			** PUBLIC DISCLOSURE COPY	**					
	00	0	Return of Organization Exempt From	m In	come Ta	Y	L	OMB No. 1545-0	047
Fo	rm <b>99</b>	U	Circle Section 50 (C), 527, or 4947(a)(1) of the Internal Revenue Code	e (exce	nt private foun	4A datio		2020	1
Der	partment of th	e Treasury	Do not enter social security numbers on this form as it is	may be	made public	uation	15)	2021	
Inte	rnal Revenue	Service	Go to www.irs.gov/Form990 for instructions and the line	latest in	formation			Open to Pub Inspection	
			ar year, or tax year beginning JUL 1, 2020 and ending			021		mspection	1
в	Check if applicable:	C Name of	forganization	_	D Employer id	_	cation	number	
	Address change Name	DUQU	ESNE UNIVERSITY OF THE HOLY SPIRIT						
L	change	Doing bu	usiness as		25-103	356	63		
	Final	Number 600	and street (or P.O. box if mail is not delivered to street address) Room. FORBES AVENUE	n/suite I	E Telephone nu	umber	r		
	lreturn/ termin- ated				(412)3	396.		the state of the local division of the local	
	Amended return	PITT	own, state or province, country, and ZIP or foreign postal code SBURGH, PA 15282-0226		G Gross receipts \$			0,728,10	)8
L	Applica- tion pending	F Name ar	nd address of principal officer: KENNETH G. GORMLEY, ES	SO.	H(a) Is this a gro			<b>.</b>	1
		SAME A	AS C ABOVE		for subordi				-
			X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	H(b) Are all subordin				N
J	Website:	► WWW.1	DUQ.EDU			ach a	list. Se	ee instructions	
K			X Corporation Trust Association Other	Vear of	H(c) Group exer	nptior	n num	ber 🕨	T
P	art I S	ummary		I Gal UI	formation: 187	OM	State	of legal domicile	<u>: P</u>
-	1 Bri	efly describe	e the organization's mission or most significant activities: DUQUESNE	E TIN	TVEDCTMV	OF	1 (7)1	TE HOT I	-
ő	SI	PIRIT ]	IS A CATHOLIC UNIVERSITY, FOUNDED		NTINUED	ON	-TTE	IE HOLY	-
rna	2 Ch	eck this box	► if the organization discontinued its operations or disposed of the second se	TCO	MITINUED	ON	SCI	H ()	1
ove	3 Nu	mber of voti					ets.		
ğ	4 Nu	mber of inde	ependent voting members of the governing body (Part VI, line 1a)			3			3
so	5 Tot	al number o	ependent voting members of the governing body (Part VI, line 1b)			4			2
itie	6 Tot	al number o	f individuals employed in calendar year 2020 (Part V, line 2a)			5		44	.74
Activities & Governance	7 a Tot	al unrelated	f volunteers (estimate if necessary) business revenue from Part VIII, column (C), line 12			6			29
¥	b Net		Submode revenue nom Part VIII, column (G), line 12			7a		-90,53	4
		difference b	pusiness taxable income from Form 990-T, Part I, line 11			7b			0
	8 Cor	tributions a	and grante (Part VIII I'r di V		Prior Year			Current Year	
ani	9 Pro	arom convio	ind grants (Part VIII, line 1h)	2	9,229,96	7.	49	9,103,38	1,
Revenue	10 Inve	gran servic	e revenue (Part VIII, line 2g)	39	0,375,02	0.	377	7,696,51	8
Be	11 0+6		ome (Part VIII, column (A), lines 3, 4, and 7d)	1	3,974,05	9.	17	7,061,90	8
	11 Oth	er revenue (	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		601,36	0.		549,37	1.
-	12 Tota	al revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43	4,180,40	6.	444	1,411,17	8.
	13 Gra	nts and simi	ilar amounts paid (Part IX, column (A), lines 1-3)	13	4,703,65		133	3,031,68	8
	14 Ben	efits paid to	o or for members (Part IX, column (A), line 4)			0.			0.
ses	15 Sala	aries, other o	compensation, employee benefits (Part IX, column (A), lines 5 10)	18:	3,050,50		178	064 74	1
ens	Iba Pro	ressional fur	idraising fees (Part IX, column (A), line 11e)			0.			0.
Expen	N IOU	in run una sing	g expenses (Part IX, column (D), line 25) 4.646.539.	1					0.
"	17 Oth	er expenses	(Part IX, column (A), lines 11a-11d, 11f-24e)	104	4,319,68	9.	120	,204,34	0
	10 1012	a expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)	422	2,073,85			,300,77	
_	19 Rev	enue less ex	penses. Subtract line 18 from line 12	1:	2,106,55	5			
Fund Balances					ning of Current Ye			,110,40	0.
ala			rt X, line 16)	869	9,263,66	3		End of Year 3725801	1
E			Part X, line 26)	3,138,91		207	,421,47	± •	
							730	836 53	0.
-		ignature i	DIOCK		,124,744			,836,53	
Ide	r penalties	of perjury, I d	eclare that I have examined this return, including accompanying schedules and stat	temente	and to the best a	fmul	noule	les sull. I. s	
le,	correct, and	d complete. D	eclaration of preparer (other than officer) is based on all information of which prepa	arer bac	and to the Dest of	I MY KI	nowled	ige and belief, it i	S
		-	, is also a of an information of which prep	al of Has	any knowledge.	-	-	1	

Sign	Signature of officer	011/2072
Here	MATTHEW J. FRIST, SENIOR VP FOR BUSINESS/FINANC	Date <b>2</b>
Preparer Use Only	Print/Type preparer's name       Preparer's signature       Date         SUSAN M. KIRSCH       SUSAN M. KIRSCH       Date         Firm's name       SCHNEIDER DOWNS & CO., INC.       Firm's address       ONE PPG PLACE, SUITE 1700         Firm's address       ONE PPG PLACE, SUITE 1700       PITTSBURGH, PA 15222         St discuss this return with the preparer shown above? See instructions       See instructions	Check PTIN if P00341397 Firm's EIN ▶ 25-1408703 Phone no.412-261-3644
032001 12-2		<u> </u>

	990 (2020) 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
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
U	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 \$ 245,284,241. including grants of \$ 122,231,458. ) (Revenue \$ 344,832,217. )
	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). (2 FUNDING AGENCIES)
	DUE TO THE COVID-19 GLOBAL PANDEMIC, STUDENTS WERE OFFERED A FLEXIBLE
	RESIDENCY PLAN TO ADJUST WHEN THEY WOULD ARRIVE OR DEPART, IN
	CONSIDERATION OF THEIR PARTICULAR HEALTH NEEDS OR CONCERNS. THEIR
	HOUSING AND MEAL CHARGES WERE ADJUSTED PROPORTIONATELY. THE FUNDING
	SOURCE FOR THE REFUNDS WERE UNIVERSITY FUNDS AND FEDERAL STIMULUS
	MONIES RECEIVED BY THE UNIVERSITY AS INSTITUTIONAL AID UNDER THE CARES
	ACT. 26 214 020 10 720 540 22 407 270 2
4b	(Code:) (Expenses \$ 76,314,030. including grants of \$ 10,739,549.) (Revenue \$ 32,497,370.)
	AUXILIARY/STUDENT SERVICES: STUDENT SERVICES PROGRAMS, STUDENT SERVICES, INSTITUTIONAL SUPPORT, AND AUXILIARY ENTERPRISES (10,849
	STUDENTS AND EMPLOYEES) UNIVERSITY COMMUNITY AND ROOM & BOARD, FOOD
	SERVICE, INTERCOLLEGIATE ATHLETICS, PARKING EVENTS, CONFERENCES. (3
	FUNDING AGENCY)
4c	(Code:) (Expenses \$ 39,115,275. including grants of \$) (Revenue \$ 185,188.)
	EDUCATIONAL DELIVERY, ACADEMIC SUPPORT - LIBRARY, DEANS OFFICE, PROVOST
	OFFICES, CATALOGS, COMMENCEMENT, CLERGY RESIDENCE, INCLUDING 9,282 STUDENTS AND FACULTY. (13 FUNDING AGENCIES)
	STODENTS AND FACOLIF. (IS FONDING AGENCIES)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 10,422,131. including grants of \$ 60,681.) (Revenue \$ 167,910.)
4e	Total program service expenses ►     371,135,677.
	Form <b>990</b> (2020)
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Form 990 (2			UNIVERSITY	OF	THE	HOLY	SPIRIT
Part IV	Checklist of F	Required Scheo	dules				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
Ū	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	_A	
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	~	<u> </u>
19		19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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 "Yes," complete Schedule I, Parts I and II</i>	21	х	
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Form 990 (20	~ ~	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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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
Ь	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	214		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
2	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	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	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			
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11792			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	<u>X</u>	
032004	12-23-20	Form	990	(2020)
	4			

020)		UNIVERSITY				
Statements	Regarding Othe	er IRS Filings and	l Tax	Com	oliance	(continued)

2a         Inter the number of employees reported on from W3, Transmittal of Wage and Tax Statements,         2a         4474           b         If a least one is reported on line 2a, did the organization file all required federal employment tax returns?         2b         X           3a         Data on of lines 1 and 2a dis granter time 30, your ray be reinstruction 3         3a         X         3a         X           3b         If the organization have an interval. To add 2s granter time 30, your ray be reinstruction 3         3b         X         3b         X           b         If "Yes," has it field a Form 900-T for this yea?" <i>If "No" to the 30, provide an aplanation on Schedule 0</i> 3a         X         3b         X           b         If "Yes," that the name of the tengin country 'Schedule Tax Statements, or any stantation account?         4a         X           b         If any taxable party notify the organization far for may time during the tax year?         6a         X           b         Was the organization far for m688-7?         6c         C         6b         X           c         Pest the organization far for was abort to a prohibet tax shear thatale contributions?         6a         X           c         Pest the organization far for m688-7?         6c         C         C           c         Pest 'for during the way sealy as a contribution on aptify for						Yes	No
b         If a least one is reported on line 2a, dif the organization file all required fearling horgenization returns?         2b         X           30         Did the organization have unrelated business gross income of \$1,000 or more during the year/         3a         X           34         A tary time during the calendary grad, did the organization have an unrelated business gross income of \$1,000 or more during the year/         3a         X           35         A tary time during the calendary grad, did the organization have an interest in, or a signature or other matchell accountly over, a financial accountly are did the organization have an theorigin country.         1a         X           36         W as the organization aperty to prohibited tax shaft transaction?         5a         X           37         W as the organization have annual gross receipts that are normally grasser than \$100,000, and did the organization file from \$80-71.         5a         X           36         D organization have annual gross receipts that are normally grasser than \$100,000, and did the organization solid are organization have annual gross receipts that are normally grasser than \$100,000, and did the organization and \$100 works and services provided to the payor?         7a         X           38         W ''''s' indicate the number of forms \$200 CPT meth \$200 CPT services new provided in the service provided to the payor?         7a         X           39         I''''s'' indicate the number of forms \$220 Find during the year         Zd         Zd <th>2a</th> <th>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,</th> <th></th> <th></th> <th></th> <th></th> <th></th>	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> -size (see instructions)         Image: Section 1.           3a         Did the organization have unrelated business gross income of \$1,000 or more during the year?         3b         X           4a         An any time during the calendar year, did the organization have an inferest in, or a signature or other attributy over, a transcial account in a toregin county: b IT TALLY         3b         X           5e instructions for filling requirements for Fin-CR0 and secourts (secures a source) or other functional accounts (FBAR).         5a         X           5b         Did any toxen to a proxity to a prohibited tax sheller transaction?         5a         X           5b         Did any toxen to tax docurts (bid as a share accurt, secourd) to a prohibited tax sheller transaction?         5a         X           5c         Did any toxen tax end tax docurts the as on a proxit to a prohibited tax sheller transaction?         5a         X           5c         Did any toxen tax tax docurts the as on a proxit to a prohibited tax shell the organization solid any contributions that were not tax docurts and end tax as on time any tax solid tax proximption to a proxit proximation an express statement that such contributions or gifts were not tax doductible of the value of the goods or services provided?         7a         X           7         Torganization shut may receive deductible contribution an express statement that such contributions or gifts were not tax doductible?         7b         X		filed for the calendar year ending with or within the year covered by this return	2a	4474			
3a       Ddt the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in scurities account, or other financial accounts (FBAR).       4a       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts?       4a       X         4a       X       4a       X       4a       X         5b       W set the organization in a try iffee during the tax year?       5a       X         5b       W set the organization in from SBAF 7.       5a       X         5c       Does the organization in from SBAF 7.       5a       X         6c       Does the organization in from SBAF 7.       5a       X         7c       Organization clude with every solitation an express statement that such contributions or gits were not tax deductible?       7a       X         7c       Organization clude with every solitation an express statement that such contributions or gits were not tax deductible?       7a       X         7c       M X       7a       X       7a       X         7c       M X       7a       X       7a       X         7c	b				2b	X	
b       1 "Yes," has it liked a form 980-1 for this year? If Yeo's for 8b, provide an exploration on Schedule 0       30       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foring nocularly [soch as a bank account, securities account, or other financial account)?       4a       X         b       I' Yes," enter the name of the foreign country > LTALY       5a       X         5e       ixX       I' Yes," enter the name of the foreign country > LTALY       5a       X         5b       Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?       5a       X         5b       Did any taxable party notify the organization has that are normally greater than \$100,000, and did the organization solidit any contributions that are normally greater than \$100,000, and did the organization solidit any contributions that are normally greater than \$100,000, and did the organization ackores that account is used adoubble?       7a       X         7       Organization selevice apprent in excess of \$17 med party as a contributions are gifts were not tax deductible?       7b       X       6b       X         10       I' Yes, ' did the organization notify the donor of the value of the gods or services provided?       7a       X       7a       X         10       I' Yes, ' did the organization file form \$2828 (file during the year)       7b       X		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a       Arany time during the calendar year, old the organization have an interest in, or a signature or other authority over, a       4a       X         bit if "vsi," where the name of the toreign country is uch as a bank account, securities account, or other financial accounts (FBAR).       5a       X         bit if "vsi," where the name of the toreign country is up and the toreign count of the toreign country is up and the toreign count of the organization at any time during the tax year?       5a       X         bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         c) if "vsis", id the organization include with every solicitation an appress statement that such contributions or gifts were not tax deductible?       5a       X         c) if the organization nearby the very solicitation an appress statement that such contributions or gifts were not tax deductible?       6a       X         c) if the organization nearby appress the very solicitation and party for goods and services provided?       7a       X         d) if the organization nearby the very solicitation and party for goods and services provided?       7a       X         d) if the organization nearby the very solicitation and party for goods and services provided?       7a       X         d) if the organization nearby the very solicitation and party for goods and services provided?       7a       X         d) if the organization nearby the very solicitation and services provided?       7					3a		
International account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).     5a     X       5a     Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?     5a     X       5b     Did any taxabib party notify the organization file Form 1886-17.     5a     X       6a     Does the organization analy party to a prohibited tax sheller transaction?     5a     X       6a     Does the organization nucle ow the every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     5a     X       7     Torganization new any magnetin texcess of 25 made party as a contribution and party for goods and services provided to the part?     7a     X       7     Tyse," did the organization notify the donor of the value of the goods coresurces provided?     7a     X       7     Tyse," did the organization notify the donor of the value of the goods and services provided?     7a     X       7     Tyse," did the organization notify the donor of the value of the goods core services provided?     7a     X       7     Tyse," did the organization new any taxe funds, directly or indirectly, on a personal benefit contract?     7a     X       7     Tyse," did the organization newere any taxe funds, direc					3b	<u> </u>	
b If "Yes," enter the name of the foreign country ▶ ITALY Bee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 50 Was the organization have to prohibited tax shelter transaction? 50 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions? 51 If "Ves' to line 5a or 5b, did the organization file form 8886 T? 52 Cose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions? 53 If "Ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 54 Of the organization necles a payment in excess of \$75 mate partly as a contribution and partly for goods and services provided to the payor? 54 If "Yes," did the organization necles apyment in excess of \$75 mate partly as a contribution and partly for goods and services provided to the payor? 55 O Ut the organization necles apyment in excess of \$75 mate partly as a contribution and partly for goods and services provided 7 56 U the organization necles apy funds, directly or indirectly, to pay premiums on a personal benefit contract? 57 O Ut the organization received a contribution of qualified intelectual property for which it was required? 58 Option organization metavities divide funds. 59 Sponsoring organization materializing donor advised funds. 59 Sponsoring organization materializing donor advised funds. 59 Sponsoring organization make any taxable distributions under section 4966? 59 Sponsoring organization make any taxable distributions under section 4966? 59 Sponsoring organization make any taxable distributions under section 4966? 59 Section 501(c)(7) organizations. Enter: 50 Section 501(c)(7) organization meta a distribution to a donor,	4a			•		v	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         So Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       5a         So Dest the organization have shelter transaction at any time during the tax year?       5a         So Dest the organization have numal gross receipts that are normally greater than \$100,000, and did the organization sector and gross regists that are normally greater than \$100,000, and did the organization sector and gross regists that are normally greater than \$100,000, and did the organization sector and gross regists that are normally greater than \$100,000, and did the organization sector and party to exploit the organization sector and party for goods and services provided to the part?         If "Yes," did the organization neith expense of 25 made party is a contribution and party for goods and services provided 1       7a       X         If "Yes," did the organization neith expense of tangible personal property for which it was required to the form 8282?       7d       7a       X         If "Yes," did the organization neith, exp ary premiums, or a personal benefit contract?       7a       X         If the organization neither any advised funds.       7d       7a       X         If the organization relex explay advised funds.       7d       7a       X         If the organization relex explay and party is a contribution of quarkation file.       7d       7a       X         If the organization neice any t			ccour	nt)?	4a	<u> </u>	
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       c     Il "Yes" to line 5a or 5b, did the organization file Form 886b T?     5a     X       c     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     7       7     Organizations that may receive deductible contributions?     7a     X     7a       d     If the organization notify the done of the value of the goods or services provided?     7a     X       c     Did the organization notify the done of the value of the goods or services provide?     7a     X       d     If the organization receive any funds, directly or indirectly, on a personal benefit contract?     7a     X       d     Did the organization motify the done or advised funds. Did a done advised fund maintained by the sponsoring organization maintaing door advised funds. Did a done advised fund maintaine by the sponsoring organization make any taxable distributions under section 3966?     9a     9a       d     If the organization maintaing door advised funds	b						
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If Yes' to line 5a or 5b, did the organization file Form 8886 T.       5c       5c       5c         d       Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b       If Yes, 'i did the organization needed symmet in excess of \$75 made party as contribution and party for goods and services provided to the part?       7c       X         c       Did the organization neede symmet in excess of \$75 made party as contribution and party for goods and services provided to the part?       7c       X         d       If Yes, 'i did the organization neede symmet in excess of \$75 made party as contribution and party for goods and services provided to the part?       7c       X         d       If Yes, 'i did the organization neede symmet in excess of \$75 made party as contribution and party for goods and services provided to the part?       7c       X         d       If Yes, 'i did the organization neede symmet in excess of \$75 made party as contribution and party for goods and services provided to the part?       7c       X         d       If Yes, 'i did the organization neede symmet in excess business on the Yesh (the did tribute the organization needed services on the secon the organization neave as the mathy or indirectly, on a personal	Fa				Fa		v
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-T?     5c       d     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible is achintable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     X       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       b     If "Yes," idid the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       d     If "the organization notify the donor of the value of the goods or services provide?     7a     X       d     Did the organization notify the donor of the value of the goods or services provide?     7a     X       d     If the organization notify the donor advised funds. Did a donor advised fund maintained by the services, did the organization file Form 8089 are required?     7a     X       f     H     the organization maximing door advised funds. Did a donor advised fund maintained by the services adpatation file Form 8089 are required?     9a     9b       <	-						
6a       Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       7a       X         c       Organizations that may receive deductible contributions under section 170(c).       a       Bit the organization network the every solicitation and partly for goods and services provided to the payor?       7a       X         b       If 'Yes,' indicate the number of Forms 8282?       Tag is the organization network is directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization network a contribution of cars, boats, aiplanes, or other vehicles, did the organization file Form 8282?       7d       X         f       Did the organization make any taxable distributions under section 43065       7d       X         g       If the organization make any taxable distributions under section 43067       9a       9a       9a         g       Section 501(c)(7) organizations maintaining doorn advised funds. Did a doner advised fund maintained by the sponsoring organization make any taxable distributions under section 43067       9a       9a       9a       9a       9a       9a       9a       9a       9a       9a<							- 23
any contributions that were not tax deductible as charitable contributions?     6a     X       b     if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       a     Did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7a     X       f     Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?     7t     X       g     If the organization maintaining donor advised funds.     Did the organization maintaining donor advised funds.     Did the organization maintaining donor advised funds.     Did the sponsoring organization maintaining donor advised funds.     Ba       a     Did the sponsoring organization. Enter:     10a     10a     9a     9a       f     Section 501(c)(12) organizations. Enter:     11a					50		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization state may receive deductible contribution and partly tor goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization notify the donor of the value of tangble personal property for which It was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization during the year, pay permiums, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required?       7h       X         f       If the organization maxe end years any time during the year?       7g       X         g       The organization nake end years thashel distributions under section 4966?       9a       9b         g       Section 501(c)(7) organization make and years thashel distributions under sources against amount due orecevet onoributions included on Part VIII, line 12 <th>u</th> <th></th> <th></th> <th></th> <th>6a</th> <th></th> <th>x</th>	u				6a		x
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7a       8 Did the organization neelix exchange, or otherwise dispose of tangible personal property for which it was required to the form 282?     7c       2 Did the organization neelix exchange, or otherwise dispose of tangible personal property for which it was required to the organization neelix exchange, or otherwise dispose of tangible personal property for which it was required to the organization neelix exchange, or otherwise dispose of tangible personal poperty for which it was required to the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       4 Did the organization neelix ex any taxibs, directly or indirectly, on a personal benefit contract?     7r     X       9 Did the organization receive at contribution of qualified intellectual property, did the organization form 8899 as required?     7h     X       9 Hit hor organization maintaining door advised funds.     7h     X       9 Sponsoring organization maintaining door advised funds.     8       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a       9 Did the sponsoring organization nake any taxable distributions under section 4966?     9a       9 Did the sponsoring organization. Enter:     10b       10 bit the sponsoring organization. Enter:     10a       10 bit the sponsoring organization. Enter:     10a       11 Section 501(c)(12) organizations. Enter:     10a </th <th>b</th> <th>•</th> <th></th> <th></th> <th>ou</th> <th></th> <th></th>	b	•			ou		
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization netely as payment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?       Ta       X         b) If 'Yes, 't did the organization notity the donor of the value of services provided?       To       X         c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       To       X         c) Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       To       X         d) If 'Yes, 'indicate the number of Forms 8282 filed during the year       Td       Td       X         f) Did the organization received a contribution of qualified intellectual property (did the organization file a Form 1098-C?       Th       X         g) If the organization received a contribution of qualified intellectual property (did the organization file a Form 1098-C?       Th       X         g) Sponsoring organization make any taxable distributions under section 14966?       Ba       Ba       Ba         g) Did the sponsoring organization make any taxable distributions on davisor, or related person?       Ba       Ba       Ba         g) Did the sponsoring organization make any taxable distributions on davisor, or related person?       Ba       Ba       Ba         g) Did the sponsoring organization make any taxable distribution				-	6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         d       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization ingent the yary premiums, directly or indirectly, or a personal benefit contract?       7f       X         g       If the organization ingent the yary premiums, directly or indirectly, or a personal benefit contract?       7f       X         g       Sponsoring organization matex and ghoor advised funds.       Did the organization make any taxbel distributions under section 4966?       9a         9       Sponsoring organization make a distribution to a donor, donor advised runds.       10a       10b         10       the sean and patic contributions included on Part VIII, line 12       10a       10b         11       Initiation constructs of mathemating on a divised funds.       10b       10b       10b         12       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         13       Section 6047(c) organ	7						
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       if "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f       If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7h       X         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         g       Socian 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b         g ross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       10a       11b       11b         12       Section 501(c)(2) organization is required to aniation filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(2) qualified nonprofit health insurance issuers.       13a	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	
to file Form 8282? to file Form 8282? to file Yes, "Indicate the number of Forms 8282 filed during the year Text of the organization receive any funds, directly or indirectly, on ap premiums on a personal benefit contract? Text of Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1096-C? Text of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C? Text of Bonsoring organization make any taxable distributions under section 4966? Seponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised runds. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(2) organizations. Enter: Gross income from members or shareholders H "Yes," enter the amount of tax exempt interest received or accrued during the year Section 501(c)(2) organization fuel the insurance issuers. Section 501(c)(2) qualified nealth plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. H "Yes," enter the amount of reserves on hand H "Yes," see instructions for additional information the organization must report on Schedule O. H "Yes," see the instructions for additional information the organization must report on Schedule O. H "Yes," see the instructions for additional information the organization must report on Schedule O. H "Yes," see instructions for additional information the organization must report on Schedule O. H "Yes," see instructions and file Form 720 to report these payments? If "No," provid	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1096-C?       Th       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1096-C?       Th       X         g Sponsoring organization matching donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       B       B         9 Sponsoring organization make any taxable distributions under section 4966?       9a       B       B         10 did the sponsoring organizations. Enter:       Intellectual property and the companization make any taxable distributions and or pain advised funds.       Intellectual property and the companization make any taxable distributions under section 4966?       9a       B         10 did the sponsoring organizations. Enter:       Intellectual property and the companization file a Form 1041?       Intellectual property and the companization file a Form 1041?       Intellectual property and the companization file a Form 1041?       Intellectual property and the companization file a Form 1041?       Intellectual property and the companization file a Form 1041?       Intellectual property and the companization file a Form 1041?       Intellectual property and the companization	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as req	uired			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7g       7g         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         10       the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       12a       10b         12       Section 501(c)(12) organizations. Enter:       11b       12a       10b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       11b       12a       12a       12a       12a       12a       12a       12a       12a       12a		to file Form 8282?			7c		Х
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required?       7n       7n         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 198-C?       7n       7n         Sponsoring organizations maintaining donor advised funds.       Did donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b         0       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       9b         0       Gross income from members or shareholders       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11b       11b       11b       12a         12       Gross income from members or shareholders       11b       11b       12a       12a         13       Section 501(c)(12) organizations. Enter:       11b       12b       12a       12a         14       Section 501(c)(21) outpont theatmet sumouta due or pacitad burge prome sources (Do n	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       9a         9 Sponsoring organizations maintaining donor advised funds.       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organizations. Enter:       10a       10a       9b         1 Nitiation fees and capital contributions included on Part VIII, line 12.       10a       10b       9b         1 Section 501(c)(7) organizations. Enter:       10a       10b       10b       11a       12a         1 Gross income from members or shareholders       11a       10b       12a       12a <th>е</th> <th>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co</th> <th>ontrac</th> <th>t?</th> <th>7e</th> <th></th> <th></th>	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         0       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11b         a       Gross income from members or shareholders       11a       11b       12a         12       Section 501(c)(12) organizations. Enter:       10a       11b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a       12a         14       Yes,* enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14 <th>f</th> <th>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra</th> <th>act?</th> <th></th> <th>7f</th> <th></th> <th>X</th>	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         a       Gross income from members or shareholders       11a       10b       10c         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(129) qualified nonprofit health insurance issuers.       13a       13a       13a         14       Did the organization is required to maintain by the states in which the organization is required to maintain by the states in which the organization is required to the spaneotic on Schedule O.       13a       13a         15       Enter the amount of reserves on hand       13a       13a	g				7g		
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       9b         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(7) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         b Gross income from ther. sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         13a       13a       13a         14a       13a       13a         15       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       13a         15       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation o	-				7h		
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b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         3       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a       13a         c       Enter the amount of reserves on hand       13c       13a       13a					0-		
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11       Section 501(c)(12) organizations. Enter:       11a       11a         a Gross income from members or shareholders       11a       11b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         c 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       13b       13c         c Enter the amount of reserves on hand       13c       14a       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   13 Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   c Enter the amount of reserves on hand   14a X   b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   If "Yes," see instructions and file Form 4720, Schedule N.   16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		amounts due or received from them.)	11b				
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         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       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       15       X         16       X       16       X	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Constraint of the section of the se	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	а				13a		
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X		<b>c</b> .					
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b		1				
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X							
<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li></ul>				1	44-		v
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X							^
excess parachute payment(s) during the year?					140		
If "Yes," see instructions and file Form 4720, Schedule N.         16       X         16       X	15				15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					13		
	16		incor	ne?	16		х
				···=•			

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

Part V

Form 990	(2020)
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#### DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

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

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. X

				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		31			
	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		29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		other				
-	officer, director, trustee, or key employee?			- 1	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			·····  -	~		
3					•		x
	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 99			Г	4		
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		·····  -	5		X
6	Did the organization have members or stockholders?			·····  -	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app				7-	x	
	more members of the governing body?			ŀ	7a	<u></u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					v	
	persons other than the governing body?				7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			L	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at th	е				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev						
			,			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			·····			
Ň	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	-		10b		
4.				E		Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Delore II	ing the lon	'''	11a	Δ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v	
2a	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			L	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," desc	ribe				
	in Schedule O how this was done			L	12c	Х	
3	Did the organization have a written whistleblower policy?			L	13	Х	
4	Did the organization have a written document retention and destruction policy?			L	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			- I	15a	Х	
				·····	15b		X
5	Other officers or key employees of the organization			····	100		
6-		-14:	-				
bo	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem				10-		v
	taxable entity during the year?			·····  -	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	cipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's					
	exempt status with respect to such arrangements?		<u></u>		16b		
	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed ▶PA, MN, KY, OH, NI	н,СО,	MA,MD				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (	Section 501	l (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 Sched	dule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			y, and	financ	ial	
	statements available to the public during the tax year.		•				
	State the name, address, and telephone number of the person who possesses the organization's bool	ks and re	cords 🕨				
20							
20	JAMES A. TORTELLA - $(412)396-6592$						
20	JAMES A. TORTELLA - (412)396-6592 600 FORBES AVE ROOM 211 PITTSBURGH PA 15282						
	JAMES A. TORTELLA - (412)396-6592 600 FORBES AVE, ROOM 211, PITTSBURGH, PA 15282				Form	990	/000

Form 990 (202		· · · · ·	UNIVERSITY	-	-		25-1035663	Page 1		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Ch	Check if Schedule O contains a response or note to any line in this Part VII									
Section A. O	Officers, Directors, T	rustees, Key E	Employees, and High	nest Comp	nsated Em	ployees				

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

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	son i	s both r/trust	n an	compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or i	stee			nsated		(W-2/1099-MISC)	(11 2/1000 11100)	organization
	organizations	trust	ial tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) KEITH DAMBROT	55.00									
HEAD COACH, MEN'S BASKETBALL	0.00					X		908,357.	0.	176,991.
(2) KENNETH G GORMLEY	55.00									
PRESIDENT EX OFFICIO BOARD	0.00	Х		Х				450,128.	0.	124,070.
(3) JOHN KAUFFMAN -ENTER 1/1/20	55.00									
DEAN, OSTEOPATHIC MEDICINE	0.00					X		414,986.	0.	41,560.
(4) DAVID HARPER	55.00									
VP OF ATHLETICS	0.00				Х			320,462.	0.	100,399.
(5) MATTHEW J FRIST	55.00									
SR VP FINANCE & BUSINESS	0.00			Х				324,155.	0.	39,400.
(6) DAVID DAUSEY	55.00									
EXEC PROVOST & VP ACAD AFFAIRS	0.00			Х				313,259.	0.	41,741.
(7) JOHN P PLANTE -EXIT 6/30/21	55.00									
SR VP ADVANCEMENT SERVICES	0.50			Х				292,188.	0.	47,287.
(8) DANIEL BURT	55.00									
HEAD COACH WOMEN'S BASKETBALL	0.00					X		314,130.	0.	12,790.
(9) DOUGLAS K FRIZZELL	55.00									
SR VP STUDENT LIFE	0.00			Х				240,940.	0.	83,730.
(10) DEAN B. MCFARLIN	55.00									
DEAN, BUSINESS SCHOOL	0.00				х			260,691.	0.	56,791.
(11) MARY ELLEN GLASGOW	55.00									
DEAN, SCHOOL OF NURSING	0.00				х			260,091.	0.	33,760.
(12) MADELYN REILLY -EXIT 4/30/21	55.00									
SR VP LEGAL AFFAIRS/GEN COUNSEL	0.00			Х				278,833.	0.	14,065.
(13) JAMES K. DRENNEN	55.00								•	~ ~ ~
DEAN, SCHOOL OF PHARMACY	0.00				Х			211,223.	0.	81,277.
(14) ALEEM GANGJEE	55.00									
PROFESSOR, SCHOOL OF PHARMACY	0.00					X		248,684.	0.	26,076.
(15) J DOUGLAS BRICKER-EXIT 6/30/20	55.00									
FORMER KEY EMPLOYEE	0.00						Х	241,348.	0.	31,282.
(16) PAUL-JAMES CUKANNA-EXIT 8/7/20	55.00									oc 00-
VP ENROLLMENT MGMT	0.00	<u> </u>		х				246,206.	0.	26,235.
(17) APRIL M. BARTON	55.00									
DEAN, SCHOOL OF LAW	0.00					X		244,652.	0.	26,168.
032007 12-23-20				_	-					Form <b>990</b> (2020)

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								IOLY SPIRIT	25-10	<u>)356</u>	563	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	Hig	ghest	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (C	)			(D)	(E)			(F)	
Name and title	Average	(do		Posi		l than o	ne	Reportable	Reportable		Es	timate	d
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensatio	n	am	nount d	of
	week	offic	cer an	d a di	recto	r/truste	ee)	from	from related	ı	(	other	
	(list any	ector						the	organization	s	com	pensat	tion
	hours for	or dir				ted		organization	(W-2/1099-MIS	3C)	fre	om the	Э
	related	stee c	uster			ensa		(W-2/1099-MISC)			orga	anizati	on
	organizations	al trus	nal ti		oyee	e com					anc	d relate	эd
	below	Individual trustee or director	nstitutional trustee	cer	Key employee	hest o	Former				orga	nizatio	ons
	line)	Indi	Inst	Officer	Key	Highest compensated employee	Б			$ \longrightarrow $			
(18) FEVZI AKINCI	55.00							011 104			~		. –
DEAN, HEALTH SCIENCES	0.00				Х			211,134.		0.	34	4,31	15.
(19) KRISTINE BLAIR	55.00				v			215 160			20	0 4 /	<b>c</b> 0
DEAN, SCHOOL OF LIBERAL ARTS	0.00				Х			215,160.		0.		8,46	50.
(20) WILLIAM GENERETT JR	55.00			v				221 210			1 /		) E
SR VP COMMUNITY ENGAGEMENT	0.00			Х				231,219.		0.		2,38	55.
(21) CHARLES BARTEL	55.00												
VP IT AND CIO	0.00				Х			204,691.		0.	3:	1,67	<u>70.</u>
(22) GABRIEL WELSCH	55.00												
VP OF MARKETING AND COMMUNICATIONS	0.00				Х			186,748.		0.	35	5,25	59.
(23) JOEL BAUMAN -ENTER 7/13/20	55.00												
SR VP ENROLLMENT MANAGEMENT	0.00	1		Х				118,586.		0.	32	2,57	73.
(24) REV. RAYMOND FRENCH, C.S.SP.	55.00												
SR VP MISSION ID BOARD EX OFFICIO	0.00	x		х				0.		0.	14	4,38	36.
(25) REV. WILLIAM CHRISTY	2.00												
CORP BOARD VICE CHAIR EX OFFICIO	0.00	x						0.		0.	1/	4,30	16
(26) REV. JOHN A. SAWICKI, C.S.SP	2.00	Δ						0.				<u>, , , , , , , , , , , , , , , , , , , </u>	
CORP BOARD SECRETARY EX OFFICIO	0.00	x						0.		0.	1.	4,19	22
	0.00	Λ				Ļ				0.		<u>+, 13</u> 8116	
1b Subtotal						!		6,737,871.		0.	<u> </u>	2110	-
c Total from continuation sheets to Part V								0.				0110	0.
d Total (add lines 1b and 1c)								6,737,871.		0.	115	8116	<u>. 9 </u>
2 Total number of individuals (including but i	not limited to th	ose	liste	d ab	ove	) who	o re	eceived more than \$100,	000 of reportable	)			
compensation from the organization													326
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	key e	mplo	oyee	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3	Х	
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or	,		•										
rendered to the organization? If "Yes." cor	-				-			-			5		х
Section B. Independent Contractors	npiele Schedule	<u> </u>	<u>or s</u> l		bers	011				<u></u>	5		
1 Complete this table for your five highest co	mponsated inc	lono	ndor		ntra	octor	n th	at received more than ¢	100 000 of comr	oncat	ion fro		
the organization. Report compensation for	-									Jensai		""	
(A)	the calendar ye		nun	ig wi			T	(B)			(C	• <b>`</b>	
Name and business	address							رط) Description of s	ervices	С	omper		า
P.J. DICK INCORPORATED													
		п	п	~ ~	1 5	210		CONCERDITORION		24	050	0 21	10
225 NORTH SHORE DRIVE, P							<u> </u>	CONSTRUCTION		24	,058	5,50	<u> </u>
EAT'N PARK HOSPITALITY G			-			~				10	1	~ 41	1 0
EAST WATERFRONT DR., PIT		P.	A	15,	23	0	_	FOOD SERVICE		10	,188	3,41	LZ.
S-L-A-M COLLABORATIVE, II								PROFESSIONAL					
80 GLASTONBURY BLVD, GLAS	STONBURY	,	C	т (	06	033	3	SERVICES		2	,043	<u>3,8(</u>	<u>)5.</u>
DAKTRONICS INC							ŀ	INSTALLATION	AND				
201 DAKTRONICS DRIVE, BRO	<u>OOKIN</u> GS,	S	D	<u>5</u> 7(	00	6	_	PRODUCTS		1	,518	<u>3,2</u> 9	<u>)2</u> .
SARGENT ELECTRIC CO							1	INSTALLATION	AND				
2767 LIBERTY AVE, PITTSB	JRGH, PA	1	52	22			ŀ	PRODUCTS			993	1,71	L0.
2 Total number of independent contractors (					hos	e list	ed	above) who received mo	ore than				
\$100,000 of compensation from the organ					56								
		<b>T N T</b>	TT 7	<b>т</b> т,	~ * *	<b>0</b> 7	T T 1				_ (		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

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								OLY SPIRIT	25-103	5663
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(C	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	2				loyee		the	organizations	compensation
	(list any	or director				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	al trus		yee	m pen				organizations
	below	Individual trustee	Institutional trustee	-	Key employee	Highest com pen sated em ployee	er			organizationo
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) PAMELA CONNELLY- ENTER 4/26/21	0.00									
SR VP LEGAL AFFAIRS/GEN COUNSEL	0.00			Х				0.	0.	0.
(28) JOHN R MCGINLEY JR	2.00									
BOARD MEMBER CHAIRMAN	0.00	Х		Х				0.	0.	0.
(29) DIANE L HUPP	2.00									
BOARD MEMBER VICE CHAIR	0.00	х		Х				0.	0.	0.
(30) ANTHONY CARFANG	2.00									
BOARD MEMBER	0.00	x						0.	Ο.	0.
(31) SR MARY CARNEY, OSF	2.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(32) JAY COSTA	2.00									
BOARD MEMBER	0.00	х						0.	Ο.	0.
(33) STEVEN M COSTABILE	2.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(34) MATTHEW V COSTELLO	2.00									
BOARD MEMBER	0.00	х						0.	Ο.	0.
(35) DAVID D'ERAMO	2.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(36) V. REV. LAWRENCE A. DINARDO	2.00									
BISHOP APPOINTEE EX OFFICIO	0.00	х						0.	0.	0.
(37) DANIEL DRAWBRAUGH	2.00									
BOARD MEMBER	0.00	x						0.	Ο.	0.
(38) V REV. JEFFREY T. DUAIME	2.00									
CORP BOARD CHAIRMAN EX OFFICIO	0.00	х						0.	Ο.	0.
(39) LINDA EREMITA	2.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(40) RODNEY W. FINK	2.00									
BOARD MEMBER	0.00	x						0.	Ο.	0.
(41) GREGORY J GERUSON	2.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(42) MICHAEL GRACE	2.00								•••	•••
BOARD MEMBER	0.00	х						0.	0.	0.
(43) CHARLOTTE S JEFFERIES	2.00									
BOARD MEMBER	0.00	x						0.	0.	0.
(44) MARY CLAIRE KASUNIC	2.00							<b>.</b>		<b>J</b> .
BOARD MEMBER	0.00	x						0.	0.	0.
(45) CHARLES A KENNEDY	2.00							<b>3</b>		<b>J</b>
BOARD MEMBER	0.00	x						0.	0.	0.
(46) ROBERT I MALLET	2.00							<b>3</b>		<b>J</b>
BOARD MEMBER	0.00	х						0.	0.	0.
	1 0000		1	1				<b>J</b>	<b>J</b> •	5.

032201 04-01-20

								OLY SPIRIT	25-103	5663
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (		· · ·	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				am plc		organization	(W-2/1099-MISC)	from the
	hours for	or dir	e.			ated e		(W-2/1099-MISC)		organization
	related	stee	truste		æ	pens				and related
	organizations	al tru	onal 1		oloye	com				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) CHRISTOPHER S. MCMAHON	line)	Inc	su	0ŧ	Ke	Η̈́	Fo			
BOARD MEMBER	0.00	х						0.	0.	0.
(48) JONATHAN OGURCHAK	2.00	Δ						0.	0.	0.
BOARD MEMBER PRES OF ALUMNI	0.00	х						0.	0.	0.
(49) BRIAN PARKER	2.00	Λ						0.	0.	
(49) BRIAN PARKER BOARD MEMBER	0.00	v						0.	0.	n
		Х		-				0.	U •	0.
(50) CATHARINE M. RYAN	2.00									•
BOARD MEMBER	0.00	Х						0.	0.	0.
(51) GRETCHEN G. SMARTO	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(52) BRIAN L. SULLIVAN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(53) THOMAS A. TRIBONE	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(54) REV. MICHAEL WHITE , C.S.SP.	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
		l								
Total to Part VII, Section A, line 1c										
								1	I	L

032201 04-01-20

Form	990			E UNI	JERSITY C	F THE HOLY	SPIRIT	25-1035	663 Page 9
Pa	rt VI	I Statement of Re	evenue						
		Check if Schedule O	contains	a response	e or note to any li	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ς Ω	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		•• • • • •				1			
ΩB		Fundraising events		·	89,183.	-			
fts,		Related organizations			5,513,399				
jia,		Government grants (contr			28,155,869				
Sin	f	All other contributions, gifts,				-			
uti,	•	similar amounts not included			15,344,930.				
6 E E		Noncash contributions included in			6,597,142				
no' Ind	9 h					49,103,381.			
0 0					Business Code				
•	2 a	EDUCATIONAL PROGRAM	s		611710	344,832,217.	344,832,217.		
vice	z a b				611710	32,511,203.			
Ser		ACADEMIC SUPPORT			611710	185,188.			
Program Service Revenue	d				611710	142,924.			
gra Re		SCIENCE & TECHNOLOG	Y RESEA	ARCH	541700	24,986.			
Pro	f								
_		Total. Add lines 2a-2f				377,696,518.			
	3	Investment income (includ							
	Ũ				<b>&gt;</b>	9,589,233.		-104,367.	9,693,600.
	4	Income from investment of						, -	
	5	Royalties		-	-	170,641.			170,641.
	Ŭ			(i) Real	(ii) Personal				,
	6 9	Gross rents	6a	248,952		-			
	b		6b	0		-			
	c		6c	248,952		-			
		Net rental income or (loss)	· · · ·		•	248,952.			248,952.
		Gross amount from sales of		) Securities	(ii) Other				
	1 4	assets other than inventory		3,555,995		-			
	h	Less: cost or other basis	<i></i>	, ,		-			
e	Ň	and sales expenses	76 86	5,112,019	. 0.				
evenue	~	Gain or (loss)		,443,976					
		Net gain or (loss)				7,472,675.			7,472,675.
Other R		Gross income from fundraisi				, , -			, , ,
£	•••	including \$							
Ŭ		contributions reported on							
		Part IV, line 18			a 203,585.				
	b	Less: direct expenses				-			
		Net income or (loss) from			►	55,621.			55,621.
		Gross income from gamin		-					
		Part IV, line 19			a				
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, I							
		and allowances			a 131,104.				
	b	Less: cost of goods sold							
		Net income or (loss) from				74,157.			74,157.
"					Business Code				
Miscellaneous Revenue	11 a	L							
cellaneo <u>Revenue</u>	b								
sell:	с								
Alisc B.	d	All other revenue							
2		Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ons			444,411,178.	377,682,685.	-90,534.	17,715,646.
032009	9 12-23	3-20							Form <b>990</b> (2020

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

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#### DUQUESNE UNIVERSITY OF THE HOLY SPIRIT Form 990 (2020) Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•		·
	and domestic governments. See Part IV, line 21	60,681.	60,681.		
2	Grants and other assistance to domestic	,			
-		132,971,007.	132,971,007.		
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	-	6,004,210.	2,871,367.	2,638,905.	493,938.
~	trustees, and key employees	0,004,210.	2,071,307.	2,030,903.	±JJ,JJU•
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and	470 212	470,313.		
_	persons described in section 4958(c)(3)(B)		117,512,728.	16 071 051	2,602,123.
7	Other salaries and wages	130,900,102.	11/,512,/20.	10,0/1,251.	2,002,123.
8	Pension plan accruals and contributions (include	665 754	E00 001	126 002	
_	section 401(k) and 403(b) employer contributions)	665,754.		136,923.	
9	Other employee benefits		20,648,232.	4,243,443.	725 105
10	Payroll taxes	9,046,690.	7,678,425.	633,080.	735,185.
11	Fees for services (nonemployees):				
а	Management		400.04-	1 004 454	
b	Legal	1,724,796.		1,234,451.	
	Accounting	190,551.		190,551.	
	Lobbying	183,816.		183,816.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,083,521.		7,083,521.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	19,180,634.		1,654,614.	210,702.
12	Advertising and promotion	2,974,890.		1,393,805.	96,265.
13	Office expenses	12,327,699.		3,902,688.	164,150.
14	Information technology	6,682,051.		4,059,764.	513.
15	Royalties	162.	162.		
16	Occupancy	16,743,010.	13,788,491.	2,919,062.	35,457.
17	Travel	2,403,678.	2,292,718.	66,354.	44,606.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	152,563.	140,158.	8,693.	3,712.
20	Interest	4,876,074.	3,953,220.	921,770.	1,084.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,603,111.	16,669,874.	3,886,903.	46,334.
23	Insurance	1,585,670.	18,848.	1,566,822.	-
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	703,183.	513,591.	148,052.	41,540.
b					,
c					
d					
	All other expenses	22,788,931.	20,843,913.	1,774,088.	170,930.
25			371,135,677.	55,518,556.	4,646,539.
<u>25</u> 26	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , ,			_,,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here $\blacktriangleright$ if following SOP 98-2 (ASC 958-720)				
	12-23-20	I	1		Form <b>990</b> (2020)

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2020.05094 DUQUESNE UNIVERSITY OF TH 24172-21

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DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

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Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	0.
	2	Savings and temporary cash investments			61,895,822.	2	86,562,884.
	3	Pledges and grants receivable, net			13,109,471.	3	14,330,149.
	4	Accounts receivable, net			32,680,196.	4	32,050,729.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	0.
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			854,662.	8	777,559.
As	9				6,457,572.	9	9,067,242.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	617,388,084.			
	b	Less: accumulated depreciation	10b	325,346,191.	281,978,583.	10c	
	11	Investments - publicly traded securities			167,648,183.	11	194,604,960.
	12	Investments - other securities. See Part IV, line 1			286,036,238.	12	402,280,418.
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			18,602,936.	15	5,542,180.
	16	Total assets. Add lines 1 through 15 (must equa			869,263,663.	16	1037258014.
	17	Accounts payable and accrued expenses			48,837,043.	17	48,776,014.
	18	Grants payable				18	
	19	Deferred revenue	40,229,290.	19	39,391,789.		
	20	Tax-exempt bond liabilities	181,026,395.	20	191,330,022.		
	21	Escrow or custodial account liability. Complete P			21		
ŝ	22	Loans and other payables to any current or forme	er, director,				
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
abil		controlled entity or family member of any of these	e perso	ons		22	
1	23	Secured mortgages and notes payable to unrelat	ed thi	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	oarties		24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			18,046,191.	25	17,923,651.
	26	Total liabilities. Add lines 17 through 25			288,138,919.	26	297,421,476.
		Organizations that follow FASB ASC 958, chec	k her	e 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.					
lan	27				380,736,150.	27	482,744,010.
Ba	28	Net assets with donor restrictions	200,388,594.	28	257,092,528.		
pur		Organizations that do not follow FASB ASC 95	i8, che	eck here 🕨 🔛			
Ē		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
isel	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			581,124,744.	32	739,836,538.
	33	Total liabilities and net assets/fund balances			869,263,663.	33	1037258014.
							Form <b>990</b> (2020)

# Form 990 (2020) Part X Balance Sheet

	990 (2020) DUQUESNE UNIVERSITY OF THE HOLY SPIRIT	25-	<u>1035</u>	<u>5663</u>	Pa	<sub>ge</sub> 12
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	444	1,41	1,1	78.
2	Total expenses (must equal Part IX, column (A), line 25)	2	431	.,30	0,7	72.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,11		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		12		
5	Net unrealized gains (losses) on investments	5	145	5,65	7,0	09.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		- 5	5,6	21.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	739	9,83	6,5	38.
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	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					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	X	

Form **990** (2020)

032012 12-23-20

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization	

Employer identification numb	l	l	Employer	identification	numb	e
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	DUQU	ESNE UNIVE	RSITY OF THE	HOLY	SPIRI	ГТ	2	5-1035663	
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)				
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2 X	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
	city, and state:								
5	An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in	
	section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general	public described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)					
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college	
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or	
	university:								
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, an	d gross receipts from	
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment	
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
	See section 509(a)(2). (Con	mplete Part III.)							
11	An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).			
12	An organization organized a	-	•	-			-		
	more publicly supported or	-						Check the box in	
	lines 12a through 12d that	• •					-		
a	<b>Type I.</b> A supporting orga		-	•	-				
	the supported organization			majority o	of the direc	tors or trustee	es of the su	upporting	
	organization. You must o	-							
b 🗌	<b>Type II.</b> A supporting org	-				•		-	
	control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported	
	organization(s). You mus								
с	_ Type III functionally inte		•••				y integrate	ed with,	
	its supported organization		-						
d	Type III non-functionally that is not functionally						-		
	that is not functionally int			•		-	an attentiv	veness	
• □	requirement (see instructi	-							
e 🗋	Check this box if the orga					Type I, Type I	i, iype iii		
f Ent	functionally integrated, or er the number of supported of				ation.				
	vide the following information	•	d organization(s)						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No No	support (see in	structions)	support (see instructions)	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 15

#### Schedule A (Form 990 or 990-EZ) 2020 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
		25627534.	36633329.	29402076.	29229967.	49103381.	169996287	
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	25627524	26622220	29402076.	20220067	40102201	160006207	
	········	25027554.	50055529.	29402070.	29229907.	49103301.	103330201	
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)						478,191.	
6	Public support. Subtract line 5 from line 4.						169518096	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
				29402076.				
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	5269101.	3891195.	5841365.	7389761.	10113193.	32504615.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on			89,566.			89,566.	
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						202590468	
	Gross receipts from related activities,	· ·	,				,121,684.	
13	First 5 years. If the Form 990 is for the	-			•		. —	
<u> </u>	organization, check this box and sto						·····	
	ction C. Computation of Public						83.68 %	
	Public support percentage for 2020 (I		•	<i>()</i>		14	00.05	
	Public support percentage from 2019					15		
108	<b>33 1/3% support test - 2020.</b> If the or stop here. The organization qualifies						N V	
h	<b>33 1/3% support test - 2019.</b> If the		•			or more check th		
N	and stop here. The organization qual	•						
17:								
110	<b>7a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te			-	-			
h	10% -facts-and-circumstances test	-			•			
~		-					/ 0 0.	
	more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	<b>Private foundation.</b> If the organization		•		•		s	
	Schedule A (Form 990 or 990-EZ) 2020							

032022 01-25-21

#### Schedule A (Form 990 or 990 EZ) 2020 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support			-	1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 6		(6) 2017			(0) 2020			
	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								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,		
	check this box and stop here	-							
Sec	ction C. Computation of Publi	c Support Per	centage			T T			
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%		
	Public support percentage from 2019					16	%		
	ction D. Computation of Inves					1 1			
	Investment income percentage for 20			line 13, column (f))		17	%		
	Investment income percentage from					18	%		
19a	<b>33 1/3% support tests - 2020.</b> If the						∕ is not		
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b</b> 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
b									
00	line 18 is not more than 33 1/3%, che								
	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check t					
03202	3 01-25-21		17	7	Sch	edule A (Form 99	U OF 990-EZ) 2020		

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Schedule A (Form 990 or 990-EZ) 2020 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 4

### 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 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 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 in 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.)

18

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

#### Schedule A (Form 990 or 990-EZ) 2020 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 5 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	. or controlled the supporting organization.	
Section C. Ty	pe II Supporting Organizations	

 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
 Image: Control or management of the support of the support of the same persons that control or managed
 Image: Control of the support of the support of the same persons that control or managed
 Image: Control of the support of the support of the same persons that control or managed
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Section D	. All Typ	e III Sup	porting	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 in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

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

<b>c</b> [		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see in	struction <u>s).</u>
------------	--	---	--	----------------------

19

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **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.* 

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

2

13440509 786250 24172-24000

	dule A (Form 990 or 990 EZ) 2020 DUQUESNE UNIVERSITY OF			25-1035663 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		,	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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-functiona	ally integrat	ted Type III supporting o	rganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

#### Schedule A (Form 990 or 990-EZ) 2020 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 20	20 DUQUESNE	UNIVERSITY	OF THE	HOLY SPI	RIT 25-1	035663 Page 8
	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I Section D, lines 5, 6, an (See instructions.)	1, 2, 3b, 3c, 4b, 4c, ), lines 2 and 3; Part	5a, 6, 9a, 9b, 9c, 11a IV, Section E, lines 10	, 11b, and 11c; c, 2a, 2b, 3a, ar	; Part IV, Section nd 3b; Part V, line	B, lines 1 and 2; Pare 1; Part V, Section E	t IV, Section C, 3, line 1e; Part V,
032028 01-25-2	21					Schedule A (Form	990 or 990-EZ) 2020
			22	1			

### Schedule B

(Form 990, 990-EZ, or 990-PF) 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, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

DUQUESNE UNIVERSIT	Y 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 <b>not</b> 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

Employer identification number

25-1035663

#### DUQUESNE UNIVERSITY OF THE HOLY SPIRIT Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1                                </u>		\$ <u>19,352,801.</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
 		\$ <u>4,530,000.</u>	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
3		\$ <u>1,842,214.</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
4		\$ <u>1,033,157.</u>	Person X 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>1,013,047.</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
<u>6</u> 		\$981,081.	Person X Payroll (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

13440509 786250 24172-24000

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Schedule B	(Form 990,	990-EZ,	or 990-PF	) (2020	))
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Name of organization

Employer identification number

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

25-1035663

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I CHARITABLE REMAINDER TRUST(1) 2 06/30/21 4,530,000. \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I CISCO 6500 SHARES; PNC 1514 SHARES; QCOM 4000 SHARES 4 1,031,397. 02/16/21 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ 023453 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

13440509 786250 24172-24000

2020.05094 DUQUESNE UNIVERSITY OF TH 24172-21

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Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page				
Name of or	ganization		Employer identification number				
	ONE UNIVERSITY OF THE HO		25-1035663				
Part III	from any one contributor. Complete columns (a	) through (e) and the following line entr	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) <b>*</b>				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<u> </u>				
		(e) Transfer of gift					
	Transferee's name, address, a	nd $\mathbf{7IP} \pm 4$	Relationship of transferor to transferee				
F							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<u> </u>				
			<u> </u>				
Γ	(e) Transfer of gift						
			Deletionelin of the set of the set				
F	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
			—   ———				
F		(a) Transfer of sift					
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		[					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
F		(e) Transfer of gift					
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of transferor to transferee				
F			· · · · · · · · · · · · · · · · · · ·				
023454 11-25-	20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)				

### 13440509 786250 24172-24000

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047
(Form 990 or 990-EZ)		anizations Exempt From Income	-	-	2020
	-	if the organization is described I			
Department of the Treasury Internal Revenue Service	-	Go to www.irs.gov/Form990 for in			- Open to Public Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Form	m 990-EZ, Part V, lin	e 46 (Political Campaign A	ctivities), then
		plete Parts I-A and B. Do not comp			
.,		1(c)(3)) organizations: Complete Pa	arts I-A and C below.	Do not complete Part I-B.	
Section 527 organiza		,			
		Form 990, Part IV, line 4, or Form			
		nave filed Form 5768 (election under		•	•
		nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy		<i>,,</i> ,	•
Tax) (See separate inst		Form 990, Fait IV, line 5 (Floxy	Tax) (See Separate II		<b>2</b> , Fait <b>V</b> , line 330 (Floxy
		ions: Complete Part III.			
Name of organization				Emple	oyer identification number
		E UNIVERSITY OF TH			25-1035663
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) c	or is a section 527 org	janization.
		ation's direct and indirect political			
2 Political campaign				▶\$	
<b>3</b> Volunteer hours for	political campai	gn activities			
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3	3).	
-	-	incurred by the organization under		► \$	
		incurred by organization managers			
		n 4955 tax, did it file Form 4720 fo			Yes No
4a Was a correction m					
b If "Yes," describe in					
-	-	anization is exempt under			(3).
		l by the filing organization for section	•		
		ization's funds contributed to othe	•		
exempt function ac		. Add lines 1 and 2. Enter here and		▶\$	
-	-	. Add lines 1 and 2. Enter here and		▶ \$	
					Yes No
00		ployer identification number (EIN)			
		tion listed, enter the amount paid f			
	•	omptly and directly delivered to a s			e segregated fund or a
political action com	mittee (PAC). If	additional space is needed, provide	e information in Part I	V.	I
<b>(a)</b> Name	•	(b) Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

#### 13440509 786250 24172-24000

Schedule C (Form 990 or 990-EZ) 2020 Part II-A Complete if the org							
section 501(h)).							
A Check <b>&gt;</b> if the filing organiza	tion belon	gs to an affil	iated group (and list in	Part IV each affiliated	group member's name	, address, EIN,	
expenses, and sha		-			•		
B Check 🕨 📃 if the filing organiza	ation check	ed box A ar	d "limited control" pro	visions apply.			
		oying Exper eans amou	nditures nts paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals	
<b>1a</b> Total lobbying expenditures to influ	uence pub	ic opinion (c	arassroots lobbving)				
<b>b</b> Total lobbying expenditures to influ					194,191.		
c Total lobbying expenditures (add li					194,191.		
d Other exempt purpose expenditure					425325544.		
e Total exempt purpose expenditure					425519735.		
f Lobbying nontaxable amount. Ente					1,000,000.		
If the amount on line 1e, column (a) o			bying nontaxable amo				
Not over \$500,000			he amount on line 1e.				
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	600,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,	er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.			ss over \$1,500,000.			
Over \$17,000,000		\$1,000,0	000.				
g Grassroots nontaxable amount (en	nter 25% of	line 1f)			250,000.		
h Subtract line 1g from line 1a. If zer	o or less, e	enter -0-			0.		
i Subtract line 1f from line 1c. If zero	o or less, e	nter -0			0.		
j If there is an amount other than ze	ro on eithe	r line 1h or l	ine 1i, did the organiza	tion file Form 4720			
reporting section 4911 tax for this	year?	<u></u>				Yes No	
		4-Year Ave	raging Period Under	Section 501(h)			
(Some organizations t			• •	•	of the five columns be	low.	
		•	ate instructions for lin				
	Lobl	oying Exper	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> Total	
2a Lobbying nontaxable amount	1,00	0,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						6,000,000.	
c Total lobbying expenditures	14	5,957.	140,759.	134,690.	194,191.	615,597.	
d Grassroots nontaxable amount	25	0,000.	250,000.	250,000.	250,000.	1,000,000.	
e Grassroots ceiling amount (150% of line 2d, column (e))						1,500,000.	
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

#### Schedule C (Form 990 or 990-EZ) 2020 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 e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
i	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	ō), or seo	ction		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."			III-A, line	3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
с	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 exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (See instructions)		5			
	t IV Supplemental Information					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (See		
	ictions); and Part II-B, line 1. Also, complete this part for any additional information. RM 990, PART II-A, LINES 1 AND 2					
DUÇ	QUESNE UNIVERSITY ENGAGES IN DIRECT FEDERAL, STATE,	AND LO	CAL L	OBBYIN	IG	
EFI	FORTS AND GOVERNMENT RELATIONS WITHIN THE COMMUNITY.	THE U	NIVER	SITY A	LSO	
MA	NTAINS MEMBERSHIPS WITH ORGANIZATIONS THAT ALLOCATE	A POR	TION	OF THE	]	
MEN	BERSHIP FEES TO LOBBYING EFFORTS.					

032043 12-02-20

SCHEDULE D	)
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number 25-1035663

Par	t I Organizations Maintaining Donor Advised	I Funds or Other Similar	r Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	96.		
		(a) Donor advised funds	s (	<b>b)</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 w	riting that the assets held in do	onor advised fund	ds
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant fund	ds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	r purpose conferr	ing
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on F	orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	·		prically important land area
	Protection of natural habitat	Prese	ervation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in	the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			_2c
d	Number of conservation easements included in (c) acquired a	,		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termina	ted by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri		ndling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enfo	rcing conservatio	n easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing	conservation eas	sements during the year
•			-1: 170/->/ 1/D>	
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne	Ste to the organization's infanc	iai statements tha	at describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasure	s. or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form		-,	
1a	If the organization elected, as permitted under FASB ASC 958		atement and hala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	· ·		
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
	··· · · · · · · · · · · · · · · · · ·			<b>N A</b>
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020
	12-01-20			
		30		

30					
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		E UNIVERSI					5-10			age <b>2</b>
Fai	t III Organizations Maintaining C							(contir	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing tha	t make si	ignificant us	se of its			
	collection items (check all that apply):									
а	X Public exhibition	d		0 1 0						
b	X Scholarly research	е	Other							
С	c X Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	how they further th	e organizati	on's exer	npt purpose	e in Part	XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be ma							Yes	X	No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered	"Yes" on	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							٦.,		1
_	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	owing table:			<u>г</u>				
								Amount		
	Beginning balance									
	Additions during the year									
е	Distributions during the year					. 1e				
f	Ending balance					. <b>1</b> f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial acco	ount liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Par	t IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea	irs back	(d) Three ye	ars back	(e) Four	years l	back
1a	Beginning of year balance	368,641,853.	383,108,617.	307,95	1,172.	272,58		246,	325,8	390.
b	Contributions	8,593,895.	4,010,660.	,		23,44	5,989.	7,	009,4	430.
	Net investment earnings, gains, and losses	126,170,482.	-2,906,613.	7,74	2,682.	22,34	8,987.	30,	491,6	507.
d	Grants or scholarships	4,217,576.	4,211,136.	3,82	2,555.	3,91	5,264.	3	988,0	085.
	Other expenditures for facilities									
	and programs	5,343,532.	11,359,675.	7,90	3,103.	6,51	7,332.	7,	250,0	049.
f	Administrative expenses	157,036.								
g	End of year balance	493,688,086.	368,641,853.	383,10	8,617.	307,95	1,172.	272,	588,7	792.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	54.0000	%	,						
	Permanent endowment > 27.0000	%	_							
	10.000	<u></u> * %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses		tion that are held ar	nd administe	red for th	ie organizat	ion			
	by:	eelen er ine erganiza				ie ei gainzai		ſ	Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)	x	
h	If "Yes" on line 3a(ii), are the related organiza							3b	x	
4	Describe in Part XIII the intended uses of the							00	1	
Par			Millent Idilds.							
	Complete if the organization answered		Part IV line 11a S	ee Form 99(	) Part X	line 10				
	Description of property	(a) Cost or o		or other		ccumulated	4	(d) Bool	<i>c</i> voluc	<u> </u>
	Description of property	basis (investr	• • •	(other)	1	preciation		( <b>u)</b> 600	value	;
1-	Land		,	8,624.			2	4,928	3 67	24
	Land		471,11		220	55/ 11				
	Buildings		<u> </u>	⊿,⊥ <del>1</del> J•	<u> </u>	554,11	<u> </u>	<b>-</b> , , , , , , , , , , , , , , , , , , ,	, 02	1
	Leasehold improvements		00 05	9,663.	70	365,45	5 1	2,594	1 20	18
	Equipment			<u>9,663.</u> 7,654.				<u>2,394</u> 2,961		
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	<u>X, column (B), line 1</u>	0c.)				2,04		
						S	Schedule	D (Form	i 990)	2020

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#### 25-1035663 Page 3 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT Schedule D (Form 990) 2020 Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A) HEDGE FUNDS	74,588,884.	END-OF-YEAR MARKET VALUE			
(B) EMERGING MARKETS	33,376,120.	END-OF-YEAR MARKET VALUE			
(C) GLOBAL EQUITY	190,939,634.	END-OF-YEAR MARKET VALUE			
(D) US EQUITY	59,898,752.	END-OF-YEAR MARKET VALUE			
(E) VENTURE CAPITAL & PRIVATE					
(F) EQUITY	6,876,074.	END-OF-YEAR MARKET VALUE			
(G) PRIVATE EQUITY	36,600,954.	END-OF-YEAR MARKET VALUE			
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	402,280,418.				

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes"	Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.								
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)									

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
	(b) BOOK value
(1) Federal income taxes (2) CONDITIONAL ASSET RETIREMENT	
(3) OBLIGATION	2,649,323.
(4) AGENCY FUNDS	1,274,657.
(5) ANNUITIES PAYABLE	479,657.
(6) LIABILITIES ASSOCIATED WITH	
(7) INVESTMENTS	4,927,606.
(8) REFUNDABLE LOAN	8,592,408.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,923,651.

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

Schedule D (Form 990) 2020

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Sche	edule D (Form 990) 2020 DUQUESNE UNIVERSITY OF THE				1035663	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	n Revenue per Re	eturn.		
	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	446,329,	874.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a 1	45,657,009.			
b	Donated services and use of facilities		567,140.			
с						
d			-137123946.			
е				2e	9,100,	203.
3	Subtract line 2e from line 1			3	437,229,	671.
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	. 4a	7,083,521.			
b	Other (Describe in Part XIII.)	4b	97,986.			
с	Add lines <b>4a</b> and <b>4b</b>			4c	7,181,	507.
5	Total values and the state of t			5	444,411,	178
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					<u>, 170 •</u>
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	th Expenses per l			, 170.
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	h Expenses per l			
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per l	Retur		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	h Expenses per l	Retur	'n.	
Pa 1	TXII         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 l	Retur	'n.	
Pa 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:         Donated services and use of facilities	ents Wit	h Expenses per l	Retur	'n.	
Pa 1 2 a	Image: State of the state	ents Wit	th Expenses per l		'n.	
Pa 1 2 a	<b>Reconciliation of Expenses per Audited Financial Stateme</b> 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 l		'n.	
Pa 1 2 b c d	<b>Reconciliation of Expenses per Audited Financial Stateme</b> 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	th Expenses per l 567,140. -42,365.	Retur	n. 287,618, 524,	,081.
Pa 1 2 b c d	<b>Reconciliation of Expenses per Audited Financial Stateme</b> 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	2a 2b 2c 2d	th Expenses per I 567,140. -42,365.	Retur	n.	,081.
Pa 1 2 a b c d e	<b>Reconciliation of Expenses per Audited Financial Stateme</b> 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	th Expenses per I 567,140. -42,365.	Retur	n. 287,618, 524,	,081.
Pa 1 2 a b c d e 3	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	th Expenses per l 567,140. -42,365. 7,083,521.	Retur	n. 287,618, 524,	,081.
Pa 1 2 a b c d e 3 4	<b>Reconciliation of Expenses per Audited Financial Stateme</b> 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	ents Wit	th Expenses per l	Retur	n. 287,618, 524, 287,093,	.081. .775. .306.
Pa 1 2 a b c d e 3 4 a b	<b>Reconciliation of Expenses per Audited Financial Stateme</b> 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	2a           2b           2c           2d	th Expenses per l 567,140. -42,365. 7,083,521. 37,123,945.	Retur	n. 287,618, 524, 287,093, 144,207,	
Pa           1           2           a           b           c           d           a           b           c           d           a           b           c           3           4           b           c           5	rt XII       Reconciliation of Expenses per Audited Financial Statemer         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 l 567,140. -42,365. 7,083,521. 37,123,945.	Retur	n. 287,618, 524, 287,093,	

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	$\mathbf{T}\mathbf{H}\mathbf{A}\mathbf{T}$	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

33

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 $13440509 \ 786250 \ 24172-24000$ 

Schedule D (Form 990) 2020 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	-133,281,453.
	133,201,133.
VOLUNTARY RETIREMENT PLAN	-367,417.
OTHER NON-OPERATING ITEMS	-3,475,076.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-137,123,946.

PART XI, LINE 4B - OTHER ADJUSTMENTS:COMPREHENSIVE INCOME AS EXPENSESPECIAL EVENTS55,621.

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Schedule D (Form 990) 2020

Schedule D (Form 990) 2020         DUQUESNE UNIVERSITY OF THE HOLY SPIRIT           Part XIII         Supplemental Information (continued)	25-1035663 Page 5
COST OF GOODS SOLD	-56,947.
GAIN ON SALE OF ASSETS	28,699.
INTERDEPARTMENTAL TRANSFERS	126,105.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	97,986.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	56,947.
GAIN ON SALES OF ASSETS	-28,699.
INTERDEPARTMENTAL TRANSFERS	-126,105.
COMPREHENSIVE INCOME	55,492.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-42,365.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
VOLUNTARY RETIREMENT PLAN	3,475,076.
FINANCIAL AID/SCHOLARSHIPS	133,281,453.
BOND DEFEASEMENT	367,416.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	137,123,945.

Schedule D (Form 990) 2020

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SCH	EDU	LE	Е	
/ <b>F</b>	000	00	2	-

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### Schools

OMB No. 1545-0047

2020

**Open to Public** 

(Form	990	or	990-EZ

-

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

Employer identification number 25-1035663

Inspection

Pa	rtl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	
4	Does the organization maintain the following?	-	v	
a		4a	X X	
b		4b	~	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		x	
	with student admissions, programs, and scholarships?	4c	X	
a	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	~	
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	<u>5a</u>		x
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	x	
	Has the organization's right to such aid ever been revoked or suspended?	6b		x
~	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			_
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
-	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	1 990 or	990-EZ	) 2020

Schedule E (Form 990 or 990 EZ) 2020 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 2 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.

032062 11-10-20

032071 12-03-20

### Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

or 16. 2020 Open to Public Inspection Employer identification number

25-1035663

(a) If a attivity (listed in (d)

OMB No. 1545-0047

No

(f) Total

Т

Name of the organization

# DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

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

**1** For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

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

(h) Number of (a) Number of (d) Activities conducted in the region

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,					
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	STUDY ABROAD	15,604.
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	12,483.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	126.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	PROGRAM SERVICES	STUDY ABROAD	31,189.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	PROGRAM SERVICES	RECRUITMENT	69,382.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	241,823.
EUROPE (INCLUDING					, , , , , , , , , , , , , , , , , , , ,
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	3,544.
EUROPE (INCLUDING					, , , , , , , , , , , , , , , , , , , ,
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	2	19	PROGRAM SERVICES	STUDY ABROAD	593,078.
3 a Subtotal	2	19			967,229.
<b>b</b> Total from continuation					,
sheets to Part I	0	0			90,013,989.
c Totals (add lines 3a					, , , ,
and 3b)	2	19			90,981,218.
HA For Paperwork Beduct			tions for Form 990.	Schedule F (	Form 990) 2020

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

Schedule F (Form 990) 2020

38 2020.05094 DUQUESNE UNIVERSITY OF TH 24172-21

SCHEDULE F Si (Form 990)

Department of the Treasury Internal Revenue Service

(a) Decier

offices en	) Number of nployees or agents in region 0 0 0 0	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)         PROGRAM SERVICES         PROGRAM SERVICES         PROGRAM SERVICES         PROGRAM SERVICES         PROGRAM SERVICES         PROGRAM SERVICES	(e) If activity listed in (d)         is a program service,         describe specific type         of service(s) in region         RECRUITMENT         EDUCATIONAL EXPENSE         INSTRUCTIONAL CONFERENCE         RECRUITMENT         EDUCATIONAL EXPENSE	258,663
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	region 0 0 0	PROGRAM SERVICES PROGRAM SERVICES PROGRAM SERVICES PROGRAM SERVICES	of service(s) in region          RECRUITMENT         EDUCATIONAL EXPENSE         INSTRUCTIONAL CONFERENCE         RECRUITMENT	7,583
ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0 0 0 0 0 0 0 0 0 0 0 0 0	0	PROGRAM SERVICES PROGRAM SERVICES PROGRAM SERVICES PROGRAM SERVICES	RECRUITMENT EDUCATIONAL EXPENSE INSTRUCTIONAL CONFERENCE RECRUITMENT	258,663
ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0 0 0 0 0 0 0 0 0 0 0 0 0	0	PROGRAM SERVICES PROGRAM SERVICES	EDUCATIONAL EXPENSE INSTRUCTIONAL CONFERENCE RECRUITMENT	258,663, 52, 300,
- ALBANIA, ANDORRA,       0         AUSTRIA, BELGIUM       0         EUROPE (INCLUDING       0         ICELAND & GREENLAND)       -         - ALBANIA, ANDORRA,       0         AUSTRIA, BELGIUM       0         SOUTH ASIA -       0         AFGHANISTAN,       0         BANGLADESH, BHUTAN,       0         INDIA, MALDIVES,       0         SOUTH ASIA -       0         AFGHANISTAN,       0         BANGLADESH, BHUTAN,       0         INDIA, MALDIVES,       0         MIDDLE EAST AND       0         NORTH AFRICA -       0         ALGERIA, BAHRAIN,       0         DJIBOUTI, EGYPT,       0         SUBD-SAHARAN AFRICA -       0         ANGOLA, BENIN,       0         SOTSWANA, BURKINA       0	0	PROGRAM SERVICES PROGRAM SERVICES	EDUCATIONAL EXPENSE INSTRUCTIONAL CONFERENCE RECRUITMENT	258,663
AUSTRIA, BELGIUM 0 EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	0	PROGRAM SERVICES PROGRAM SERVICES	EDUCATIONAL EXPENSE INSTRUCTIONAL CONFERENCE RECRUITMENT	258,663, 52, 300,
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	0	PROGRAM SERVICES PROGRAM SERVICES	EDUCATIONAL EXPENSE INSTRUCTIONAL CONFERENCE RECRUITMENT	300.
ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	0	PROGRAM SERVICES PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE RECRUITMENT	300
- ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	0	PROGRAM SERVICES PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE RECRUITMENT	300
AUSTRIA, BELGIUM 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA PASO, 0	0	PROGRAM SERVICES PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE RECRUITMENT	300
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, O	0	PROGRAM SERVICES PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE RECRUITMENT	300
AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, O MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, O MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, O SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, O	0	PROGRAM SERVICES	RECRUITMENT	300
BANGLADESH, BHUTAN, INDIA, MALDIVES, SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, O SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, O MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, O MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, O SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, O	0	PROGRAM SERVICES	RECRUITMENT	300.
INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	0	PROGRAM SERVICES	RECRUITMENT	52. 300. 6,071.
INDIA, MALDIVES,       0         SOUTH ASIA -       AFGHANISTAN,         AFGHANISTAN,       BANGLADESH, BHUTAN,         INDIA, MALDIVES,       0         SOUTH ASIA -       AFGHANISTAN,         AFGHANISTAN,       BANGLADESH, BHUTAN,         INDIA, MALDIVES,       0         SOUTH ASIA -       AFGHANISTAN,         BANGLADESH, BHUTAN,       INDIA, MALDIVES,         INDIA, MALDIVES,       0         MIDDLE EAST AND       0         NORTH AFRICA -       ALGERIA, BAHRAIN,         DJIBOUTI, EGYPT,       0         MIDDLE EAST AND       NORTH AFRICA -         ALGERIA, BAHRAIN,       DJIBOUTI, EGYPT,         DJIBOUTI, EGYPT,       0         SUB-SAHARAN AFRICA -       ANGOLA, BENIN,         BOTSWANA, BURKINA       FASO,	0	PROGRAM SERVICES	RECRUITMENT	300
AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, O				
BANGLADESH, BHUTAN, INDIA, MALDIVES, SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, O MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, O SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA PASO, O				
BANGLADESH, BHUTAN, INDIA, MALDIVES, SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0				
INDIA, MALDIVES, 0 SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0				
SOUTH ASIA -       AFGHANISTAN,       BANGLADESH, BHUTAN,       INDIA, MALDIVES,       MIDDLE EAST AND       NORTH AFRICA -       ALGERIA, BAHRAIN,       DJIBOUTI, EGYPT,       O       MIDDLE EAST AND       NORTH AFRICA -       ALGERIA, BAHRAIN,       DJIBOUTI, EGYPT,       O       SUB-SAHARAN AFRICA -       ANGOLA, BENIN,       BOTSWANA, BURKINA       FASO,	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	6,071.
BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	6,071
BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	6,071
INDIA, MALDIVES, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	6,071
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	-			
NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0				
ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0				
DJIBOUTI, EGYPT, 0 MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0				
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	465.
NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	-			
ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0				
DJIBOUTI, EGYPT, 0 SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0				
GUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	5,147
ANGOLA, BENIN, BOTSWANA, BURKINA FASO, 0				5,117
BOTSWANA, BURKINA FASO, 0				
FASO, 0				
	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	5,480
SOB-SARARAN AFRICA -	0	FROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	5,400
NCOLA DENTN				
ANGOLA, BENIN, BOTSWANA, BURKINA				
'	0	DROCRAM CERVICES	STUDY ABROAD	24 912
	0	PROGRAM SERVICES	STUDI ABROAD	24,812.
SUB-SAHARAN AFRICA -				
ANGOLA, BENIN,				
BOTSWANA, BURKINA	^	DROCRAM GERVICES	MIGCIONARY	100
FASO, 0		PROGRAM SERVICES	MISSIONARY	120.
	0			
	U			

			• (Schedule F (Form 990), Part I, line 3		
<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	44,868
NORTH AMERICA					
-CANADA & MEXICO,					
NOT US	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	654
NORTH AMERICA					
-CANADA & MEXICO,					
NOT US	0	0	PROGRAM SERVICES	RECRUITMENT	297
NORTH AMERICA					
-CANADA & MEXICO,		0	DROGRAM GEDUIGEG		60.334
NOT US	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	69,334
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	10,955
SUB-SAHARAN AFRICA -					, ,
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	PROGRAM SERVICES	RECRUITMENT	51
RUSSIA	0	0	PROGRAM SERVICES	RECRUITMENT	800
		0	FROGRAM DERVICED	RECROTIMENT	000
RUSSIA	0	0	PROGRAM SERVICES	EDUCATIONAL EXPENSE	299
SOUTH AMERICA	0	0	PROGRAM SERVICES	RECRUITMENT	2,360
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,		<u>_</u>			
ARUBA, BAHAMAS,	0	0	INVESTMENTS		89,574,678

Schedule F (Form 990)	DUQUESNE	UNIVERS	ITY OF THE HOLY SPIF	<u>RIT 25-103566</u>	3 Page 1
	1		(Schedule F (Form 990), Part I, line 3		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	0	0	INVESTMENTS		1,000.
Totals					90,013,989.
	1				

#### Schedule F (Form 990) 2020

### DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

25-1035663

# 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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f					·
			or counsel has provided a sect					
3 Enter total number of	other organizations of	or entities				🕨		

Schedule F (Form 990) 2020

25-1035663

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

Schedule F (Form 990) 2020

# Schedule F (Form 990) 2020 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1035663 Page 4 Part IV Foreign Forms 25-1035663 Page 4

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

Schedule F (Form 990) 2020

032074 12-03-20

<u>Schedule</u> F	(Form 990) 2020	DUQUESNE	UNIVERSITY	OF THE	<u>HOL</u> Y	SPIRIT	25-1035663	Page 5
Part V	Supplementa	I Information						
							ounting method; amounts of	
							ethod); and Part III, column (c)	
	(estimated number	er of recipients), as	applicable. Also com	piete this par	t to provide	e any additional in	formation. See instructions.	
032075 12-03-2	20						Schedule F (Form S	990) 202
				45				

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Z) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2020
	C	Attach to Form 990	-		-			Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru				on.		Inspection
Name of the organization								entification number
Dout I Fundacio		E UNIVERSITY OF TH					25-1035	
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
1 Indicate whether the	e organization rais	ed funds through any of the followin	g activ	vities.	Check all that apply.			
a 🔄 Mail solicitat					overnment grants			
	email solicitations			•	nment grants			
c Phone solicit d In-person so		g 🛄 Special	Tunara	aising	events			
		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection with pr					Ye:	s 🗌 No
	•	viduals or entities (fundraisers) pursua	ant to	agreei	ments under which th	he fur	ndraiser is to b	e
compensated at le	ast \$5,000 by the	organization.			1			1
(i) Name and address	s of individual	(11) A	(iii) fundr	Did	(iv) Gross receipts	<b>(v)</b>	Amount paid or retained by)	(vi) Amount paid
or entity (fund	Iraiser)	(ii) Activity	have c or con contribu	ntrol of	from activity		fundraiser	to (or retained by) organization
			Yes	No				
Total				►				
3 List all states in whi		n is registered or licensed to solicit o		utions	or has been notified	it is (	exempt from re	egistration
or licensing.								
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

 Schedule G (Form 990 or 990-EZ) 2020
 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 LAUREL VACARELLO (add col. (a) through GOLF INVITAT 3 VALLEY GOLF col. (c)) (event type) (event type) (total number) Revenue 106,600. 75,580. 110,588. 292,768. Gross receipts 1 46,550. 42,633. 89,183. 2 Less: Contributions 60,050. 75,580. 67,955. 203,585. Gross income (line 1 minus line 2) 3 4 Cash prizes 5,182. 15,408. 20,590. 5 Noncash prizes Direct Expenses 69,903. 41,566. 111,469. Rent/facility costs 6 1,885. 102. 1,987. 7 Food and beverages 8 Entertainment 1 113. 3,899. 8,906. 13,918. 9 Other direct expenses 147,964. 10 Direct expense summary. Add lines 4 through 9 in column (d) ► 55,621. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabe/instant (d) Total gaming (add

Revenue			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))					
eve											
Ξ.	1	Gross revenue									
ses	2	Cash prizes									
Expens	3	Noncash prizes									
Direct Expenses	4	Rent/facility costs									
	5										
	G         Volunteer labor         Yes%         Yes%         Yes%           No         No         No         No										
	7 Direct expense summary. Add lines 2 through 5 in column (d)										
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		▶						
9	En	ter the state(s) in which the organization condu	cts gaming activities:								
		the organization licensed to conduct gaming ac				Yes No					
b	) IT "	No," explain:									
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No					
~											

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

03208	IS 11-25-20 Schedule G (Form 48	990 or 990	-EZ) 2020
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	organization's own exempt activities during the tax year <b>s \$</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9,	9b, 10b,
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	L Yes	∟ <b>NO</b>
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	N
17	Mandatory distributions:		
	Director/officer Employee Independent contractor		
	Description of services provided		
	Gaming manager compensation		
	Name		
16	Gaming manager information:		
	Address		
	Name		
	of gaming revenue retained by the third party <b>&gt;</b> \$		
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
	Address		
	Name		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	The organization's facility An outside facility	13a 13b	<u>%</u> %
13	Indicate the percentage of gaming activity conducted in:		
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
	Does the organization conduct gaming activities with nonmembers?	Yes	No
Sche	edule G (Form 990 or 990-EZ) 2020 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 25-1	035663	Page 3

48 2020.05094 DUQUESNE UNIVERSITY OF TH 24172-21

Schedule G	(Form 990 or 990-EZ)	DUQUESNE	UNIVERSITY	OF	THE	HOLY	SPIRIT	25-1035663	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation <sub>(continue</sub>	ed)						
								Schedule G (Form 990 or	990-EZ)

032084 04-01-20

Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States									
(10111000)		ete if the organizatio					2020		
Department of the Treasury			Attach to For				Open to Public		
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inforr	nation.		Inspection		
Name of the organization DUQUESNE	UNIVERSIT	Y OF THE HO	LY SPIRIT				Employer identification number 25-1035663		
Part I General Information on Grants a	nd Assistance								
1 Does the organization maintain records t criteria used to award the grants or assis	tance?				•		on X Yes No		
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I		<u>v</u> <u>v</u>							
recipient that received more than \$	•			1 0	anization answered f	es on Form 990, Pan	TV, III e 21, IOF any		
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> 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)	33,800.	0.	N/A	N/A	PROGRAM SUPPORT		
PITTSBURGH COUNCIL OF HIGHER EDUCATION - 201 WOOD ST - PITTSBURGH, PA 15222	23-7303727	501(C)(3)	22,201.	0.	N/A	N/A	PROGRAM SUPPORT		
<ul><li>2 Enter total number of section 501(c)(3) at</li><li>3 Enter total number of other organizations</li></ul>	<b>.</b>		l e line 1 table		I	1	2.		

Schedule I (Form 990) 2020

### 20 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	11528	112,198,249.	0.	N/A	N/A
THLETIC SCHOLARSHIPS	544	9,129,101.	0.	N/A	N/A
		,,			
NDOWED / NON-ENDOWED SCHOLARSHIPS	892	4,204,106.	0.	N/A	N/A
ELIGIOUS / H.S., TEACHER, SCHOLARSHIPS	578	1,980,870.	0.	N/A	N/A
Deed Based Scholarships           Part IV         Supplemental Information. Provide the information restriction	2460	, ,		N/A	N/A
	quired in Part I, iii	ez, Fart III, coluitiit	(b), and any other ac		
PART I, LINE 2:					
A SCHOLARSHIP IS AN ACHIEVEMENT AV	ARD. AWA	RDS CAN BE	BASED ON	THE	

STUDENT'S AFFILIATION WITH A PARTICULAR MAJOR, BEING A PART OF A

CLUB/GROUP, OR BASED ON THE STUDENT'S ACADEMIC RECORD.

STUDENTS RECEIVING SCHOLARSHIPS AND GRANTS FROM THE UNIVERSITY ARE

MONITORED TO ENSURE THAT THEY MEET THE ACADEMIC REQUIREMENTS OR OTHER

CRITERIA ASSOCIATED WITH THE AWARD.

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

Schedule I (Form	990)	DUQUESNE	UNIVERSITY	OF THE	HOL	Y SP	IRIT	25-103	5663	Page <b>2</b>
Part IV Su	pplemental Info	ormation								
STUDENTS	RECEIVING	FINANCIAL	ASSISTANCE	BASED	ON	NEED	ARE	MONITORED	то	

ENSURE THEY MEET THE ACADEMIC REQUIREMENTS OR OTHER CRITERIA ASSOCIATED

WITH THE FINANCIAL ASSISTANCE.

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

Schedule I (Form 990)

SC	HEDULE J	I	OMB No. 1	1545-004	47		
(Fo	rm 990)	-	tion Information Trustees, Key Employees, and Highest	F	00	00	
•		Compens	sated Employees		ZU	ZU	J
_			vered "Yes" on Form 990, Part IV, line 23. 1 to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service		r instructions and the latest information.		Inspe		
Nan	ne of the organizatio			Employer i	identificatio	on nui	mber
		DUQUESNE UNIVERSITY	OF THE HOLY SPIRIT	25-1	L03566	3	
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a	Check the appropr	te box(es) if the organization provided any of th	ne following to or for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevan	t information regarding these items.				
	First-class or o	narter travel	Housing allowance or residence for perso	nal use			
	X Travel for com	panions	Payments for business use of personal res	sidence			
	Tax indemnifie	ation and gross-up payments	$\overline{C}$ Health or social club dues or initiation fees	6			
	Discretionary	Discretionary spending account Personal services (such as maid, chauffer					
b	If any of the boxes	n line 1a are checked, did the organization follo	ow a written policy regarding payment or				
	reimbursement or	ovision of all of the expenses described above?	? If "No," complete Part III to explain		1b	Х	
2	Did the organizatio	require substantiation prior to reimbursing or a	llowing expenses incurred by all directors,				
	trustees, and office	s, including the CEO/Executive Director, regard	ling the items checked on line 1a?		2	Х	
3	Indicate which, if a	y, of the following the organization used to esta	ablish the compensation of the organization's				
	CEO/Executive Dir	ctor. Check all that apply. Do not check any bo	xes for methods used by a related organization	on to			
	establish compens	tion of the CEO/Executive Director, but explain	in Part III.				
	X Compensation		Written employment contract				
		-	Compensation survey or study				
	X Form 990 of c	her organizations	Δ Approval by the board or compensation c	ommittee			
4		any person listed on Form 990, Part VII, Sectio	n A, line 1a, with respect to the filing				
	organization or a re	-					
а		e payment or change-of-control payment?			<u>4a</u>	X	<u> </u>
b		eive payment from a supplemental nonqualified				Х	
с	-	eive payment from an equity-based compensati	-		4c		X
	If "Yes" to any of In	es 4a-c, list the persons and provide the applica	able amounts for each item in Part III.				
	Only an all an EO (	(0) 504(-)(4) and 504(-)(00) and 504(-)(00)	unt complete lines 5.0				
-		(3), 501(c)(4), and 501(c)(29) organizations m	-	-			
э		n Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensatio				
_	contingent on the				5a		x
		ation?					X
U		tion? <sup>r</sup> 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensation	n			
U	contingent on the		organization pay of accruc any compensatio				
а	-				6a		x
		ition?					x
~		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the	organization provide any nonfixed payments				
-		es 5 and 6? If "Yes," describe in Part III			7	х	
8		eported on Form 990, Part VII, paid or accrued					
-		btion described in Regulations section 53.4958-		-	8		X
9		d the organization also follow the rebuttable pre					
	Regulations section				9		
LHA		duction Act Notice, see the Instructions for I			lule J (Forn	n 990)	2020
						-	

032111 12-07-20

### 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 V	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) KEITH DAMBROT	(i)	890,298.	16,000.	2,059.	147,800.	29,191.	1,085,348.	0.
HEAD COACH, MEN'S BASKETBALL	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KENNETH G GORMLEY	(i)	421,123.	0.	29,005.	93,522.	30,548.	574,198.	0.
PRESIDENT EX OFFICIO BOARD	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN KAUFFMAN -ENTER 1/1/20	(i)	413,080.	0.	1,906.	14,554.	27,006.	456,546.	0.
DEAN, OSTEOPATHIC MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID HARPER	(i)	294,793.	15,560.	10,109.	11,975.	88,424.	420,861.	0.
VP OF ATHLETICS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MATTHEW J FRIST	(i)	288,200.	35,001.	954.	12,321.	27,079.	363,555.	0.
SR VP FINANCE & BUSINESS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID DAUSEY	(i)	306,162.	6,100.	997.	13,138.	28,603.	355,000.	0.
EXEC PROVOST & VP ACAD AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN P PLANTE -EXIT 6/30/21	(i)	282,059.	5,755.	4,374.	12,395.	34,892.	339,475.	0.
SR VP ADVANCEMENT SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DANIEL BURT	(i)	302,987.	10,000.	1,143.	9,854.	2,936.	326,920.	0.
HEAD COACH WOMEN'S BASKETBALL	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DOUGLAS K FRIZZELL	(i)	235,200.	4,735.	1,005.	10,198.	73,532.	324,670.	0.
SR VP STUDENT LIFE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DEAN B. MCFARLIN	(i)	235,064.	4,952.	20,675.	35,664.	21,127.	317,482.	0.
DEAN, BUSINESS SCHOOL	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARY ELLEN GLASGOW	(i)	251,223.	5,059.	3,809.	10,896.	22,864.	293,851.	0.
DEAN, SCHOOL OF NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MADELYN REILLY -EXIT 4/30/21	(i)	257,278.	20,001.	1,554.	10,780.	3,285.	292,898.	0.
SR VP LEGAL AFFAIRS/GEN COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JAMES K. DRENNEN	(i)	194,334.	2,836.	14,053.	7,830.	73,447.	292,500.	0.
DEAN, SCHOOL OF PHARMACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ALEEM GANGJEE	(i)	239,253.	4,729.	4,702.	10,185.	15,891.	274,760.	0.
PROFESSOR, SCHOOL OF PHARMACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) J DOUGLAS BRICKER-EXIT 6/30/20	(i)	232,762.	5,226.	3,360.	11,255.	20,027.	272,630.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) PAUL-JAMES CUKANNA-EXIT 8/7/20	(i)	165,049.	0.	81,157.	10,084.	16,151.	272,441.	0.
VP ENROLLMENT MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

### 990) 2020 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	N-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(17) APRIL M. BARTON	(i)	239,493.	4,800.	359.	10,338.	15,830.	270,820.	0.
DEAN, SCHOOL OF LAW	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) FEVZI AKINCI	(i)	207,075.	3,634.	425.	8,484.	25,831.	245,449.	0.
DEAN, HEALTH SCIENCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) KRISTINE BLAIR	(i)	210,100.	4,200.	860.	9,046.	19,414.	243,620.	0.
DEAN, SCHOOL OF LIBERAL ARTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) WILLIAM GENERETT JR	(i)	226,082.	4,400.	737.	9,477.	2,908.	243,604.	0.
SR VP COMMUNITY ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) CHARLES BARTEL	(i)	197,809.	4,000.	2,882.	8,615.	23,055.	236,361.	0.
VP IT AND CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) GABRIEL WELSCH	(i)	182,668.	3,700.	380.	7,969.	27,290.	222,007.	0.
VP OF MARKETING AND COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) JOEL BAUMAN -ENTER 7/13/20	(i)	117,548.	0.	1,038.	25,000.	7,573.	151,159.	0.
SR VP ENROLLMENT MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

#### 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, AN OFFICER, SEPARATED FROM THE UNIVERSITY

ON 8/7/20, RECEIVED A SPECIAL PAYMENT IN THE AMOUNT OF \$75,000.

PART I, 4B: THE FOLLOWING EMPLOYEES PARTICIPATED IN A NONQUALIFIED

RETIREMENT PLAN FOR FISCAL YEAR 2021: KEITH DAMBROT \$125,000, KENNETH

GORMLEY \$75,000, DEAN MCFARLIN \$25,000, JOEL BAUMAN \$25,000.

PART I, LINE 7:

FROM TIME TO TIME, THE UNIVERSITY AWARDS PERFORMANCE BASED BONUSES THAT ARE

EITHER CONTRACTUALLY AGREED TO OR BOARD APPROVED.

Schedule J (Form 990) 2020

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	-	Complete if the organ	explanations, and	d "Yes" on Form anv additional ir	990, Part IV, formation in	line 24a. Part VI.	Provide descri	ENTIT:			Op Ins	<sup>3 No. 154</sup> <b>202</b> en to P pectio	0 Public n
Name of the organization		NIVERSITY OF	F THE HOLY	SPIRIT						loyerid 5-10			umber
Part I Bond Issues													
<b>(a)</b> Iss	uer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	i (e) Issu	ie price	(f) Descrip	tion of purpos	e <b>(g)</b> De	efeased (I	) On be of issu	1.1	Pooled nancing
									Yes	No	es l	<u>lo Ye</u>	es No
	C.BUILD.AUTH.	25-1425398	01728RHG7	02/10/11	. 5320	3859.	SEE PAR	r vi	x			x	x
	C.BUILD.AUTH.	25-1425398	01728RKC2	03/19/13	4304	4915.	SEE PAR	T VI	x			x	x
	C.BUILD.AUTH.	25-1425398	01728RKY4	12/17/14	4384	2545.	SEE PAR	r vi	x			x	x
	NY COUNTY C.BUILD.AUTH.	25-1425398	01728RLR8	05/05/16	6803	8418.	SEE PAR	r vi	x			x	X
Part II Proceeds								1					
1 Amount of bonds	retired				30,000.		<u>в</u> 925,000-	12,3	c 25,000				000.
2 Amount of bonds	egally defeased						030,000		40,000				000.
3 Total proceeds of	ssue			. 53,42	26,942.	43,	051,476	43,8	42,545	•	68,	038,	418.
4 Gross proceeds in			· · · · · · · · · · · · · · · · · · ·		75 450								
5 Capitalized interes	•	<u></u>	<u></u>	1,9/	75,452.								
<ul><li>6 Proceeds in refund</li><li>7 Issuance costs fro</li></ul>			<u></u>		02,300.		335,654	1	04,261			169	527.
8 Credit enhanceme				= (	2,300.		555,054		04,201	•		<u> </u>	527•
	penditures from proceeds		<u></u>		2,858.		95					36.	314.
10 Capital expenditur	•			51,04	6,332.	16,	879,743						
11 Other spent proce							835,984		38,284	•	67,	532,	577.
12 Other unspent pro	ceeds												
13 Year of substantia	l completion				2012		2014		2014			201	.6
				Yes	No	Yes	No	Yes	No	Y	es	N	lo
14 Were the bonds is	sued as part of a refunding	issue of tax-exempt b	onds (or,										
if issued prior to 20	018, a current refunding is	sue)?			Х		X	X					X
15 Were the bonds is	sued as part of a refunding	issue of taxable bond	s (or, if										
issued prior to 201	8, an advance refunding is	ssue)?			X	X		X			X		
	ation of proceeds been ma			X		X		X			X		
•	tion maintain adequate bo	oks and records to sup	port the										
final allocation of p	proceeds?			X		X		X			X Ile K (F		

Schedule K (Form 990) 2020

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service		Complete if the orga	explanations, and	d "Yes" on Form 9 any additional inf	90, Part IV, ormation in	line 24a. Part VI.	Provide descri	ENTIT	¥ 2		Op	20	Public
Name of the organization		NIVERSITY O	F ТНЕ НОЦУ	SPIRTT							identific 0356		number
Part I Bond Issues										<u> </u>			
(a) Is	suer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	(f) Descript	ion of purpos	e <b>(g)</b> De	feased	<b>(h)</b> On b of issu		(i) Pooled financing
									Yes	No	Yes	No	Yes No
A HIGHER EDU	IENY COUNTY IC BUILD AUTH	25-1425398	01728RHG7	05/08/18	105	,000.	SEE PARI	VI		x		x	x
BHIGHER EDU	IENY COUNTY IC BUILD AUTH	25-1425398	01728RKC2	05/08/18	1223	0000.	SEE PARI	VI		x		x	x
CHIGHER EDU	IENY COUNTY IC BUILD AUTH	25-1425398	01728RKY4	05/08/18	860	,000.	SEE PARI	' VI		x		x	x
	IENY COUNTY IC BUILD AUTH	25-1425398	01728RLR8	05/08/18	1,380	,000.	SEE PARI	' VI		x		x	x
Part II Proceeds													
1 Amount of bondo	rativad			A			В		C			D	
<ol> <li>Amount of bonds</li> <li>Amount of bonds</li> </ol>										_			
3 Total proceeds of				10	5,000.	12,	230,000.	8	60,000		1,	380	,000.
4 Gross proceeds in							•				,		
5 Capitalized intere	st from proceeds												
6 Proceeds in refun	iding escrows												
7 Issuance costs fro	om proceeds												
8 Credit enhancem	ent from proceeds												
9 Working capital e	xpenditures from proceeds												
10 Capital expenditu	ires from proceeds												
11 Other spent proce	eeds			10	5,000.	12,	230,000.	8	60,000	•	1,	380	,000.
12 Other unspent pr	oceeds												1.0
13 Year of substantia	al completion				018		2018		2018			-20	18
				Yes	No	Yes	No	Yes	No	_	Yes		No
	ssued as part of a refunding		oonds (or,			v					v		
	2018, a current refunding is	,		X		X		X		_	X	-	
	ssued as part of a refunding	5			v				<b>v</b>				v
	18, an advance refunding i				X X				X X	_		-	X X
	cation of proceeds been ma				Δ		^			_		+	Δ
17 Does the organiza final allocation of	ation maintain adequate bo	oks and records to sup	oport the	x		x		x			x		
	Reduction Act Notice, see			4			1		I				990) 2020

Schedule K (Form 990) 2020

	Complete if the organ	explanations, and	I "Yes" on Form 9 any additional inf	90, Part IV, ormation in	line 24a. Part VI.	Provide descrip	ENTITY	¥ 3		Or	202 Den to	Public	
	IIVERSITY O	F THE HOLY	SPIRIT									numbe	r
suer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	<b>(f)</b> Descripti	on of purpose	e <b>(g)</b> De	feased			.,	
								Yes	No	Yes	No	Yes N	0
	25-1425398	01728RMW6	05/30/18	2025	3295.	SEE PART	VI		x		x	2	ζ
	22-2243852	70917S4F7	03/27/19	2128	5927.	SEE PART	VI		x		x	2	ζ
HENY COUNTY									x		x		
			· · ·										_
retired			A			В	(	C			D		_
egally defeased													
issue			20,27	8,690.	21,	749,488.	10,39	93,364	•				
reserve funds									_				
				C 040		104 752	1 (	00.004					
			24	6,249.		184,/53.	T(	16,834	•				_
				7 0 4 7		1 1 0 0							_
					21		10 14	C2 251	_				
		<u></u>		±,JJ0.	<u> </u>	505,545.	10,10	<u>, , , , , , , , , , , , , , , , , , , </u>	•				—
							1:	23 179	_				—
				019		2021			•				
					Yee		Yes	No		Yes		No	
sued as part of a refunding	issue of tax-exempt h	onds (or.			100		100						_
				х		x		x					
U													_
				Х		x		x					
			X		X			X					
tion maintain adequate boo		port the	x		x		x						_
	► Attach to DUQUESNE UN Suer name ENY COUNTY C BUILD AUTH LVANIA HIGHER ITIES AUTH HENY COUNTY C BUILD AUTH HENY COUNTY	▶ Attach to Form 990.       ▶ Go         DUQUESNE UNIVERSITY OF         suer name       (b) Issuer EIN         ENY COUNTY       25-1425398         LVANIA HIGHER       22-2243852         HENY COUNTY       25-1425398         C BUILD AUTH       25-1425398         LVANIA HIGHER       11ES AUTH         171ES AUTH       22-2243852         HENY COUNTY       25-1425398         C BUILD AUTH       25-1425398         Issue       25-1425398         retired       25-1425398         Issue       25-1425398         Ing escrows       1         m proceeds       1         ding escrows       1         m proceeds       1         spenditures from proceeds       1         es from proceeds       1         eds       1         ceeds       1         I completion       1         sued as part of a refunding issue of tax-exempt b         018, a current refunding issue)?       1         sued as part of a refunding issue of taxable bond         18, an advance refunding issue)?       1         ation of proceeds been made?       1         tion maintain adequate books and records	► Attach to Form 990.       ► Go to www.irs.gov/Fo         DUQUESNE UNIVERSITY OF THE HOLY         suer name       (b) Issuer EIN         (c) CUSIP #         ENY COUNTY         C BUILD AUTH       25-1425398         LVANIA HIGHER         ITIES AUTH       22-2243852         IVANIA HIGHER         ITIES AUTH       25-1425398         O1728RMV6         LVANIA HIGHER         ITIES AUTH       22-2243852         C BUILD AUTH       25-1425398         O1728RNL9         C BUILD AUTH       25-1425398         O1728RNL9         Issue         retired         legally defeased         issue         reserve funds         tf from proceeds         ing escrows         m proceeds         spenditures from proceeds         esf from proceeds         eds         cceeds         I completion         sued as part of a refunding issue of tax-exempt bonds (or, if         8, an advance refunding issue)?         sued as part of a refunding issue)?         sued as part of a refunding issue)?         ation of proceeds been made?         tion maintain a	▶ Attach to Form 990.       ▶ Go to www.irs.gov/Form990 for instruction         DUQUESNE UNIVERSITY OF THE HOLY SPIRIT         suer name       (b) Issuer EIN       (c) CUSIP #       (d) Date issued         ENY COUNTY       25-1425398       01728RMW6       05/30/18         LVANIA HIGHER       22-2243852       70917S4F7       03/27/19         HENY COUNTY       25-1425398       01728RMW6       05/30/18         LVANIA HIGHER       22-2243852       70917S4F7       03/27/19         HENY COUNTY       25-1425398       01728RNL9       08/27/20         C BUILD AUTH       25-1425398       01728RNL9       08/27/20         VANIA       25-1425398       01728RNL9       08/27/20         Variation       20,271       08/27/20       08/27/20         Variation       20,271       08/27/20       08/27/20         reteried	explanations, and any additional information in Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and to DUQUESNE UNIVERSITY OF THE HOLY SPIRIT          isuer name       (b) Issuer EIN       (c) CUSIP #       (d) Date issued       (e) Issuer EIN         isuer name       (b) Issuer EIN       (c) CUSIP #       (d) Date issued       (e) Issuer EIN         ENY COUNTY C BUILD AUTH       25-1425398       01728RMW6       05/30/18       2025         LVANIA HIGHER       12-2243852       70917S4F7       03/27/19       2128         HENY COUNTY C BUILD AUTH       25-1425398       01728RNL9       08/27/20       1039         retired	explanations, and any additional information in Part VI. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest in DUQUESNE UNIVERSITY OF THE HOLY SPIRIT wer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Date issued (f) Issuer EIN (f) Date issued (f) Date issued (f) Date issued (f) Issuer EIN (f) Date issued (f) Date issue price (f) Date issued (f) Date issue	▲ Attach to Form 990.       ▲ Go to www.is.gov/Form990 for instructions and the latest information.         DUQUESNE UNIVERSITY OF THE HOLY SPIRIT         user name       (b) Issuer EIN       (c) CUSIP #       (d) Date Issued       (e) Issue price       (f) Descripti         ENY COUNTY       25-1425398       01728RMW6       05/30/18       20253295.       SEE       PART         LVANIA HIGHER       171ES       22-2243852       70917S4F7       03/27/19       21285927.       SEE       PART         HENY COUNTY       25-1425398       01728RNL9       08/27/20       10393364.       SEE       PART         LVANIA HIGHER       171ES       A       B	Attach to Form 990.       C do to www.irs.gov/Form990 for instructions and the latest information.         DUQUESNE UNIVERSITY OF THE HOLY SPIRIT         wer name       (b) Issuer EIN       (c) CUSIP #       (d) Date issued       (e) Issue price       (f) Description of purpos         ENY COUNTY       C       C BUILD AUTH       25-1425398 01728RMW6       05/30/18       20253295. SEE PART VI         LVANIA HIGHER       22-2243852 7091784F7       03/27/19       21285927. SEE PART VI         HENY COUNTY       25-1425398 01728RNL9       08/27/20       10393364. SEE PART VI         ENT COUNTY       C       B       of         C BUILD AUTH       25-1425398 01728RNL9       08/27/20       10393364. SEE PART VI         HENY COUNTY       C       B       of         C BUILD AUTH       25-1425398 01728RNL9       08/27/20       10393364. SEE PART VI         HENY COUNTY       C       C       10393364. SEE PART VI         Issue       20,278,690. 21,749,488. 10,33       10,10         reserve funds       -       -       -         If form proceeds       21,749,488. 10,13       10,10         ing escrows       -       -       -         If form proceeds       19,244,558. 21,563,543. 10,10       -         e	Attach to Form 990.       Go to www.irs.gov/Form990 for instructions and the latest information.       Emp         DUQUESNE UNIVERSITY OF THE HOLY SPIRIT       Emp         user name       (b) Issuer EIN       (c) CUSIP #       (d) Date issued       (e) Issue price       (f) Description of purpose       (g) De         ENY COUNTY       25-1425398       01728RMW6       05/30/18       20253295. SEE PART VI       Vies         LVANIA HIGHER       22-2243852       70917S4F7       03/27/19       21285927. SEE PART VI       Vies         LVANIA HIGHER       22-1425398       01728RNL9       08/27/20       10393364. SEE PART VI       Vies         LVANIA HIGHER       22-1425398       01728RNL9       08/27/20       10393364. SEE PART VI       Vies         LVANIA HIGHER       22-243852       709178H7       03/27/19       21285927. SEE PART VI       Vies         LVANIA HIGHER       22-243852       709178RNL9       08/27/20       10393364. SEE PART VI       Vies         LVANIA Gefeased       20       278,690.       21,749,488.       10,393,364         issue       20       278,690.       21,749,488.       10,393,364         reserve funds       1       1       10,163,351       10,163,351         ing escrows       2019       2	Attach to Form 990. Cols www.irs.gov/Form890 for instructions and the latest information.         DUQUESNE UNIVERSITY OF THE HOLY SPIRIT       Employer i         user name       (b) Issuer EIN       (c) CUSIP #       (d) Date issued       (e) Issue price       (f) Description of purpose       (g) Detasted         ENY COUNTY       25-14253980       01728RMW6       05/30/18       20253295. SEE PART VI       X         LVANIA HIGHER       22-2243852       70917S4F7       03/27/19       21285927. SEE PART VI       X         TITES AUTH       22-1425398       01728RMW6       08/27/20       10393364. SEE PART VI       X         LENY COUNTY       C       EUILD AUTH       25-1425398       01728RMU9       08/27/20       10393364. SEE PART VI       X         LENY COUNTY       C       EUILD AUTH       25-1425398       01728RNL9       08/27/20       10393364. SEE PART VI       X         HENY COUNTY       C       EUILD AUTH       25-1425398       01728RNL9       08/27/20       10393364. SEE PART VI       X         Itered	Attach to Form 990.       Cost ownwith:gov/Form9900 for instructions and the latest information.       Original formation in Part VI.       Original formation in Part VI.       Original formation in Part VI.       Composition of purpose       Employer identific 25-103560         user name       (b) Issuer EIN       (c) CUSIP #       (d) Date issued       (e) Issue price       (f) Description of purpose       (g) Detested (h) On horizon of purpose       (g) Detested (h) On horizon of purpose         ENY COUNTY       25-1425398 01728RMW6       05/30/18       20253295.       SEE PART VI       X       <	Attach to Form 990.       Go to www.rs.gov/Form9900 for instructions and the latest information.       Dogen to instructions and the latest information.         user       (c) CUSIP #       (d) Date issue (in an one of the latest information of purpose (in an of the latest information of purpose)       (g) Detail (in an of the latest information of purpose)       (g) Detail (in an of the latest information of purpose)       (g) Detail (in an of the latest information of purpose)       (g) Detail (in an of the latest information of purpose)       (g) Detail (in an of the latest information of purpose)       (g) Detail (in an of the latest information of purpose)       (g) Detail (in an of the latest information of purpose)       (g) Detail (in an of the latest inform	Attach to Form 990         Core is public to www.irs.gov/Form990 for instructions and the latest information.         Core is public to mumber 25-1035663           n         DUQUESNE UNIVERSITY OF THE HOLY SPIRIT         Employer identification number 25-1035663           nuer name         (b) issuer EIN         (c) CUSIP if         (d) Date issued         (e) issue price         (f) Description of purpose         (g) Detessed (h) on behalf         (i) Poole           ENY COUNTY         25-1425398         01728RMW6         05/30/18         20253295. SEE         PART VI         X

Schedule K (Form 990) 2020

# Schedule K (Form 990) 2020 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

25-1035663

		Α		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?	103	X	103	X	103	X	103	X
<ol> <li>Are there any lease arrangements that may result in private business use of</li> </ol>								
bond-financed property?	х		х		х		х	
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?	х		х		х		х	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?	х		Х		Х		х	
c Are there any research agreements that may result in private business use of								
bond-financed property?		x		x		x		x
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
<ul> <li>4 Enter the percentage of financed property used in a private business use by entities</li> </ul>						1		
other than a section 501(c)(3) organization or a state or local government		1.10 %	1	.50 %		.70 %		.80
5 Enter the percentage of financed property used in a private business use as a		/0		//		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		.00
6 Total of lines 4 and 5		1.10 %		.50 %		.70 %		.80
7 Does the bond issue meet the private security or payment test?		X		X		X		X
<ul><li>8a Has there been a sale or disposition of any of the bond-financed property to a non-</li></ul>								
governmental person other than a 501(c)(3) organization since the bonds were issued?	х		х		х		х	
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or						1		
disposed of		1.00 %	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		х	
<ul> <li>9 Has the organization established written procedures to ensure that all</li> </ul>								
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		1		1 1		1		
		Α		в		с		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	Х		Х		Х		Х	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was						•		
performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

# Schedule K (Form 990) 2020 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

25-1035663

		Α		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?	163	X	163	X	163	X	103	X
<ul> <li>2 Are there any lease arrangements that may result in private business use of</li> </ul>				+		+		
bond-financed property?		x		x		X		x
3a Are there any management or service contracts that may result in private				+		+		
business use of bond-financed property?		x		x		X		x
<ul> <li>b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside</li> </ul>				+		+		
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of						1 1		
bond-financed property?		x		x		x		x
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities		1				-1		
other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %		.00
5 Enter the percentage of financed property used in a private business use as a		<b>, , ,</b>		70		/0		
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		.00
		.00 %		.00 %		.00 %		.00
<ul> <li>6 Total of lines 4 and 5</li> <li>7 Does the bond issue meet the private security or payment test?</li> </ul>		X 70		X		X 70		X
<ul><li>8a Has there been a sale or disposition of any of the bond-financed property to a non-</li></ul>								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x		x		x
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or						21		21
		%		%		%		(
disposed of c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		20		70		70		
<ul> <li>sections 1.141-12 and 1.145-2?</li> <li>9 Has the organization established written procedures to ensure that all</li> </ul>								
5								
nonqualified bonds of the issue are remediated in accordance with the		x		x		x		x
requirements under Regulations sections 1.141-12 and 1.145-2?		- 23		21		21		
		Α		в		С		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?	163	X	163	X	163	X	103	X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X		X	
b Exception to rebate?	22	X	22	X		X		X
		X		X		X		X
c No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed     Is the bond issue a variable rate issue?		X		X		X		X

# Schedule K (Form 990) 2020 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

25-1035663

Par	t III Private Business Use								
			Α		В		С	[	D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?	Х		Х		Х			
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?	Х		Х		Х			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	Х		Х		Х			
c	Are there any research agreements that may result in private business use of								
	bond-financed property?		x		X		x		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %		%
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		.00 %		.00 %		.00 %		%
6	Total of lines 4 and 5		.00 %		.00 %		.00 %		%
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х		Х		Х			
Par	t IV Arbitrage								
			A		B		Ç	[	<u>p</u>
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		X		
2	If "No" to line 1, did the following apply?				_		_		_
a	Rebate not due yet?	Х		X		Х			
b	Exception to rebate?		X		X		X		
C	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		-						
3	Is the bond issue a variable rate issue?		X		X		X		

25-1035663

#### DUQUESNE UNIVERSITY OF THE HOLY SPIRIT Schedule K (Form 990) 2020

Schedule K (Form 990) 2020 DUQUESNE UNIVERSITY OF THE HOI	Y SPIR	IT	25-1	L035663	1			Page 3
Part IV Arbitrage (continued)								
	ŀ	4	E	3		0	D	)
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		X		X		Х
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		X		Х
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		X		Х
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		Х		X		X	
Part V Procedures To Undertake Corrective Action								
		۱	E	3		0		
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		X		X	
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instr	uctions.					

# Schedule K (Form 990) 2020 DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

25-1035663

Part IV Arbit	rage (continued)								
		A		E	3	0	)	0	)
4a Has the or	rganization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
	h respect to the bond issue?		Х		Х		X		Х
<b>b</b> Name of p	provider								
c Term of he	edge								
d Was the h	edge superintegrated?								
e Was the h	edge terminated?								
	s proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		X		Х
	provider								
c Term of G									
d Was the re	egulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	gross proceeds invested beyond an available temporary period?		Х		Х		X		Х
	rganization established written procedures to monitor the								
	nts of section 148?	Х		х		x		Х	
	edures To Undertake Corrective Action			•					
		A	۱	E	3	0	)		)
Has the o	rganization 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						1		
applicable	regulations?	Х		Х		x	1	х	
Part VI Supp	plemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions.					

25-1035663

#### DUQUESNE UNIVERSITY OF THE HOLY SPIRIT Schedule K (Form 990) 2020

Page 3

Part IV Arbitrage (continued)	Α		В		0	)	C	)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х		Х		
<b>b</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		X		
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		X		
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		X		X			
Part V Procedures To Undertake Corrective Action							1	
	A		В		(	)	C	)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х		X		X			
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions.					
CHEDULE K SUPPLEMENTAL INFORMATION:								
CHEDULE K, PART I, COLUMN A: ISSUER NAME: ACHEBA								
IIGHER EDUCATION BUILDING AUTHORITY; PHEFA - PENN	SYLVAN	A HIGH	ER					
DUCATIONAL FACILITIES AUTHORITY								
PART I, ROW A, COLUMN F(6): THE PURPOSE OF THE IS	SUE WAS	S TO FI	NANCE					
ARIOUS CAPITAL PROJECTS FOR THE UNIVERSITY.								
ART I, ROW B, COLUMN F(7): THE PURPOSE OF THE IS APITAL PROJECTS AND REFUND THE ISSUE DATED 3/31/		S TO FI	NANCE					
AFITAL PROJECTS AND REFOND THE ISSUE DATED 37317 ART I, ROW C, COLUMN F(8): THE PURPOSE OF THE IS								
SSUES DATED $12/2/2005$ AND $8/23/2007$ .	20E 12	IO REF	UND					
ART I, ROW D, COLUMN F(9): THE PURPOSE OF THE IS			MTATTY					
EFUND ISSUES DATED 6/19/2008 AND 2/10/2011.	20E 12	IU PAR						
			DOND					
ART I, ROWS A, B, C, D, COLUMN F(10, 11, 12, 13): DUE								
ART I, ROWS A, B, C, D, COLUMN F(10, 11, 12, 13): DUE INANCED PROPERTY, THE UNIVERSITY ENTERED A REMED	IAL ACT	ION IN	1					
ART I, ROWS A, B, C, D, COLUMN F(10,11,12,13): DUE INANCED PROPERTY, THE UNIVERSITY ENTERED A REMED CCORDANCE WITH SECTION 1.141.12(E) OF THE TREASU	IAL ACT RY REGU	ION IN LATION	S. IN					
ART I, ROWS A, B, C, D, COLUMN F(10,11,12,13): DUE INANCED PROPERTY, THE UNIVERSITY ENTERED A REMED CCORDANCE WITH SECTION 1.141.12(E) OF THE TREASU CCORDANCE WITH SECTION 1.141.12(E)2 OF THE TREAS	IAL ACT RY REGU URY REG	ION IN JLATION GULATIO	S. IN NS, THE					
ART I, ROWS A, B, C, D, COLUMN F(10,11,12,13): DUE INANCED PROPERTY, THE UNIVERSITY ENTERED A REMED CCORDANCE WITH SECTION 1.141.12(E) OF THE TREASU CCORDANCE WITH SECTION 1.141.12(E)2 OF THE TREAS ORTION OF BONDS ALLOCABLE TO THE BOND FINANCED P	IAL ACT RY REGU URY REG ROPERTY	TION IN JLATION GULATIO 7 THAT	IS. IN IS. THE WAS SOL	D				
ART I, ROWS A, B, C, D, COLUMN F(10,11,12,13): DUE INANCED PROPERTY, THE UNIVERSITY ENTERED A REMED CCORDANCE WITH SECTION 1.141.12(E) OF THE TREASU CCORDANCE WITH SECTION 1.141.12(E)2 OF THE TREAS	IAL ACT RY REGU URY REG ROPERTY TED ANI	TION IN JLATION SULATIO THAT FILED	S. IN NS, THE WAS SOL WITH T	D HE				

032123 12-01-20

Schedule K (Form 990) 2020 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 \$105,000 WHICH CORRESPONDS TO THE BOND LISTED IN COLUMN
A(10); SERIES 2013A, ORIGINALLY ISSUED ON 3/19/2013 THE NON-QUALIFIED
PORTION OF WHICH WAS \$12,230,000 WHICH CORRESPONDS TO THE BOND LISTED
IN COLUMN B(11); SERIES 2014A, ORIGINALLY ISSUED ON 12/17/2014 THE
NON-QUALIFIED PORTION 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 A, COLUMN F(14): THE PURPOSE OF THE ISSUE WAS TO FINANCE
VARIOUS CAPITAL PROJECTS FOR THE UNIVERSITY.
PART I, ROW B, COLUMN F(15): THE PURPOSE OF THE ISSUE WAS TO FINANCE
CAPITAL PROJECTS FOR THE UNIVERSITY.
PART I, ROW C, COLUMN F(16): THE PURPOSE OF THE ISSUE WAS TO FINANCE
CAPITAL PROJECTS AND REFUND THE ISSUE DATED 3/19/13.
PART II, LINES 1 & 2, COLUMN A: PRIOR YEAR'S AMOUNT OF BONDS LEGALLY
DEFEASED MOVED TO AMOUNT OF BONDS RETIRED DUE TO ESCROW MATURING
2/15/21.
PART II, LINE 2, COLUMNS C AND D: 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, COLUMNS A AND B: 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 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(6), B(7), C(8) AND D(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(6): A REBATE CALCULATION WAS PERFORMED AS OF
1/20/2016 WITH NO REBATE BEING DUE.
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
5/26/21 WITH NO REBATE BEING DUE.

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

SCHEDULE	:L		Tra	insaction	ıs V	Vith	Inte	erested	1 P	ersons			O	ИВ No.	1545-00	147	
(Form 990 or 9	990-EZ) 🕨 (				swere	d "Yes	" on Fo	orm 990, Pa	rt IV	line 25a, 25b, 20	6, 27,	28a,		2	02	20	
Department of the Tre								Form 990-E						pen T		olic	
Internal Revenue Servenue Serv		▶ 6	10 to 1	www.irs.gov/Fo	orm99	U TOP II	nstruct	ions and the	e late	est information.	Em		r ident	spect		mher	
Name of the org		DUOUESI	NE	UNIVERSI	тү (	OF 1	THE	HOLY S	PI	RIT		-	)356			mbei	
Part I Ex										n 501(c)(29) orgar							
										Form 990-EZ, Pa							
<b>1</b> (a) Name of	f disqualified p	person	(b) F	Relationship betw			lified		(c) D	escription of tran	sactio	n		(d)	Corre	ected?	
				person and or	ganiza	ation			(0) 0					<u> </u>	es	No	
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0 Enter the e			444 4 4			a u alia a											
2 Enter the a section 49		•		rganization man	•		•	•	Ŭ	the year under			;				
													s				
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				erested Pers													
	•	•					, Part V	, line 38a or	Forn	n 990, Part IV, line	e 26; o	or if tl	ne orga	nizatio	n		
(a) Nar		(b) Relation		, Part X, line 5, 6 (c) Purpose	1 I	z. an to or	(e	Original	1	f) Balance due	(a)	In	<b>(h)</b> Ap	proved	(i) V	Vritten	
interested				with organization of loan					cipal amount		,			by bo comm	by board or agreer		ement?
					То	From				Y		No	Yes	No	Yes	No	
									_							<b> </b>	
																+	
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Total					I									I		1	
	rants or As	ssistance	Ben	efiting Inter	ested	d Per	sons.		-								
Co	mplete if the	organizatior	ansv	vered "Yes" on F	Form 9	90, Pa	art IV, lir	ne 27.		1							
<b>(a)</b> Name	of interested	person		( <b>b)</b> Relationship interested pers the organiza	son an			) Amount of assistance		(d) Type assistanc			•	) Purp assist		f	
			-	_				14.64	40.	ACADEMIC	ME	RI	ro f	URT	HER	ED	
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			_									-+					
			+									-+					
			+									-+					
			+									+					
LHA For Pape	rwork Reduc	tion Act No	tice,	see the Instruct	tions f	or For	m 990	or 990-EZ.		Sche	edule	L (Fo	orm 990	) or 99	90-EZ	) 2020	

SEE PART V FOR CONTINUATIONS

032131 12-09-20

Schedule L (Form 990 or 990-EZ) 2020 DUQUES	NE UNIVERS	SITY OF THE	E HOLY SPIF	RIT 25-1035	663	Page 2					
Part IV Business Transactions Involvi	•										
Complete if the organization answered				()) () () () () () () () () () () () ()	l (e) Sh	aring of					
(a) Name of interested person		etween interested e organization	(c) Amount of transaction	(d) Description of transaction	òrģani	zation's nues?					
		C			Yes	No					
G. GENERETT	SPOUSE OF	OFFICER,	167,623	. EMPLOYMENT:		X					
Part V Supplemental Information.											
Provide additional information for respo	nses to questions o	on Schedule L (see i	nstructions).								
SCH L, PART III, GRANTS OR	ASSISTANC	E BENEFITT	ING INTERE	STED PERSONS	:						
(C) AMOUNT OF GRANT \$ 14,0	540.										
(D) TYPE OF ASSISTANCE: AC	ADEMIC MER	IT AWARD									
·											
(E) PURPOSE OF ASSISTANCE:	TO FURTHE	R EDUCATIO	N								
SCH L, PART IV, BUSINESS TH	RANSACTION	S INVOLVIN	G INTEREST	ED PERSONS:							
(A) NAME OF PERSON: G. GENI	2 B E TTT										
(A) NAME OF TENDON: G. GEN											
(B) RELATIONSHIP BETWEEN II	NTERESTED	PERSON AND	ORGANIZAT	ION:							
SPOUSE OF OFFICER, WILLIAM	GENERETT,	SR VP COM	MUNITY ENG	AGEMENT							
(C) AMOUNT OF TRANSACTION :	\$ 167,623.										
(D) DESCRIPTION OF TRANSACT	FION: EMPL	OYMENT: EM	PLOYED AS	INTERIM DEAN	OF						
SCHOOL OF EDUCATION											
(E) SHARING OF ORGANIZATIO	N REVENUES	? = NO									

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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



Name of the organization

# DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number 25-1035663

Pai	rt I Types of Property							
		<b>(a)</b> Check if	(b) Number of	<b>(c)</b> Noncash contributio	on Meth	<b>(d)</b> od of determini	na	
		applicable	contributions or	amounts reported of	n noncash	contribution an	•	s
			Items contributed	Form 990, Part VIII, lin				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			1 0 0 0 -				
9	Securities - Publicly traded	Х	20	1,990,53	32.FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests	X	1	4,530,00	DO.FMV			
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	71.05	50.FMV			
26	Other (EQUIPMENT)	X	1	5.50	50.FMV			
27	Other ► ()			5,5				
28	Other ( )							
29	Number of Forms 8283 received by the organiza	ation during	I the tax year for or	ontributions				
25	for which the organization completed Form 828	-	•				0	
	for which the organization completed Form 626	J, Fait V, L		ement 29			Yes	No
200	During the year, did the organization receive by	oontributio	n ony proporty rop	ortad in Dart L linaa 1 t	brough 29 that it		162	
30a					-			
	must hold for at least three years from the date			•		20-		х
	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.				tuibu ti ana 0		v	
31	Does the organization have a gift acceptance po					31	X	
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
-	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is	s checked,			
	describe in Part II.				-			
					0			0000

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

Schedule M (Form 990) 2020

032141 11-23-20

Schedule M (Form 990) 2020 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) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



DUQUESNE 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. DUQUESNE SERVES

GOD BY SERVING STUDENTS-THROUGH COMMITMENT TO EXCELLENCE IN LIBERAL AND

PROFESSIONAL EDUCATION, THROUGH PROFOUND CONCERN FOR MORAL AND

SPIRITUAL VALUES, THROUGH THE MAINTENANCE OF AN ECUMENICAL ATMOSPHERE

OPEN TO DIVERSITY, AND THROUGH SERVICE TO THE CHURCH, THE COMMUNITY,

THE NATION AND THE WORLD.

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

CHURCH, COMMUNITY, NATION AND THE WORLD.

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

MEDIA AND COMMUNICATION PROGRAMS, GENERAL/OTHER: PUBLIC SERVICE, PUBLIC

RESEARCH PROGRAMS, LAW LIBRARY PROGRAMS (40 FUNDING AGENCIES)

EXPENSES \$ 3,289,964. INCLUDING GRANTS OF \$ 60,681. REVENUE \$ 142,924.

SCIENCE & TECHNOLOGY RESEARCH, GENERAL/OTHER: RESEARCH -DHEW, NSF AND OTHER RESTRICTED FUNDS FOR RESEARCH (84 FUNDING AGENCIES)

EXPENSES \$ 7,132,167. INCLUDING GRANTS OF \$ 0. REVENUE \$ 24,986.

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 or 990-EZ) 2020
 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
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

 032212 11-20-20

 73

13440509 786250 24172-24000

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2020.05094 DUQUESNE UNIVERSITY OF TH 24172-21
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Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization DUQUESNE UNIVERSITY OF THE HOLY SPIRIT	Employer identification number 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.

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

NET	SPECIAL	EVENT	HELD	IN	AGENCY	FUND	LIABILI	ТҮ		-55,	621.
032212 1	1-20-20								Schedule O (Form	n 990 or 990	)-EZ) 2020
							74				
1344050	9 786250	24172	2-2400	0		202	0.05094	DUQUESNE	UNIVERSITY	OF TH	24172-21

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

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

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

Schedule O (Form 990 or 990-EZ) 2020

SCHEDULE F	R
(Eorm 990)	

#### (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.

OMB No. 1545-0047

20

Open to Public Inspection

Employer identification number 25 - 1035663

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.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
EASTERN CONGREGATION OF THE HOLY SPIRIT							
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		Х
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		Х
DUQUESNE UNIVERSITY SCHOOL OF BUSINESS	TO SUPPORT SCHOOL OF						
ALUMNI ASSOCIATION - 25-1661703, 600 FORBES	BUSINESS THROUGH						
AVE., SCH OF BUSINESS, PITTSBURGH, PA 15282	RELATIONSHIPS WITH ALUMNI	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		х
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.

Schedule R (Form 990) 2020

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	organiz	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		PENNSYLVANIA	501(C)(3)	III-O	N/A		Х
FRANK T. EBBERTS CHARITABLE FOUNDATION -	TO ENDOW A CHAIR IN						
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		Х
	7						
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## Schedule R (Form 990) 2020 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)	(i)	(j)							
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo						
										+							
	-																
	4																
	-																

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>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	(h) Percentage ownership	contr	i) tion o)(13) rolled ity?
		country)		or trust)		assets		Yes	
CHARITABLE REMAINDER TRUST (1)	RICHARD AND VERNA								
600 FORBES AVE	BERCIK ENDOWED								
PITTSBURGH, PA 15282	SCHOLARSHIP	NV	N/A					x	
	-								

## Schedule R (Form 990) 2020 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		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g		1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
<u>s</u> 2	Other transfer of cash or property from related organization(s) 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.	1s		

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
<u>(3)</u>				
(4)				
(5)				
_(6)				

# Schedule R (Form 990) 2020 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	<b>(b)</b> Primary activity	(c)	(d)	(e) Are al partners 501(c)( orgs.	 sec.	<b>(f)</b> Share of	<b>(g)</b> Share of	<b>h)</b> ropor- nate tions?	(i) Code V-UBI	<b>(j)</b> General ( managin	(k) Percentage
of entity		(state or foreign country)		Yes N		total income	end-of-year assets	tions?		partner	ownership
											<u> </u>

Schedule R (Form 990) 2020

	(Form 990) 2020		UNIVERSITY	OF	THE	HOLY	SPIRIT	25-1035663	Page 5
Part VII	Supplemental Inform	nation							

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

PART II LINE 6 (A)

THE RICHARD BERCIK TRUST ESTATE GIFTED ON 6/30/2021 A REMAINDER

INTEREST IN THE LAKE TAHOE RESIDENCE TRUST TO DUQUESNE UNIVERSITY FOR

THE RICHARD AND VERNA BERCIK ENDOWED SCHOLARSHIP.

Schedule R (Form 990) 2020

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