

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
600 FORBES AVENUE

City or town, state or province, country, and ZIP or foreign postal code
PITTSBURGH, PA 152820226

D Employer identification number
25-1035663

E Telephone number
(412) 396-6592

G Gross receipts \$ 429,141,794

F Name and address of principal officer
KENNETH G GORMLEY ESQ
600 FORBES AVENUE
PITTSBURGH, PA 152820226

H(a) Is this a group return for subordinates?
No Yes

H(b) Are all subordinates included?
 Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number

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

J Website: WWW DUQ EDU

K Form of organization Corporation Trust Association Other

L Year of formation 1878

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT IS A CATHOLIC UNIVERSITY, FOUNDED 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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | |
|--|-----------|-----------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 31 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 30 |
| 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 5,021 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 26 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 1,369,038 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | Prior Year | Current Year |
|--|-------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 23,956,222 | 26,425,071 |
| 9 Program service revenue (Part VIII, line 2g) | 349,655,555 | 352,951,158 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 24,809,964 | 9,518,102 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,991,833 | 2,170,356 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 400,413,574 | 391,064,687 |

| | | |
|---|-------------|-------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 98,784,898 | 106,128,497 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 177,684,319 | 175,714,535 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,647,490 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 98,314,145 | 96,921,824 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 374,783,362 | 378,764,856 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 25,630,212 | 12,299,831 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 675,351,991 | 661,687,195 |
| 21 Total liabilities (Part X, line 26) | 240,080,798 | 244,687,032 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: *****
MATTHEW J FRIST VP FOR MGMT & BUSINESS
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: SUSAN M KIRSCH
Preparer's signature: SUSAN M KIRSCH
Firm's name: SCHNEIDER DOWNS & CO INC
Firm's address: ONE PPG PLACE SUITE 1700
PITTSBURGH, PA 15222

May the IRS disclose this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Part 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 CHURCH, COMMUNITY, NATION AND THE WORLD

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 223,352,962 including grants of \$ 104,458,325) (Revenue \$ 306,634,676)
 EDUCATIONAL PROGRAMS, GENERAL/OTHER INSTRUCTION - SCHOOL OF LIBERAL ARTS, BUSINESS ADMINISTRATION, EDUCATION, MUSIC, HEALTH SCIENCES, PHARMACY, LAW, NATURAL AND ENVIRONMENTAL SCIENCES, NURSING (9,506 STUDENTS),

4b (Code) (Expenses \$ 56,287,997 including grants of \$ 1,670,172) (Revenue \$ 45,471,593)
 AUXILIARY/STUDENT SERVICES STUDENT SERVICES PROGRAMS, STUDENT SERVICES, INSTITUTIONAL SUPPORT, AND AUXILIARY ENTERPRISES (12,240 UNIVERSITY COMMUNITY)AND ROOM & BOARD, FOOD SERVICE, INTERCOLLEGIATE ATHLETICS, TAMBURITZANS, PARKING EVENTS, CONFERENCES

4c (Code) (Expenses \$ 39,645,234 including grants of \$) (Revenue \$ 313,230)
 EDUCATIONAL DELIVERY, ACADEMIC SUPPORT - LIBRARY, DEANS OFFICE, PROVOST OFFICES, CATALOGS, COMMENCEMENT, CLERGY RESIDENCE, INCLUDING 10,489 STUDENTS AND FACULTY

See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 14,355,526 including grants of \$) (Revenue \$ 234,831)

4e Total program service expenses ▶ 333,641,719

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | Yes | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | Yes | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | Yes | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | Yes | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | Yes | |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| | | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38, covering topics like grants, tax-exempt bonds, excess benefit transactions, and controlled entities. Includes a 'Note' at the bottom.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for various IRS forms and reporting requirements.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (31); 1b Enter the number of voting members included in line 1a, above, who are independent (30); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA, MN, OR, KY, OH, NH, CO, MA, ME); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (JAMES A TORTELLA 600 FORBES AVE ROOM 211 PITTSBURGH, PA 15282 (412) 396-6592).

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 4,975,055 | 0 | 931,690 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 258

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| EAT'N PARK HOSPITALITY GROUP INC 285 EAST WATERFRONT DR PO BOX 300 PITTSBURGH, PA 15230 | FOOD SERVICE | 11,973,275 |
| TEDCO CONSTRUCTION CORPORATION 1 TEDCO PLACE CARNEGIE, PA 15106 | CONSTRUCTION | 4,686,974 |
| TURNER CONSTRUCTION COMPANY 620 LIBERTY AVE TWO PNC PLAZA 27TH PITTSBURGH, PA 15222 | CONSTRUCTION | 3,191,136 |
| RYCON CONSTRUCTION CO 2525 LIBERTY AVE SUITE 1 PITTSBURGH, PA 15222 | CONSTRUCTION | 2,221,302 |
| WAYNE CROUSE INC 3370 STAFFORD STREET PITTSBURGH, PA 15204 | CONSTRUCTION | 2,041,345 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 66

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|--|----------------------|--|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns 1a | | | | | | |
| | b Membership dues 1b | | | | | | |
| | c Fundraising events 1c | 583,386 | | | | | |
| | d Related organizations 1d | 563,254 | | | | | |
| | e Government grants (contributions) 1e | 12,622,168 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | 12,656,263 | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | 1,774,467 | | | | | |
| | h Total. Add lines 1a-1f ▶ | | 26,425,071 | | | | |
| Program Service Revenue | 2a EDUCATIONAL PROGRAMS | Business Code 611710 | 306,634,676 | 306,634,676 | | | |
| | b STUDENT SRVC PROGRAMS | 611710 | 45,768,421 | 45,471,593 | 296,828 | | |
| | c ACADEMIC SUPPORT | 611710 | 313,230 | 313,230 | | | |
| | d PUBLIC SERVICE | 611710 | 229,322 | 229,322 | | | |
| | e SCIENCE&TECHN RESEARCH | 541700 | 5,509 | 5,509 | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f ▶ | | 352,951,158 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 5,946,425 | | 18,713 | 5,927,712 | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | 5 Royalties ▶ | | 373,975 | | | 373,975 | |
| | 6a Gross rents | (i) Real | 459,730 | | | | |
| | | (ii) Personal | | | | | |
| | | b Less rental expenses | 99,334 | | | | |
| | | c Rental income or (loss) | 360,396 | | | | |
| | d Net rental income or (loss) ▶ | | 360,396 | | 18,827 | 341,569 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 38,387,127 | | | | |
| | | (ii) Other | 111,845 | | | | |
| | | b Less cost or other basis and sales expenses | 34,797,778 | | | | |
| | | c Gain or (loss) | 3,589,349 | | | | |
| | d Net gain or (loss) ▶ | | 3,571,677 | | | 3,571,677 | |
| | 8a Gross income from fundraising events (not including \$ 583,386 of contributions reported on line 1c) See Part IV, line 18 | a | 414,734 | | | | |
| | | b Less direct expenses b | 426,074 | | | | |
| c Net income or (loss) from fundraising events ▶ | | | -11,340 | | | -11,340 | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | | |
| | b Less direct expenses b | | | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | 4,071,729 | | | | | |
| | b Less cost of goods sold b | 2,624,404 | | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | 1,447,325 | | 1,034,670 | 412,655 | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a _____ | | | | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | | | | |
| 12 Total revenue. See Instructions ▶ | | | 391,064,687 | 352,654,330 | 1,369,038 | 10,616,248 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 936,906 | 936,906 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 104,343,409 | 104,343,409 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 848,182 | 848,182 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 3,913,961 | 2,083,231 | 1,427,668 | 403,062 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 287,865 | 287,865 | | |
| 7 | Other salaries and wages | 130,850,149 | 113,282,702 | 15,854,006 | 1,713,441 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 7,466,954 | 6,292,592 | 1,051,436 | 122,926 |
| 9 | Other employee benefits | 24,228,580 | 20,551,452 | 3,284,561 | 392,567 |
| 10 | Payroll taxes | 8,967,026 | 7,706,172 | 1,114,483 | 146,371 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 330,278 | | 330,278 | |
| c | Accounting | 159,745 | | 159,745 | |
| d | Lobbying | 96,838 | | 96,838 | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 395,024 | | 395,024 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 15,550,020 | 14,205,638 | 1,330,737 | 13,645 |
| 12 | Advertising and promotion | 3,464,150 | 1,791,223 | 1,485,708 | 187,219 |
| 13 | Office expenses | 11,085,460 | 8,752,008 | 2,076,280 | 257,172 |
| 14 | Information technology | 5,988,609 | 2,153,129 | 3,810,141 | 25,339 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 8,010,452 | 6,631,669 | 1,318,420 | 60,363 |
| 17 | Travel | 7,252,089 | 6,742,946 | 325,658 | 183,485 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 554,709 | 486,700 | 58,964 | 9,045 |
| 20 | Interest | 6,311,984 | 5,278,140 | 1,033,844 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 22,401,441 | 18,734,191 | 3,612,908 | 54,342 |
| 23 | Insurance | 1,388,302 | 54,666 | 1,333,636 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | OTHER GENERAL | 13,282,993 | 11,988,782 | 1,217,344 | 76,867 |
| b | MEMBERSHIPS | 649,730 | 490,116 | 157,968 | 1,646 |
| c | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 378,764,856 | 333,641,719 | 41,475,647 | 3,647,490 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|--|---|------------------------|-------------|------------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 14,203,407 | 2 | 18,937,239 |
| | 3 Pledges and grants receivable, net | 6,694,327 | 3 | 6,822,198 |
| | 4 Accounts receivable, net | 22,403,602 | 4 | 22,208,096 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 1,230,417 | 8 | 1,162,073 |
| | 9 Prepaid expenses and deferred charges | 4,217,017 | 9 | 4,346,874 |
| | 10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 567,117,442 | | |
| | b Less accumulated depreciation | 10b 256,108,393 | 311,044,789 | 10c 311,009,049 |
| | 11 Investments—publicly traded securities | 245,247,372 | 11 | 236,363,678 |
| | 12 Investments—other securities. See Part IV, line 11 | 64,749,110 | 12 | 56,113,431 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 5,561,950 | 15 | 4,724,557 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 675,351,991 | 16 | 661,687,195 | |
| Liabilities | 17 Accounts payable and accrued expenses | 36,708,456 | 17 | 39,995,302 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 14,090,937 | 19 | 13,407,122 |
| | 20 Tax-exempt bond liabilities | 162,858,797 | 20 | 165,850,334 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 26,422,608 | 25 | 25,434,274 |
| | 26 Total liabilities. Add lines 17 through 25 | 240,080,798 | 26 | 244,687,032 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 279,731,251 | 27 | 266,400,973 |
| | 28 Temporarily restricted net assets | 58,229,479 | 28 | 48,779,820 |
| | 29 Permanently restricted net assets | 97,310,463 | 29 | 101,819,370 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 435,271,193 | 33 | 417,000,163 | |
| 34 Total liabilities and net assets/fund balances | 675,351,991 | 34 | 661,687,195 | |

Part XI Reconciliation of Net Assets

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

| | | |
|---|-----------|-------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 391,064,687 |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 378,764,856 |
| 3 Revenue less expenses Subtract line 2 from line 1 | 3 | 12,299,831 |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 435,271,193 |
| 5 Net unrealized gains (losses) on investments | 5 | -20,391,866 |
| 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 in Schedule O) | 9 | -10,178,995 |
| 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 417,000,163 |

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 25-1035663

Name: DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| | | | | | |
|--|----------------|-----------|------------------------|---------------|-----------|
| (Code |) (Expenses \$ | 5,163,860 | including grants of \$ |) (Revenue \$ | 229,322) |
| MEDIA AND COMMUNICATION PROGRAMS, GENERAL/OTHER PUBLIC SERVICE, PUBLIC RESEARCH PROGRAMS, 2,467 PHARMACY CUSTOMERS, 34,191 PRESCRIPTIONS DISPENSED, LAW LIBRARY PROGRAMS | | | | | |
| (Code |) (Expenses \$ | 9,191,666 | including grants of \$ |) (Revenue \$ | 5,509) |
| SCIENCE & TECHNOLOGY RESEARCH, GENERAL/OTHER RESEARCH -DHEW, NSF AND OTHER RESTRICTED FUNDS FOR RESEARCH (126 FUNDING AGENCIES) | | | | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CARL J BARTOLOMUCCI BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| ARNOLD E BURCHIANTI II BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| ESTHER L BUSH BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| SAMUEL A COSTANZO BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| DAVID D'ERAMO BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| ANTHONY J CARFANG BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| VREJJEFFREY T DUAIME CSSP BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD J GRATAN BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| THOMAS B GREALISH BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| DIANE L HUPP ENTER OCT 2015 BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SCOTT M LAMMIE BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| JOHN R MCGINLEY JR BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| JOHN W MCGONIGLE BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| JAMES F MCGUIRK II BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| HELENE L NORBUT BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| REV JAMES OKOYE CSSP BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 7,222 |
| IRENE M QUALTERS BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH E ROCKEY BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| CATHARINE M RYAN BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| REV JOHN A SAWICKI CSSP BOARD MEMBER | 12 00 | X | | | | | | 0 | 0 | 7,250 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| THADDEUS J SENKO BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| GRETCHEN G SMARTO BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| BRIAN L SULLIVAN BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| THOMAS A TRIBONE BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| REV DANIEL WALSH CSSP BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 7,258 |
| REV FREDDY WASHINGTON CSSP BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| ANTHONY J CARFANG VICE CHAIRMAN OF BOARD | 2 00 | X | | X | | | | 0 | 0 | 0 |
| CHARLES J DOUGHERTY EXIT 6-30-16 PRESIDENT | 55 00 | X | | X | | | | 671,123 | 0 | 116,014 |
| REV RAYMOND FRENCH CSSP BOARD MEMBER, V P MISSION | 55 00 | X | | X | | | | 0 | 0 | 7,258 |
| MARY R GREALY ESQ VICE CHAIRMAN OF BOARD | 2 00 | X | | X | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MARIE MILIE JONES CHAIRMAN OF THE BOARD | 2 00 | X | | X | | | | 0 | 0 | 0 |
| TIMOTHY R AUSTIN PROVOST/VP ACADEMIC AFFAIR | 55 00 | | | X | | | | 268,689 | 0 | 22,890 |
| DAVID R BEAUPRE EXIT FEB 2016 VP MANAGEMENT/BUSINESS | 55 00 | | | X | | | | 268,142 | 0 | 89,439 |
| MATTHEW J FRIST ENTER 2-13-16 VP MANAGEMENT/BUSINESS | 55 00 | | | X | | | | 161,773 | 0 | 40,547 |
| DOUGLAS K FRIZZELL ETR 7-1-15 VP FOR STUDENT LIFE | 55 00 | | | X | | | | 105,254 | 0 | 39,736 |
| JOHN P PLANTE VP FOR UNIVERSITY ADVANCEMENT | 55 00 | | | X | | | | 256,941 | 0 | 104,451 |
| MADLYN A REILLY ESQ EN7-1-15 SECRETARY/GEN COUNSEL | 0 50 55 00 | | | X | | | | 164,783 | 0 | 14,989 |
| JDOUGLAS BRICKER DEAN, SCHOOL OF PHARMACY | 55 00 | | | | X | | | 243,051 | 0 | 34,800 |
| GREGORY H FRAZER DEAN, SCHOOL OF HEALTH SCI | 55 00 | | | | X | | | 187,205 | 0 | 79,077 |
| MARY ELLEN GLASGOW DEAN, SCHOOL OF NURSING | 55 00 | | | | X | | | 210,099 | 0 | 34,345 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DEAN B MCFARLIN DEAN, SCHOOL OF BUSINESS | 55 00 | | | | X | | | 220,490 | 0 | 45,213 |
| JAMES C SWINDAL DEAN, SCHOOL OF LIBERAL ARTS | 55 00 | | | | X | | | 168,498 | 0 | 43,120 |
| LINDA S DRAGO ESQ SECRETARY/GEN COUNSEL THRU 6-30-15 | 55 00 | | | | | X | | 356,697 | 0 | 14,033 |
| JAMES A FERRY MEN'S BASKETBALL COACH | 55 00 | | | | | X | | 621,281 | 0 | 47,609 |
| ALEEM GANGJEE PROFESSOR, SCHOOL OF PHARMACY | 55 00 | | | | | X | | 372,075 | 0 | 39,454 |
| KENNETH GGORMLEY DEAN, SCHOOL OF LAW | 55 00 | | | | | X | | 247,169 | 0 | 85,315 |
| ALFRED S PELAEZ JD LLM PROFESSOR EMERITUS SCHOOL OF LAW | 55 00 | | | | | X | | 233,195 | 0 | 1,735 |
| RALPH L PEARSON FRM OFFICER PROFESSOR MCANULTY COLLEGE | 55 00 | | | | | | X | 218,590 | 0 | 49,935 |

SCHEDULE A (Form 990 or 990EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number

25-1035663

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

Section A. Public Support

Table with 7 columns: (a)2011, (b)2012, (c)2013, (d)2014, (e)2015, (f)Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied; 3 Value of services or facilities; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a)2011, (b)2012, (c)2013, (d)2014, (e)2015, (f)Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, etc; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc (see instructions) 12 1,665,101,385
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 78.880%
15 Public support percentage for 2014 Schedule A, Part II, line 14 15 79.700%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.
17a 10%-facts-and-circumstances test - 2015. 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.
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 performed, 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 business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--|---------|---------|---------|---------|---------|----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | |

- 19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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.) | | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |

Section C. Type 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 the supported organization(s).

| | Yes | No |
|----------|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).
- 3** By reason of the relationship described in (2), 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.

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) 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 (a) 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 (a) and (b) 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? 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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

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

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

| | (A) Prior Year | (B) Current Year (optional) |
|----------|----------------|-----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

| | (A) Prior Year | (B) Current Year (optional) |
|-----------|----------------|-----------------------------|
| 1 | | |
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| | | Current Year |
|----------|--|--------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013. _____ | | | |
| e From 2014. _____ | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 | | | |
| \$ _____ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b | | | |
| c Excess from 2013. _____ | | | |
| d From 2014. _____ | | | |
| e From 2015. _____ | | | |

Part VI Supplemental Information.

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

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

| (a) Filing organization's totals | (b) Affiliated group totals |
|----------------------------------|-----------------------------|
|----------------------------------|-----------------------------|

| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
|--|---|--|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 159,210 | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | 159,210 | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | 378,605,646 | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 378,764,856 | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | 1,000,000 | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th align="left">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | 0 | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | 0 | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Y e s **No**

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e) Total |
|--|-----------|-----------|-----------|-----------|-----------|
| 2a Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 90,092 | 79,479 | 153,928 | 159,210 | 482,709 |
| d Grassroots nontaxable amount | 250,000 | 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 D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number
25-1035663

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | |
| b Total acreage restricted by conservation easements | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

| | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | b (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|----------------------|----------------------|---------------------|
| 1a Beginning of year balance | 259,944,899 | 261,800,142 | 205,803,386 | 180,197,963 | 175,675,451 |
| b Contributions | 5,631,872 | 7,850,236 | 27,252,473 | 8,531,619 | 14,040,647 |
| c Net investment earnings, gains, and losses | -9,805,096 | -1,482,373 | 36,066,530 | 23,579,765 | -2,047,769 |
| d Grants or scholarships | 3,639,996 | 3,187,336 | 2,838,845 | 2,672,284 | 2,839,168 |
| e Other expenditures for facilities and programs | 5,805,789 | 5,035,770 | 4,483,402 | 3,833,677 | 4,631,198 |
| f Administrative expenses | | | | | |
| g End of year balance | 246,325,890 | 259,944,899 | 261,800,142 | 205,803,386 | 180,197,963 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶ 44 200 %
 - b** Permanent endowment ▶ 40 670 %
 - c** Temporarily restricted endowment ▶ 15 130 %
- The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i)** unrelated organizations
- (ii)** related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | Accumulated (c) depreciation | (d) Book value |
|---|--|---------------------------------------|---------------------------------|----------------|
| 1a Land | | 20,177,172 | | 20,177,172 |
| b Buildings | | 432,933,657 | 181,417,870 | 251,515,787 |
| c Leasehold improvements | | | | |
| d Equipment | | 79,065,519 | 61,850,155 | 17,215,364 |
| e Other | | 34,941,094 | 12,840,368 | 22,100,726 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ▶ | | | | 311,009,049 |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 268,143,554 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | -20,391,866 |
| b | Donated services and use of facilities | 2b | 432,480 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | -19,959,386 |
| 3 | Subtract line 2e from line 1 | 3 | 288,102,940 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 102,961,747 |
| c | Add lines 4a and 4b | 4c | 102,961,747 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 391,064,687 |

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 286,414,585 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 432,480 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 12,408,840 |
| e | Add lines 2a through 2d | 2e | 12,841,320 |
| 3 | Subtract line 2e from line 1 | 3 | 273,573,265 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 105,191,591 |
| c | Add lines 4a and 4b | 4c | 105,191,591 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 378,764,856 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|------------------|---|
| PART V, LINE 4 | THE INTENDED USES OF DUQUESNE UNIVERSITY OF THE HOLY SPIRIT ENDOWMENT 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 XIII Supplemental Information (continued)

| Return Reference | Explanation |
|---------------------------------------|--|
| PART XI, LINE 4B - OTHER ADJUSTMENTS | FINANCIAL AID/SCHOLARSHIPS 105,191,591 SPECIAL EVENT ACTIVITIES -11,340 COST OF GOODS SOLD -2,624,404 LOSS ON SALE OF ASSETS -17,672 INVESTMENT MANAGEMENT FEES RE-CLASS 395,024 INTERDEPARTMENTAL TRANSFERS 127,881 CONFERENCE RENTAL EXPENSE NETTED AGAINST REVENUE -99,334 ROUNDING 1 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | COST OF GOODS SOLD 2,624,404 LOSS ON SALES OF ASSETS 17,672 INTERDEPARTMENTAL TRANSFERS -127,881 RECLASS INVESTMENT MANAGEMENT FEES -395,024 RECLASS CONFERENCE EXPENSES AGAINST INCOME 99,334 ROUNDING -1 LOSS ON DEFEASANCE OF BOND 10,190,336 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | FINANCIAL AID/SCHOLARSHIPS 105,191,591 |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 25-1035663

Name: DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Form 990, Schedule D, Part VII - Investments Other Securities

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (3) Other (A) FIR TREE INTERNATIONAL VALUE FUND | 8,008,926 | F |
| (B) HBK OFFSHORE FUND | 6,661,042 | F |
| (C) CLAREN ROAD CREDIT FUND | 2,470,454 | F |
| (D) GRAHAM GLOBAL | 4,414,525 | F |
| (E) MKP OPPORTUNITY | 5,521,411 | F |
| (F) TACONIC OPPORTUNITY | 8,803,307 | F |
| (G) RIMROCK HIGH INCOME PLUS | 12,636,062 | F |
| (H) YUKON CAPITAL PARTNERS | 1,881,821 | F |
| (I) NORTHGATE | 4,405,325 | F |
| (J) PITTSBURGH EQUITY PARTNERS | 242,574 | F |
| (K) SIGULAR GUFF | 1,067,984 | F |

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

Schools

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the
Treasury
Internal Revenue
Service

Name of the organization
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number
25-1035663

Part I

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?

| | YES | NO |
|----------|-----|----|
| 1 | Yes | |

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 | Yes | |
|----------|-----|--|

3 Has the organization publicized its racially nondiscriminatory policy 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 | Yes | |
|----------|-----|--|

4 Does the organization maintain the following?

- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?

| | | |
|-----------|-----|--|
| 4a | Yes | |
| 4b | Yes | |
| 4c | Yes | |
| 4d | Yes | |

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

5 Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

| | | |
|-----------|--|----|
| 5a | | No |
| 5b | | No |
| 5c | | No |
| 5d | | No |
| 5e | | No |
| 5f | | No |
| 5g | | No |
| 5h | | No |

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

6a Does the organization receive any financial aid or assistance from a governmental agency?

| | | |
|-----------|-----|--|
| 6a | Yes | |
|-----------|-----|--|

b Has the organization's right to such aid ever been revoked or suspended?

| | | |
|-----------|--|----|
| 6b | | No |
|-----------|--|----|

If you answered "Yes" to 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 | Yes | |
|----------|-----|--|

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 (see instructions)

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE E, PART I, LINE 3 | 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 |
| SCHEDULE E, PART I, LINE 6 | IN THE COURSE OF OUR BUSINESS AS A UNIVERSITY, THE INSTITUTION RECEIVES FEDERAL GRANT FUNDS FOR ADMINISTRATIVE ALLOWANCES FOR FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, PELL GRANTS, FEDERAL COLLEGE WORK STUDY GRANTS, AND STATE INSTITUTIONAL ASSISTANCE GRANTS |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ **Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number

25-1035663

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activites 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 region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 2 | 20 | | | 51,897,000 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 1,259,319 |
| c Totals (add lines 3a and 3b) | 2 | 20 | | | 53,156,319 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

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

3 Enter total number of other organizations or entities **▶**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--|--------------------------|--------------------------|--|-----------------------------------|--|---|
| (1) STUDENT SCHOLARSHIP | EUROPE (INCLUDING ICELAND & GREENLAND) | 138 | 848,182 | FINANCIAL AID AWARD ON STUDENT'S ACCOUNT | 0 | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2 | A SCHOLARSHIP IS AN ACHIEVEMENT AWARD AWARDS CAN BE BASED ON THE STUDENT'S AFFILIATION WITH A PARTICULAR MAJOR, BEING A PART OF A CLUB/GROUP, OR BASED ON THE STUDENT'S ACADEMIC RECORD STUDENTS RECEIVING SCHOLARSHIPS AND GRANTS FROM THE UNIVERSITY ARE MONITORED TO ENSURE THAT THEY MEET THE ACADEMIC REQUIREMENTS OR OTHER CRITERIA ASSOCIATED WITH THE AWARD FINANCIAL ASSISTANCE BASED ON FINANCIAL NEED IS ALSO PROVIDED TO STUDENTS STUDENTS RECEIVING FINANCIAL ASSISTANCE BASED ON NEED ARE MONITORED TO ENSURE THEY MEET ACADEMIC REQUIREMENTS OR OTHER CRITERIA ASSOCIATED WITH THE FINANCIAL ASSISTANCE |

Additional Data

Software ID:

Software Version:

EIN: 25-1035663

Name: DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | INSTRUCTIONAL CONFERENCE | 6,314 |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 48,515,727 |
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | INSTRUCTIONAL CONFERENCE | 14,524 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 143,722 |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 2 | 20 | PROGRAM SERVICES | STUDY ABROAD | 2,246,211 |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | SCHOLARSHIPS / FINANCIAL AID | 848,182 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | INSTRUCTIONAL CONFERENCE | 116,785 |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | PROGRAM SERVICES | INSTRUCTIONAL CONFERENCE | 5,535 |
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | INSTRUCTIONAL CONFERENCE | 52,737 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | INSTRUCTIONAL CONFERENCE | 76,534 |
| SOUTH ASIA | 0 | 0 | PROGRAM SERVICES | INSTRUCTIONAL CONFERENCE | 4,407 |
| SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | INSTRUCTIONAL CONFERENCE | 12,318 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 111,467 |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | INVESTMENTS | | 20,920 |
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | RECRUITMENT | 9,584 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | MISSIONARY | 1,971 |
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | RECRUITMENT | 17,093 |
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | EDUCATIONAL EXPENSE | 145,766 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | RECRUITMENT | 13,956 |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | EDUCATIONAL EXPENSE | 536,280 |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 2,581 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | MISSIONARY | 2,355 |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | RECRUITMENT | 10,280 |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | EDUCATIONAL EXPENSE | 1,593 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 2,271 |
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | EDUCATIONAL EXPENSE | 172,499 |
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | RECRUITMENT | 6,766 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| SOUTH ASIA | 0 | 0 | PROGRAM SERVICES | EDUCATIONAL EXPENSE | 3,802 |
| SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | EDUCATIONAL EXPENSE | 31,846 |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | PROGRAM SERVICES | EDUCATIONAL EXPENSES | 8,664 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | EDUCATIONAL EXPENSES | 5,432 |
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | MISSIONARY | 210 |
| RUSSIA AND NEIGHBORING STATES | 0 | 0 | PROGRAM SERVICES | INSTRUCTIONAL CONFERENCES | 640 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| RUSSIA AND NEIGHBORING STATES | 0 | 0 | PROGRAM SERVICES | EDUCATIONAL EXPENSES | 7,317 |
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 30 |

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number

25-1035663

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

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

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

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

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | ▶ | | |

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

Part II Fundraising Events.

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

| | | (a)Event #1 | (b)Event #2 | (c)Other events | (d) |
|------------------------|---|---|--|-----------------------------|---|
| | | A COMMITMENT TO EXCELLENCE 6-23-16 (event type) | LAUREL VALLEY GOLF INVITATIONAL (event type) | 15 (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 169,100 | 165,983 | 663,037 | 998,120 |
| | 2 Less Contributions | 157,941 | 65,120 | 360,325 | 583,386 |
| | 3 Gross income (line 1 minus line 2) | 11,159 | 100,863 | 302,712 | 414,734 |
| Direct Expenses | 4 Cash prizes | | | 1,000 | 1,000 |
| | 5 Noncash prizes | | | 6,282 | 6,282 |
| | 6 Rent/facility costs | 3,000 | 73,100 | 121,728 | 197,828 |
| | 7 Food and beverages | 190 | 21,358 | 128,486 | 150,034 |
| | 8 Entertainment | | | 5,645 | 5,645 |
| | 9 Other direct expenses | 7,969 | 2,406 | 54,910 | 65,285 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 426,074 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -11,340 |

Part III Gaming.

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

| | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number

25-1035663

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: PITTSBURGH INTERNATIONAL FOLK (1) ARTS INSTITUTE, 47-4443871, 910,271, 26,635, FMV, BOOK VALUE OF INVENTORY, EQUIPMENT, BUILDING, THIS GRANT PROVIDED FINANCIAL SUPPORT TO THE FORMER TAMBURITZANS, NOW PIFAI, AFTER THEIR SEPARATION FROM DUQUESNE UNIVERSITY EFFECTIVE JUNE 30, 2016

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

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 non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) ACADEMIC SCHOLARSHIPS | 9117 | 84,354,894 | | | |
| (2) ATHLETIC SCHOLARSHIPS | 437 | 7,553,718 | | | |
| (3) ENDOWED /NON-ENDOWED SCHOLARSHIPS | 967 | 3,631,288 | | | |
| (4) RELIGIOUS / H S , TEACHER, SCHOLARSHIPS | 754 | 2,663,536 | | | |
| (5) TAMBURITIZAN / ROTC | 20 | 182,937 | | | |
| (6) NEED BASED | 1776 | 5,957,036 | | | |
| | | | | | |

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2 | A SCHOLARSHIP IS AN ACHIEVEMENT AWARD AWARDS CAN BE BASED ON THE STUDENT'S AFFILIATION WITH A PARTICULAR MAJOR, BEING A PART OF A CLUB/GROUP, OR BASED ON THE STUDENT'S ACADEMIC RECORD STUDENTS RECEIVING SCHOLARSHIPS AND GRANTS FROM THE UNIVERSITY ARE MONITORED TO ENSURE THAT THEY MEET THE ACADEMIC REQUIREMENTS OR OTHER CRITERIA ASSOCIATED WITH THE AWARD FINANCIAL ASSISTANCE BASED ON FINANCIAL NEED IS ALSO PROVIDED TO STUDENTS STUDENTS RECEIVING FINANCIAL ASSISTANCE BASED ON NEED ARE MONITORED TO ENSURE THEY MEET THE ACADEMIC REQUIREMENTS OR OTHER CRITERIA ASSOCIATED WITH THE FINANCIAL ASSISTANCE |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

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

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|---|--|--|--|---|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. | Yes | | | | | | | | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | Yes | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: | | | | | | | | | | |
| a Receive a severance payment or change-of-control payment? | Yes | | | | | | | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | Yes | | | | | | | | | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | No | | | | | | | | |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | | | | | | | | |
| a The organization? | | No | | | | | | | | |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III. | | No | | | | | | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | | | | | | | | |
| a The organization? | | No | | | | | | | | |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III. | | No | | | | | | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | | No | | | | | | | | |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | | No | | | | | | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | | | | | | | | | |

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

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.

| Return Reference | Explanation |
|--------------------|---|
| PART I, LINES 4A-B | SCH J, PART I, 4(A) A PORTION OF LINDA S DRAGO'S AND ALFRED S PELAEZ'S COMPENSATION INCLUDES A PAYMENT AS A RESULT OF THEIR PARTICIPATION IN A VOLUNTARY RETIREMENT PROGRAM THE TERMS OF THE VOLUNTARY RETIREMENT PAYMENT ARE CONSIDERED CONFIDENTIAL SCH J, PART I, 4(B) CHARLES J DOUGHERTY PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR WHICH HE WAS CREDITED \$77,445 FOR CALENDAR YEAR 2015 |

Additional Data

Software ID:
Software Version:
EIN: 25-1035663
Name: DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 CHARLES J DOUGHERTY EXIT 6-30-16 PRESIDENT | (i) 661,375 | 0 | 9,748 | 98,645 | 17,369 | 787,137 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 TIMOTHY R AUSTIN PROVOST/VP ACADEMIC AFFAIR | (i) 257,634 | 0 | 11,055 | 20,743 | 2,147 | 291,579 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DAVID R BEAUPRE EXIT FEB 2016 VP MANAGEMENT/BUSINESS | (i) 251,464 | 0 | 16,678 | 20,743 | 68,696 | 357,581 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 MATTHEW J FRIST ENTER 2-13-16 VP MANAGEMENT/BUSINESS | (i) 161,230 | 0 | 543 | 13,394 | 27,153 | 202,320 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 JOHN P PLANTE VP FOR UNIVERSITY ADVANCEMENT | (i) 244,059 | 0 | 12,882 | 20,551 | 83,900 | 361,392 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 MADELYN A REILLY ESQ EN7-1-15 SECRETARY/GEN COUNSEL | (i) 160,417 | 0 | 4,366 | 12,965 | 2,024 | 179,772 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 DOUGLAS BRICKER DEAN, SCHOOL OF PHARMACY | (i) 242,853 | 0 | 198 | 19,803 | 14,997 | 277,851 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 GREGORY H FRAZER DEAN, SCHOOL OF HEALTH SCI | (i) 181,839 | 0 | 5,366 | 15,472 | 63,605 | 266,282 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 MARY ELLEN GLASGOW DEAN, SCHOOL OF NURSING | (i) 208,370 | 0 | 1,729 | 17,322 | 17,023 | 244,444 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 DEAN B MCFARLIN DEAN, SCHOOL OF BUSINESS | (i) 220,361 | 0 | 129 | 18,200 | 27,013 | 265,703 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 JAMES C SWINDAL DEAN, SCHOOL OF LIBERAL ARTS | (i) 168,369 | 0 | 129 | 14,096 | 29,024 | 211,618 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 LINDA S DRAGO ESQ SECRETARY/GEN COUNSEL THRU 6-30-15 | (i) 111,113 | 0 | 245,584 | 9,092 | 4,941 | 370,730 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 JAMES A FERRY MEN'S BASKETBALL COACH | (i) 617,637 | 0 | 3,644 | 21,200 | 26,409 | 668,890 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 ALEEM GANGJEE PROFESSOR, SCHOOL OF PHARMACY | (i) 361,575 | 0 | 10,500 | 18,002 | 21,452 | 411,529 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 KENNETH GGORMLEY DEAN, SCHOOL OF LAW | (i) 237,742 | 0 | 9,427 | 19,762 | 65,553 | 332,484 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 ALFRED S PELAEZ JD LL.M PROFESSOR EMERITUS SCHOOL OF LAW | (i) 19,976 | 0 | 213,219 | 1,575 | 160 | 234,930 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RALPH L PEARSON FRM 16 OFFICER PROFESSOR MCANULTY COLLEGE | (i) 216,174 | 0 | 2,416 | 18,225 | 31,710 | 268,525 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number

25-1035663

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|----------|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | (5)ALLEGHENY COUNTY HIGHER EDUCBUILDAUTH | 25-1425398 | 01728RFL8 | 06-19-2008 | 30,780,280 | SEE PART VI | | X | | X | | X |
| B | (6)ALLEGHENY COUNTY HIGHER EDUCBUILDAUTH | 25-1425398 | 01728RHG7 | 02-10-2011 | 53,203,859 | SEE PART VI | | X | | X | | X |
| C | (7)ALLEGHENY COUNTY HIGHER EDUCBUILDAUTH | 25-1425398 | 01728RKC2 | 03-19-2013 | 43,044,915 | SEE PART VI | | X | | X | | X |
| D | (8)ALLEGHENY COUNTY HIGHER EDUCBUILDAUTH | 25-1425398 | 01728RKY4 | 12-17-2014 | 43,842,545 | SEE PART VI | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| 1 | Amount of bonds retired | 11,900,000 | | 115,000 | | 4,530,000 | | 3,485,000 | |
| 2 | Amount of bonds legally defeased | 16,080,000 | | 41,635,000 | | | | | |
| 3 | Total proceeds of issue | 30,780,280 | | 53,426,942 | | 43,051,476 | | 43,842,545 | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | 1,975,452 | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | 10,713,987 | |
| 7 | Issuance costs from proceeds | 244,023 | | 402,300 | | 335,654 | | 404,261 | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | 7,874 | | 2,858 | | 95 | | | |
| 10 | Capital expenditures from proceeds | 4,461,383 | | 51,046,332 | | 16,879,743 | | | |
| 11 | Other spent proceeds | 26,067,000 | | | | 25,835,984 | | 32,724,297 | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2008 | | 2012 | | 2014 | | 2014 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | X | | X | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | X | | X | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

Part III Private Business Use

| | | A | | B | | C | | D | |
|----------|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | X | | X | | X | |

Part III Private Business Use (Continued)

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

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | X | | X | |
| b Exception to rebate? | X | | X | | | X | | X |
| c No rebate due? | | X | | X | | X | | X |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | X | | X |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

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

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

| Return Reference | Explanation |
|---|---|
| SCHEDULE K, PART I COLUMN F, PART II LINE 3 AND LINE 11 | PART I, ROW A, COL F(5) THE PURPOSE OF THE ISSUE WAS THE ACQUISITION OF BUILDING AND REFUNDING OF 2003 BOND ESCROW, 2005 C BOND ESCROW, AND 2007 B BOND ESCROW PART I, ROW B, COL F(6) THE PURPOSE OF THE ISSUE WAS TO FINANCE VARIOUS CAPITAL PROJECTS FOR THE UNIVERSITY PART I, ROW C, COL F(7) THE PURPOSE OF THE ISSUE WAS TO FINANCE CAPITAL PROJECTS AND REFUND THE ISSUE DATED 3/31/2004 PART I, ROW D, COL F(8) THE PURPOSE OF THE ISSUE IS TO REFUND ISSUES DATED 12/2/2005 AND 8/23/2007 PART I, ROW A, COLUMN F(9) THE PURPOSE OF THE ISSUE IS TO PARTIALLY REFUND ISSUES DATED 06/19/2008 AND 02/10/2011 PART II, LINE 3, COLUMNS B AND C THE DIFFERENCE BETWEEN ISSUE PRICE FROM PART I, COLUMN E AND TOTAL PROCEEDS SHOWN IN PART II IS INVESTMENT EARNINGS PART II, LINE 11, COLUMNS A,C, AND D THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW |

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number

25-1035663

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: (9) ALLEGHENY COUNTY HIGHER EDUC BUILD AUTH, 25-1425398, 01728RLR8, 05-05-2016, 68,038,418, SEE PART VI, X, X, X.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows 1-13 list various proceeds items and their amounts. Row 14-17 are yes/no questions regarding bond issuance and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Row 1: Was the organization a partner in a partnership... Row 2: Are there any lease arrangements that may result in private business use of bond-financed property?

Part III Private Business Use (Continued)

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

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | X | | | | | | | |
| b Exception to rebate? | | X | | | | | | |
| c No rebate due? | | 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 | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | | | | | | |

Part V Procedures To Undertake Corrective Action

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

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

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|--|---------------------------|--|---|----|
| | | | | Yes | No |
| (1) M OVERBY | SPOUSE OF OFFICER, TIMOTHY R AUSTIN, PROVOST/VP ACADEMIC AFFAIRS | 83,906 | M OVERBY IS EMPLOYED AS AN ASSOCIATE PROFESSOR | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE M
(Form 990)

Department of the
Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|----------------------------|---|--|---|
| 1 Art—Works of art | X | 1 | 0 | FMV |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | X | | 0 | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 41 | 1,443,467 | FMV |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | X | 1 | 331,000 | FMV |
| 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 ▶ (EQUIPMENT) | X | 1 | 0 | FMV |
| 26 Other ▶ (AUCTION OR PRIZES) | X | 11 | 0 | FMV |
| 27 Other ▶ (RECEPTION) | X | 2 | 0 | FMV |
| 28 Other ▶ (_____) | | | | |

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

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

Part II Supplemental Information.

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 33 | DONATED STOCK IS SOLD UPON RECEIPT SCHEDULE M, LINE 33 SMALL ITEMS WITH A DE MINIMIS FMV ARE NOT RECORDED IN THE FINANCIAL STATEMENTS SCHEDULE M, COLUMN (B) NUMBER OF CONTRIBUTIONS IS BASED ON NUMBER OF DONORS, NOT NUMBER OF ITEMS DONATED |

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT**Employer identification number**

25-1035663

| Return Reference | Explanation |
|---|--|
| 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 COUNCIL, AND SUCH OTHER VOWED MEMBERS OF THE CONGREGATION OF THE HOLY SPIRIT PROVINCE OF THE UNITED STATES AS ARE APPOINTED BY THE PROVINCIAL SUPERIOR WITH THE CONSENT OF THE PROVINCIAL COUNCIL SO THAT THERE ARE AT ALL TIMES SIX MEMBERS BUT NO MORE THAN 10 MEMBERS |

| Return Reference | Explanation |
|---------------------------------------|--|
| 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 VICAR/DIRECTOR OF THE ROMAN CATHOLIC DIOCESE OF PITTSBURGH, PA, 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 |

| Return Reference | Explanation |
|---------------------------------------|---|
| 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 |

| Return Reference | Explanation |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 11 | 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 ADVANCE OF FILING WITH THE INTERNAL REVENUE SERVICE. |

| Return Reference | Explanation |
|--|--|
| 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 THIS CONFLICT OF INTEREST FORM HAS BEEN ENHANCED TO INCLUDE MORE DETAILED QUESTIONS RELATING TO THE 2015 FORM 990, TO REQUEST INFORMATION REQUIRED BY THE FORM |

| Return Reference | Explanation |
|---|---|
| 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 WITH CHAIRPERSON OF THE BOARD 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 |

| Return Reference | Explanation |
|--|--|
| 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 UPON REQUEST |

| Return Reference | Explanation |
|------------------------------|--|
| FORM 990, PART XI, LINE 9 | NET SPECIAL EVENT HELD IN AGENCY FUND LIABILITY 11,340 ROUNDING 1 LOSS ON DEFEASANCE OF BOND - 10,190,336 |

| Return Reference | Explanation |
|---|---|
| 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. PART VI 1A THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE UNIVERSITY BETWEEN MEETINGS OF THE BOARD. ALL MATTERS OF MAJOR IMPORTANCE WILL BE REPORTED TO THE BOARD. THE EXECUTIVE COMMITTEE SHALL MEET AS NECESSARY. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number

25-1035663

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|---|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| (1) EASTERN CONGREGATION OF THE HOLY SPIRIT PROVINCE OF THE US 6230 BRUSH RUN ROAD BETHEL PARK, PA 151022214 27-0213864 | RELIGIOUS CONGREGATION | PA | 501(C)(3) | 170(B)(1)(A)(I) | N/A | | No |
| (2) THE DIETRICH FOUNDATION 600 GRANT STREET SUITE 5360 PITTSBURGH, PA 15219 36-4711746 | TO SUPPORT FUNCTIONS OF & CARRY OUT THE PURPOSES OF DUQUESNE | PA | 501(C)(3) | 509(A)(3) | N/A | | No |
| (3) DUQUESNE UNIVERSITY SCHOOL OF BUSINESS ALUMNI ASSOCIATION 600 FORBES AVE SCH OF BUSINESS PITTSBURGH, PA 15282 25-1661703 | TO SUPPORT SCHOOL OF BUSINESS THROUGH RELATIONSHIPS WITH ALUMNI | PA | 501(C)(3) | 170(B)(1)(A)(VI) | N/A | | No |
| (4) CHARLES HENRY LEACH II FUND FOR DUQUESNE UNIVERSITY 600 FORBES AVE 405 ADMIN PITTSBURGH, PA 15282 46-4483460 | TO FOSTER THE CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES OF FOUNDATION | PA | 501(C)(3) | 509(A)(3) | DUQUESNE UNIVERSITY | Yes | |
| (5) ELIZABETH K WINGERTER CHARITABLE FOUNDATION SECURITY NATL TRUST CO 100 E KING S LANCASTER, PA 17608 27-2498681 | TO PROVIDE SUPPORT FOR DUQUESNE UNIVERSITY SCHOOL OF EDUCATION | PA | 501(C)(3) | | N/A | | No |
| (6) FRANK T EBBERTS CHARITABLE FOUNDATION C/O PNC BANK 620 LIBERTY AVE 10TH F PITTSBURGH, PA 15222 25-6285631 | TO ENDOW A CHAIR IN BUSINESS LAW AT DUQUESNE UNIVERSITY | PA | SECTION 4947 (A) (1) | | N/A | | No |
| | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | | No |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| | | |
| 1k | | No |
| 1l | | No |
| | | |
| 1m | | No |
| 1n | | No |
| 1o | | No |
| | | |
| 1p | | No |
| 1q | | No |
| | | |
| 1r | | No |
| 1s | | No |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
|-------------------------|--------------------|

Additional Data

Software ID:

Software Version:

EIN: 25-1035663

Name: DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501 (c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|---|---|----------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| EASTERN CONGREGATION OF THE HOLY SPIRIT PROVINCE OF THE US 6230 BRUSH RUN ROAD BETHEL PARK, PA 151022214 27-0213864 | RELIGIOUS CONGREGATION | PA | 501(C)(3) | 170(B)(1)(A)(I) | N/A | | No |
| THE DIETRICH FOUNDATION 600 GRANT STREET SUITE 5360 PITTSBURGH, PA 15219 36-4711746 | TO SUPPORT FUNCTIONS OF & CARRY OUT THE PURPOSES OF DUQUESNE | PA | 501(C)(3) | 509(A)(3) | N/A | | No |
| DUQUESNE UNIVERSITY SCHOOL OF BUSINESS ALUMNI ASSOCIATION 600 FORBES AVE SCH OF BUSINESS PITTSBURGH, PA 15282 25-1661703 | TO SUPPORT SCHOOL OF BUSINESS THROUGH RELATIONSHIPS WITH ALUMNI | PA | 501(C)(3) | 170(B)(1)(A)(VI) | N/A | | No |
| CHARLES HENRY LEACH II FUND FOR DUQUESNE UNIVERSITY 600 FORBES AVE 405 ADMIN PITTSBURGH, PA 15282 46-4483460 | TO FOSTER THE CHARITABLE,SCIENTIFIC AND EDUCATIONAL PURPOSES OF FOUNDATION | PA | 501(C)(3) | 509(A)(3) | DUQUESNE UNIVERSITY | Yes | |
| ELIZABETH K WINGERTER CHARITABLE FOUNDATION SECURITY NATL TRUST CO 100 E KING S LANCASTER, PA 17608 27-2498681 | TO PROVIDE SUPPORT FOR DUQUESNE UNIVERSITY SCHOOL OF EDUCATION | PA | 501(C)(3) | | N/A | | No |
| FRANK T EBBERTS CHARITABLE FOUNDATION C/O PNC BANK 620 LIBERTY AVE 10TH F PITTSBURGH, PA 15222 25-6285631 | TO ENDOW A CHAIR IN BUSINESS LAW AT DUQUESNE UNIVERSITY | PA | SECTION 4947 (A)(1) | | N/A | | No |