			** PUBLIC DISCLOSURE COPY	* *		
	-	00	Return of Organization Exempt Fron	n Incom	e Tax	OMB No. 1545-0047
Forn	n y !	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			2021
			Do not enter social security numbers on this form as it m			
Depar	tment o	f the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the la	-		Open to Public Inspection
_				JUN 30		
	heck if		f organization	T		ation number
a	oplicable	B:				
	Addres		ESNE UNIVERSITY OF THE HOLY SPIRIT			
	Name		usiness as	25	-103566	3
<u> </u>	Initial		r and street (or P.O. box if mail is not delivered to street address) Room/s		hone number	
	Final return/	600	FORBES AVENUE		12)396-	6592
	termin		town, state or province, country, and ZIP or foreign postal code	G Gross r		672,040,159.
	Ameno		SBURGH, PA 15282-0226	H(a) is the	nis a group ret	
	Applic tion		and address of principal officer: KENNETH G. GORMLEY, ES		subordinates?	
-	pendir		AS C ABOVE			
IT	ax-exe		X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	1		st. See instructions
			DUQ.EDU		up exemption	
						State of legal domicile: PA
	rtl	Summary				
	1	Briefly descri	be the organization's mission or most significant activities: DUQUESNE	UNIVER	SITY OF	THE HOLY
Š			IS A CATHOLIC UNIVERSITY, FOUNDED	(CONTIN		SCH O)
Governance		<u>.</u>	x if the organization discontinued its operations or disposed of r			
Yer.			ting members of the governing body (Part VI, line 1a)		1.1	33
ŝ			dependent voting members of the governing body (Part VI, line 1b)			31
8			of individuals employed in calendar year 2021 (Part V, line 2a)			4059
Activities &			of volunteers (estimate if necessary)			31
Ĭ.			d business revenue from Part VIII, column (C), line 12			742,381.
۲			business taxable income from Form 990-T, Part I, line 11			83,332.
-		rior annoiated		Prior		Current Year
	8	Contributions	and grants (Part VIII, line 1h)		3,381.	55,954,998.
Revenue			ice revenue (Part VIII, line 2g)		6,518.	381,448,354.
ver		-	come (Part VIII, column (A), lines 3, 4, and 7d)		1,908.	36,284,328.
å			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,371.	448,048.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,178.	474,135,728.
-			milar amounts paid (Part IX, column (A), lines 1-3)	133,03		131,093,561.
			to or for members (Part IX, column (A), line 4)		0.	0.
		<u> </u>		178.06		174,303,424.
ses	162	Professional	fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundrais	fundraising fees (Part IX, column (A), line 11e) $4,505,607.$			
EX	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	120,20	4.340.	119,312,996.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		0,772.	424,709,981.
			expenses. Subtract line 18 from line 12		0,406.	49,425,747.
or es		10101100 1033		Beginning of		End of Year
ets c	20	Total assets	Part X, line 16)		58014.	1039124199.
Assets Balanc	21		Part X, line 16) s (Part X, line 26)	297,42		339,257,415.
Net /			fund balances. Subtract line 21 from line 20	739,83		699,866,784.
	irt II			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000,000,104.
5-setting	a desta de	-	I declare that I have examined this return, including accompanying schedules and st	atements and to	the best of my	knowledge and helief it is
			e. Declaration of preparer (other than officer) is based on all information of which pre		-	Knowledge and belief, it is
u uc,	COLLEC		. Deciaration of pupparel (organization of its based on all mormation of which pre	parer has any kin	owieugę.	
Cim		Signatu	re of officer		Date	1013
Sig			THEW J. FRIST, SENIOR VP FOR BUSINESS/			
Her	e		print name and title	I INMICE		
				Date	Check	PTIN
Paid		Print/Type pro	Preparer's name Preparer's signature 1. KIRSCH SUSAN M. KIRSCH		lif L	
	arer	Firm's name	SCHNEIDER DOWNS & CO., INC.		self-employed	25-1408703
•			SCHNEIDER DOWNS & CO., INC.			12 TIN0102
086	Only	rinn's addres	PITTSBURGH, PA 15222		Dhone no 11 1	2-261-3644
14-					FILUNE NO. 4 1 2	
			is return with the preparer shown above? See instructions			. X Yes No Form 990 (2021)
13200	01 12-0		For Paperwork Reduction Act Notice, see the separate instructions.		100 T NTT 7 00 1	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 2 t III Statement of Program Service Accomplishments
-	Check if Schedule O contains a response or note to any line in this Part III
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
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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.)
TU	(Expenses \$ 13,479,623. including grants of \$ 59,220.) (Revenue \$ 505,436.)
4e	Total program service expenses ► 365,761,865.
-10	Form 990 (2021)
132000	Point 300 (2021)
	2

15230509 786250 24172-24000

Form	aan	(2021)	
FUIII	990	120211	

Part IV Checklist of Required Schedules

1 In the organization described in excito 50 (Kg) or 40 (kg) (r) (deb (kg) or 40 (kg)) (r) (ther than a private bunchador)? 1 X 2 Is the organization request of complete Schedule C, Part I 3 X 3 Section 50 (kg) organizations. 1 X 4 X 4 Section 50 (kg) organizations. 0.0114 organization request in Kinkley. 3 X 4 Section 50 (kg) organizations. 0.0114 organization request in Kinkley. 4 X 5 In the organization request in Kinkley. 0.0114 organization request in Kinkley. 5 X 6 Did the organization request in Kinkley. 0.0116 organization request in Kinkley. 5 X 7 Did the organization request in Kinkley. 0.0116 organization request in Kinkley. 7 X 8 Did the organization request in Kinkley. 0.0116 organization request in Kinkley. 7 X 9 Did the organization request in Kinkley. 1.0126 organization request in Kinkley. 7 X 9 Did the organization request in A mount in Part X, line 21, the reserve or custodial account in Kinkley. 7 X				Yes	No
2 the organization engage in the complete Schedule () Contributes? See instructions 2 X 3 Diff the organization engage in the complete Schedule () Part I 3 X 4 Section 50 (kg) organizations. Diff the organization engage in kobbying activities, or have a section 50 (kg) election in election of the complete Schedule () Part I 4 X 5 be organization engage in kobbying activities, or have a section 50 (kg) election in election of the complete Schedule () Part I 4 X 6 Diff the organization engage in kobbying activities, or have a section 50 (kg) election in election () election or investment of the complete Schedule () Part I 5 X 6 Diff the organization engage in kobbying activities, or have a section 50 (kg) election () investment of ensures in each induce accounts B Park I Prace accepts Eschedule () Part I 6 X 7 X Diff the organization engage in kobbying activities account lability, serve as a custodian for annount in Park I, line 21, for secrew or custodial account lability, serve as a custodian for annount in Park I, line 21, for secrew or custodial account lability, serve as a custodian for annount in Park X, line 21, for secrew or custodial account lability, serve as a custodian for annount in Park X, line 21, for secrew or custodial account lability, serve as a custodian for annount in Park X, line 21, for secrew acceuts in Park X, line 107 / #*secrew acceuts acceuts and account lability, serve as a custodian for annount in Park X, line 21, P	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or patical campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part II 3 X 4 Section 501(b) organizations. Did the organization engage in kobbying activities, or have a section 501(b) election in effect of the organization matter and on the organization tempts behavior. (Part II) 4 X 5 Is the organization matter and on the organization that recoives membership dues, assessments, or animal amounts as effected in (Pilo). (D11(c)), co 201(c), co 201(c)). (Part II) 5 X 6 Did the organization matter and one comment, including casecomots to proceeve open space. (Part II) 6 X 9 Did the organization matter of the organization that the organization reprint of the organization matter of the organization matter of the organization matter of the organization reprint an annount to the organization or custodial account likelity, sorve as a catedoal no fart (N). 7 X 9 Did the organization develop of the organization, hold assets in donor restricted endowments or in quasi endownrents of the other organization report an annount for investments - organization in the other anneut for investments - organization organization report an annount for investments - organization for the other assets in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 10 X 10 X 10 X 10 X		X 1			
public office? Image: Schedule Q: Part / Image: Schedule Q: Part / Image: Schedule Q: Part / 4 Section 50 (kgl) organization. DB (the organization engage in lobbying activities, or have a section 50 (kgl) eigenvalues, assessments, or similar anounts as defined in New Pros. DB 157 // Yray, "complete Schedule Q: Part // Image: Schedule Q: Part // Image: Schedule Q: Part // 5 Is the organization in section 50 (kgl), SG 16(kgl), Gr gatures and the organization membership dues, assessments, or similar anounts as other similar anounts in schedule Q: Part // Image: Schedule Q: Part V			2	X	
4 Section 501(c(3) cranatizations: Did the organization engage in lobbying activities, or have a section 501(b(4) election in effect during the twy year? (// Yes,' complete Schedule C, Part II) 4 X is the organization a section 501(b(4), 501(b(3), or 601(c(4) cranplete Schedule C, Part II) 5 X Did the organization marking and years the instance or accounts for which donors have the right of provide edvice on the distribution or investment of amounts in such lunds or accounts? (// Yes,' complete Schedule D, Part II) 6 X Did the organization marking and years the instance areasons, in-fuculing assemble to provide edvice an the distribution or investment of an ontrib in such lunds or accounts? (// Yes,' complete Schedule D, Part II) 7 X B Did the organization marking and endownents? (// Yes,' complete Schedule D, Part II) 7 X D Did the organization marking and and particular pressures, or other similar assets? (// Yos,' complete Schedule D, Part II) 7 X D Did the organization encore on anount in Part X, line 21, for secrem or custodial account liability, seve as a custodian for anount or investments - other securities in Part X, in	3				77
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section S(H)(5) S01(5)(5) or S01(6)) S01(6)(5) or S01(6)(5) Or S01(6)(5) Or S01(6)(5) S01(6)(5) 6 Did the organization mantain any domoralised funds or any similar funds or accounts for which domors have the right to provide advised or the distribution or investment or domoratin structures of IV Sec. Complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easements, including easements to preserve open space, the environment, historic laterase, or historic at treasures or or other similar assets? If Yrgs," complete Schedule D, Part II 7 X 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic laterase, or historic at treasures, or orbit or similar assets? If Yrgs," complete Schedule D, Part II 8 X 9 Did the organization, anderation, hold assets in donor-restricted ondownents? 0 X 10 Did the organization report an amount for lead organization, hold assets in donor-restricted ondownents? 0 X 11 If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If Yrgs," complete Schedule D, Part II 10 X 12 Did the organization report an amount for leads schedule D, Part VI			3		<u> </u>
5 Is the organization a sector 50 16(4), 5016(5), or 501(6)0) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99179 <i>If "Yes," complete Schedule C, Part II</i> 5 X D D the organization maintain any done advested funds or any similar tands or accounts? <i>If "Yes," complete Schedule D, Part II</i> 6 X D D the organization nearbox rold a conservation (and/orga assematic to preservo open space), the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 7 X 9 D dt he organization maintain collicitors of works of art, historical trocaurus, or other similar assets? <i>If "Yes," complete Schedule D, Part II</i> 8 X 9 D dt he organization, instructure of thooging instructures? <i>If "Yes," complete Schedule D, Part II</i> 8 X 9 D dt he organization, instructure of thooging instructures? <i>If "Yes," complete Schedule D, Part II</i> 8 X 9 D dt he organization, and the ladit consulting, det maragement, codit repair, or bub to schedule D, Part VI, VII, VII, VII, VII, VII, VII, VII,	4	그는 것이 같이 잘 잘 못 했다. 것이 안 한 것이 같은 것이 같이 있는 것이 같이 많이 많이 가지 않는 것이 같이 많이 많이 많이 많이 많이 같이 같이 많이 많이 같이 많이		v	
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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 in such funds or accounts? If "Yes," complete Schedule D, Part II 0 X 7 X X X X X 8 Did the organization means of indice nearescent, indice accesses of the second of a part in the organization maintain collectors of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization means of advices of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization region and non-mean in Part X, line 21, for secrow or custodial account liability, serve as a custodian for a mount or through a related organization, directly to through a related organization, needed to the organization asset in anount for line structures in Yes," tomoplete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - orber securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - orber securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 13 Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VI 111 X <td>5</td> <td></td> <td>-</td> <td></td> <td>v</td>	5		-		v
provide advace on the distribution or investment of amounts in such funds or accounts? // 'Yes,' complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historice land areas, or historic structures? // 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrov or custodal account liability, serve as a custodain for amounts not listel in Part X, jor provide credit courseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi forwas, 'complete Schedule D, Part IV 10 X 10 Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? // 'Yes,' complete Schedule D, Part V 11 X 12 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 12?, line 13; Mat is 5% or more of its total assets reported in Part X, line 12?, line 15; Mat is 5% or more of its total assets reported in Part X, line 12?, line 14; Mat 13; Mat is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part X 114 X 10 <	6		5		<u></u>
7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic dames, or historic structures? # "ros," complete Schedule D, Part II 7 X 8 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic dames, or historical treasures, or other similar asset? # "ros," completo Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts on directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "yes," complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," completo Schedule D, Part VI 11 X 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "yes," completo Schedule D, Part VI 11a X 11 Did the organization report an amount for the sestem Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "yes," completo Schedule D, Part X 116 X 11 Did the organization report an amount for the sestem Part X, line 27, If "yes," completo Schedule D, Part X	0		6		x
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for secrew 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? 9 X 10 Did the organization directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part W 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part W 11a X 13 Did the organization report an amount for other liabilities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part W 11a X 14 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 114 X 15 Did the organization included in consolidated financial statements for the tax year? 114 X 16 Did the or	7		0		- 11
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,'' complete B B Did the organization report an amount in Part X, line 21, for escrew 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? B B Did the organization, directly or through a rolated organization, hold assets in donor restricted endowments or in quasi endowments? // 'Yes,'' complete Schedule D, Part V B B Did the organization answer to any of the following questions is "Yes,'' then complete Schedule D, Part V, UII, VII, VII, VI, or X, as applicable. B B Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of 11s total assets reported in Part X, line 16% if 'Yes,'' complete Schedule D, Part VI Hite X Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of 11s total assets reported in Part X, line 16% if 'Yes,'' complete Schedule D, Part X Hite X Did the organization report an amount for other assets in Part X, line 27 // 'Yes,'' complete Schedule D, Part X Hite X Did the organization included in consolidated financial statements for the tax year include a foothost that addresses Hite X Did the organization included in consolidated, independent audited financial statements for the tax year? H'Yes,'' complete Schedule D, Part X <	'	이 것이 같은 것	7		x
Schedulo D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit tepair, or debt negotiation services? 0 X 10 Did the organization report an amount for land, buildings, and oquipment in Part X, line 10, Part V 10 X 11 If the organization report an amount for land, buildings, and oquipment in Part X, line 10? If 'Yes, ' complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, ' complete Schedule D, Part VII 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, ' complete Schedule D, Part VIII 11a X 14 Did the organization report an amount for other assets in Part X, line 5% or more of its total assets reported in Part X, line 16? If 'Yes, ' complete Schedule D, Part VIII 11a X 14 Did the organization organization consolidated financial statements for the tax year? If 'Yes, ' complete Schedule D, Part X 11a X 15 Did the organization achoid described in ascient 170(b)(V)(W) If 'Yos, ' complete Schedule D, Part X	8		-		
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 reput; or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi nodownersts? 10 X 11 If the organization's enswer to any of the following questions is "Yes," them complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	0		8	x	
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? y X 11 "fros," complete Schedule D, Part V 10 X 10 20 Did the organization, directly or through a related organization, hold assets in donor restricted endowments 10 X 31 If the organization report an amount for investments - other securities in Part X, line 10? If "Yos," complete Schedule D, Part VI 11 11 X 40 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 11 X 41 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 11 X 41 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 11 X 42 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 114 X 43 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 114 X 44 Did the organization neavorathor osciolatin fancial statements or the ta	Q		-		
If "Yes," complete Schedule D, Part IV. 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11e X 13 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11e X 14 X Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X 15 Did the organization organization approximation a mount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X 16 the organization is liability for uncertain tax positions under FIN 48 (ASC 7407) If "Yes," complete Schedule D, Part X 11t X	3				
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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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 16 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a 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</i> "Yes," <i>complete Schedule H</i> 20a X				v	
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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 	15	이 것 같이 잘 못했지. 이번 방법에 집 것 같은 것을 하는 것을 하는 것 같은 것 같은 것 같이 가지 않는 것 같이 것 같			v
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 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 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 II</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 10 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> 20 X 	10		40	v	
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 10 Lic and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	17		47		x
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19		1/		- 11
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II 21 X	10		10	x	
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20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	19		10		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	20-2				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		
			21	х	
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Form 990 (2			UNIVERSITY	OF	THE	HOLY	SPIRIT
Part IV	Checklist of	Required Sched	lules (continued)				

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1.0.4
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1.00		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1.000	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Х	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	37	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Α	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		х	
31	contributions? <i>If</i> "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I	30 31	Δ	x
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	51		
52		32		x
33	Schedule N, Part II	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	A	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		1.5	
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11949	ļ		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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'ar	990 (2021) DUQUESNE UNIVERSITY OF THE HOLY SPIRIT	Г	25-1035	663	Р	age
	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ΓT.			Yes	No
za	filed for the calendar year ending with or within the year covered by this return	2a	4059			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instructions					
3a				3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?		4a	Х	
b	If "Yes," enter the name of the foreign country ITALY					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad			-		v
				5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	-	
6a		-		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution			oa		- 11
U				6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provi	ided to the payor?	7a	х	
b			uou to the payor.	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 a	as required?	7g	N/	А
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a	Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		N/A	9b	_	
0	Section 501(c)(7) organizations. Enter:	1 1				
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter	11				
a	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
•	amounts due or received from them.)	11b		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		N/A	120		
а	Note: See the instructions for additional information the organization must report on Schedule O.		N/ A	13a		
h	Enter the amount of recorder the organization is required to maintain by the states in which the					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13h				
	organization is licensed to issue qualified health plans	13b 13c				
c	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c		14a		x
c 4a	organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c		14a 14b		X
c 4a b	organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedu</i>	13c		14a 14b		X
c 4a b	organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	13c le O ration or				x
c 4a b	organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	13c le O ration or		14b		
с 4а 5	organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	le O ration or		14b		
с 4а	organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	le O ration or		14b 15		x
с 4а 5	organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	le O ration or t income?		14b 15		x
с 4а 5 5	organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	13c le O ration or t income? any		14b 15		x

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Form	990	(2021)
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DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

25-1035663 Page 6

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.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 33	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availal	ble
	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, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JAMES A. TORTELLA - (412)396-6592			
	600 FORBES AVE, ROOM 211, PITTSBURGH, PA 15282			
			9 90	

Form 990 (2021)	DOQUESNE	UNIVERSITY	OF THE	LOPI	SPIRIT	22-1032003	Page I
Part VII Compensa	tion of Officers, D	irectors, Trustee	es, Key Em	ployees	s, Highest Co	mpensated	
Employees	, and Independen	t Contractors					
Check if Sche	dule O contains a respo	onse or note to any lin	e in this Part V	′II			

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)	(B)	(C)					-	(D)	(E)	(F)
Name and title	Average	(do	Position o not check more than one				one	Reportable	Reportable	Estimated
	hours per	box, unles		ess person is both an and a director/trustee)			n an	compensation	compensation	amount of
	week	-			i/irus	lee)	from	from related	other	
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	I trus		99/	ubeu		1099-NEC)	1099-1120)	and related
	below	dual t	Institutional trustee	-	mploy	st col	Ē	1000 1120/		organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			9
(1) KEITH DAMBROT	55.00		141				1			
HEAD COACH MEN BASKETBALL	0.00		1.1			X		924,935.	0.	213,814.
(2) KENNETH G GORMLEY	55.00									
PRESIDENT EX OFFICIO BOARD	0.00	X		X				572,512.	0.	166,051.
(3) JOHN P PLANTE -EXIT 6/30/21	55.00									
FORMER SR VP ADVANCEMENT	0.50						Х	609,766.	0.	16,848.
(4) JOHN KAUFFMAN	55.00									
DEAN, OSTEOPATHIC MEDICINE	0.00					X		439,234.	0.	40,828.
(5) DAVID HARPER	55.00							and the second second		
VP OF ATHLETICS	0.00				Х			332,993.	0.	143,643.
(6) DAVID DAUSEY	55.00									
EXEC PROVOST VP ACADEMIC	0.00			X				371,066.	0.	91,542.
(7) MATTHEW J FRIST	55.00			200						
SR VP FINANCE & BUSINESS	0.00			X				366,360.	0.	51,906.
(8) J DOUGLAS BRICKER-EXIT 6/30/20	55.00									
FORMER KEY EMPLOYEE	0.00						Х	354,460.	0.	9,264.
(9) DOUGLAS K FRIZZELL	55.00									
SR VP STUDENT LIFE	0.00			X				246,538.	0.	85,764.
(10) JOEL BAUMAN	55.00							000 000	•	10 000
SR VP ENROLLMENT MGMT	0.00			X				277,955.	0.	49,623.
(11) DEAN B. MCFARLIN	55.00				37				0	
DEAN, BUSINESS SCHOOL (12) ALEEM GANGJEE	0.00				х			269,350.	0.	52,502.
PROFESSOR, SCHOOL OF PHARM	55.00					x		296,748.	0.	18,889.
(13) MARY ELLEN GLASGOW	55.00					1		250,740.		10,005.
DEAN, SCHOOL OF NURSING	0.00				х			285,173.	0.	29,780.
(14) JAMES K. DRENNEN	55.00									
DEAN, SCHOOL OF PHARMACY	0.00				х			249,914.	0.	59,797.
(15) DANIEL BURT	55.00									
HEAD COACH W BASKETBALL	0.00					x		300,303.	0.	8,888.
(16) WILLIAM GENERETT JR	55.00									
SR VP COMMUNITY ENGAGEMENT	0.00			X				272,175.	Ο.	10,231.
(17) JAMES MILLER- ENTER 7/1/21	55.00									
SR VP OF UNIVERSITY ADV	0.50			X				255,199.	0.	18,357.
132007 12-09-21										Form 990 (2021)

15230509 786250 24172-24000

Form 990 (2021) DUQUESNE	UNIVERS	SIT	Y	OF	T.	HE	HC	DLY SPIRIT	25-10	356	63	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	phest	t Co	mpensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F	=)
Name and title	Average	(do		Posit			-	Reportable	Reportable		Estim	ated
	hours per	box	, unles	s pers	son is	s both	an	compensation	compensation	1	amou	int of
	week	offi	cer and	d a dire	ector	r/truste	ee)	from	from related		oth	ner
	(list any	ector						the	organizations		compe	nsation
	hours for	or dir	æ			ted		organization	(W-2/1099-MIS	C/	from	the
	related	stee (ruste			pensa		(W-2/1099-MISC/	1099-NEC)		organi	
	organizations below	al tru	onal t		loyee	com 96		1099-NEC)			and re	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	ations
	,	P	lus	£	Ke	Е, Ë	Foi			_		
(18) JENNIFER ELLIOT	55.00					x		266 771			F	070
ASSOC PROF/FRITZKY CHAIR (19) FEVZI AKINCI	0.00				-	~	_	266,771.		0.	5,	972.
DEAN, HEALTH SCIENCES	0.00				x			220,669.		0.	31	052.
(20) KRISTINE BLAIR	55.00				^			220,009.		0.	эт,	052.
DEAN, SCHOOL LIBERAL ARTS	0.00				x			219,283.		0.	19	690.
(21) CHARLES BARTEL	55.00				^		-	219,203.		0.	19,	090.
VP IT AND CIO	0.00				x			210,062.		0.	20	010
					^			210,002.		0.	40,	048.
(22) PAUL-JAMES CUKANNA-EXIT 8/7/20	55.00						37	007 100				•
FORMER VP ENROLLMENT MGMT	0.00				_		х	237,120.		0.		0.
(23) GABRIEL WELSCH	55.00							100 405			20	200
VP OF MKTG/COMMUNICATION	0.00				X			192,425.		0.	34,	360.
(24) MADELYN REILLY -EXIT 4/30/21	55.00							100 015				
FORMER SR VP LEGAL/COUNSEL	0.00				_		х	190,815.		0.		899.
(25) PAMELA CONNELLY- ENTER 4/26/21	55.00							155 466			1 🗖	
SR VP LEGALAFFAIRS/COUNSEL	0.00			Х	_			157,466.		0.	17,	208.
(26) REV. RAYMOND FRENCH, C.S.SP.	55.00									~		
SR VP MISSION BOARD EXOFFICIO	0.00	Х		Х				0.		0.	14,	754.
1b Subtotal)		8,119,292.		0.		710.
c Total from continuation sheets to Part VI								0.		0.		066.
d Total (add lines 1b and 1c)								8,119,292.		0.	1261	776.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d abo	ove)) who	o rec	eived more than \$100,	000 of reportable			
compensation from the organization 🕨												316
											Ye	es No
3 Did the organization list any former officer,	director, trust	ee, k	key e	mplc	byee	e, or l	high	est compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3 2	<u>د</u>
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsati	ion	and	othe	r compensation from th	ne organization			
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete Se	che	dule	J for	r such individual			4 X	<u> </u>
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	ə J fe	or su	ch p	ersc	on					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt cor	ntra	ctors	s tha	t received more than \$	100,000 of compe	ənsati	on from	
the organization. Report compensation for	the calendar ye	ear e	ndin	ig wit	th o	r wit	hin tl	he organization's tax ye	əar.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Co	ompensa	ition
EAT'N PARK HOSPITALITY GR	OUP, IN	C.	, :	285	5							
EAST WATERFRONT DR., PITT	SBURGH,	Ρ	A :	152	230	0	F	OOD SERVICE		12,	904,	999.
P.J. DICK INCORPORATED												1000
225 NORTH SHORE DRIVE, PI	TTSBURG	н,	PZ	A 1	L52	212	2 C	ONSTRUCTION	· · · · · · · · · · · · · · · · · · ·	5,	613,	087.
RYCON CONSTRUCTION INC, 2	501 SMA	$\mathbf{L}\mathbf{L}$	MAI	NS	SТ							1.1.1.1
STE 100, PITTSBURGH, PA 1	5222						C	ONSTRUCTION	e 1	3,	245,	142.
AIMS GROUP INC, 200 CEDAR		DR	S'	ГΕ								
209, PITTSBURGH, PA 15205							C	ONSTRUCTION		1,	122,	031.
S-L-A-M COLLABORATIVE, IN				1.1		1.5	_	ROFESSIONAL				
80 GLASTONBURY BLVD, GLAS		,	СТ	06	503	33		ERVICES			949,	746.
2 Total number of independent contractors (ii							ed a	bove) who received mo	ore than			
A 100 000 1					E O							

\$100,000 of compensation from the organization **>** 52 SEE PART VII, SECTION A CONTINUATION SHEETS

SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2021) 132008 12-09-21

Part VII Section A. Officers, Directors, 1			,,		· · · · · · · · · · · · · · · · · · ·					(=)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	6	heck	Pos			hλ	Reportable compensation	Reportable compensation	Estimated amount of
	per	10			linat	app I	y)	from	from related	other
	week					66		the	organizations	compensatio
	(list any	ctor				(oldu		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted er		(W-2/1099-MISC)		organization
	related	stee c	ruste		æ	pensa				and related
	organizations	al tru	onal 1		ploye	com				organization
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) V REV. JAMES MCCLOSKEY	55.00	=	-	0	×	-	ш			
ECRETARY OF BOARD	0.00		1	x				0.	0.	14,742
28) REV. WILLIAM CHRISTY	2.00									
ORP BOARD VICE EXOFFICIO	0.00	x						0.	0.	14,700
29) REV. JOHN A. SAWICKI, C.S.SP	2.00									
CORP BOARD SEC EXOFFICIO	0.00	x					1	0.	0.	14,624
30) JOHN R MCGINLEY JR	2.00									
GOARD MEMBER AND CHAIRMAN	0.00	X		X				0.	0.	(
31) DIANE L HUPP	2.00									
OARD MEMBER AND VICE CHAIR	0.00	Х		Х				0.	0.	(
32) ANTHONY CARFANG	2.00									
OARD MEMBER	0.00	Х						0.	0.	(
33) SR MARY CARNEY, OSF	2.00									
SOARD MEMBER	0.00	х						0.	0.	(
34) JAY COSTA	2.00									
SOARD MEMBER	0.00	Х						0.	0.	(
35) STEVEN M COSTABILE	2.00									
SOARD MEMBER	0.00	X						0.	0.	(
36) MATTHEW V COSTELLO	2.00	37						0	0	
SOARD MEMBER	0.00	Х						0.	0.	(
37) DAVID D'ERAMO	2.00							ο.	0	
COARD MEMBER	0.00	X						0.	0.	(
38) V. REV. LAWRENCE A. DINARDO	2.00							0	0	
ISHOP APPOINTEE EX OFFICI	0.00	Х						0.	0.	(
39) DANIEL DRAWBRAUGH	2.00							0	0	
OARD MEMBER 40) LINDA EREMITA	0.00	X						0.	0.	(
SOARD MEMBER	0.00	x						0.	Ο.	(
41) RODNEY W. FINK	2.00	<u>~</u>						0.	0.	(
BOARD MEMBER	0.00	x						0.	0.	(
42) GREGORY J GERUSON	2.00									
OARD MEMBER	0.00	x						0.	ο.	(
43) MICHAEL GRACE	2.00									
OARD MEMBER	0.00	x						0.	0.	(
44) CHARLOTTE S JEFFERIES	2.00									
OARD MEMBER	0.00	x						0.	0.	(
45) MARY CLAIRE KASUNIC	2.00									
OARD MEMBER	0.00	x						0.	0.	(
46) CHARLES A KENNEDY	2.00									
OARD MEMBER	0.00	x						0.	0.	(

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Form 990 DUQUESNE Part VII Section A. Officers, Directors, Tru	istees, Key Er		mployees, and Highest Co					Compensated Employe	25-1035663 ees (continued)		
(A)	(B))			(D)	(E)	(F)	
Name and title	Average			Pos				Reportable	Reportable	Estimated	
	hours	(cl	neck	all t	that	app	y)	compensation	compensation	amount of	
	per							from	from related	other	
	week	-				oyee		the	organizations	compensation	
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the	
	hours for related	e or di	tee			sated		(W-2/1099-MISC)		organization and related	
	organizations	rustee	l trus		99/	npen				organizations	
	below	dual ti	itiona	_	nploy	st cor	-			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(47) WILLIAM LYONS- ENTER 7/1/21	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0	
(48) ROBERT I MALLET	2.00							3.3			
BOARD MEMBER	0.00	Х						0.	0.	0	
(49) REV DONALD MCEACHIN- ENTER 7/1/	2.00										
BOARD MEMBER EX OFFICIO	0.00	Х					14	0.	0.	0	
(50) CHRISTOPHER S. MCMAHON	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0	
(51) JONATHAN OGURCHAK	2.00										
BOARD PRES ALUMNI EX OFFICIO	0.00	Х						0.	0.	0	
(52) BRIAN PARKER	2.00							1.50			
BOARD MEMBER	0.00	Х						0.	0.	0	
(53) JOSEPH ROCKEY- ENTER 7/1/21	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0	
(54) CATHARINE M. RYAN	2.00								-		
BOARD MEMBER	0.00	Х						0.	0.	0	
(55) GRETCHEN G. SMARTO	2.00							- 164			
BOARD MEMBER	0.00	Х						0.	0.	0	
(56) BRIAN L. SULLIVAN	2.00										
BOARD MEMBER	0.00	Х					-	0.	0.	0	
(57) THOMAS A. TRIBONE	2.00										
BOARD MEMBER	0.00	Х	-					0.	0.	0	
(58) REV. MICHAEL WHITE , C.S.SP.	2.00										
BOARD MEMBER	0.00	X	-					0.	0.	0	
							1-11				
			14								
		1									
	-										
			T								
Total to Part VII, Section A, line 1c										44,066	

132201 04-01-21

Pa	rt VI		Statement of Re								
			Check if Schedule O d	contair	ns a respo	nse	or note to any line I	e 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
ts ts	1 a	a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	I	b	Membership dues		1b						
¶a Buo Buo	(с	Fundraising events		1c		115,207.				
aift Iar /	(d	Related organizations		1d		1,249,550.				
imil	(Government grants (contr				17,877,800.				
r S	1	f	All other contributions, gifts,	grants,	and						
the			similar amounts not included	l above			36,712,441.				
nd D		-	Noncash contributions included in				4,423,953.				
<u>5 g</u>		h	Total. Add lines 1a-1f					55,954,998.			
				~			Business Code	228404544	225404544		
ice	2 8	-	EDUCATIONAL PROGRAMS				611710 611710	337494541.	337494541.	241 215	
erv ue	-	~	STUDENT SERVICE PROC	GRAMS			611710	43,294,345. 505,436.	42953030. 505,436.	341,315.	
n S /en		•	ACADEMIC SUPPORT				611710	154,032.	154,032.		
Program Service Revenue			ACADEMIC SOFFORI				011/10	154,052.	154,052.		
Pro		e f	All other program service	reveni	IA						
			Total. Add lines 2a-2f				►	381448354.			
	3		Investment income (includ								
			other similar amounts)	-			►	8,495,425.		399,483.	8095942.
	4		Income from investment of				. Г				
	5		Royalties	. <u></u>			►	208,954.			208,954.
					(i) Real		(ii) Personal				
	6 a	a	Gross rents	6a	400,2						
	I	b	Less: rental expenses	6b	212,6						
	(Rental income or (loss)	6c	187,6	51.		100 654			100 500
			Net rental income or (loss))	<i>(</i>) Oit			187,651.		-10,942.	198,593.
	7 8		Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a 4/	25,072,9	94.	35,238.				
	1		Less: cost or other basis		07 310 3	20	0.				
Revenue			and sales expenses Gain or (loss)		97,319,3 27 753 6						
eve			Net gain or (loss)					27,788,903.			27788903.
			Gross income from fundraisi					,			
Other	0.				07. of						
Ŭ			contributions reported on								
			Part IV, line 18			8a	257,627.				
	I	b	Less: direct expenses			8b	273,101.				
			Net income or (loss) from			nts	►	-15,474.			-15,474.
	9 a	а	Gross income from gamin	ng activ	/ities. See						
			Part IV, line 19			9a					
	I	b	Less: direct expenses			9b					
			Net income or (loss) from	-	-	s	▶				
	10 a		Gross sales of inventory, I				1.5.5 0.0.5				
			and allowances			10a					
			Less: cost of goods sold			10b		66 017		10 505	E4 202
-+	(С	Net income or (loss) from	sales d	ot inventor	у	Business Code	66,917.		12,525.	54,392.
sn	44	~					Dusiness Code				
leo el	11 a										
scellanec <u>Revenue</u>		b c									
Miscellaneous <u>Bevenue</u>		d C	All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					474135728.	381107039.	742,381.	36331310.
132009							· 1				Form 990 (2021

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Form 990 (2021)

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25-1035663

Form 990 (2021)

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT Part IX Statement of Functional Expenses

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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 respo		this Part IX	(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		50.000		
	and domestic governments. See Part IV, line 21	59,220.	59,220.		
2	Grants and other assistance to domestic				
		130,314,715.	130,314,/15.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	710 626	710 626		
	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,	5,497,661.	3,171,600.	1,950,678.	375,383
6	trustees, and key employees Compensation not included above to disqualified	5,457,001.	5,171,000.	1,550,0700	575,505
U	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		19,317,173.	3,949,710.	
10	Payroll taxes	8,942,749.		703,513.	737,489
11	Fees for services (nonemployees):	. ,	. ,	,	
a	Management				
b	Legal	746,060.	4,042.	742,018.	
с	Accounting	220,210.		220,210.	
d	Lobbying	181,392.		181,392.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,014,221.		6,014,221.	
g					
	column (A), amount, list line 11g expenses on Sch O.)			2,092,798.	316,020.
12	Advertising and promotion	3,861,908.		1,760,091.	188,115.
13	Office expenses	10,981,682.		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.		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 \dots				
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		10 200 015	4 070 000	40.005
22	Depreciation, depletion, and amortization	22,652,219.	18,329,915.	4,272,369.	49,935.
23		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 0.)				
а	MEMBERSHIPS	691,971.	493,974.	173,349.	24,648
b					-
С					
d					
е	All other expenses		11,882,103.	872,800.	283,352.
25	Total functional expenses. Add lines 1 through 24e	424,709,981.	365,761,865.	54,442,509.	4,505,607
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here 🕨 📄 if following SOP 98-2 (ASC 958-720)				

132010 12-09-21

15230509 786250 24172-24000

Form **990** (2021)

15230509 786250 24172-24000

DUQUESNE U	NIVERSITY	OF	THE	HOLY	SPIRIT
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Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in	his Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		86,562,884.	2	55,909,879.
	3	Pledges and grants receivable, net		14,330,149.	3	23,525,172.
	4	Accounts receivable, net		32,050,729.	4	40,191,825.
	5	Loans and other receivables from any current or former officer,	director,			
		trustee, key employee, creator or founder, substantial contribut	or, or 35%			
					5	
	6	Loans and other receivables from other disqualified persons (as				
		under section 4958(f)(1)), and persons described in section 495			6	
ets	7	Notes and loans receivable, net			7	044 067
Assets	8	Inventories for sale or use		777,559.	8	944,967.
4	9	Prepaid expenses and deferred charges		9,067,242.	9	6,628,671.
	10a	Land, buildings, and equipment: cost or other	746 524			
		basis. Complete Part VI of Schedule D10a634Less: accumulated depreciation10b345	$\frac{, 140, 334}{422, 612}$	292,041,893.		200 212 001
				194,604,960.	10c	289,313,891. 239,613,184.
	11	Investments - publicly traded securities		402,280,418.	11 12	332,349,315.
	12			402,200,410.	13	JJZ, J4J, J1J.
	13				14	
	14 15	Intangible assets Other assets. See Part IV, line 11		5,542,180.	14	50,647,295.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1037258014.	16	1039124199.	
	17	Accounts payable and accrued expenses		48,776,014.	17	43,261,438.
	18	Grants payable			18	
	19	Deferred revenue	39,391,789.	19	47,390,126.	
	20	Tax-exempt bond liabilities		191,330,022.	20	230,579,140.
	21	Escrow or custodial account liability. Complete Part IV of Sched			21	
s	22	Loans and other payables to any current or former officer, direc				
itie		trustee, key employee, creator or founder, substantial contribut	or, or 35%			
Liabilities		controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties	3		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relate				
		parties, and other liabilities not included on lines 17-24). Comple	ete Part X			
		of Schedule D		17,923,651.	25	18,026,711.
	26	Total liabilities. Add lines 17 through 25	7	297,421,476.	26	339,257,415.
Ś		Organizations that follow FASB ASC 958, check here 🕨	<u>x</u>			
JCe		and complete lines 27, 28, 32, and 33.		400 744 010		110 670 071
alar	27	Net assets without donor restrictions		<u>482,744,010.</u> 257,092,528.	27	442,673,374. 257,193,410.
β	28	Net assets with donor restrictions		457,094,540.	28	257,195,410.
Ľ.		Organizations that do not follow FASB ASC 958, check here				
r T	~	and complete lines 29 through 33.			29	
ets	29 20	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund			30	
\ss	30 31	Retained earnings, endowment, accumulated income, or other	iunde		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		739,836,538.	32	699,866,784.
Ż	33	Total liabilities and net assets/fund balances		1037258014.	33	1039124199.
						Form 990 (2021)

Part X Balance Sheet

Form	990	(2021)
1 OHH	990	(2021)

Parl	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI					
	Check if Schedule O contains a response or note to any line in this Part XI					
						X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	474,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	424,			
3	Revenue less expenses. Subtract line 2 from line 1	3				47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	739,			
5	Net unrealized gains (losses) on investments	5	-89,	41(),9'	75.
6	Donated services and use of facilities	6				
	Investment expenses	7				
	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		15	5,4	74.
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	5,7	84.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
	Accounting method used to prepare the Form 990: Cash X Accrual Other	ə O.	- [Yes	No
	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	-	х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ə basis,				
	consolidated basis, or both:					
	X 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	ə audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a .	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit				
	Act and OMB Circular A-133?			3a	Х	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	_

Form **990** (2021)

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SCH	EDI	JLE	Α
			•••

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Employer identification number

		DUQU	ESNE UNIVE	RSITY OF THE	HOLY	SPIRI	[T	2	5-1035663		
Pa	rtI	Reason for Public (Charity Status.	(All organizations must c	omplete t	his part.) S	ee instructions	3.			
The	organ	ization is not a private found									
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(*	I)(A)(i).				
2	X	A school described in sect									
3		A hospital or a cooperative)(b)(1)(A)(ii	ii).				
4		A medical research organiz						(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governr	nental unit described in	section 1	70(b)(1)(A)	(v).				
7		An organization that norma	lly receives a substa	intial part of its support fr	om a gov	ernmental	unit or from th	e general i	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 org	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conju	nction with a	and-grant	college		
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of t	the college	e 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 exem	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom 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 a									
12		An organization organized a									
		more publicly supported or							Check the box on		
	_	lines 12a through 12d that									
а		Type I. A supporting orga									
		the supported organization			majority o	of the direc	tors or trustee	s of the su	upporting		
	-	organization. You must o									
b		Type II. A supporting org					-				
		control or management o			ame perso	ons that co	ntroi or manag	e the supp	ported		
	-	organization(s). You mus			in connoc	tion with	and functional	vintograte	ad with		
C		_ Type III functionally inte its supported organization						y megrate	eu witti,		
d		Type III non-functionally	.,.					tod organi	zation(e)		
u		that is not functionally int						330 S.T. 1988			
		requirement (see instructi						anationity	01033		
е		Check this box if the orga						I Type III			
U		functionally integrated, or					турст, турст	, rypo m			
f	Ente	er the number of supported of			ig organiz						
a		vide the following information	•								
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
				aboro (coo monactiono))							
_				· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990) 2021 Part II

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	• (a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	36633329.	29402076.	29229967.	49103381.	55954998.	200323751
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			_			
4	Total. Add lines 1 through 3	36633329.	<u>29402076.</u>	29229967.	<u>49103381.</u>	<u>55954998.</u>	200323751
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1267130.
	Public support. Subtract line 5 from line 4.						199056621
Sec	ction B. Total Support	1		•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	36633329.	<u>29402076.</u>	29229967.	49103381.	55954998.	200323751
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	3891195.	5841365.	7389761.	10113193.	8716120.	35951634.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots		89,566.			278,533.	368,099.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						236643484
12	Gross receipts from related activities	, etc. (see instructio	ons)			12 1,921	,584,158.
13	First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	i01(c)(3)	
_	organization, check this box and sto						
Sec	ction C. Computation of Publ	ic Support Per	centage			1 1	
	Public support percentage for 2021 (14	84.12 %
	Public support percentage from 2020					15	83.68 %
16a	33 1/3% support test - 2021. If the	-			14 is 33 1/3% or m	iore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not	check a box on line	ə 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported o	rganization		▶∟
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	ə 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circun	nstances test, che	ck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►
						Schedule A	(Form 990) 2021

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Schedule A	(Form 990)	2021	DUQUESNE	UNIVERSITY	OF	THE	HOLY	SPIRIT	25-10)35663	Page 3
Part III	Support	Schedule for	[•] Organizatior	ns Described in S	ectio	on 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		
1 Gifts, grants, contributions, and								
membership fees received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3 Gross receipts from activities that	Gross receipts from activities that							
are not an unrelated trade or bus-								
iness under section 513								
Tax revenues levied for the organ-								
ization's benefit and either paid to or expended on its behalf								
5 The value of services or facilities								
furnished by a governmental unit to					• •			
the organization without charge								
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons								
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6.)								
Section B. Total Support						· · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in) 🕨 📘	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
9 Amounts from line 6								
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b Unrelated business taxable income								
(less section 511 taxes) from businesses								
acquired after June 30, 1975		-						
c Add lines 10a and 10b								
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13 Total support. (Add lines 9, 10c, 11, and 12.)								
14 First 5 years. If the Form 990 is for the	organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,		
check this box and stop here								
Section C. Computation of Public					1 1			
15 Public support percentage for 2021 (lin			column (f))		15	%		
16 Public support percentage from 2020 9					16	%		
Section D. Computation of Invest								
17 Investment income percentage for 202			ne 13, column (f))		17	%		
18 Investment income percentage from 2					18	%		
19a 33 1/3% support tests - 2021. If the c						7 is not		
more than 33 1/3%, check this box and								
b 33 1/3% support tests - 2020. If the c								
line 18 is not more than 33 1/3%, chec	κ this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶		
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶∟		
132023 01-04-22					Schedule A	(Form 990) 2021		
		17						

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Schedule A (Form 990) 2021

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

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

132024 01-04-21

10b | | | Schedule A (Form 990) 2021

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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25-1035663 Page 5 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
6 ~~	tion D. Type I Supporting Organizations			

Section B. Type I Supporting Organizations

			Yes	No
1 2	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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			

or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Section D. All Type III Supporting Organizations			
	Section D. All Typ	be III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)	
		1000 11101 4040110	•

The organization satisfied the Activities Test. Complete line 2 below. а

b	The organization is the	parent of each of its	supported organizations.	Complete line 3 below
5	The organization is the	parent of each of its -	supported organizations.	

С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ıs).	
	Activities Test. Answer lines 2a and 2b below.	Yes	

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.
	Did the activities described on line Qe, shows constitute activities that but for the exemptation's involvement

- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

15230509 786250 24172-24000

2021.05080 DUQUESNE UNIVERSITY OF TH 24172-21

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	dule A (Form 990) 2021 DUQUESNE UNIVERSITY OF rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			25-1035663 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se			in Dart VI) See instructions
	All other Type III non-functionally integrated supporting organizations mus		'	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
1	(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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting o	rganization (see
	instructions).			

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Fo	rm 990) 2021
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DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)		
Section	on D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exer		1			
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). 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	on 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 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
е	From 2020					
f	Total 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					
-	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, explain in Part VI. See instructions.					
	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

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.)
32028 01-04-22	2 Schedule A (Form 990) 203

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

DUQUESNE UN	IVERSITY (OF THE	HOLY	SPIRIT	
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25-1035663

Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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 $e_{xclusively}$ 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 $e_{xclusively}$ 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 for an $e_{xclusively}$ religious.

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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

123452 11-11-21

15230509 786250 24172-24000

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 6,662,758. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Χ Person Payroll 2,047,523. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 3,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Χ Person Payroll 2,000,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll 1,543,385. X Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 6 X Person Payroll 1,260,204. Noncash X \$ (Complete Part II for noncash contributions.)

Page 2

25-1035663

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u> –		\$1,253,195.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u>1,178,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>1,215,137.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

15230509 786250 24172-24000

Employer identification number

25-1035663

^{123452 11-11-21}

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

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123453 11-11-21

Schedule B (Form 990) (2021)

15230509 786250 24172-24000

2021.05080 DUQUESNE UNIVERSITY OF TH 24172-21

Page 3

Employer identification number

25-1035663

Schedule B (Form 990) (2021)

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Name of organization

Schedule B (Name of orga	Form 990) (2021) anization		Employer identification numb	
	from any one contributor. Complete columns (a	ions to organizations described in s) through (e) and the following line er charitable, etc., contributions of \$1,000 or	25-1035663 section 501(c)(7), (8), or (10) that total more than \$1,000 for the y ntry. For organizations r less for the year. (Enter this info. once.)	
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gi		
-	Transferee's name, address, ar	nd 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	
-	Transferee's name, address, ar	(e) Transfer of gi nd ZIP + 4	ift 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	
	Transferee's name, address, a	(e) Transfer of gi nd ZIP + 4	ift 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			
- - - 123454 11-11-21	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	

15230509 786250 24172-24000

²⁷ 2021.05080 DUQUESNE UNIVERSITY OF TH 24172-21

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047	
(Form 990)		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.					
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					- Open to Public Inspection	
If the organization answ	wered "Yes," or	Form 990, Part IV, line 3, or F	orm 990-EZ, Part V, li	ine 46 (Political Campaign A	ctivities), then	
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not co	mplete Part I-C.			
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete	Parts I-A and C below	/. Do not complete Part I-B.		
 Section 527 organiza 	ations: Complete	e Part I-A only.				
		n Form 990, Part IV, line 4, or F				
()() 0		nave filed Form 5768 (election u	("			
		nave NOT filed Form 5768 (elect				
		n Form 990, Part IV, line 5 (Pro	(y Tax) (See separate	instructions) or Form 990-E	Z, Part V, line 35c (Proxy	
Tax) (See separate inst • Section 501(c)(4) (5)		ions: Complete Part III.				
Name of organization	, or (o) organization			Emple	oyer identification number	
	DUOUESN	E UNIVERSITY OF	THE HOLY SP		25-1035663	
Part I-A Comple		anization is exempt und				
1 Provide a description	on of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.		
2 Political campaign a	activity expendit	ures	1 0	▶\$		
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the org	anization is exempt und	er section 501(c)	(3).		
		incurred by the organization und		▶\$		
		incurred by organization manag		5▶\$		
		n 4955 tax, did it file Form 4720				
4a Was a correction m					Yes No	
b If "Yes," describe in Part I-C Comple		anization is exempt und	er section 501(c)	except section 501(c)	(3)	
		by the filing organization for se			(0).	
		ization's funds contributed to ot				
exempt function ac			e.			
		. Add lines 1 and 2. Enter here a		······································		
					Yes No	
5 Enter the names, ac	ddresses and en	nployer identification number (El				
made payments. Fo	or each organiza	tion listed, enter the amount pai	d from the filing organi	ization's funds. Also enter the	amount of political	
		omptly and directly delivered to		· · · ·	e segregated fund or a	
political action com	imittee (PAC). If	additional space is needed, prov	vide information in Part	t IV.		
(a) Name	Э	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political	
				filing organization's funds. If none, enter -0	contributions received and promptly and directly	
					delivered to a separate	
					political organization. If none, enter -0	
For Paperwork Reducti	ion Act Notice,	see the Instructions for Form 9	990 or 990-EZ.	S	chedule C (Form 990) 2021	
LHA						

132041 11-03-21

	DUQUESNE UN				035663 Page 2
Part II-A Complete if the org	ganization is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
	ation belongs to an affil		Part IV each affiliated	group member's name	e, address, EIN,
	re of excess lobbying e	. ,	visione ennly		
Limi	ation checked box A ar its on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term expen	ultures means amou	nts paid of incurred.)		totals	
1a Total lobbying expenditures to infl	uence public opinion (g	grassroots lobbying)			
b Total lobbying expenditures to infl	uence a legislative bod	y (direct lobbying)		196,703.	
c Total lobbying expenditures (add l	ines 1a and 1b)			196,703.	
d Other exempt purpose expenditur				425099562.	
e Total exempt purpose expenditure				425296265.	
f Lobbying nontaxable amount. Ent	er the amount from the	following table in both	n columns.	1,000,000.	
If the amount on line 1e, column (a) o		bying nontaxable amo	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00	, , ,	0 plus 15% of the exce	. ,		
Over \$1,000,000 but not over \$1,5	, , ,	0 plus 10% of the exce			
Over \$1,500,000 but not over \$17		0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	. 000.			
g Grassroots nontaxable amount (er	,			<u>250,000.</u> 0.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze reporting section 4911 tax for this	6			Г	
		raging Period Under			Yes No
(Some organizations t			• •	of the five columns be	low.
		ate instructions for lin			
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	140,759.	134,690.	194,191.	196,703.	666,343.
					1 000 000
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount					1 500 000
(150% of line 2d, column (e))					1,500,000.
• Oursease let la ""					
f Grassroots lobbying expenditures					
				Schedu	ile C (Form 990) 2021

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a) (b) of the lobbying activity. Yes No Amount 1 During the year, did the filing organization attempt to influence foreign, national, state, or Image: Comparison of the lobby in the provide in Part IV a detailed description Image: Comparison of the lob provide in Part IV a detailed description	
1 During the year, did the filing organization attempt to influence foreign national state or	
 a Volunteers? 	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	
c Media advertisements?	
d Mailings to members, legislators, or the public?	
e Publications, or published or broadcast statements?	
f Grants to other organizations for lobbying purposes?	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	
i Other activities?	
j Total. Add lines 1c through 1i	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	
b If "Yes," enter the amount of any tax incurred under section 4912	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section	
501(c)(6).	
Yes N	0
1 Were substantially all (90% or more) dues received nondeductible by members?	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."	
1 Dues, assessments and similar amounts from members	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	
expenses for which the section 527(f) tax was paid).	
a Current year 2a	-
b Carryover from last year 2b	
c Total 2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	
expenditure next year?	-
5 Taxable amount of lobbying and political expenditures. See instructions 5	
Part IV Supplemental Information	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	
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.	

132043 11-03-21

SCHEDULE D

(Form 990)

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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Da	DUQUESNE UNIVERSITY OF		<u>25-1035663</u>
Pa		as or Other Similar Funds or A	Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	() Demonstrational fronts	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing t		
	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors		
	for charitable purposes and not for the benefit of the donor or donor		
Pa			/ line 7
			V, line 7.
1	Purpose(s) of conservation easements held by the organization (chec		
	Preservation of land for public use (for example, recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con-	servation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а			<u>2a</u>
b			
c	Number of conservation easements on a certified historic structure in		2c
d	Number of conservation easements included in (c) acquired after 7/2		
1.0	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organ	nization during the tax
	year	A	
4	Number of states where property subject to conservation easement i		
5	Does the organization have a written policy regarding the periodic me		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conservati	ion easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations, and enforcing conservation ea	asements during the year
			2) (1)
8	Does each conservation easement reported on line 2(d) above satisfy		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ease		
	balance sheet, and include, if applicable, the text of the footnote to t	ne organization's financial statements tr	hat describes the
Dai	organization's accounting for conservation easements. 1 III Organizations Maintaining Collections of Art, H	listorical Treasures or Other	Similar Assets
1 41	Complete if the organization answered "Yes" on Form 990, Pa		Similar Assets.
		HERE AND DESCRIPTION OF THE REAL PROPERTY OF THE RO	Janaa abaat waxka
Ia	If the organization elected, as permitted under FASB ASC 958, not to		
	of art, historical treasures, or other similar assets held for public exhi		ance of public
1	service, provide in Part XIII the text of the footnote to its financial sta		
b	If the organization elected, as permitted under FASB ASC 958, to rep		
	art, historical treasures, or other similar assets held for public exhibit	on, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2			
2	If the organization received or held works of art, historical treasures,		, provide
	the following amounts required to be reported under FASB ASC 958		
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for For	rm 990.	Schedule D (Form 990) 2021

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	dule D (Form 990) 2021 DUQUESN:	E UNIVERSIT				25 Similar A	s=10:	35663	3 Page 2
3	Using the organization's acquisition, accession			Sector and the sector of the				(contin	
3			, check any of the r	ollowing that h	lake sign	incant use	01113		
	collection items (check all that apply):				2.1.1				
a	X Public exhibition d Loan or exchange program								
b	X Scholarly research	е	Other						
c	X Preservation for future generations						e de la composición d		
4	Provide a description of the organization's co	· · · · · · · · · · · · · · · · · · ·		•			in Part >	XIII.	
5	During the year, did the organization solicit o							1	TTT
Der	to be sold to raise funds rather than to be ma							Yes	X No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	n answered "Ye	es" on Fc	orm 990, P	art IV, li	ne 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other asset	s not inc	luded			
	on Form 990, Part X?						🗆	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
								Amount	t
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe					2		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Pa	rt XIII				
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV	, line 10.		ē i. J.		
		(a) Current year	(b) Prior year	(c) Two years I	back (d)	Three year	's 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.
	Net investment earnings, gains, and losses	-48,028,953.	126,170,482.	-2,906,0		7,742		22,	348,987.
	Grants or scholarships	4,679,817.	4,217,576.	4,211,		3,822			,915,264.
	Other expenditures for facilities	, ,					,		
v	and programs	18,205,036.	5,343,532.	11,359,0	675.	7,903	103.	6	,517,332.
f	Administrative expenses	173,875.	157,036.	, ,			, .		
g		450,947,118.	493,688,086.	368,641,	853.	383,108	617.	307	951,172.
2	End of year balance Provide the estimated percentage of the curr					,	,•	,	,•
	Board designated or quasi-endowment	52.0000	%						
a									
b	Permanent endowment $ 15.0000 \% $								
C									
•	The percentages on lines 2a, 2b, and 2c should be the percentage of the percentage o						£		
Ja	Are there endowment funds not in the posse	ssion of the organizat	tion that are neid an	ia administered	a lor the c	organizatio	9F 1	Г	Yes No
	by:							0-0	X
	(i) Unrelated organizations							3a(i)	X
1.4	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tiona liatad aa raavira	d an Cabadula D0	••••••				3a(ii)	X
								3b	<u></u>
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment tunas.						
1 41	Complete if the organization answered		Dart IV line 11a S	ee Form 990 E	Part X line	o 10			
							-	(-1) D	
	Description of property	(a) Cost or ot basis (investm		or other (othor)		umulated ciation		(d) Bool	(value
	l and		,	9,837.	depre		2	5 000	027
	Land			9,889.24	45 57	2 002			9,837.
	Buildings		<u>4/3,01</u>	5,005.24	±0,07	4,003	• 43	±,44	1,000.
	Leasehold improvements		02.26	2 120 1	01 53	1 170	1.	1 7 7	0 260
	Equipment					4,170			8,268.
	Other			4,370.					7,980.
Tota	. Add lines 1a through 1e. <i>(Column (d) must e</i>	gual Form 990, Part >	K. column (B). line 10	<u>)c.)</u>					3,891.
						Sc	hedule	D (Form	n 990) 2021

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	NIVERSITY OF T	HE HOLY SPIRIT	25-1035663 Page 3
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 of	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	Sector Sector Sector Sector		
(A) HEDGE FUNDS	55,425,216.	END-OF-YEAR MARK	KET VALUE
(B) EMERGING MARKETS	27,152,361.	END-OF-YEAR MARK	KET VALUE
(C) GLOBAL EQUITY	120,629,748.	END-OF-YEAR MARK	KET VALUE
(D) US EQUITY	57,232,168.	END-OF-YEAR MARK	KET VALUE
(E) VENTURE CAPITAL & PRIVATE			
(F) EQUITY	18,915,568.	END-OF-YEAR MARK	KET VALUE
(G) PRIVATE EQUITY	52,994,254.		
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	332,349,315.		
Part VIII Investments - Program Related.	1 / /		
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)			
<u>(6)</u>			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	•		
Complete if the organization answered "Yes	on Form 000 Dart IV line	11d See Form 000 Dart V line 15	
	Description	11d. 3ee 10111 990, Part A, Ille 13.	(b) Book value
	Description		(b) BOOK value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 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, li	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CONDITIONAL ASSET RETIREM	IENT		
(3) OBLIGATION			4,320,883.
(4) AGENCY FUNDS			1,119,790.
ANNULTATED DAVADED			405,184.
(5) ANNUITIES PAYABLE			
(6) LIABILITIES ASSOCIATED WI	TH		
	ТН		4,478,287.
(6) LIABILITIES ASSOCIATED WI	ТН		4,478,287. 7,702,567.
(6) LIABILITIES ASSOCIATED WI (7) INVESTMENTS (8) REFUNDABLE LOAN	TH		
(6) LIABILITIES ASSOCIATED WI (7) INVESTMENTS (8) REFUNDABLE LOAN (9)			7,702,567.
(6) LIABILITIES ASSOCIATED WI (7) INVESTMENTS (8) REFUNDABLE LOAN	ne 25.)		7,702,567. ▶ 18,026,711.

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 DUQUESNE UNIVERSITY OF THE				1035663 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	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:				
а	Net unrealized gains (losses) on investments	2a -	89,410,975.		
b	Donated services and use of facilities	2b	614,642.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-131979749.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a	6,014,221.		
b	Other (Describe in Part XIII.)	4b	-1,154,329.		
С	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.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per F	Retur	'n .
Pa	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wit	h Expenses per F		
Par 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per F		n. 288,469,508.
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wit	h Expenses per F		
1	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Wit	h Expenses per F		
1 2	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	h Expenses per F		
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wit	h Expenses per F 614,642.		
1 2 a b	Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	h Expenses per F	1	288,469,508.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per F 614,642. 1,138,855.	1	288,469,508.
1 2 a b c d	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per F 614,642. 1,138,855.	1	
1 2 a b c d e	T XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per F 614,642. 1,138,855.	1	288,469,508.
1 2 a b c d e 3	T XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	h Expenses per F 614,642. 1,138,855. 6,014,221.	1	288,469,508.
1 2 a b c d e 3 4	t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d 2d	h Expenses per F 614,642. 1,138,855.	1 2e 3	288,469,508. 1,753,497. 286,716,011.
1 2 a b c d e 3 4 a	t XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d	h Expenses per F 614,642. 1,138,855. 6,014,221. 31,979,749.	1 2e 3 4c	288,469,508. 1,753,497. 286,716,011. 137,993,970.
1 2 a b c d e 3 4 a b c 5	XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per F 614,642. 1,138,855. 6,014,221. 31,979,749.	1 2e 3 4c	288,469,508. 1,753,497. 286,716,011.

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

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15230509 786250 24172-24000

Schedule D (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 5 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.

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PART XI, LINE 4B - OTHER ADJUSTMENTS:

COMPREHENSIVE INCOME GAIN

SPECIAL EVENTS

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-1,014,285.

-15,474.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT Part XIII Supplemental Information (continued)	25-1035663 Page 5
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 D (Form 990) 2021

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S	С	Η	Е	D	U	L	Е	Е

Schools

OMB No. 1545-0047

Open to Public

receiver his

(Form 990)

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 for the latest information.

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Name of the organization

Inspection Employer identification number 25-1035663

			YES	N
Does t	he organization have a racially nondiscriminatory policy toward students by statement in its charter,			
bylaws	s, other governing instrument, or in a resolution of its governing body?	1	X	
	he organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
cataloç	gues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
Has the	e organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
homep	age at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
homep	age, or through newspaper or broadcast media during the period of solicitation for students, or during the			
registra	ation period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	unity it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II PART II	3	X	
		-		
Does t	he organization maintain the following?	-		
	Is indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Is documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	1
	s of all catalogues, brochures, announcements, and other written communications to the public dealing			
	udent admissions, programs, and scholarships?	4c	X	
	of all material used by the organization or on its behalf to solicit contributions?		X	
Does t	he organization discriminate by race in any way with respect to:	-		
		- - 5a		2
a Studer	nts' rights or privileges?			_
a Studer b Admiss	nts' rights or privileges?	5b		Σ
a Studer b Admiss c Employ	nts' rights or privileges? sions policies? yment of faculty or administrative staff?	5b 5c		2 2
a Studer b Admiss c Employ d Schola	nts' rights or privileges? sions policies? yment of faculty or administrative staff? ırships or other financial assistance?	5b 5c 5d		2 2 2
 a Studer b Admiss c Employ d Schola e Educat 	nts' rights or privileges? sions policies? yment of faculty or administrative staff?	5b 5c 5d		X X X X
 a Studer b Admiss c Employ d Schola e Educat f Use of 	nts' rights or privileges? sions policies? yment of faculty or administrative staff? urships or other financial assistance? tional policies? facilities?	5b 5c 5d 5e 5f		2 2 2 2 2 2 2 2 2 2 2 2 2 2
 a Studer b Admiss c Employ d Schola e Educat f Use of g Athletic 	nts' rights or privileges? sions policies? yment of faculty or administrative staff? urships or other financial assistance? tional policies? facilities? c programs?	5b 5c 5d 5e 5f		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
 a Studer b Admiss c Employ d Schola e Educat f Use of g Athletic h Other education 	nts' rights or privileges? sions policies? yment of faculty or administrative staff? urships or other financial assistance? tional policies? facilities?	5b 5c 5d 5e 5f 5g		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
 a Studer b Admiss c Employ d Schola e Educat f Use of g Athletic h Other education 	nts' rights or privileges? sions policies? yment of faculty or administrative staff? urships or other financial assistance? tional policies? facilities? c programs? extracurricular activities?	5b 5c 5d 5e 5f 5g		
 a Studer b Admiss c Employ d Schola e Educat f Use of g Athletic h Other end If you a a a 	hts' rights or privileges? sions policies? yment of faculty or administrative staff? urships or other financial assistance? tional policies? facilities? c programs? extracurricular activities? answered "Yes" to any of the above, please explain. If you need more space, use Part II. he organization receive any financial aid or assistance from a governmental agency?	5b 5c 5d 5e 5f 5g 5h 5h 6a	x	
a Studen b Admiss c Employ d Schola e Educat f Use of g Athletic h Other e If you a a Does t	nts' rights or privileges? sions policies? yment of faculty or administrative staff? urships or other financial assistance? tional policies? facilities? c programs? extracurricular activities? answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h 5h 6a	x	
 a Studer b Admiss c Employ d Schola e Educat f Use of g Athletic h Other end if you a a Does th 	hts' rights or privileges? sions policies? yment of faculty or administrative staff? urships or other financial assistance? tional policies? facilities? c programs? extracurricular activities? answered "Yes" to any of the above, please explain. If you need more space, use Part II. he organization receive any financial aid or assistance from a governmental agency?	5b 5c 5d 5e 5f 5g 5h 5h 6a	x	
a Studer b Admiss c Employ d Schola e Educat f Use of g Athletic h Other e If you a Does th b Has the If you a	hts' rights or privileges? sions policies? yment of faculty or administrative staff? urships or other financial assistance? tional policies? facilities? c programs? extracurricular activities? answered "Yes" to any of the above, please explain. If you need more space, use Part II. he organization receive any financial aid or assistance from a governmental agency? e organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h 5h 6a	x	X X X X X X X X X X X X X X X X X X X

132061 10-18-21

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 E (Form 990) 2021

132062 10-18-21

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

X Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 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, pro- gram 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,		10 O		and the second second	1.1.1.2.0.2.2.2.
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,			10 mm 1 m		
BRUNEI, BURMA,					
CAMBODIA,	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	178,489.
EAST ASIA AND THE		, v	I ROGRAM DERVICED	BOCATIONAL BAIBADE	170,405.
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,	0	0	PROCESSI GERVIT GEG		011 000
CAMBODIA,	0	0	PROGRAM SERVICES	RECRUITMENT	211,338.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,	0				
BRUNEI, BURMA,					205
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.
3 a Subtotal	0	0			504,472.
b Total from continuation					
sheets to Part I	2	18			84,980,770.
c Totals (add lines 3a					
and 3b)	2	18			85,485,242.

Part I

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,
- (Form 990) Department of the Treasury Internal Revenue Service

SCHEDULE F

Inspection

Employer identification number

OMB No. 1545-0047
2021
Open to Public

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(by ty progra	ies conducted in region pe) (i.e., fundraising, m services, grants to s 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,			Sec. and a second			Sections
AUSTRIA, BELGIUM	0	0	PROGRAM S	ERVICES	EDUCATIONAL EXPENSE	183,597
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,			and the first of the			1.
AUSTRIA, BELGIUM	0	0	PROGRAM S	ERVICES	RECRUITMENT	13,338
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						Sector Sector
AUSTRIA, BELGIUM	2	18	PROGRAM S	ERVICES	STUDY ABROAD	1,857,881
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,			and the second			
AUSTRIA, BELGIUM	0	0	PROGRAM S	ERVICES	INSTRUCTIONAL CONFERENCE	39,064
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						
AUSTRIA, BELGIUM	0	0	PROGRAM S	ERVICES	FINANCIAL AID	719,626
MIDDLE EAST AND						
NORTH AFRICA -						
ALGERIA, BAHRAIN,			22012200			1.0
DJIBOUTI, EGYPT,	0	0	PROGRAM S	ERVICES	EDUCATIONAL EXPENSE	4,373
MIDDLE EAST AND			0			
NORTH AFRICA -						
ALGERIA, BAHRAIN,						1 Augusta and
DJIBOUTI, EGYPT,	0	0	PROGRAM S	ERVICES	RECRUITMENT	12,040
NORTH AMERICA						
-CANADA & MEXICO,						
NOT US	0	0	PROGRAM S	ERVICES	RECRUITMENT	2,928
IODMII ANDRESS						
NORTH AMERICA						
-CANADA & MEXICO,		0				20 505
NOT US	0	0	PROGRAM S	ERVICES	INSTRUCTIONAL CONFERENCE	32,797
NODELL ANDRESS						
NORTH AMERICA						
-CANADA & MEXICO,						50.000
NOT US	0	0	PROGRAM S	ERVICES	EDUCATIONAL EXPENSE	52,282

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(by type) program s	conducted in region (i.e., fundraising, ervices, grants to cated 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
OUTH AMERICA	0	0	PROGRAM SERV	TCES	EDUCATIONAL EXPENSE	993.
OUTH AMERICA	0	0	PROGRAM SERV	VICES	RECRUITMENT	421,204.
OUTH AMERICA	0	0	PROGRAM SERV	TCES	INSTRUCTIONAL CONFERENCE	3,011.
SOUTH AMERICA SOUTH ASIA -	0	0	PROGRAM SERV	VICES	STUDY ABROAD	11,146.
AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, SOUTH ASIA -	0	0	PROGRAM SERV	TCES	EDUCATIONAL EXPENSE	22,331.
AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, BOUTH ASIA -	0	0	PROGRAM SERV	VICES	INSTRUCTIONAL CONFERENCE	15,
SGHANISTAN, BANGLADESH, BHUTAN, NDIA, MALDIVES, SUB-SAHARAN AFRICA -	0	0	PROGRAM SERV	VICES	RECRUITMENT	37,849.
NGOLA, BENIN, NOTSWANA, BURKINA VASO,	0	0	PROGRAM SERV	VICES	RECRUITMENT	14,711.
SUB-SAHARAN AFRICA - INGOLA, BENIN, SOTSWANA, BURKINA PASO,	0	0	PROGRAM SERV	TICES	MISSIONARY	1,525.
ABO, SUB-SAHARAN AFRICA - ANGOLA, BENIN, SOTSWANA, BURKINA ZASO,	0		PROGRAM SERV		INSTRUCTIONAL CONFERENCE	5,694.

(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, CENTRAL AMERICA AND FHE CARIBBEAN -	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	137,642
ANTIGUA & BARBUDA, ARUBA, BAHAMAS, MIDDLE EAST AND	0	0	INVESTMENTS		81,405,723
NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	INVESTMENTS		1,000
Totals	2	18			84,980,770

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the			I	1	1
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sec		uivalency letter	>		

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		FINANCIAL AID AWARD POSTED ON STUDENT'S ACCOUNT	0.	N/A	N/A	

Schedule F (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 4 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	X Yes	No 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	X Yes	No No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	X Yes	No 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	X No

Schedule F (Form 990) 2021

132074 12-20-21

Part V	Form 990) 2021 Supplementa	DUQUESNE	UNIVERSI.	II OF	THE	порт	BEIKII	25-1035663	Page !
			Part I, line 2 (mon ⁱ	itoring of f	unds); Pa	art I, line 3	3, column (f) (accou	nting method; amounts of	
								nod); and Part III, column (c)	
	(estimated number	er of recipients), as	applicable. Also c	complete t	his part t	o provide	any additional info	rmation. See instructions.	
	ùr							Schedule F (Form	

SCHEDULE G	Suppleme	ntal Information Regard	ding Fund	Iraisi	ing or Gaming A	ctivit	ies c	DMB No. 1545-0047
(Form 990)		organization answered "Yes rganization entered more that				r 19, o	r if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form						Open to Public Inspection
Name of the organizatio		to www.irs.gov/Form990 for	Instruction	s and	the latest informati		1 march 1	ntification number
	DUQUESN	E UNIVERSITY OF	THE H	OLY	SPIRIT		25-1035	
	complete this part	Complete if the organization a	answered "Y	'es" or	n Form 990, Part IV, I	ine 17.	Form 990-EZ	filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	tions I email solicitations itations blicitations on have a written o ted in Form 990, Pa	f S g S r oral agreement with any indiv art VII) or entity in connection v iduals or entities (fundraisers)	blicitation of blicitation of becial fundra vidual (inclue vith profess	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund	양은 이 같은 것이 같은 것이 같은 것을 알았다. 이 가지 않는 것이 없는 것이 없는 것이 없는 것이 없다. 이 가지 않는 것이 없는 것 않이	(ii) Activity	have or co	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (or fu	mount paid retained by) Indraiser Id in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
3 List all states in wh		n is registered or licensed to s	Start Start Start Start	utions	or has been notified	it is ex	empt from re	gistration
or licensing.								
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for F	orm 990 or	990-E	Ζ.		Schedule	G (Form 990) 2021

132081 10-21-21

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 2

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
1			LAUREL	VACARELLO		(add col. (a) through
			VALLEY GOLF	GOLF INVITAT	3	col. (c))
PD			(event type)	(event type)	(total number)	
	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
	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
הוו בתר דעהבו ואבי	7	Food and beverages	20.	60.	10,648.	10,728
5	8	Entertainment				
	9	Other direct expenses	664.	2,336.	3,436.	6,436
- 1		Direct expense summary. Add lines 4 throug				273,101
	11 rt I	Net income summary. Subtract line 10 from II Gaming. Complete if the organization				-15,474
	1	Gross revenue				
ß	2	Cash prizes				
	3	Noncash prizes				
הוו התי ראהם ואפא	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
		Net gaming income summary. Subtract line	7 from line 1, column (d)			
	8				>	
	8 Ent	Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming a	ucts gaming activities:			YesN
a	8 Ent	ter the state(s) in which the organization cond	ucts gaming activities: ctivities in each of these	states?		YesN
a b a	8 Ent Is t If "	ter the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain: 	ucts gaming activities: _ ctivities in each of these evoked, suspended, or te	states?		
a b a	8 Ent Is t If "	ter the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	ucts gaming activities: _ ctivities in each of these evoked, suspended, or te	states?		
ab	8 Ent Is t If "	ter the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain: 	ucts gaming activities: _ ctivities in each of these evoked, suspended, or te	states?		

Sch	edule G (Form 990) 2021	DUQUESNE	UNIVERSITY	OF THE HO	OLY SPIRIT	25-1035663 Page 3
11	Does the organization conduct g	aming activities with	n nonmembers?			YesNo
12	Is the organization a grantor, ber	eficiary or trustee o	f a trust, or a membe	of a partnership c	or other entity formed	
	to administer charitable gaming?					Yes No
13	Indicate the percentage of gamin	g activity conducted	d in:			
а	The organization's facility					13a %
b	An outside facility					13b %
14	Enter the name and address of the	e person who prep	ares the organization	s gaming/special e	events books and reco	rds:
	Name					
	Address					
15a	Does the organization have a cor	tract with a third p	arty from whom the o	rganization receive	s aamina revenue?	Yes No
ieu	2000 the organization have a con			gamzationrecorre	e gaming revenue.	
b	If "Yes," enter the amount of gan	ning revenue receive	ed by the organizatior	▶ \$	and the arr	nount
	of gaming revenue retained by th					
с	If "Yes," enter name and address					
	Name 🕨					
	Address					
16	Gaming manager information:					
	Nama					
	Name					
	Gaming manager compensation	► \$				
	aaning manager compensation	•				
	Description of services provided	•				
			0			
	Director/officer	Employee	Indep	endent contractor		
	Mandatory distributions:					
a	Is the organization required under	r state law to make	charitable distribution	ns from the gaming	g proceeds to	
	retain the state gaming license?					
D	Enter the amount of distributions organization's own exempt activi			a to other exempt	organizations or spent	. In the
Pa				uired by Part L line	2b. columns (iii) and (v); and Part III, lines 9, 9b, 10b,
	 15b, 15c, 16, and 17b, a					,, and t alt in, inter e, ex, tex,
			,			
_						
_						
13208	33 10-21-21					Schedule G (Form 990) 2021
			49			

15230509 786250 24172-24000

2021.05080 DUQUESNE UNIVERSITY OF TH 24172-21

edule G art IV	(Form 990) Supplemental I	DUQUESNE	ued)	HOLY SPIR	<u>11. 25-103</u>	5003 Pag
<pre>////////////////////////////////////</pre>						

15230509 786250 24172-24000

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury Internal Revenue Service			Attach to Forms.gov/Form990 fo	m 990.			Open to Public Inspection			
		Y OF THE HO					Employer identification number 25-1035663			
Part I General Information on Grants a 1 Does the organization maintain records to criteria used to award the grants or assis 2 Describe in Part IV the organization's pro- Part II Grants and Other Assistance to recipient that received more than S	to substantiate the stance? Docedures for monit Domestic Organia	oring the use of grant zations and Domestic	funds in the United c Governments. C	States. Complete if the org			X Yes No			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) 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) a 3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice. 	s listed in the line	I table	e line 1 table		1		2 . 0 . Schedule I (Form 990) 2021			

Schedule I (Form 990) 2021

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

25-1035663

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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 Part IV Supplemental Information. Provide the information re	1992	4,150,604.		N/A	N/A
PART I, LINE 2: A SCHOLARSHIP IS AN ACHIEVEMENT AV					
STUDENT'S AFFILIATION WITH A PARTI	CULAR MAJ	OR, BEING	A PART OF	A	
CLUB/GROUP, OR BASED ON THE STUDEN		and the second second	and the second second		
STUDENTS RECEIVING SCHOLARSHIPS AN	D GRANTS	FROM THE U	INIVERSITY	ARE	

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

Schedule I (F	orm 990)				UNIVERSITY	OF	THE	HOLY	Y SPIRIT	25-1035663	Page 2
Part IV	Supple	mental I	nform	ation							
STUDEN'	rs re	CEIVIN	IG F	INANCIAL	ASSISTANCE	BA	SED	ON N	IEED ARE	MONITORED TO	
ENSURE	THEY	MEET	THE	ACADEMI	C REQUIREME	NTS	OR	OTHE	ER CRITER	RIA 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 I (Form 990)

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	01	
-	-	Compensated Employees	•	l ZU	2	
-		Complete if the organization answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990.	3.	Open to	o Publ	lic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest informatio	າ.		ection	
Nam	e of the organizatio	יישיע איז	Employer	, identificati	on nu	mber
		DUQUESNE UNIVERSITY OF THE HOLY SPIRIT	25-	103566	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Fo	rm 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or d	harter travel Housing allowance or residence for pe	rsonal use			
	X Travel for com	panions Payments for business use of persona	l residence			
	Tax indemnifie	ation and gross-up payments X Health or social club dues or initiation	fees			
	Discretionary	spending account Personal services (such as maid, chau	ffeur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	X	
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors	's			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization	on's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organi	ration to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	n committee X Written employment contract				
		compensation consultant $\overline{\mathbf{X}}$ Compensation survey or study				
	X Form 990 of c		n committee			
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a	X	
b	Participate in or red	eive payment from a supplemental nonqualified retirement plan?		4b	X	
С	Participate in or red	eive payment from an equity-based compensation arrangement?				X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501()(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 compens	ation			
	contingent on the r	evenues of:				
а	The organization?			5a		X
b		ation?				X
		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 compens	ation			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
b		ation?				X
		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 payme	nts			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7	X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject t				
				8		x
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		edule J (Forr	n 990) 2021

Schedule J (Form 990) 2021

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663

Page 2

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

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

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

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

Schedule J (Form 990) 2021

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663

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

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

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

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

Part III Supplemental Information

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

PART I, LINE 1A:

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.

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	ls Provide informa	e descrip ation.	ENTITY tions,	1		0	20	1545-004 21 Publi ion							
Name of the organizatior		NIVERSITY OF	F THE HOLY	SPIRIT								dentifi 0356		numb)er
Part I Bond Issues (a) Iss	uer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	(f)	Descripti	on of purpose	(g) De	feased	(h) On t of iss	1.000	(i) Poo financ	
						· · · · · · · · · · · · · · · · · · ·				Yes	No	Yes	No	Yes	No
	C.BUILD.AUTH.	25-1425398	01728RKC2	03/19/13	4304	4915.	SEE	PART	VI	x			x		x
	C.BUILD.AUTH.	25-1425398	01728RKY4	12/17/14	4384	2545.	SEE	PART	VI	x			x		x
	C.BUILD.AUTH.	25-1425398	01728RLR8	05/05/16	6803	8418.	SEE	PART	VI	x			x		x
(11)ALLEGH		25-1425398	01728RKC2	05/08/18	1223	0000.	SEE	PART	VI		x		x		x
Part II Proceeds							В		C				D		
1 Amount of bonds r	retired			15,50	0,000.	15.		000.		5,000			<u> </u>		
2 Amount of bonds I				E 02	0,000.			000.		5,000			_		_
3 Total proceeds of i	issue			43,05	1,476.	43,	842,	545.	68,03	8,418	•	12,	230),00	0.
4 Gross proceeds in	reserve funds														
5 Capitalized interes	t from proceeds								hi						
6 Proceeds in refund	ling escrows							S. 10							
7 Issuance costs fro	m proceeds				5,654.		404,	261.	46	9,527	•				
8 Credit enhanceme	nt from proceeds														
v i	penditures from proceeds				95.				3	6,314	•				
10 Capital expenditur					9,743.	12	420	204	(7 5)	0 5 7 7	_	10	220		~
11 Other spent proce					5,984.	43,	438,	284.	67,53	4,577	•	14,	230),00	0.
12 Other unspent pro	The subscript of the su				014	-	201	1)	016	-		20)18	
13 Year of substantial				Yes	No	Yes	201	No	Yes	No		Yes		No	
	sued as part of a refundinç 018, a current refunding is		onds (or,	162	X	X			192	X		X			
	sued as part of a refunding		s (or, if											11	
issued prior to 201	8, an advance refunding is	ssue)?				х			Х	<u> </u>				Σ	
16 Has the final alloca	ation of proceeds been ma	de?		X		Х			Х					X	ζ
17 Does the organizat final allocation of p	tion maintain adequate bo proceeds?	oks and records to sup	port the	x		x			x			x			

Department of the Treasury	Complete if the organ	nization answered explanations, and	any additional info	90, Part IV, prmation in	line 24a. Part VI.	Provide descrip	ENTITY tions,	2		Оре	No. 1545 2021 In to Pupection	ublic
~	NIVERSITY O	F THE HOLY	SPIRIT							dentifica 03566		mber
Part I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descriptio	on of purpose	(g) De	feased	(h) On bel of issue		Pooled ancing
								Yes	No	Yes N	o Ye	s No
(12)ALLEGHENY COUNTY A HIGHER EDUC BUILD AUTH	25-1425398	01728RKY4	05/08/18	860	,000.	SEE PART	VI		x	2	x	x
(13)ALLEGHENY COUNTY B HIGHER EDUC BUILD AUTH	25-1425398	01728RLR8	05/08/18	1,380	,000.	SEE PART	VI		x	2	ς Ι	x
(14)ALLEGHENY COUNTY CHIGHER EDUC BUILD AUTH	25-1425398	01728RMW6	05/30/18	2025	3295.	SEE PART	VI		x	2	x 🗌	x
(15)PENNSYLVANIA HIGHER DEDUC FACILITIES AUTH	22-2243852	70917S4F7	03/27/19	2128	5927.	SEE PART	VI		x	2	x	x
Part II Proceeds							-					
1 Amount of bonds retired			A			В	c		-)	
),000.	1,	380,000.	20,27	8,758	•	21,7	49,	488
5 Capitalized interest from proceeds												
6 Proceeds in refunding escrows												
7 Issuance costs from proceeds							24	6,249	•	1	.84,	753
8 Credit enhancement from proceeds												
9 Working capital expenditures from proceeds								7,951				192
10 Capital expenditures from proceeds							19,24	4,558	•	21,5	63,	543
11 Other spent proceeds			860),000.	1,	380,000.			_			
12 Other unspent proceeds									_			
13 Year of substantial completion)18		2018		019	-	_	202	
			Yes	No	Yes	No	Yes	No	_	Yes	N	2
14 Were the bonds issued as part of a refunding		• •			v			v				х
if issued prior to 2018, a current refunding is			X		X			X	-			Λ
15 Were the bonds issued as part of a refunding				v		v		v				х
issued prior to 2018, an advance refunding is	Charles and the second s			X X		X	x	X		x		Δ
16 Has the final allocation of proceeds been ma				Δ		A	Δ		-	Δ		
17 Does the organization maintain adequate boo	oks and records to sup	port the	x		х		x			х		
final allocation of proceeds?		<u></u>	\Lambda		Δ		Δ			dule K (F		

(Forn Depart	ment of the Treasury	Complete if the orga	nization answered explanations, and	any additional info	90, Part IV, prmation in	line 24a. Part VI.	Provide		ENTITY tions,	3		c	20	1545-00)21 o Pub tion	1
Name	e of the organization DUQUESNE U	NIVERSITY O	F THE HOLY	SPIRIT								identif 035		n num	ber
Part	Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f)	Descriptio	on of purpose	(g) De	feased	(h) On of is:		(i) Po finan	
										Yes	No	Yes	No	Yes	No
((16) ALLEGHENY COUNTY					12.5.0									
Αŀ	IIGHER EDUC BUILD AUTH	25-1425398	01728RNL9	08/27/20	1039	3364.	SEE	PART	VI		x		x		Х
((17) ALLEGHENY COUNTY														
вΕ	IIGHER EDUC BUILD AUTH	25-1650137	01728RNX3	12/09/21	5625	6072.	SEE	PART	VI		x		x		Х
С							_								
					11										
D							1								
Part	II Proceeds					Č									
				A			В		C				D		
1	Amount of bonds retired														
2	Amount of bonds legally defeased														
3				10,393	3,364.	56,	288,	890.							
4	Gross proceeds in reserve funds														
5	0 1 1 1 1 1 1														
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds			106	5,834.		448,	051.							
8	Credit enhancement from proceeds														
9	Working capital expenditures from proceeds														
10	Capital expenditures from proceeds			10,286	5,530.	2,	798,	280.							
11	Other spent proceeds							924.							
12	Other unspent proceeds					47,	239,	635.							
13	Year of substantial completion			20)21										
				Yes	No	Yes		No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refunding	issue of tax-exempt b	oonds (or,												
	if issued prior to 2018, a current refunding iss	sue)?			Х	Х									
15	Were the bonds issued as part of a refunding	issue of taxable bond	ds (or, if												
	issued prior to 2018, an advance refunding is	ssue)?			Х			Х							
16	Has the final allocation of proceeds been ma			v				Х							
17	Does the organization maintain adequate boo	oks and records to sup	oport the												
	final allocation of proceeds?			X		Х									

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT Schedule K (Form 990) 2021

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		Δ		В		С		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?	100	X	100	X	100	X	100	X
2 Are there any lease arrangements that may result in private business use of					7			<u> </u>
bond-financed property?	х		х		х			x
3a Are there any management or service contracts that may result in private								
	х		х		х			x
business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	х		х		х			
counsel to review any management or service contracts relating to the financed property?	Δ					-		+
c Are there any research agreements that may result in private business use of		x		x		x		x
bond-financed property?		A		- A				
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						F.0		.00
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 %	ļ	.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-	1.000							
governmental person other than a 501(c)(3) organization since the bonds were issued?	Х		х		Х			X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of	4	7.00 %	1	8.00 %		5.00 %		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?	х		х		х			
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	х		х		х		х	
Part IV Arbitrage	21		21		21		21	
		•		D		•		
		A	1	B		c		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No X	Yes	No X	Yes	No X
Penalty in Lieu of Arbitrage Rebate?								A
2 If "No" to line 1, did the following apply?	_							1
a Rebate not due yet?		X		X		X	X	
b Exception to rebate?		X		X		X		X
c No rebate due?	Х		Х		Х			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed	1 - 1							
3 Is the bond issue a variable rate issue?		X		X		X		X

Schedule K (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

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			Α		В		С		D
v	n a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned prope	rty 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 prop	ərty?		X		X	X		Х	
3a Are there any manage	gement or service contracts that may result in private								
business use of bor	d-financed property?		X		X	Х		Х	
	oes the organization routinely engage bond counsel or other outside								
counsel to review ar	ny management or service contracts relating to the financed property?					Х		Х	
c Are there any resear	rch agreements that may result in private business use of					÷. * -			1
bond-financed prop	ərty?		X		X		X		X
	oes the organization routinely engage bond counsel or other			1					
outside counsel to r	eview any research agreements relating to the financed property?								
4 Enter the percentag	e of financed property used in a private business use by entities				1342				
other than a section	501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %		.00 9
	e of financed property used in a private business use as a						1. Sec.		
1 9	rade or business activity carried on by your organization,								
	(c)(3) organization, or a state or local government		%		%		%		q
	5		.00 %		.00 %		.00 %		.00 9
	e meet the private security or payment test?		X	10	X		X		X
	le or disposition of any of the bond-financed property to a non-								
	n other than a 501(c)(3) organization since the bonds were issued?		x		x		x		x
	nter the percentage of bond-financed property sold or								1
			%		%		%		9
	as any remedial action taken pursuant to Regulations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,		,,,		,
	nd 1.145-2?								
	n established written procedures to ensure that all								
e	of the issue are remediated in accordance with the								
		х		х		х		x	
Part IV Arbitrage	Regulations sections 1.141-12 and 1.145-2?	Λ		7		Δ		n	
Faith Aibluage			A		в		с		D
1 Has the issuer filed	Form 8038-T. Arbitrage Rebate. Yield Reduction and	Yes	A No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Ar		169	X	169	X	163	X	163	X
2 If "No" to line 1, did									
when the second s		X	1	X		x		X	1
) 	Δ	x		X		X		x
	?		X		X		X		X
c No rebate due?	variate in Dart VII the date the vehate commutation was				A		A		A
	rovide in Part VI the date the rebate computation was								
-Marshell Marshell (Marshell Marshell Ma			x		X		X		x
3 Is the bond issue a	variable rate issue?		Δ		Δ		Δ	1	

Schedule K (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

25-1035663

Page 2

1 41	t III Private Business Use								
			<u>A</u>		В		>)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X			LE	
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?	Х		X			· · · · · · · · · · · · · · · · · · ·		
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?	Х		Х		· · · · · · · · · · · · · · · · · · ·			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	Х		Х					
c	Are there any research agreements that may result in private business use of								
	bond-financed property?		X		Х	· · · · · · · · · · · · · · · · · · ·			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
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 %		%		%
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 %		%		%
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X		Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	х		Х					
Par	t IV Arbitrage								
			Α		в	(>)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?					2 2	2		
-	Rebate not due yet?	Х		Х					
-	Exception to rebate?		X		X				
	No rebate due?		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				

DUOLESNE UNIVERSITY OF THE HOLY SPIRIT Schedule K (Form 990) 2021

Chedule K (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOI	Y SPIR	IT	25-1	035663				Page
Part IV Arbitrage (continued)								
	/		E	3	(<u> </u>		<u> </u>
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х		Х		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)?		Х		Х		Х		X
b Name of provider								
c Term of GIC							1	
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?		Х		Х		Х		X
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		x		x		X	
Part V Procedures To Undertake Corrective Action								
		۱	E	3	(<u> </u>	1	<u>,</u>
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
voluntary closing agreement program if self-remediation isn't available under					1.00		i de la companya de la	
applicable regulations?	Х		X		Х	0	X	
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under	X		x	No		No		

Schedule K (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

25-1035663

Page 3

Part IV Arbitrage (continued)			6.000					
	/	4	E	3)	D	1
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х		Х		Х
b Name of provider			1					
c Term of hedge			4			5	.u	
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		Х
b Name of provider								
c Term of GIC	<u> </u>							
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?		Х		Х		Х		Х
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		X		X		x	
Part V Procedures To Undertake Corrective Action								
	1	4	E	3)	D	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the							11.00	
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х		X		x		x	
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions.					4
같이 되었다. 이 것은 것은 것은 것은 것은 것은 것은 것은 것을 가지 않는 것은 것은 것은 것은 것은 것은 것은 것은 것을 가지 않는 것을 가지 않는 것을 가지 않는 것을 가지 않는 것을 가지 않 같이 같이 같								

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Schedule K (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Part IV Arbitrage (continued) в С D Δ 4a Has the organization or the governmental issuer entered into a qualified Yes No Yes No Yes No Yes No Х х hedge with respect to the bond issue? b Name of provider c Term of hedge d Was the hedge superintegrated? e Was the hedge terminated? х х 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? **b** Name of provider c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? х х 6 Were any gross proceeds invested beyond an available temporary period? 7 Has the organization established written procedures to monitor the х х requirements of section 148? Part V Procedures To Undertake Corrective Action Α в C D Has the organization established written procedures to ensure that violations Yes No Yes No Yes No Yes No of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Х х 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-OUALIFIED PORTIONS OF THE FOLLOWING BONDS: SERIES 2013A, ORIGINALLY ISSUED ON 3/19/2013 THE NON-OUALIFIED 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

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SEE PART VI SUPPLEMENTAL INFORMATION SHEET

Schedule K (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663	Page 4
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)	N 0					Interested			00.07	00-		MB No.	040-004	H
(Form 990)	Complete i	the o	•			" on Form 990, Par EZ, Part V, line 38a			26, 27,	28a,	ЬТ., з	2	02	1
epartment of the Treasury Internal Revenue Service		Go to v	► Atta	ach to	Form 9	990 or Form 990-E2 Istructions and the	z.				Open To Public Inspection			
lame of the organization				643.5		and the second second	15,5			-	ident		on nu	mbe
						THE HOLY SE					356	63		
						on 501(c)(4), and see								
1	2		ered "Yes" on Relationship bet			rt IV, line 25a or 25b	o, or	Form 990-EZ, P	aπ v, i	ine 40	D.	(d)	Corre	ctod
(a) Name of disqualif	ied person	person and organization			(4	(c) Description of transaction					Ye			
												_	_	
2 Enter the amount of	tax incurred by	the or	ganization mar	agers	or disq	ualified persons dur	ing t	he year under						
section 4958 3 Enter the amount of						unization				► \$ ► •				
3 Enter the amount of	tax, ii any, on i	nez, a	above, reimburs	sed by	the org					• •	7			
Part II Loans to	and/or From	n Inte	erested Pers	sons.										
Complete if	the organizatio	n answ	vered "Yes" on	Form §	990-EZ,	Part V, line 38a or F	Form	990, Part IV, lin	ie 26; d	or if th	e orga	nizatio	n	
	amount on For			-			_					provod		
(a) Name of interested person	(b) Relation with organ		(c) Purpose of loan	fror	oan to or m the	(e) Original principal amount	(f) Balance due) In ault?	by bo		(i) V agree	
	inter or gain	Lution		To	From			Yes	No	comm Yes	No	Yes	No	
				10					103	110	100	110	100	
							-							-
														_
						► \$								
otal Part III Grants oi	r Assistance	Ben	efiting Inter	este	d Per									_
	the organization													
(a) Name of interes	ted person	(b) Relationship interested per- the organiz	son an		(c) Amount of assistance		(d) Type assistar) Purp assista		
		-				5 50	0.	ACADEMIC	ME	RTT	O F	URT	HER	E
		-				5,50					<u> </u>	51(1		
														_
		_												

Schedule L (Form 990) 2021

SEE PART V FOR CONTINUATIONS

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Schedule L (Form 990) 2021 DUQUES	SNE UNIVERSITY OF THI	E HOLY SPIR	IT 25-1035	663	Page 2
	"Yes" on Form 990, Part IV, line 28a, 24	8h or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
G. GENERETT	SPOUSE OF OFFICER,	223,029.	EMPLOYMENT:		X
Part V Supplemental Information. Provide additional information for resp	onses to questions on Schedule L (see i	nstructions).			
	ASSISTANCE BENEFITI		THE PERSONS	•	
	Children and a state of the state of the	ING INTERAL	THE THROUND	•	
(C) AMOUNT OF GRANT \$ 5,5					
(D) TYPE OF ASSISTANCE: AC	ADEMIC MERIT AWARD				
(E) PURPOSE OF ASSISTANCE:	TO FURTHER EDUCATIO	N			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: G. GEN	ERETT				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
SPOUSE OF OFFICER, WILLIAM	GENERETT, SR VP COM	MUNITY ENGA	GEMENT		
(C) AMOUNT OF TRANSACTION					
(D) DESCRIPTION OF TRANSAC	TION: EMPLOYMENT: EM	IPLOYED AS L	DEAN OF SCHO		
OF EDUCATION					
(E) SHARING OF ORGANIZATIO	N REVENUES? = NO				

Schedule L (Form 990) 2021

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

C

Employer identification number 25-1035663

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.

2021 **Open to Public** Inspection

Name of	the	organization	۱
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▶ Go to www.irs.gov/Form990 for instructions and the latest information.

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT Types of Property

Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	(c Method of c noncash contrib		•	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	Х		5	,000.	FMV			
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property		C						
9	Securities - Publicly traded	Х	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)	х	1	71	,050.	FMV			
26	Other (EQUIPMENT)	X	1		,000.				
27	Other \blacktriangleright ()								
28	Other ()								
29	Number of Forms 8283 received by the organiza	ation during	the tax vear for co	ontributions					
	for which the organization completed Form 828				29			0	
	0		0					Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?						30a		х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance po	olicy that re	equires the review o	of any nonstandard	l contribut	tions?	31	x	
	Does the organization hire or use third parties of								
	contributions?		•				32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column	(a) is cheo	cked,			
	describe in Part II.								
LHA		he Instruct	tions for Form 990).		Schedule	M (Forn	n 990)	2021

132141 11-17-21

Schedule M (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 2

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 M (Form 990) 2021

132142 11-17-21

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. Open to Public ► Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number DUOUESNE UNIVERSITY OF THE HOLY SPIRIT 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. DUOUESNE 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 AND THROUGH SERVICE TO THE CHURCH, THE COMMUNITY, OPEN TO DIVERSITY, THE NATION AND THE WORLD. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY, NATION AND THE WORLD. CHURCH, 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 132211 11-11-21

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2021.05080 DUQUESNE UNIVERSITY OF TH 24172-21

Schedule O (Form 990) 2021	Page 2
Name of the organization DUQUESNE UNIVERSITY OF THE HOLY SPIRIT	Employer identification number 25-1035663
COUNCIL, AND SUCH OTHER VOWED MEMBERS OF THE CONGREGATION	OF THE HOLY
SPIRIT PROVINCE OF THE UNITED STATES AS ARE APPOINTED BY T	HE PROVINCIAL
SUPERIOR WITH THE CONSENT OF THE PROVINCIAL COUNCIL SO THA	T 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

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Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT	25-1035663
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.

NE	T SPECIAL	EVENT	HELD	IN	AGENCY	FUND	LIABILITY			15,	474.
132212 11-11-21									Sched	ule O (Form	990) 2021
							75				
15230	509 786250) 24172	2-2400	0		202	1.05080	DUQUESNE	UNIVERSITY	OF TH	24172-21

Name of the organization

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number 25-1035663

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.

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(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2021 Open to Public Inspection

Employer identification number 25-1035663

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
EASTERN CONGREGATION OF THE HOLY SPIRIT			1				
PROVINCE OF THE US - 27-0213864, 6230 BRUSH				170(B)(1)(A)(
RUN ROAD, BETHEL PARK, PA 15102-2214	RELIGIOUS CONGREGATION	PENNSYLVANIA	501(C)(3)	I)	N/A		X
THE DIETRICH FOUNDATION - 36-4711746	TO SUPPORT FUNCTIONS OF &						
600 GRANT STREET SUITE 5360	CARRY OUT THE PURPOSES OF						
PITTSBURGH, PA 15219	DUQUESNE	PENNSYLVANIA	501(C)(3)	LINE 12A, I	N/A		X
DUQUESNE UNIVERSITY SCHOOL OF BUSINESS	TO SUPPORT SCHOOL OF					1	
ALUMNI ASSOCIATION - 25-1661703, 600 FORBES	BUSINESS THROUGH						6.4.5
AVE., SCH OF BUSINESS, PITTSBURGH, PA 15282	RELATIONSHIPS WITH ALUMNI	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		X
CHARLES HENRY LEACH II FUND FOR DUQUESNE	TO FOSTER THE CHARITABLE,						
UNIVERSITY - 46-4483460, 600 FORBES AVE.,	SCIENTIFIC AND EDUCATIONAL				DUQUESNE		
405 ADMIN, PITTSBURGH, PA 15282	PURPOSES OF FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UNIVERSITY	x	-

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
ELIZABETH K. WINGERTER CHARITABLE FOUNDATION	TO PROVIDE SUPPORT FOR						
- 27-2498681, SECURITY NAT'L TRUST CO, 1300	DUQUESNE UNIVERSITY SCHOOL			LINE 12D,			
CHAPLINE ST.STE 302, WHEELING, WV 26003	OF EDUCATION	PENNSYLVANIA	501(C)(3)	III-O	N/A		X
FRANK T. EBBERTS CHARITABLE FOUNDATION -	TO ENDOW A CHAIR IN				7		
25-6285631, C/O PNC BANK 620 LIBERTY AVE,	BUSINESS LAW AT DUQUESNE						
10TH FLOOR, PITTSBURGH, PA 15222	UNIVERSITY	PENNSYLVANIA	4948(A)(1)	PF	N/A		X
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Schedule R (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

25-1035663 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) Disproportionate allocations?				(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	entity entity Predominant income (related, unrelated, excluded from tax under	Share of total income	al Share of end-of-year assets			amount in box	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Yes N	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	-										
	_										
	-										
	_										
	-										
	_										
	-										

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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont ent	tion b)(13) rolled tity?
		country)						Yes	No
CHARITABLE REMAINDER TRUST (1)	RICHARD AND VERNA								
600 FORBES AVE	BERCIK ENDOWED								
PITTSBURGH, PA 15282	SCHOLARSHIP	NV	N/A					Х	

Schedule R (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARLES HENRY LEACH FUND II	с	154,561.	CASH VALUE
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			Cabadula D (Farm 000) 0001

Schedule R (Form 990) 2021 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes Ne	total	(g) Share of end-of-year assets	(† Dispr tior allocat Yes	n) opor- late lions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Provide additional information for re	esponses to questions on Schedule R. See	instructions.
2165 11-17-21		Schedule R (Form 990) 202

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

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