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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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial 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
City or town, state or country, and ZIP + 4

D Employer identification number
25-1035663

E Telephone number
(412) 396-6592

G Gross receipts \$ 400,308,446

F Name and address of principal officer
CHARLES J DOUGHERTYPHD
600 FORBES AVENUE
PITTSBURGH, PA 152820226

H(a) Is this a group return for affiliates?
☐ Yes ☒ No
H(b) Are all affiliates included?
☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status ☒ 501(c) (3) ☐ (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

Activities & Governance
1 Briefly describe the organization's mission or most significant activities
CATHOLIC UNIVERSITY SUSTAINED PARTNERSHIP OF LAITY AND RELIGIOUS
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 2
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2
5 Total number of employees (Part V, line 2a) 5 5,09
6 Total number of volunteers (estimate if necessary) 6 4
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 564,75
7b Net unrelated business taxable income from Form 990-T, line 34 7b 0

Revenue
8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Prior Year Current Year
21,551,128 21,010,811
274,714,154 323,729,351
-6,363,681 4,775,199
615,939 488,990
290,517,540 350,004,351

Expenses
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) 3,402,765
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses Subtract line 18 from line 12
150,442,104 155,045,124
84,480,846 83,226,202
295,100,412 303,923,587
-4,582,872 46,080,764

Net Assets or Fund Balances
20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances Subtract line 21 from line 20
Beginning of Current Year End of Year
437,717,483 465,541,410
181,863,812 180,495,480
255,853,671 285,045,930

Part II Signature Block

Sign Here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
Signature of officer Date
STEPHEN A SCHILLO VP FOR MANAGEMENT & BUSINESS
Type or print name and title

Paid Preparer's Use Only
Preparer's signature Susan M Kirsch Date Check if self-employed
Firm's name (or yours if self-employed), address, and ZIP + 4 SCHNEIDER DOWNS & CO INC
1133 PENN AVENUE
PITTSBURGH, PA 15222 EIN Phone no (412) 261-3644

Part III Statement of Program Service Accomplishments

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 exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 171,065,500 including grants of \$ 65,652,261) (Revenue \$ 279,081,753) EDUCATIONAL PROGRAMS, GENERAL/OTHER INSTRUCTION - SCHOOL OF LIBERAL ARTS, BUSINESS ADMINISTRATION, EDUCATION, MUSIC, HEALTH SERVICES, PHARMACY, LAW, NATURAL AND ENVIRONMENTAL SCIENCES, NURSING (10,363 STUDENTS)
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4b	(Code) (Expenses \$ 43,386,834 including grants of \$) (Revenue \$ 522,290) STUDENT SERVICES PROGRAMS, GENERAL/OTHER STUDENT SERVICES, INSTITUTIONAL SUPPORT, AND AUXILIARY ENTERPRISES (13,625 UNIVERSITY COMMUNITY)
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4c	(Code) (Expenses \$ 34,683,685 including grants of \$) (Revenue \$ 521,466) EDUCATIONAL DELIVERY, GENERAL/OTHER ACADEMIC SUPPORT - LIBRARY, DEANS OFFICE, PROVOST OFFICES, CATALOGS, COMMENCEMENT, CLERGY RESIDENCE (11,576 STUDENTS AND FACULTY)
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4d	Other program services (Describe in Schedule O) See also Additional Data for Description (Expenses \$ 16,166,800 including grants of \$) (Revenue \$ 5,067,366)
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4e	Total program service expenses \$ 265,302,819
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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)? If "Yes," complete Schedule A	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III	16	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? If "Yes," complete Schedule G, Part I	17	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? If "Yes," complete Schedule G, Part II	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	15,246	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	5,090	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes
b If "Yes," enter the name of the foreign country: IT, CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	0
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	24	
b	Enter the number of voting members that are independent	1b	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ RUSSELL C GRUNEBACH 600 FORBES AVE ROOM 205 PITTSBURGH, PA 15282 (412) 396-6592

1b	Total	4,163,183	0	692,222
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶179

		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>		No
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>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK CORPORATION 600 FORBES AVENUE PITTSBURGH, PA 15282	FOOD SERVICE	9,287,511
RYCON CONSTRUCTION INC 2525 Liberty Avenue PITTSBURGH, PA 15222	CONSTRUCTION	2,822,220
DIRECT ENERGY MARKETING CORP PO BOX 643249 PITTSBURGH, PA 15264	ENERGY SUPPLIER	2,208,487
SCHINDLER ELEVATOR CORP PO BOX 93050 CHICAGO, IL 60673	ELEVATOR SERVICE	1,334,485
VERSATILE SYSTEMS INC 100 STERLING PKWY SUITE 307 MECHANICSBURG, PA 17050	BUSINESS INFORMATION TECHNOLOGY	1,210,982

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶41

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	144,449			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	11,735,852			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,130,510			
	g	Noncash contributions included in lines 1a-1f \$ 398,663					
	h	Total. Add lines 1a-1f		21,010,811			
Program Service Revenue	2a	EDUCATIONAL PROGRAMS	Business Code	900,099	279,081,753	279,081,753	
	b	AUXILIARY SERVICES		722,100	41,527,452	2,990,976	553,597
	c	MEDIA & COMMUNICATION		532,000	1,194,472	1,194,472	
	d	SCIENCE&TECHN RESEARCH		812,930	881,918	881,918	
	e	STUDENT SRVC PROGRAMS		900,099	522,290	522,290	
	f	All other program service revenue			521,466	521,466	
	g	Total. Add lines 2a-2f		323,729,351			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,930,185		11,161
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties		513,683			513,683
6a		Gross Rents	(i) Real	29,008			
b		Less rental expenses	(ii) Personal				
c		Rental income or (loss)		29,008			
d		Net rental income or (loss)		29,008			29,008
7a		Gross amount from sales of assets other than inventory	(i) Securities	50,953,763	16,503		
b		Less cost or other basis and sales expenses	(ii) Other	50,125,252			
c		Gain or (loss)		828,511	16,503		
d		Net gain or (loss)		845,014			845,014
8a		Gross income from fundraising events (not including \$ 144,449 of contributions reported on line 1c) See Part IV, line 18					
			a	125,142			
b		Less direct expenses	b	178,843			
c		Net income or (loss) from fundraising events . . .		-53,701			-53,701
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					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		350,004,351	285,192,875	564,758	43,235,907	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	64,928,118	64,928,118		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	724,143	724,143		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,887,731	1,588,888	856,107	442,736
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	115,901,671	100,332,771	13,965,222	1,603,678
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,936,185	5,510,113	1,331,748	94,324
9	Other employee benefits	21,381,634	16,936,016	4,105,274	340,344
10	Payroll taxes	7,937,903	6,293,724	1,524,077	120,102
11	Fees for services (non-employees)				
a	Management				
b	Legal	545,605		545,605	
c	Accounting	216,187		216,187	
d	Lobbying	62,415		62,415	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	138,028		138,028	
g	Other	13,346,244	11,942,254	1,362,931	41,059
12	Advertising and promotion	2,925,477	2,162,210	719,360	43,907
13	Office expenses	11,939,814	9,390,095	2,407,072	142,647
14	Information technology	2,564,452	2,169,325	379,193	15,934
15	Royalties				
16	Occupancy	12,393,990	10,384,366	1,938,012	71,612
17	Travel	5,266,033	4,980,119	139,977	145,937
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	363,907	327,864	29,439	6,604
20	Interest	5,813,831	4,871,118	939,873	2,840
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,025,538	12,589,147	2,412,731	23,660
23	Insurance	1,197,553	376,287	821,266	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	OTHER/GENERAL	10,668,791	9,563,386	803,428	301,977
b	MEMBERSHIPS	758,337	232,875	520,058	5,404
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	303,923,587	265,302,819	35,218,003	3,402,765
26	Joint costs. Check here ☒ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			17,231,497	2	24,686,299
	3	Pledges and grants receivable, net			5,144,466	3	5,407,070
	4	Accounts receivable, net			24,142,199	4	20,209,662
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			3,134	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			964,805	8	1,062,782
	9	Prepaid expenses and deferred charges			3,524,351	9	3,650,643
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	378,721,237			
	b	Less accumulated depreciation	10b	148,949,039	228,911,907	10c	229,772,198
	11	Investments—publicly traded securities			130,873,455	11	150,836,785
	12	Investments—other securities. See Part IV, line 11			16,609,000	12	20,334,512
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			10,312,669	15	9,581,459
16	Total assets. Add lines 1 through 15 (must equal line 34)			437,717,483	16	465,541,410	
Liabilities	17	Accounts payable and accrued expenses			27,767,973	17	31,383,284
	18	Grants payable				18	
	19	Deferred revenue			9,195,210	19	8,678,057
	20	Tax-exempt bond liabilities			124,289,332	20	119,520,826
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	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. Complete Part X of Schedule D			20,611,297	25	20,913,313
	26	Total liabilities. Add lines 17 through 25			181,863,812	26	180,495,480
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			166,020,880	27	185,823,537
	28	Temporarily restricted net assets			21,690,026	28	29,202,556
	29	Permanently restricted net assets			68,142,765	29	70,019,837
	Organizations that do not follow SFAS 117, check here ☐ 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			255,853,671	33	285,045,930
	34	Total liabilities and net assets/fund balances			437,717,483	34	465,541,410

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
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?	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 . . .	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)

4d. Other program services			
(Code	) (Expenses \$	7,501,240 including grants of \$	) (Revenue \$ 1,194,472)
MEDIA AND COMMUNICATION PROGRAMS, GENERAL/OTHER PUBLIC SERVICE - RADIO STATION - NATIONAL PUBLIC BROADCASTING RADIO/TELEVISION/ENGINEERING SERVICE, PUBLIC RESEARCH PROGRAMS, LAW LIBRARY PROGRAMS (185,500 LISTENERS AND VIEWERS)			
(Code	) (Expenses \$	8,665,560 including grants of \$	) (Revenue \$ 881,918)
SCIENCE & TECHNOLOGY RESEARCH, GENERAL/OTHER RESEARCH -DHEW, NSF AND OTHER RESTRICTED FUNDS FOR RESEARCH (76 FUNDING AGENCIES)			
(Code	) (Expenses \$	including grants of \$	) (Revenue \$ 2,990,976)
AUXILIARY SERVICES/GENERAL- ROOM & BOARD, FOOD SERVICE, INTERCOLLEGIATE ATHLETICS, TAMBURITZANS, PARKING EVENTS, CONFERENCES, RED RING RESTAURANT			

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ESTHER L BUSH BOARD MEMBER	2 00	X						0	0	0
ANTHONY CARFANG BOARD MEMBER	2 00	X						0	0	0
SISTER MARY DACEYSSJ BOARD MEMBER	2 00	X						0	0	0
VREVLAWRENCE A DINARDO MCHA BOARD MEMBER	2 00	X						0	0	0
THOMAS R DONAHUE BOARD MEMBER	2 00	X						0	0	0
VREVJEFFREY T DUAIME CSSP BOARD MEMBER	2 00	X						0	0	0
REVJOHN FOGARTY CSSP BOARD MEMBER	2 00	X						0	0	0
MARY R GREALY ESQ BOARD MEMBER	2 00	X						0	0	0
THOMAS GREALISH BOARD MEMBER	2 00	X						0	0	0
ROBERT Z GUSSIN PHD BOARD MEMBER	2 00	X						0	0	0
TERRENCE S JACOBS BOARD MEMBER	2 00	X						0	0	0
REV JAMES MCCLOSKEY CSSP BOARD MEMBER,VP MISSION IDENTITY	55 00	X						0	0	2,545
JOHN W MCGONIGLE BOARD MEMBER	2 00	X						0	0	0
JAMES F MCGUIRK II BOARD MEMBER	2 00	X						0	0	0
WINSTON PITTMAN SR BOARD MEMBER	2 00	X						0	0	0
IRENE M QUALTERS BOARD MEMBER	2 00	X						0	0	0
REVJOHN A SAWICKI CSSP BOARD MEMBER	12 00	X						0	0	5,035
THADDEUS J SENKO BOARD MEMBER	2 00	X						0	0	0
REVJOHN P SKAJ CSSP BOARD MEMBER	2 00	X						0	0	69
PATRICIA D YODER BOARD MEMBER	2 00	X						0	0	0
GREGORY BABE VICE CHAIRMAN OF BOARD	2 00	X		X				0	0	0
WILLIAM J LYONS VICE CHAIRMAN OF BOARD	12 00	X		X				3,500	0	0
MARIE MILLIE JONES CHAIRMAN OF THE BOARD	2 00	X		X				0	0	0
CHARLES J DOUGHERTY PRESIDENT	55 00	X		X				602,386	0	99,273
LINDA S DRAGO ESQ SECRETARY/GEN COUNSEL	55 00			X				145,712	0	20,199

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REVSEAN HOGAN CSSP VP STUDENT SERVICES	55 00			X				0	0	5,035
RALPH L PEARSON PROVOST/VP ACAD AFFAIRS	55 00			X				251,026	0	42,968
JOHN P PLANTE VP ADVANCEMENT RECORDS	55 00			X				206,935	0	39,784
STEPHEN A SCHILLO VP MANAGEMENT/BUSINESS	55 00			X				297,279	0	40,298
JDOUGLAS BRICKER DEAN SCHOOL OF PHARMACY	55 00				X			214,562	0	29,018
GREGORY H FRAZER DEAN SCHOOL OF HEALTH SCIENCE	55 00				X			163,610	0	38,616
KENNETH G GORMLEY DEAN SCHOOL OF LAW	55 00				X			239,024	0	67,962
ALAN R MICIAK DEAN SCHOOL OF BUSINESS	55 00				X			218,792	0	39,672
DAVID W SEYBERT DEAN SCHOOL OF NAT/ENV SCIENCE	55 00				X			150,114	0	95,185
NICHOLAS P CAFARDI PROFESSOR - SCHOOL OF LAW	55 00					X		202,327	0	31,656
RONALD C EVERHART II MEN BASKETBALL COACH	55 00					X		442,248	0	40,164
ALEEM GANGJEE PROFESSOR - SCHOOL OF PHARMACY	55 00					X		342,508	0	32,039
JOHN E MURRAY CHANCELLOR	35 00					X		393,618	0	30,528
THOMAS A POLLOCK PROFESSOR - SCHOOL OF BUSINESS	55 00					X		192,494	0	19,806
JAMES CRUTCHFIELD PROFESSOR - FORMER BOARD MEMBER	35 00						X	97,048	0	12,370

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
EDUCATIONAL PROGRAMS	900,099	279,081,753	279,081,753		
AUXILIARY SERVICES	722,100	41,527,452	2,990,976	553,597	37,982,879
MEDIA & COMMUNICATION	532,000	1,194,472	1,194,472		
SCIENCE&TECHN RESEARCH	812,930	881,918	881,918		
STUDENT SRVC PROGRAMS	900,099	522,290	522,290		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 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) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), 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 funtion 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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

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)		62,415													
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		62,415													
d Other exempt purpose expenditures		303,877,674													
e Total exempt purpose expenditures (add lines 1c and 1d)		303,940,089													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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?		☐ Yes ☐ 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount			1,000,000	1,000,000	2,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
c Total lobbying expenditures			49,182	62,415	111,597
d Grassroots non-taxable amount			250,000	250,000	500,000
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000
f Grassroots lobbying expenditures			49,182	62,415	111,597

Part II-B

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

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

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number
25-1035663

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) ☐ Preservation of an historically importantly land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		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
	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											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ► _____											
7	Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No											
9	In Part XIV, 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" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items	
a	Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	122,584,269	162,745,593			
b Contributions	7,144,039	3,286,262			
c Investment earnings or losses	17,182,748	-37,991,041			
d Grants or scholarships	2,615,954	1,981,494			
e Other expenditures for facilities and programs	1,897,286	3,475,051			
f Administrative expenses					
g End of year balance	142,397,816	122,584,269			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 40.000 %

b

Permanent endowment ▶ 47.500 %

c

Term endowment ▶ 12.500 %

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐

☐

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,074,229		18,074,229
b Buildings		288,638,838	108,304,131	180,334,707
c Leasehold improvements				
d Equipment		49,673,383	35,058,727	14,614,656
e Other		22,334,787	5,586,181	16,748,606
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				229,772,198

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X **Other Liabilities.** See Form 990, Part X, line 25.

1	(a) Description of Liability	(b) Amount
	Federal Income Taxes	
	EQUIPMENT LEASE - MISCELLANEOUS	666,277
	CONDITIONAL ASSET RETIREMENT OBLIGATION	7,312,884
	FEDERAL LOAN FUNDS	10,355,132
	URA GEYER GARAGE - PURCHASE FEE	92,300
	AGENCY FUNDS	1,291,254
	ANNUITIES PAYABLE	1,195,466
	Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	20,913,313

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements				
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	350,004,351
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	303,923,587
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	46,080,764
4	Net unrealized gains (losses) on investments		4	-16,797,757
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	-90,748
9	Total adjustments (net) Add lines 4 - 8		9	-16,888,505
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9		10	29,192,259
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements 		1	268,621,968
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments 	2a	-16,797,757	
b	Donated services and use of facilities 	2b	1,141,878	
c	Recoveries of prior year grants 	2c		
d	Other (Describe in Part XIV) 	2d	-65,635,756	
e	Add lines 2a through 2d		2e	-81,291,635
3	Subtract line 2e from line 1		3	349,913,603
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 XIV) 	4b	90,748	
c	Add lines 4a and 4b		4c	90,748
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) 		5	350,004,351
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements 		1	239,429,709
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 	2a	1,141,878	
b	Prior year adjustments 	2b		
c	Other losses 	2c		
d	Other (Describe in Part XIV) 	2d	-65,635,756	
e	Add lines 2a through 2d		2e	-64,493,878
3	Subtract line 2e from line 1		3	303,923,587
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 XIV) 	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) 		5	303,923,587

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	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 FACILITIES, AND GENERAL OPERATIONS. ALL USES ARE IN ACCORDANCE WITH APPLICABLE DONOR RESTRICTIONS.
Part X	Description of Uncertain Tax Positions Under FIN 48	THE UNIVERSITY ADOPTED GUIDANCE FOR UNCERTAINTY IN INCOME TAXES, WHICH PROVIDES CRITERIA FOR THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THIS GUIDANCE REQUIRES THAT AN UNCERTAIN TAX POSITION SHOULD BE RECOGNIZED ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE BASED ON ITS TECHNICAL MERITS. RECOGNIZABLE TAX POSITIONS SHOULD THEN BE MEASURED TO DETERMINE THE AMOUNT OF BENEFIT RECOGNIZED IN THE FINANCIAL STATEMENTS. THE UNIVERSITY FILES U.S. FEDERAL, STATE, AND LOCAL INFORMATION RETURNS, AND NO RETURNS ARE CURRENTLY UNDER EXAMINATION. THE STATUTE OF LIMITATIONS ON THE UNIVERSITY'S U.S. FEDERAL TAX RETURNS REMAINS OPEN FOR THE YEARS ENDED JUNE 30, 2007 THROUGH THE PRESENT. THE UNIVERSITY CONTINUES TO EVALUATE ITS TAX POSITIONS PURSUANT TO THE PRINCIPLES OF SUCH GUIDANCE AND HAS DETERMINED THAT THERE IS NO MATERIAL IMPACT ON THE UNIVERSITY'S FINANCIAL STATEMENTS.
		PART XI, LINE 8: SPECIAL EVENT REVENUE \$(144,449) PART XI, LINE 8: NET SPECIAL EVENT ACTIVITY \$53,701 TOTAL PART XI, LINE 8 - OTHER ADJUSTMENTS \$(90,748) PART XII, LINE 2B: VINCENTIAN ACADEMY RENT \$858,563 PART XII, LINE 2B: CONTRIBUTED SERVICES \$283,315 TOTAL PART XII, LINE 2B: \$1,141,878 PART XII, LINE 2D: FINANCIAL AID/SCHOLARSHIPS \$(65,652,261) PART XII, LINE 2D: GAIN ON DISPOSAL OF ASSET \$16,505 TOTAL PART XII, LINE 2D - OTHER ADJUSTMENTS \$(65,635,756) PART XII, LINE 4B: SPECIAL EVENT REVENUE \$144,449 PART XII, LINE 4B: NET SPECIAL EVENT ACTIVITY \$(53,701) TOTAL PART XII, LINE 4B - OTHER ADJUSTMENTS \$90,748 PART XIII, LINE 2A: VINCENTIAN ACADEMY RENT \$858,563 PART XIII, LINE 2A: CONTRIBUTED SERVICES \$283,315 TOTAL PART XIII, LINE 2A: \$1,141,878 PART XIII, LINE 2D: FINANCIAL AID/SCHOLARSHIPS \$(65,652,261) PART XIII, LINE 2D: RECLASS OF GAIN ATTRIBUTABLE TO DISPOSAL OF ASSET \$16,505 TOTAL PART XIII, LINE 2D - OTHER ADJUSTMENTS \$(65,635,756)

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public
Inspection

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

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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?	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 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	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? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	Yes	
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? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		No
		No
		No
		No
		No
		No
		No
		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
6b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 📄		No
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 Schedule O (Form 990)	Yes	

[illegible]

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.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2009

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 & CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	5,326
CENTRAL AMERICA & CARIBBEAN	0	0	PROGRAM SERVICES	MISSIONARY	35,518
CENTRAL AMERICA & CARIBBEAN	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	8,448
CENTRAL AMERICA & CARIBBEAN	0	0	PROGRAM SERVICES	RECRUITMENT	1,301
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	106,505
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MISSIONARY	9,155
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	16,841
EUROPE	1	15	PROGRAM SERVICES	STUDY ABROAD PROGRAM	1,939,168
EUROPE	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	162,732
EUROPE	0	0	PROGRAM SERVICES	RECRUITMENT	4,473
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	28,778
NORTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	6,720
NORTH AMERICA	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	149,915
SOUTH AMERICA	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	51,315
SOUTH ASIA	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	70,327
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	95,559
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	MISSIONARY	28,856
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	64,430
CENTRAL AMERICA & CARIBBEAN	0	0	INVESTMENTS		0
Russia & the Newly Independent States	0	0	PROGRAM SERVICES	INSTRUCTIONAL CONFERENCE	2,939

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number
25-1035663

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

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 activities?

☐ 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. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
Total ▶						

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		PHARMACY GOLF OUTING (event type)	GREALISH GOLF OUTING (event type)	5 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	62,680	43,850	163,061
	2	Less Charitable contributions	39,144	11,850	93,455
	3	Gross income (line 1 minus line 2)	23,536	32,000	69,606
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes		1,598	1,598
	6	Rent/facility costs	27,070	30,449	71,614
	7	Food and beverages		11,582	11,582
	8	Entertainment			
	9	Other direct expenses	3,875	3,450	29,205
	10	Direct expense summary Add lines 4 through 9 in column (d)			178,843
	11	Net income summary Combine lines 3, column d, and line 10.			-53,701

Part III Gaming.

Complete if the organization answered "Yes" to 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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column d, and line 7			

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain _____ _____			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain _____ _____			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated 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?	15a	
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		
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?	17a	
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 ► \$		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
25-1035663

Part I

General Information on Grants and Assistance

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☒ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account	☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations	☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee	
4	During the year, did any person listed in 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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	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) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in 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?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in 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	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHARLES J DOUGHERTY	(i) (ii)	569,220 0	0 0	33,166 0	87,277 0	11,996 0	701,659 0	0 0
LINDA S DRAGO ESQ	(i) (ii)	145,537 0	0 0	175 0	11,856 0	8,343 0	165,911 0	0 0
RALPH L PEARSON	(i) (ii)	224,508 0	0 0	26,518 0	19,600 0	23,368 0	293,994 0	0 0
JOHN P PLANTE	(i) (ii)	201,220 0	0 0	5,715 0	16,727 0	23,057 0	246,719 0	0 0
STEPHEN A SCHILLO	(i) (ii)	287,587 0	0 0	9,692 0	19,600 0	20,698 0	337,577 0	0 0
JDOUGLAS BRICKER	(i) (ii)	214,562 0	0 0	0 0	17,482 0	11,536 0	243,580 0	0 0
GREGORY H FRAZER	(i) (ii)	161,581 0	0 0	2,029 0	13,698 0	24,918 0	202,226 0	0 0
KENNETH G GORMLEY	(i) (ii)	238,529 0	0 0	495 0	19,794 0	48,168 0	306,986 0	0 0
ALAN R MICIAK	(i) (ii)	201,912 0	0 0	16,880 0	18,006 0	21,666 0	258,464 0	0 0
DAVID W SEYBERT	(i) (ii)	149,340 0	0 0	774 0	15,936 0	79,249 0	245,299 0	0 0
NICHOLAS P CAFARDI	(i) (ii)	188,098 0	0 0	14,229 0	15,399 0	16,257 0	233,983 0	0 0
RONALD C EVERHART II	(i) (ii)	437,978 0	0 0	4,270 0	19,882 0	20,282 0	482,412 0	0 0
ALEEM GANGJEE	(i) (ii)	338,944 0	0 0	3,564 0	19,328 0	12,711 0	374,547 0	0 0
JOHN E MURRAY	(i) (ii)	384,368 0	0 0	9,250 0	19,600 0	10,928 0	424,146 0	0 0
THOMAS A POLLOCK	(i) (ii)	191,821 0	0 0	673 0	14,723 0	5,083 0	212,300 0	0 0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization DUQUESNE UNIVERSITY OF THE HOLY SPIRIT	Employer identification number 25-1035663
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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	
							Yes	No	Yes	No
A	ALLEGHENY COUNTY HIGHER EDUCATBUILDAUTHORITY	25-1425398	01728rxxx	03-31-2004	30,020,970	SEE SCHEDULE O		X		X
B	ALLEGHENY COUNTY HIGHER EDUCATBUILDAUTHORITY	25-1425398	01728RDC0	12-02-2005	18,312,888	SEE SCHEDULE O		X		X
C	ALLEGHENY COUNTY HIGHER EDUCATBUILDAUTHORITY	25-1425398	01728RDC0	12-02-2005	17,401,828	SEE SCHEDULE O		X		X
D	ALLEGHENY COUNTY HIGHER EDUCATBUILDAUTHORITY	25-1425398	01728REN8	08-23-2007	15,073,128	SEE SCHEDULE O		X		X
E	ALLEGHENY COUNTY HIGHER EDUCATBUILDAUTHORITY	25-1425398	01728RFL8	06-19-2008	30,780,280	SEE SCHEDULE O		X		X

Part II

Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Total proceeds of issue		30,075,410		19,637,033		17,060,288		15,347,821	
2	Gross proceeds in reserve funds									
3	Proceeds in refunding or defeasance escrows		16,772,250		16,772,250				26,067,000	
4	Other unspent proceeds									
5	Issuance costs from proceeds		1,118,464		479,580		288,038		373,166	
6	Working capital expenditures from proceeds									
7	Capital expenditures from proceeds		28,956,946		19,157,453		14,947,693		4,461,383	
8	Year of substantial completion		2004		2007		2005		2008	
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X	
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X	
11	Has the final allocation of proceeds been made?		X		X		X		X	
12	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		E	
	Yes	No	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 with respect to the financed property which may result in private business use?		X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
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	0 %		0 %		0 %		0 %		0 %	
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	0 %		0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X		X		X		X	
2	Is the bond issue a variable rate issue?		X		X		X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		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?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number
25-1035663

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance
BOARD MEMBER	FAMILY MEMBER OF SCHOLARSHIP RECIPIENT	35,669

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
PNC FINANCIAL SERVICES	BUS RELATIONSHIP - SEE DESCRIPTION OF TRANSACTION	652,195	J GUYAUX, FORMER DUQUESNE UNIVERSITY BOARD MEMBER AND PRESIDENT OF PNC FINANCIAL SERVICES TRANSACTIONS INCLUDED LENDER, MERCHANT CARD AND OTHER BANKING SERVICES		No
FEDERATED INVESTORS	BUS RELATIONSHIP - SEE DESCRIPTION OF TRANSACTION	155,450	T DONAHUE, DUQUESNE UNIVERSITY BOARD MEMBER AND CFO OF FEDERATED INVESTORS, INC TRANSACTIONS INCLUDED MANAGING ENDOWMENT ACCOUNTS (FY2010 ADVISORY FEE OF \$110,040)		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	1	18,000	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		0	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	15	380,663	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	0	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	23		

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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 non-cash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanat ion
Method for Determining Number of Contributors	Part I, Column (b)	LINE 29 THE UNIVERSITY ADVANCEMENT OFFICE PROCESSES ANY REQUIRED FORM 8283 IN CONNECTION WITH DONOR ACKNOWLEDGEMENT RESPONSIBILITIES
Third Party Use	Part I, Line 32b	DONATED STOCK IS IMMEDIATELY SOLD UPON RECEIPT VIA USB FINANCIAL SERVICES,INC
Non Reporting of Revenue	Part I, Line 33	SMALL ITEMS WITH A DIMINIMUS FMV , SUCH AS FOOD INVENTORY, CLOTHING AND HOUSEHOLD GOODS, ARE NOT REPORTED IN THE FINANCIAL STATEMENTS

Additional Data

Software ID:

Software Version:

EIN: 25-1035663

Name: DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493129006201
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009
	Name of the organization DUQUESNE UNIVERSITY OF THE HOLY SPIRIT		Employer identification number 25-1035663

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		DUQUESNE UNIVERSITY IS A PENNSYLVANIA NONPROFIT CORPORATION RECOGNIZED AS A 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 PROVINCIAL COUNCILLORS, 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

Identifier	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

Identifier	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

Identifier	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 TRUSTEES VIA AN INTRANET SITE IN ADVANCE OF FILING WITH THE INTERNAL REVENUE SERVICE

Identifier	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 FY 2009 FORM 990, TO DISCLOSE THE SPECIFIC INFORMATION REQUIRED BY THE FORM

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		COMPENSATION OF THE PRESIDENT IS DETERMINED BY THE BOARD OF DIRECTORS, COMPENSATION OF OTHER OFFICERS IS DETERMINED BY THE PRESIDENT OF THE UNIVERSITY 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

Identifier	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

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	OVERSIGHT OF FINANCIAL AUDIT	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM IN ADDITION, THE ORGANIZATION 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

Identifier	Return Reference	Explanation
Schedule K Supplemental Information		BOND A-DORMITORY ACQUISITION & CAPITAL PROJECTS BOND B-CONSTRUCTION OF ATHLETIC/RECREATION COMPLEX & PEDESTRIAN BRIDGE & MISCELLANEOUS CAPITAL PROJECTS & RENOVATIONS BOND C- REFUNDING OF 1996 BOND ESCROW BOND D-CAPITAL PROJECTIONS/RENOVATIONS BOND E-ACQUISITION OF BUILDING AND REFUNDING OF 2003 BOND ESCROW, 2005 C BOND ESCROW & 2007 B BOND ESCROW PART II, LINE 3, PROCEEDS IN REFUNDING OR DEFEASANCE ESCROWS, BOND D UNIVERSITY REVENUE BONDS, SERIES A/B OF 2007 (DUQUESNE UNIVERSITY) SERIES 2007 B BONDS HAVE BEEN REFUNDED AND WERE REFINANCED BY 2008 BONDS ONLY 2007 A BONDS REMAIN OUTSTANDING PART II, LINE 3, PROCEEDS IN REFUNDING OR DEFEASANCE ESCROWS, BOND C & E THE AMOUNTS ON LINE #3 WERE REFUNDING PROCEEDS FOR INFORMATIONAL PURPOSE AS OF 6/30/10 THERE ARE NO FUNDS REMAINING IN THE REFUNDING ACCOUNTS AS THE FUNDS HAVE BEEN FULLY REFUNDED/EXHAUSTED TO A ZERO BALANCE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

Employer identification number

25-1035663

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(a) Name, address, and EIN 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
EASTERN CONGREGATION OF THE HOLY SPIRIT PROVINCE OF THE UNITED STATES 6230 BRUSH RUN ROAD BETHEL PARK, PA 151022214	RELIGIOUS CONGREGATION	PA	501(c)(3)	170(b)(1)(A)(i)	N/A
PITTSBURGH COUNCIL ON HIGHER EDUCATION 201 WOOD STREET BOX 647 PITTSBURGH, PA 152221912 23-7303727	PROVIDE A MEANS FOR SHARING RESOURCES, INSIGHTS, AND INFORMATION	PA	501(c)(3)	509(a)(3)	N/A
DUQUESNE UNIVERSITY WOMEN'S ADVISORY BOARD 600 FORBES AVENUE PITTSBURGH, PA 15282 23-2924542	PROVIDE SCHOLASTIC FUNDS TO DUQUESNE UNIVERSITY SCHOOL OF MUSIC	PA	501(c)(3)	509(a)(3)	N/A

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?	
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]