.

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

MEDIA AND COMMUNICATION PROGRAMS, GENERAL/OTHER: PUBLIC SERVICE, PUBLIC  
RESEARCH PROGRAMS, LAW LIBRARY PROGRAMS (26 FUNDING AGENCIES)  
EXPENSES \$ 3,767,875. INCLUDING GRANTS OF \$ 59,220. REVENUE \$ 505,436.

SCIENCE & TECHNOLOGY RESEARCH, GENERAL/OTHER: RESEARCH -DHEW, NSF AND  
OTHER RESTRICTED FUNDS FOR RESEARCH (86 FUNDING AGENCIES)  
EXPENSES \$ 9,711,748. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

DUQUESNE UNIVERSITY IS A PENNSYLVANIA NONPROFIT CORPORATION RECOGNIZED AS  
AN IRC SECTION 501(C)(3) ORGANIZATION. AS PER THE UNIVERSITY'S ARTICLES OF  
INCORPORATION AND BYLAWS, IT SHALL HAVE MEMBERS. THE MEMBERS OF THE  
UNIVERSITY SHALL BE THE PROVINCIAL SUPERIOR, THE MEMBERS OF THE PROVINCIAL

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

Schedule O (Form 990) 2021

Name of the organization DUQUESNE UNIVERSITY OF THE HOLY SPIRIT	Employer identification number 25-1035663
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COUNCIL, AND SUCH OTHER VOWED MEMBERS OF THE CONGREGATION OF THE HOLY SPIRIT PROVINCE OF THE UNITED STATES AS ARE APPOINTED BY THE PROVINCIAL SUPERIOR WITH THE CONSENT OF THE PROVINCIAL COUNCIL SO THAT THERE ARE AT ALL TIMES SIX MEMBERS BUT NO MORE THAN 10 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

PURSUANT TO THE UNIVERSITY'S ARTICLES, THE BOARD OF DIRECTORS SHALL BE ELECTED ANNUALLY BY THE MEMBERS (AS DEFINED ABOVE). IN ADDITION, THERE ARE SEVEN EX-OFFICIO VOTING MEMBERS OF THE BOARD: THE PRESIDENT OF THE UNIVERSITY, THE BISHOP OF THE ROMAN CATHOLIC DIOCESE OF PITTSBURGH, PA OR HIS DELEGATE, THE CHAIRMAN, VICE-CHAIRMAN AND SECRETARY OF THE MEMBERS, THE VP FOR MISSION & IDENTITY AT THE UNIVERSITY AND THE PRESIDENT OF THE DUQUESNE UNIVERSITY ALUMNI ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN POWERS ARE RESERVED TO THE MEMBERS INCLUDING BUT NOT LIMITED TO, ELECTION AND REMOVAL OF ANY INDIVIDUAL MEMBER OF THE BOARD OF DIRECTORS, THE RIGHT TO AMEND, ALTER, MODIFY OR REPEAL GOVERNING DOCUMENTS, APPROVE CERTAIN TRANSACTIONS AS SET FORTH IN THE BYLAWS, ISSUE STATEMENTS OF POLICY REGARDING PHILOSOPHY AND MISSION, APPROVE APPOINTMENT OF THE UNIVERSITY PRESIDENT AND CONFIRM OFFICER ELECTIONS, AND APPROVE EMPLOYMENT CONTRACTS OF UNIVERSITY OFFICERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990, 990-T AND REQUIRED SCHEDULES ARE REVIEWED WITH THE ORGANIZATION'S INTERNAL MANAGEMENT AS WELL AS THE AUDIT AND FINANCE COMMITTEE. UPON COMPLETION OF THIS REVIEW, THE FORMS ARE FINALIZED AND A COMPLETE COPY IS PROVIDED TO THE BOARD OF DIRECTORS VIA AN INTRANET SITE IN

Name of the organization DUQUESNE UNIVERSITY OF THE HOLY SPIRIT	Employer identification number 25-1035663
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ADVANCE OF FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, A CONFLICT OF INTEREST FORM IS GIVEN TO EMPLOYEES OF THE UNIVERSITY AND TO THE BOARD OF DIRECTORS INCLUDING THE CORPORATION MEMBERS, OFFICERS, HIGHEST PAID AND KEY EMPLOYEES. ALL MUST COMPLETE THIS FORM.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF THE PRESIDENT IS DETERMINED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. COMPENSATION OF OTHER OFFICERS IS DETERMINED BY THE PRESIDENT OF THE UNIVERSITY AND REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE. COMPENSATION OF KEY EMPLOYEES: THE OFFICE OF HUMAN RESOURCES DEVELOPS AND MAINTAINS A WAGE AND SALARY PROGRAM TO ENSURE FAIR AND EQUITABLE COMPENSATION FOR ADMINISTRATIVE, PROFESSIONAL, AND CLERICAL STAFF OF THE UNIVERSITY. THE PLAN ESTABLISHES PAY RANGES FOR POSITIONS TO ESTABLISH INTERNAL EQUITY, AND ALSO USES SURVEYS OF LOCAL AND NATIONAL INSTITUTIONS, WHICH MAINTAIN SIMILAR OR COMPARABLE EMPLOYMENT SITUATIONS. THE DOCUMENTED RANGES ARE REVIEWED PERIODICALLY AND MODIFIED ACCORDINGLY. FACULTY SALARIES ARE SET BY THE DEAN IN CONSULTATION WITH THE PROVOST AND ARE BASED UPON RELEVANT MARKET AND DISCIPLINE BASED SURVEYS.

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

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT MAKES ITS GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENT AVAILABLE TO THE PUBLIC ON THE UNIVERSITY WEBSITE AND UPON REQUEST.

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

NET SPECIAL EVENT HELD IN AGENCY FUND LIABILITY 15,474.

Name of the organization DUQUESNE UNIVERSITY OF THE HOLY SPIRIT	Employer identification number 25-1035663
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FORM 990, PART XII, LINE 2C, OVERSIGHT OF FINANCIAL AUDIT:  
 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT'S FINANCIAL STATEMENTS ARE  
 AUDITED BY AN INDEPENDENT ACCOUNTING FIRM. IN ADDITION, DUQUESNE  
 UNIVERSITY OF THE HOLY SPIRIT HAS A COMMITTEE THAT ASSUMES THE  
 RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS  
 AND ITS SELECTION OF THE INDEPENDENT ACCOUNTING FIRM. THIS PROCESS HAS  
 NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VI 1A THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO  
 TRANSACT ALL REGULAR BUSINESS OF THE UNIVERSITY BETWEEN MEETINGS OF THE  
 BOARD. ALL MATTERS OF MAJOR IMPORTANCE WILL BE REPORTED TO THE BOARD.  
 THE EXECUTIVE COMMITTEE SHALL MEET AS NECESSARY.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **DUQUESNE UNIVERSITY OF THE HOLY SPIRIT** Employer identification number **25-1035663**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
EASTERN CONGREGATION OF THE HOLY SPIRIT PROVINCE OF THE US - 27-0213864, 6230 BRUSH RUN ROAD, BETHEL PARK, PA 15102-2214	RELIGIOUS CONGREGATION	PENNSYLVANIA	501(C)(3)	170(B)(1)(A)(I)	N/A		X
THE DIETRICH FOUNDATION - 36-4711746 600 GRANT STREET SUITE 5360 PITTSBURGH, PA 15219	TO SUPPORT FUNCTIONS OF & CARRY OUT THE PURPOSES OF DUQUESNE	PENNSYLVANIA	501(C)(3)	LINE 12A, I	N/A		X
DUQUESNE UNIVERSITY SCHOOL OF BUSINESS ALUMNI ASSOCIATION - 25-1661703, 600 FORBES AVE., SCH OF BUSINESS, PITTSBURGH, PA 15282	TO SUPPORT SCHOOL OF BUSINESS THROUGH RELATIONSHIPS WITH ALUMNI	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		X
CHARLES HENRY LEACH II FUND FOR DUQUESNE UNIVERSITY - 46-4483460, 600 FORBES AVE., 405 ADMIN, PITTSBURGH, PA 15282	TO FOSTER THE CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES OF FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	DUQUESNE UNIVERSITY	X	

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

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

Table with 7 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled organization? (Yes/No). Includes entries for ELIZABETH K. WINGERTER CHARITABLE FOUNDATION and FRANK T. EBBERTS CHARITABLE FOUNDATION.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUST (1) 600 FORBES AVE PITTSBURGH, PA 15282	RICHARD AND VERNA BERCIK ENDOWED SCHOLARSHIP	NV	N/A						X

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

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

**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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARLES HENRY LEACH FUND II	C	154,561.	CASH VALUE
(2)			
(3)			
(4)			
(5)			
(6)			



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

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

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

