

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b> |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                 |

**A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_

**B** This return/report is: ☐ the first return/report ☐ the final return/report

☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ☐

**D** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☒ the DFVC program

☐ special extension (enter description) \_\_\_\_\_

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ☐

|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                     | <b>Basic Plan Information</b> —enter all requested information   |                                                                     |
| <b>1a</b> Name of plan<br><u>DUQUESNE UNIVERSITY 403(B) DEFINED CONTRIBUTION RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ▶                         | <u>001</u>                                                          |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT</u><br><br><u>600 FORBES AVENUE</u><br><u>PITTSBURGH, PA 15282-0001</u> | <b>1c</b> Effective date of plan<br><u>01/01/1964</u>            | <b>2b</b> Employer Identification Number (EIN)<br><u>25-1035663</u> |
| <u>600 FORBES AVENUE</u><br><u>PITTSBURGH, PA 15282-0001</u>                                                                                                                                                                                                                                                                                                                       | <b>2c</b> Plan Sponsor's telephone number<br><u>412-396-5041</u> | <b>2d</b> Business code (see instructions)<br><u>611000</u>         |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2022 | MATTHEW FRIST                                                |
| <b>SIGN HERE</b> | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3125 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1916 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1911 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 33   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1216 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3160 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 35   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3195 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3005 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2L                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |      |

---

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

---

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

---

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

---

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                  |                                                      |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021       |                                                      |
| A Name of plan<br>DUQUESNE UNIVERSITY 403(B) DEFINED CONTRIBUTION RETIREMENT PLAN                | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT | D Employer Identification Number (EIN)<br>25-1035663 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

| (a) Name of insurance carrier<br>TIAA |               |                                       |                                                                             |                         |            |
|---------------------------------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
| (b) EIN                               | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|                                       |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-1624203                            | 69345         | 405488                                | 1364                                                                        | 01/01/2021              | 12/31/2021 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II****Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |                                                                                               |          |          |
|----------|-----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 83020176 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 89987736 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

85829250

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

968118

(2) Dividends and credits.....

**7c(2)**

(3) Interest credited during the year.....

**7c(3)**

2803994

(4) Transferred from separate account.....

**7c(4)**

6358662

(5) Other (specify below) .....

**7c(5)**

52700

▶ OTHER ADDITIONS

(6) Total additions .....

**7c(6)**

10183474

**d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d**

96012724

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year .....

**7e(1)**

7375926

(2) Administration charge made by carrier.....

**7e(2)**

(3) Transferred to separate account.....

**7e(3)**

5570333

(4) Other (specify below) .....

**7e(4)**

46289

▶ OTHER DEDUCTIONS

(5) Total deductions .....

**7e(5)**

12992548

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) .....**7f**

83020176

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |  |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                  |                                                      |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021       |                                                      |
| A Name of plan<br>DUQUESNE UNIVERSITY 403(B) DEFINED CONTRIBUTION RETIREMENT PLAN                | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT | D Employer Identification Number (EIN)<br>25-1035663 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
VARIABLE ANNUITY LIFE INSURANCE CO.

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 74-1625348 | 70238         | 54332                                 | 191                                                                         | 01/01/2021              | 12/31/2021 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                            |                                    |
|--------------------------------------------|------------------------------------|
| (a) Total amount of commissions paid<br>44 | (b) Total amount of fees paid<br>0 |
|--------------------------------------------|------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
THOMAS J BARINGER  
2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 17                                            |                                 |             | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
LEESA VALDEZ  
2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 16                                            |                                 |             | 3                     |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ROBERT KLUG

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 11                                            |                                 |             | 3                     |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |                                                                                               |          |          |
|----------|-----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 3293872  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 10304875 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|          |                                               |           |         |
|----------|-----------------------------------------------|-----------|---------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 3446481 |
|----------|-----------------------------------------------|-----------|---------|

|          |                                                              |              |        |  |
|----------|--------------------------------------------------------------|--------------|--------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |        |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> |        |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 83375  |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | 157823 |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |        |  |
|          | ▶                                                            |              |        |  |

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 241198 |
|---------------------------|--------------|--------|

|          |                                                                              |           |         |
|----------|------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 3687679 |
|----------|------------------------------------------------------------------------------|-----------|---------|

|          |                                                                                 |              |        |  |
|----------|---------------------------------------------------------------------------------|--------------|--------|--|
| <b>e</b> | Deductions:                                                                     |              |        |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 390361 |  |
|          | (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> |        |  |
|          | (3) Transferred to separate account.....                                        | <b>7e(3)</b> |        |  |
|          | (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 3446   |  |
|          | ▶ <b>CONTRACT SURRENDER CHARGES</b>                                             |              |        |  |

|                            |              |        |
|----------------------------|--------------|--------|
| (5) Total deductions ..... | <b>7e(5)</b> | 393807 |
|----------------------------|--------------|--------|

|          |                                                                                                |           |         |
|----------|------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 3293872 |
|----------|------------------------------------------------------------------------------------------------|-----------|---------|

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |  |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                         |                                                             |     |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021              |                                                             |     |
| <b>A</b> Name of plan<br>DUQUESNE UNIVERSITY 403(B) DEFINED CONTRIBUTION RETIREMENT PLAN                | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                         |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT | <b>D</b> Employer Identification Number (EIN)<br>25-1035663 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |                                     |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                     |
| TIAA-TEACHERS INSURANCE AND ANNUITY                                                                               | 730 THIRD AVE<br>NEW YORK, NY 10017 |
| 13-1624203                                                                                                        |                                     |

|                                                                                                                   |                                          |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                | 500 SALEM STREET<br>SMITHFIELD, RI 02917 |
| 04-2647786                                                                                                        |                                          |

|                                                                                                                   |                                         |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                         |
| VARIABLE ANNUITY LIFE INSURANCE CO.                                                                               | 2929 ALLEN PARKWAY<br>HOUSTON, TX 77019 |
| 74-1625348                                                                                                        |                                         |

|                                                                                                                   |                                     |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                     |
| TIAA-CREF INVESTMENT MANAGEMENT LLC                                                                               | 730 THIRD AVE<br>NEW YORK, NY 10017 |
| 13-3586142                                                                                                        |                                     |

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TIAA-CREF MUTUAL FUNDS-TEACHERS ADV

730 THIRD AVE  
NEW YORK, NY 10017

13-3760073

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

333 SOUTH HOPE ST  
LOS ANGELES, CA 90071

95-1411037

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

100 EAST PRATT ST  
BALTIMORE, MD 21202

52-0556948

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD

PO BOX 2600  
VALLEY FORGE, PA 19482

23-1945930

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DODGE &amp; COX

555 CALIFORNIA ST, 40TH FLOOR  
SAN FRANCISCO, CA 94104**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARDING LOEVNER

50 DIVISION ST, SUITE 401  
SOMERVILLE, NJ 08876

27-0684167

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS

85 BROAD ST.  
NEW YORK, NY 10005

13-4019460

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

840 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660

33-0629048

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TIAA-TEACHERS INSURANCE AND ANNUITY

730 THIRD AVE  
NEW YORK, NY 10017

13-1624203

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 19                  | NONE                                                                                              | 160666                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                |                                                                    |            |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b>       |                                                                    |            |
| <b>A</b> Name of plan<br><b>DUQUESNE UNIVERSITY 403(B) DEFINED CONTRIBUTION RETIREMENT PLAN</b>                | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                                |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT</b> | <b>D</b> Employer Identification Number (EIN)<br><b>25-1035663</b> |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | (a) Beginning of Year      (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                     |                                            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                            |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                                            |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                                            |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                                            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                            |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 1746      1186                             |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                                            |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                            |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                                            |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                                            |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                            |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                                            |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                                            |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                                            |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                                            |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                                            |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 1948165      2097121                       |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                                            |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 12075571      14012453                     |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                                            |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                                            |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 326521276      356530717                   |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 89275731      85392633                     |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 10098938      13598746                     |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 439921427             | 471632856       |

**Liabilities**

|                                                                           |           |  |  |
|---------------------------------------------------------------------------|-----------|--|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |  |  |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |  |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 439921427 | 471632856 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2805134    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 9374251    |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 564415     |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 12743800  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 490        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 113803     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 2953562    |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 3067855   |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 20173601   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 20173601  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 2119409   |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 33034833  |
| c Other income.....                                                                            | 2c     |            | 145848    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 71285346  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 35244703   |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 4151070    |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 39395773  |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 40493     |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 137651     |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 137651    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 39573917  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 31711429  |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **39-0859910**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     | X  |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     | X  |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |     | X  |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |     | X  |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>DUQUESNE UNIVERSITY 403(B) DEFINED CONTRIBUTION RETIREMENT PLAN                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>25-1035663                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 13-1624203 04-2647786                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 3 225                                                                                           |
| Part II                                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                              | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                               | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2021 v. 201209                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

# **Duquesne University 403(b) Defined Contribution Retirement Plan**

Financial Statements and  
Supplementary Information

December 31, 2021 and 2020

# Duquesne University 403(b) Defined Contribution Retirement Plan

---

Table of Contents

December 31, 2021 and 2020

|                                                                  | <u>Page</u> |
|------------------------------------------------------------------|-------------|
| <b>Independent Auditors' Report</b>                              | 1           |
| <b>Financial Statements</b>                                      |             |
| Statements of Net Assets Available for Benefits                  | 4           |
| Statement of Changes in Net Assets Available for Benefits        | 5           |
| Notes to Financial Statements                                    | 6           |
| <b>Supplementary Information</b>                                 |             |
| Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) | 16          |

## **Independent Auditors' Report**

To the Board of Trustees and Participants of  
Duquesne University 403(b) Defined Contribution Retirement Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements**

We were engaged to perform an audit of the financial statements of the Duquesne University 403(b) Defined Contribution Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

### **Disclaimer of Opinion on the 2021 Financial Statements**

We do not express an opinion on the accompanying 2021 financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2021 financial statements.

### **Basis for Disclaimer of Opinion on the 2021 Financial Statements**

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 11 to the financial statements, the Plan has excluded from investments in the accompanying statement of net assets available for benefits as of December 31, 2021, certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2021. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

### **Responsibilities of Management for the 2021 Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditors' Responsibilities for the Audit of the 2021 Financial Statements**

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

### **Other Matter — 2021 Supplemental Schedule Required by ERISA**

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

## Other Matter — Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions. Further, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying 2020 financial statements may have been affected by these conditions.

The Plan has excluded from the 2020 financial statements certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the 2020 financial statements. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the 2020 financial statements.

In our report dated September 9, 2021, we indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements.

A handwritten signature in black ink that reads "Baker Tilly US, LLP". The signature is written in a cursive, flowing style.

Pittsburgh, Pennsylvania  
October 14, 2022

## Duquesne University 403(b) Defined Contribution Retirement Plan

### Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

|                                    | <u>2021</u>                  | <u>2020</u>                  |
|------------------------------------|------------------------------|------------------------------|
| <b>Assets</b>                      |                              |                              |
| Investments:                       |                              |                              |
| At fair value                      | \$ 451,236,592               | \$ 419,035,688               |
| At contract value                  | <u>18,299,143</u>            | <u>18,937,574</u>            |
| Total investments                  | 469,535,735                  | 437,973,262                  |
| Notes receivable from participants | <u>2,097,121</u>             | <u>1,948,165</u>             |
| Total assets                       | 471,632,856                  | 439,921,427                  |
| <b>Liabilities</b>                 | <u>-</u>                     | <u>-</u>                     |
| Net assets available for benefits  | <u><u>\$ 471,632,856</u></u> | <u><u>\$ 439,921,427</u></u> |

See notes to financial statements

## Duquesne University 403(b) Defined Contribution Retirement Plan

### Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

#### Additions

Investment income:

|                                               |                   |
|-----------------------------------------------|-------------------|
| Net appreciation in fair value of investments | \$ 39,230,620     |
| Interest and dividends                        | <u>19,197,123</u> |

|                         |                   |
|-------------------------|-------------------|
| Total investment income | <u>58,427,743</u> |
|-------------------------|-------------------|

|                                                       |                |
|-------------------------------------------------------|----------------|
| Interest income on notes receivable from participants | <u>113,803</u> |
|-------------------------------------------------------|----------------|

Contributions:

|              |                  |
|--------------|------------------|
| Participants | 9,374,251        |
| Rollovers    | 564,415          |
| Employer     | <u>2,805,134</u> |

|                     |                   |
|---------------------|-------------------|
| Total contributions | <u>12,743,800</u> |
|---------------------|-------------------|

|                 |                   |
|-----------------|-------------------|
| Total additions | <u>71,285,346</u> |
|-----------------|-------------------|

#### Deductions

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 39,436,266     |
| Administrative expenses       | <u>137,651</u> |

|                  |                   |
|------------------|-------------------|
| Total deductions | <u>39,573,917</u> |
|------------------|-------------------|

|              |            |
|--------------|------------|
| Net increase | 31,711,429 |
|--------------|------------|

#### Net Assets Available for Benefits

|                   |                    |
|-------------------|--------------------|
| Beginning of year | <u>439,921,427</u> |
|-------------------|--------------------|

|             |                              |
|-------------|------------------------------|
| End of year | <u><u>\$ 471,632,856</u></u> |
|-------------|------------------------------|

# Duquesne University 403(b) Defined Contribution Retirement Plan

---

Notes to Financial Statements

December 31, 2021 and 2020

## 1. Description of the Plan

The following description of the Duquesne University 403(b) Defined Contribution Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering all employees of Duquesne University (the University) with the exception of certain student employees and leased employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Contributions

Plan participants may contribute up to 100 percent of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants may designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. The Plan also permits rollover contributions of retirement benefits received from other qualified plans.

Certain full-time employees are eligible for University contributions after one year of service as defined by the Plan. Prior to June 29, 2020, the University's contribution to the Plan for participants was equal to 8 percent of an eligible participant's compensation. The University's contribution is made provided that the participant contributes at least 5 percent of compensation to the Plan. Effective June 29, 2020, the University elected to suspend all University contributions for participants, with the exception of participants that are members of collective bargaining units. Effective as of the July 16, 2021 pay date (which relates to the two week payroll period beginning on June 28, 2021), the University elected to reinstate the University contribution for participants that are not members of collective bargaining units at a rate of 5 percent of an eligible participant's compensation.

Effective October 19, 2020, the University contribution was reduced from 8 percent to 4 percent of an eligible participant's compensation for employees covered by the Service Employees International Union Local 32BJ.

### Participant Accounts

Each participant's account is credited with the participant's contribution and the University's matching contribution, as well as an allocation of the Plan's earnings. Participants are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Vesting

Participants are vested immediately in their contributions and the University's contributions plus actual earnings thereon.

### Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25 percent to 9.25 percent at December 31, 2021, which are commensurate with local prevailing rates at inception of loan as determined quarterly by the plan administrator. Principal and interest is paid ratably through bi-weekly payroll deductions. Terms range from one to five years or greater for the purchase of a primary residence. See also the Coronavirus Aid Relief and Economic Security Act (CARES Act) disclosure below.

## Duquesne University 403(b) Defined Contribution Retirement Plan

---

Notes to Financial Statements  
December 31, 2021 and 2020

### Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant may receive a lump-sum distribution equal to the value of the participant's vested interest in their account. In addition, the Plan allows for hardship distributions if certain criteria are met. See also the CARES Act disclosure below. A full distribution of a participant's vested account balance is made once a participant has ended their service with the University and has an account balance less than \$5,000.

The other forms of payment available under the Plan are the payment options offered under the funding vehicles and may include single life annuities, joint and survivor annuities, fixed period annuities, cash withdrawals and other annuity and withdrawal options provided by the funding vehicles.

### CARES Act

On March 27, 2020, the CARES Act was signed into law. This aid package was designed to help the economy from the effects of the coronavirus pandemic, of which several of the provisions of the CARES Act affected employee benefit plans. The provisions of the CARES Act were optional. During 2020, the Plan opted into the following provisions of the CARES Act:

- Hardship distributions - Qualified plan participants were permitted to take a coronavirus related distribution of up to \$100,000 from the Plan without a 10 percent early withdrawal penalty. Eligible distributions were permitted to be taken until December 30, 2020. Distributions may be repaid within three years or a participant may elect these distributions to be included in taxable income on a pro rata basis over three years.
- Participant loans - Qualified plan participants with loans outstanding were permitted to defer payment on the loans that were due during 2020 to after January 1, 2021.
- Participant loans - Qualified plan participants may have borrowed up to \$100,000 during 2020 (an increase from \$50,000 previously permitted), these repayments may be delayed to 2021.
- Required minimum distributions (RMDs) - A temporary waiver of required minimum distributions rules permitted participants to suspend their RMDs for 2020 for participants that turned 70 ½ in 2019 and 72 in 2020.

## 2. Summary of Significant Accounting Policies

### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

## Duquesne University 403(b) Defined Contribution Retirement Plan

---

Notes to Financial Statements

December 31, 2021 and 2020

### Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance companies. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

### Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

### Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the University. Expenses that are paid by the University are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

### Payment of Benefits

Benefits are recorded when paid.

### Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 14, 2022, the date the financial statements were available to be issued.

## 3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;

## Duquesne University 403(b) Defined Contribution Retirement Plan

---

Notes to Financial Statements

December 31, 2021 and 2020

- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observables and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Variable annuity contracts are valued based upon the units of such underlying accounts held by the Plan at year end multiplied by the respective unit value. The unit value of the variable annuity contracts is based upon significant observable inputs, although not based upon quoted market prices in an active market. The underlying investments of the variable annuity contracts consist solely of mutual funds.

The CREF separate accounts are valued based upon the unit values of such pooled accounts held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the fund derived from inputs principally from or corroborated by observable market data by correlation or other means, although are not based upon quoted market prices in an active market.

The TIAA real estate fund is valued based on NAV per unit of participation in the fund and has no unfunded commitments. NAV is valued based on the fair value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. Transfers out of the TIAA real estate fund are limited to one per calendar quarter.

The guaranteed annuity contracts consist of the TIAA Traditional Annuity Account (TIAA Account) and the TIAA Stable Value Fund. Certain contracts of the TIAA Account and the TIAA Stable Value Fund meet the fully benefit-responsive investment contract criteria as described in Note 4 and are therefore excluded from the fair value hierarchy table. Certain other contracts of the TIAA Account do not meet the fully benefit-responsive investment contract criteria and are therefore presented at fair value in the hierarchy table. The fair value of the TIAA Account approximates contract value and is based on the Teachers Insurance and Annuity Association's (TIAA) ability to pay the guaranteed claims in accordance with the terms of the contract.

As of December 31, 2021, TIAA's credit ratings were as follows: A++ by A.M. Best Company, AAA by Fitch Ratings, Aa1, by Moody's Investors Service and AA+ by Standard & Poor's. Management believes the credit ratings of TIAA as of the measurement date uphold the TIAA Account's ability to meet obligations set forth in the contracts.

## Duquesne University 403(b) Defined Contribution Retirement Plan

Notes to Financial Statements  
December 31, 2021 and 2020

Contract value is the aggregation of contributions, plus interest, less withdrawals, if any. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. Additionally, the discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with the TIAA Account's historical crediting rates.

The TIAA Account has redemption restrictions based on the terms of the underlying contract selected by the participant and loan agreements with participants (see Notes 4 and 7 for a discussion of restrictions), and is an unfunded commitment as claims against the contracts are solely supported by TIAA's ability to pay on such claims. The redemption restrictions do not have a material impact on the contract value of the TIAA Account.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

| Assets at Fair Value as of December 31, 2021                                   |                       |                      |                      |                       |
|--------------------------------------------------------------------------------|-----------------------|----------------------|----------------------|-----------------------|
|                                                                                | Level 1               | Level 2              | Level 3              | Total                 |
| Mutual funds                                                                   | \$ 282,929,079        | \$ -                 | \$ -                 | \$ 282,929,079        |
| Variable annuity contracts                                                     | -                     | 10,304,872           | -                    | 10,304,872            |
| CREF separate accounts                                                         | -                     | 75,975,284           | -                    | 75,975,284            |
| Non fully benefit-responsive<br>guaranteed annuity contracts<br>- TIAA Account | -                     | -                    | 68,014,904           | 68,014,904            |
| Total assets in the fair<br>value hierarchy                                    | <u>\$ 282,929,079</u> | <u>\$ 86,280,156</u> | <u>\$ 68,014,904</u> | 437,224,139           |
| Investment measured at net<br>asset value (a)                                  |                       |                      |                      | <u>14,012,453</u>     |
| Total investments at<br>fair value                                             |                       |                      |                      | <u>\$ 451,236,592</u> |
| Assets at Fair Value as of December 31, 2020                                   |                       |                      |                      |                       |
|                                                                                | Level 1               | Level 2              | Level 3              | Total                 |
| Mutual funds                                                                   | \$ 255,696,514        | \$ -                 | \$ -                 | \$ 255,696,514        |
| Variable annuity contracts                                                     | -                     | 10,098,937           | -                    | 10,098,937            |
| CREF separate accounts                                                         | -                     | 70,826,510           | -                    | 70,826,510            |
| Non fully benefit-responsive<br>guaranteed annuity contracts<br>- TIAA Account | -                     | -                    | 70,338,156           | 70,338,156            |
| Total assets in the fair<br>value hierarchy                                    | <u>\$ 255,696,514</u> | <u>\$ 80,925,447</u> | <u>\$ 70,338,156</u> | 406,960,117           |
| Investment measured at net<br>asset value (a)                                  |                       |                      |                      | <u>12,075,571</u>     |
| Total investments at<br>fair value                                             |                       |                      |                      | <u>\$ 419,035,688</u> |

## Duquesne University 403(b) Defined Contribution Retirement Plan

Notes to Financial Statements

December 31, 2021 and 2020

- (a) Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2021:

|                                    | <u>TIAA Account</u> |
|------------------------------------|---------------------|
| Purchases                          | \$ 3,381,002        |
| Issuances                          | -                   |
| Transfers in and/or out of Level 3 | -                   |

### Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 investment in the TIAA Account, the valuation techniques used to measure the fair value of the investment in the TIAA Account, the significant unobservable inputs and the ranges of values for those inputs for the years ended December 31, 2021 and 2020.

| Instrument                                                                     | Fair Value<br>December 31,<br>2021 | Fair Value<br>December 31,<br>2020 | Principal<br>Valuation<br>Technique | Unobservable<br>Inputs         | Range of<br>Significant<br>Input Values |
|--------------------------------------------------------------------------------|------------------------------------|------------------------------------|-------------------------------------|--------------------------------|-----------------------------------------|
| Non fully benefit-responsive<br>guaranteed annuity contracts<br>- TIAA Account | \$ 68,014,904                      | \$ 70,338,156                      | Discounted<br>cash flow             | Risk-adjusted<br>discount rate | 3.00% - 3.80%                           |

### Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| December 31, 2021     |               |                         |                                                       |                              |
|-----------------------|---------------|-------------------------|-------------------------------------------------------|------------------------------|
|                       | Fair Value    | Unfunded<br>Commitments | Redemption<br>Frequency<br>(if currently<br>eligible) | Redemption<br>Notice Period  |
| TIAA real estate fund | \$ 14,012,453 | N/A                     | Daily                                                 | Limit of once per<br>quarter |
| December 31, 2020     |               |                         |                                                       |                              |
|                       | Fair Value    | Unfunded<br>Commitments | Redemption<br>Frequency<br>(if currently<br>eligible) | Redemption<br>Notice Period  |
| TIAA real estate fund | \$ 12,075,571 | N/A                     | Daily                                                 | Limit of once per<br>quarter |

## Duquesne University 403(b) Defined Contribution Retirement Plan

---

Notes to Financial Statements

December 31, 2021 and 2020

### 4. Guaranteed Annuity Contracts

The Plan holds a portfolio of traditional investment contracts. Plan participants enter into these contractual agreements with TIAA through the Plan by selecting a TIAA Account or the TIAA Stable Value Fund. Participants of the Plan may invest in the following accounts offered by TIAA: Retirement Annuity (RA), Supplemental Retirement Annuity (SRA) and Group Supplemental Retirement Annuity (GSRA) which have varying withdrawal options and distributions.

The RA contracts do not meet the fully benefit-responsive investment contract criteria and therefore are reported at fair value as described in Note 3. Fair value, as reported to the Plan by TIAA, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses.

The SRA contracts, GSRA contracts and the TIAA Stable Value Fund meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value.

The Plan also invests in investment contracts with Variable Annuity Life Insurance Company (VALIC). Contributions are maintained in the general account of VALIC. These contracts meet the fully benefit-responsive investment contract criteria and therefore are also reported at contract value.

Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

The traditional investment contracts held by the Plan are guaranteed investment contracts. The contract issuer is contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on an annual basis for resetting.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the IRC or the failure of the trust to be tax-exempt under Section 501(a) of the IRC;
2. Premature termination of the contracts;
3. Plan termination or merger;
4. Changes to the Plan's prohibition on competing investment options;
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

## Duquesne University 403(b) Defined Contribution Retirement Plan

---

Notes to Financial Statements

December 31, 2021 and 2020

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines;
2. A breach of material obligation under the contract;
3. A material misrepresentation;
4. A material amendment to the agreements without the consent of the issuer.

### 5. Administration of Plan Assets

The Plan's assets are administered under contracts with TIAA, VALIC and Fidelity Management Trust Company (Fidelity), collectively, the custodians of the Plan. TIAA and Fidelity invest funds received from contributions. Effective November 2011, contributions were no longer remitted to VALIC. Effective November 2022, Fidelity will no longer be a custodian of the Plan and all assets administered under contract with Fidelity will be transferred to TIAA or distributed directly to participants. The custodians also invest funds received from investment sales and interest and dividend income and make distribution payments to participants.

### 6. Tax Status

The Internal Revenue Service (IRS) has determined and informed the University by a letter dated August 7, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 7. Related-Party and Party In Interest Transactions

Certain of the Plan's investments are managed by the custodians, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment manager services are included in net appreciation in the fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

## Duquesne University 403(b) Defined Contribution Retirement Plan

---

Notes to Financial Statements

December 31, 2021 and 2020

TIAA (through August 2018) and VALIC (through April 2011) issued loans to plan participants which are secured by the participant's account balance. Such loans are not assets of the Plan but are contractual agreements between the custodians and the plan participant and are funded by the custodians' general fund. A participant is required to transfer 110 percent of the loan value to their respective custodial accounts upon the issuance of the loan and is restricted from transfers or withdrawals. The restricted account balance is used as collateral on the loan balance in accordance with the terms of the note. Loan amounts can range from a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of a participant's vested account balance and bear interest at rates which are dependent on the composition of the participant's account balance. These transactions qualify as party in interest transactions. Participant account balances held in the TIAA Account used to collateralized loans totaled \$479,185 at December 31, 2021 and \$734,525 at December 31, 2020. Participant account balances held with VALIC used to collateralize loans totaled \$21,823 at December 31, 2021 and \$26,563 at December 31, 2020.

Certain administrative functions of the Plan are performed by officers or employees of the University. No such officer or employee receives compensation from the Plan.

### 8. Plan Termination

Although it has not expressed any intent to do so, the University has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

### 9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

As of December 31, 2021 and 2020, the Plan had an investment of \$73,548,806 and \$75,818,257, respectively, that was concentrated in one fund.

### 10. Information Certified by Custodians

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2021 and 2020. Accordingly, TIAA, Fidelity and VALIC, the custodians of the Plan, have certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021.

## **Duquesne University 403(b) Defined Contribution Retirement Plan**

---

Notes to Financial Statements  
December 31, 2021 and 2020

### **11. Custodial Accounts Excluded from Financial Statements**

As permitted by the DOL's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans (FAB 2009-02), the plan administrator has elected to exclude certain custodial accounts from the Plan's financial statements. These custodial accounts were limited to employee contributions held under a voluntary 403(b) plan arrangement prior to January 1, 2009. The plan administrator has concluded that the custodial accounts have met the criteria required under FAB 2009-02 for exclusion and as such, have been excluded from the Plan's financial statements. The amount of these contracts cannot be readily determined.

**Duquesne University 403(b) Defined Contribution Retirement Plan**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 25-1035663 Plan Number: 001

December 31, 2021

| (a)                               | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Variable Annuity Contracts</b> |                                                                |                                                                                                                  |             |                      |
| *                                 | VALIC                                                          | Mid Cap Index Fund                                                                                               | N/R         | \$ 1,261,350         |
| *                                 | VALIC                                                          | Growth Fund                                                                                                      | N/R         | 770,035              |
| *                                 | VALIC                                                          | Science & Technology Fund                                                                                        | N/R         | 753,170              |
| *                                 | VALIC                                                          | Vanguard Windsor II                                                                                              | N/R         | 739,413              |
| *                                 | VALIC                                                          | Stock Index Fund                                                                                                 | N/R         | 724,379              |
| *                                 | VALIC                                                          | Small Cap Growth Fund                                                                                            | N/R         | 550,832              |
| *                                 | VALIC                                                          | International Value Fund                                                                                         | N/R         | 509,141              |
| *                                 | VALIC                                                          | Vanguard Wellington Fund INC                                                                                     | N/R         | 456,764              |
| *                                 | VALIC                                                          | Core Bond Fund                                                                                                   | N/R         | 347,259              |
| *                                 | VALIC                                                          | Government Money Market I                                                                                        | N/R         | 333,758              |
| *                                 | VALIC                                                          | Mid Cap Strategic Gwth                                                                                           | N/R         | 332,513              |
| *                                 | VALIC                                                          | Ariel Fund                                                                                                       | N/R         | 320,662              |
| *                                 | VALIC                                                          | Blue Chip Growth Fund                                                                                            | N/R         | 296,816              |
| *                                 | VALIC                                                          | Large Capital Growth                                                                                             | N/R         | 289,227              |
| *                                 | VALIC                                                          | Small Cap Index Fund                                                                                             | N/R         | 286,542              |
| *                                 | VALIC                                                          | International Equities Index Fund                                                                                | N/R         | 216,740              |
| *                                 | VALIC                                                          | Emerging Economies                                                                                               | N/R         | 185,862              |
| *                                 | VALIC                                                          | Aggressive Growth Lifestyle                                                                                      | N/R         | 171,104              |
| *                                 | VALIC                                                          | US Socially Responsible Fund                                                                                     | N/R         | 157,803              |
| *                                 | VALIC                                                          | Intl Opportunities                                                                                               | N/R         | 152,456              |
| *                                 | VALIC                                                          | Small Cap Special Value Fund                                                                                     | N/R         | 132,098              |
| *                                 | VALIC                                                          | Inflation Protected Fund                                                                                         | N/R         | 128,940              |
| *                                 | VALIC                                                          | Small Cap Value Fund                                                                                             | N/R         | 128,293              |
| *                                 | VALIC                                                          | Systematic Core Fund                                                                                             | N/R         | 126,739              |
| *                                 | VALIC                                                          | Mid Cap Value Fund                                                                                               | N/R         | 116,791              |
| *                                 | VALIC                                                          | Ariel Appreciation Fund                                                                                          | N/R         | 93,458               |
| *                                 | VALIC                                                          | Dividend Value                                                                                                   | N/R         | 85,869               |
| *                                 | VALIC                                                          | High Yield Bond Fund                                                                                             | N/R         | 84,970               |
| *                                 | VALIC                                                          | Loan Collateral Fund                                                                                             | N/R         | 66,576               |
| *                                 | VALIC                                                          | Global Real Estate Fund                                                                                          | N/R         | 65,957               |
| *                                 | VALIC                                                          | Vanguard Long-Term Treasury                                                                                      | N/R         | 62,701               |
| *                                 | VALIC                                                          | Global Strategy                                                                                                  | N/R         | 61,196               |
| *                                 | VALIC                                                          | Moderate Growth Lifestyle                                                                                        | N/R         | 56,026               |
| *                                 | VALIC                                                          | International Government Bond                                                                                    | N/R         | 48,899               |
| *                                 | VALIC                                                          | Intl Socially Responsible Fund                                                                                   | N/R         | 44,797               |
| *                                 | VALIC                                                          | Vanguard Lifestrategy Modera                                                                                     | N/R         | 43,887               |
| *                                 | VALIC                                                          | International Growth Fund                                                                                        | N/R         | 26,692               |
| *                                 | VALIC                                                          | VC I Conserv Growth Lifestyle                                                                                    | N/R         | 24,301               |
| *                                 | VALIC                                                          | Vanguard Lifestrategy Conser                                                                                     | N/R         | 11,482               |
| *                                 | VALIC                                                          | Systematic Value                                                                                                 | N/R         | 11,172               |
| *                                 | VALIC                                                          | Vanguard Lifestrategy Growth                                                                                     | N/R         | 11,040               |
| *                                 | VALIC                                                          | Nasdaq-100(R) Index Fund                                                                                         | N/R         | 10,299               |
| *                                 | VALIC                                                          | Vanguard Lt Inv-Grade Fund                                                                                       | N/R         | 4,666                |
| *                                 | VALIC                                                          | VC I Capital Appreciation                                                                                        | N/R         | 1,387                |
| *                                 | VALIC                                                          | Loan Escrow Fund                                                                                                 | N/R         | 810                  |
| Total variable annuity contracts  |                                                                |                                                                                                                  |             | 10,304,872           |
| <b>Mutual Funds</b>               |                                                                |                                                                                                                  |             |                      |
|                                   | Vanguard                                                       | Vanguard Inst Idx Inst                                                                                           | N/R         | 42,973,093           |
|                                   | Dodge & Cox                                                    | Dodge & Cox Income Fund                                                                                          | N/R         | 15,331,666           |
| *                                 | Fidelity Investments                                           | Fid Contrafund K                                                                                                 | N/R         | 14,850,537           |
| *                                 | Fidelity Investments                                           | Fid 500 Index                                                                                                    | N/R         | 13,140,410           |
| *                                 | TIAA Investments                                               | TIAA-CREF Lifecycle 2040-Inst                                                                                    | N/R         | 11,979,182           |
|                                   | iShares                                                        | iShares MSCI EAFE Intl Idx K                                                                                     | N/R         | 11,044,413           |
|                                   | Vanguard                                                       | Vanguard Small-Cap Idx Inst                                                                                      | N/R         | 10,499,068           |
| *                                 | Fidelity Investments                                           | Fid Freedom 2040 K                                                                                               | N/R         | 10,032,123           |
| *                                 | TIAA Investments                                               | T Rowe Price Growth Stock I                                                                                      | N/R         | 9,221,817            |
| *                                 | TIAA Investments                                               | TIAA-CREF Lifecycle 2030-Inst                                                                                    | N/R         | 8,624,861            |
|                                   | Vanguard                                                       | Vanguard Mid-Cap Idx Inst                                                                                        | N/R         | 8,239,537            |
|                                   | American Funds                                                 | American Mutual Fund Class R6                                                                                    | N/R         | 8,215,684            |
| *                                 | Fidelity Investments                                           | Fid Freedom 2025 K                                                                                               | N/R         | \$ 8,155,203         |

**Duquesne University 403(b) Defined Contribution Retirement Plan**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 25-1035663 Plan Number: 001

December 31, 2021

| (a)                                    | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|----------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2025-Inst                                                                                    | N/R         | 8,127,877            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2030 K                                                                                               | N/R         | 7,923,946            |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2035-Inst                                                                                    | N/R         | 7,685,338            |
| *                                      | Goldman Sachs                                                  | Goldman Sachs Intl Eq Ins R6                                                                                     | N/R         | 7,384,457            |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2045-Inst                                                                                    | N/R         | 6,554,808            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2035 K                                                                                               | N/R         | 6,437,279            |
| *                                      | Vanguard                                                       | Vanguard Ttl Bd Mkt Idx Adm                                                                                      | N/R         | 6,368,911            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2020 K                                                                                               | N/R         | 6,068,494            |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2020-Inst                                                                                    | N/R         | 5,806,281            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2045 K                                                                                               | N/R         | 4,634,820            |
| *                                      | Vanguard                                                       | Vang Midcap Idx Adm                                                                                              | N/R         | 3,949,893            |
| *                                      | Vanguard                                                       | Vanguard Real Estate Idx Adm                                                                                     | N/R         | 3,753,035            |
| *                                      | American Funds                                                 | American Funds New World Fund R6                                                                                 | N/R         | 3,351,976            |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2050-Inst                                                                                    | N/R         | 3,150,273            |
| *                                      | Columbia                                                       | Col Dividend Inc 13                                                                                              | N/R         | 2,990,772            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2050 K                                                                                               | N/R         | 2,973,878            |
| *                                      | Lincoln                                                        | Lincoln Stable Value                                                                                             | N/R         | 2,479,526            |
| *                                      | Goldman Sachs                                                  | GS Intl Eq Ins R6                                                                                                | N/R         | 2,223,949            |
| *                                      | Vanguard                                                       | Vang Sm Cap Idx Adm                                                                                              | N/R         | 2,004,663            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2015 K                                                                                               | N/R         | 1,929,230            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2055 K                                                                                               | N/R         | 1,680,073            |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2015-Inst                                                                                    | N/R         | 1,454,226            |
| *                                      | Conestoga Capital Advisors                                     | Conestoga Sm Cap Inv                                                                                             | N/R         | 1,180,959            |
| *                                      | Pimco                                                          | Pimco Intl Bd USDolHed Inst                                                                                      | N/R         | 1,142,652            |
| *                                      | Pimco                                                          | Pim Intl Bd Us\$H I                                                                                              | N/R         | 1,029,709            |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2010-Inst                                                                                    | N/R         | 938,589              |
| *                                      | Fidelity Investments                                           | Fid Freedom Inc K                                                                                                | N/R         | 926,927              |
| *                                      | TIAA Investments                                               | TIAA-CREF Lg-Cap Val-Inst                                                                                        | N/R         | 870,093              |
| *                                      | TIAA Investments                                               | TIAA-CREF Qt Sml Cap Eq Inst                                                                                     | N/R         | 854,482              |
| *                                      | Allspring                                                      | Allspring Special Small Cap Val FS R6                                                                            | N/R         | 798,871              |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2055-Inst                                                                                    | N/R         | 771,834              |
| *                                      | Parnassus                                                      | Parnassus Core EQ IS                                                                                             | N/R         | 677,211              |
| *                                      | Principal Funds                                                | Pif Real Est Sec Is                                                                                              | N/R         | 658,346              |
| *                                      | TIAA Investments                                               | TIAA-CREF Intl Eq-Inst                                                                                           | N/R         | 537,741              |
| *                                      | Fidelity Investments                                           | Fid Freedom 2060 K                                                                                               | N/R         | 424,819              |
| *                                      | Fidelity Investments                                           | Fid Freedom 2010 K                                                                                               | N/R         | 355,454              |
| *                                      | Delaware Funds                                                 | Delaware Small Cap Core Fd R6                                                                                    | N/R         | 324,185              |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2060-Inst                                                                                    | N/R         | 133,404              |
| *                                      | TIAA Investments                                               | TIAA-CREF Lfcyle Rtmt Inc-Inst                                                                                   | N/R         | 31,501               |
| *                                      | Fidelity Investments                                           | Fid Freedom 2005 K                                                                                               | N/R         | 25,769               |
| *                                      | Fidelity Investments                                           | Fid Freedom 2065 K                                                                                               | N/R         | 4,048                |
| *                                      | Fidelity Investments                                           | Fid Govt Mmkt                                                                                                    | N/R         | 1,186                |
| Total mutual funds                     |                                                                |                                                                                                                  |             | 282,929,079          |
| <b>Registered Investment Companies</b> |                                                                |                                                                                                                  |             |                      |
| *                                      | TIAA Investments                                               | CREF Stock R2                                                                                                    | N/R         | 37,888,422           |
| *                                      | TIAA Investments                                               | CREF Social Choice R2                                                                                            | N/R         | 10,708,701           |
| *                                      | TIAA Investments                                               | CREF Growth R2                                                                                                   | N/R         | 9,544,353            |
| *                                      | TIAA Investments                                               | CREF Equity Index R2                                                                                             | N/R         | 6,660,118            |
| *                                      | TIAA Investments                                               | CREF Global Equities R2                                                                                          | N/R         | 5,654,308            |
| *                                      | TIAA Investments                                               | CREF Money Market R2                                                                                             | N/R         | 2,610,881            |
| *                                      | TIAA Investments                                               | CREF Bond Market R2                                                                                              | N/R         | 1,972,206            |
| *                                      | TIAA Investments                                               | CREF Inflation-Linked Bond R2                                                                                    | N/R         | 936,295              |
| Total registered investment companies  |                                                                |                                                                                                                  |             | 75,975,284           |
| <b>Pooled Separate Account</b>         |                                                                |                                                                                                                  |             |                      |
| *                                      | TIAA Investments                                               | Real Estate Account                                                                                              | N/R         | 14,012,453           |

**Duquesne University 403(b) Defined Contribution Retirement Plan**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 25-1035663 Plan Number: 001

December 31, 2021

| (a)                                                     | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value         |
|---------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|
| <b>Guaranteed Investment Contracts</b>                  |                                                                |                                                                                                                  |             |                              |
| *                                                       | TIAA Investments                                               | TIAA Traditional                                                                                                 | N/R         | \$ 73,548,806                |
| *                                                       | TIAA Investments                                               | TIAA Stable Value                                                                                                | N/R         | 9,165,976                    |
| *                                                       | VALIC                                                          | Fixed Account Plus                                                                                               | N/R         | 2,704,739                    |
| *                                                       | VALIC                                                          | Short-Term Fixed                                                                                                 | N/R         | 589,132                      |
| *                                                       | TIAA Investments                                               | Plan Loan Default Fund                                                                                           | N/R         | 305,394                      |
| Total guaranteed investment contracts                   |                                                                |                                                                                                                  |             | <u>86,314,047</u>            |
| *                                                       | <b>Participant Loans</b>                                       | Interest rate: 4.25% - 9.25%                                                                                     | \$0         | <u>2,097,121</u>             |
| Total                                                   |                                                                |                                                                                                                  |             | <u><u>\$ 471,632,856</u></u> |
| * A party in interest as defined by ERISA               |                                                                |                                                                                                                  |             |                              |
| N/R - cost omitted for participant directed investments |                                                                |                                                                                                                  |             |                              |

**Duquesne University 403(b) Defined Contribution Retirement Plan**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 25-1035663 Plan Number: 001

December 31, 2021

| (a)                               | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Variable Annuity Contracts</b> |                                                                |                                                                                                                  |             |                      |
| *                                 | VALIC                                                          | Mid Cap Index Fund                                                                                               | N/R         | \$ 1,261,350         |
| *                                 | VALIC                                                          | Growth Fund                                                                                                      | N/R         | 770,035              |
| *                                 | VALIC                                                          | Science & Technology Fund                                                                                        | N/R         | 753,170              |
| *                                 | VALIC                                                          | Vanguard Windsor II                                                                                              | N/R         | 739,413              |
| *                                 | VALIC                                                          | Stock Index Fund                                                                                                 | N/R         | 724,379              |
| *                                 | VALIC                                                          | Small Cap Growth Fund                                                                                            | N/R         | 550,832              |
| *                                 | VALIC                                                          | International Value Fund                                                                                         | N/R         | 509,141              |
| *                                 | VALIC                                                          | Vanguard Wellington Fund INC                                                                                     | N/R         | 456,764              |
| *                                 | VALIC                                                          | Core Bond Fund                                                                                                   | N/R         | 347,259              |
| *                                 | VALIC                                                          | Government Money Market I                                                                                        | N/R         | 333,758              |
| *                                 | VALIC                                                          | Mid Cap Strategic Gwth                                                                                           | N/R         | 332,513              |
| *                                 | VALIC                                                          | Ariel Fund                                                                                                       | N/R         | 320,662              |
| *                                 | VALIC                                                          | Blue Chip Growth Fund                                                                                            | N/R         | 296,816              |
| *                                 | VALIC                                                          | Large Capital Growth                                                                                             | N/R         | 289,227              |
| *                                 | VALIC                                                          | Small Cap Index Fund                                                                                             | N/R         | 286,542              |
| *                                 | VALIC                                                          | International Equities Index Fund                                                                                | N/R         | 216,740              |
| *                                 | VALIC                                                          | Emerging Economies                                                                                               | N/R         | 185,862              |
| *                                 | VALIC                                                          | Aggressive Growth Lifestyle                                                                                      | N/R         | 171,104              |
| *                                 | VALIC                                                          | US Socially Responsible Fund                                                                                     | N/R         | 157,803              |
| *                                 | VALIC                                                          | Intl Opportunities                                                                                               | N/R         | 152,456              |
| *                                 | VALIC                                                          | Small Cap Special Value Fund                                                                                     | N/R         | 132,098              |
| *                                 | VALIC                                                          | Inflation Protected Fund                                                                                         | N/R         | 128,940              |
| *                                 | VALIC                                                          | Small Cap Value Fund                                                                                             | N/R         | 128,293              |
| *                                 | VALIC                                                          | Systematic Core Fund                                                                                             | N/R         | 126,739              |
| *                                 | VALIC                                                          | Mid Cap Value Fund                                                                                               | N/R         | 116,791              |
| *                                 | VALIC                                                          | Ariel Appreciation Fund                                                                                          | N/R         | 93,458               |
| *                                 | VALIC                                                          | Dividend Value                                                                                                   | N/R         | 85,869               |
| *                                 | VALIC                                                          | High Yield Bond Fund                                                                                             | N/R         | 84,970               |
| *                                 | VALIC                                                          | Loan Collateral Fund                                                                                             | N/R         | 66,576               |
| *                                 | VALIC                                                          | Global Real Estate Fund                                                                                          | N/R         | 65,957               |
| *                                 | VALIC                                                          | Vanguard Long-Term Treasury                                                                                      | N/R         | 62,701               |
| *                                 | VALIC                                                          | Global Strategy                                                                                                  | N/R         | 61,196               |
| *                                 | VALIC                                                          | Moderate Growth Lifestyle                                                                                        | N/R         | 56,026               |
| *                                 | VALIC                                                          | International Government Bond                                                                                    | N/R         | 48,899               |
| *                                 | VALIC                                                          | Intl Socially Responsible Fund                                                                                   | N/R         | 44,797               |
| *                                 | VALIC                                                          | Vanguard Lifestrategy Modera                                                                                     | N/R         | 43,887               |
| *                                 | VALIC                                                          | International Growth Fund                                                                                        | N/R         | 26,692               |
| *                                 | VALIC                                                          | VC I Conserv Growth Lifestyle                                                                                    | N/R         | 24,301               |
| *                                 | VALIC                                                          | Vanguard Lifestrategy Conser                                                                                     | N/R         | 11,482               |
| *                                 | VALIC                                                          | Systematic Value                                                                                                 | N/R         | 11,172               |
| *                                 | VALIC                                                          | Vanguard Lifestrategy Growth                                                                                     | N/R         | 11,040               |
| *                                 | VALIC                                                          | Nasdaq-100(R) Index Fund                                                                                         | N/R         | 10,299               |
| *                                 | VALIC                                                          | Vanguard Lt Inv-Grade Fund                                                                                       | N/R         | 4,666                |
| *                                 | VALIC                                                          | VC I Capital Appreciation                                                                                        | N/R         | 1,387                |
| *                                 | VALIC                                                          | Loan Escrow Fund                                                                                                 | N/R         | 810                  |
| Total variable annuity contracts  |                                                                |                                                                                                                  |             | 10,304,872           |
| <b>Mutual Funds</b>               |                                                                |                                                                                                                  |             |                      |
|                                   | Vanguard                                                       | Vanguard Inst Idx Inst                                                                                           | N/R         | 42,973,093           |
|                                   | Dodge & Cox                                                    | Dodge & Cox Income Fund                                                                                          | N/R         | 15,331,666           |
| *                                 | Fidelity Investments                                           | Fid Contrafund K                                                                                                 | N/R         | 14,850,537           |
| *                                 | Fidelity Investments                                           | Fid 500 Index                                                                                                    | N/R         | 13,140,410           |
| *                                 | TIAA Investments                                               | TIAA-CREF Lifecycle 2040-Inst                                                                                    | N/R         | 11,979,182           |
|                                   | iShares                                                        | iShares MSCI EAFE Intl Idx K                                                                                     | N/R         | 11,044,413           |
|                                   | Vanguard                                                       | Vanguard Small-Cap Idx Inst                                                                                      | N/R         | 10,499,068           |
| *                                 | Fidelity Investments                                           | Fid Freedom 2040 K                                                                                               | N/R         | 10,032,123           |
| *                                 | TIAA Investments                                               | T Rowe Price Growth Stock I                                                                                      | N/R         | 9,221,817            |
| *                                 | TIAA Investments                                               | TIAA-CREF Lifecycle 2030-Inst                                                                                    | N/R         | 8,624,861            |
|                                   | Vanguard                                                       | Vanguard Mid-Cap Idx Inst                                                                                        | N/R         | 8,239,537            |
|                                   | American Funds                                                 | American Mutual Fund Class R6                                                                                    | N/R         | 8,215,684            |
| *                                 | Fidelity Investments                                           | Fid Freedom 2025 K                                                                                               | N/R         | \$ 8,155,203         |

**Duquesne University 403(b) Defined Contribution Retirement Plan**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 25-1035663 Plan Number: 001

December 31, 2021

| (a)                                    | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|----------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2025-Inst                                                                                    | N/R         | 8,127,877            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2030 K                                                                                               | N/R         | 7,923,946            |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2035-Inst                                                                                    | N/R         | 7,685,338            |
| *                                      | Goldman Sachs                                                  | Goldman Sachs Intl Eq Ins R6                                                                                     | N/R         | 7,384,457            |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2045-Inst                                                                                    | N/R         | 6,554,808            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2035 K                                                                                               | N/R         | 6,437,279            |
| *                                      | Vanguard                                                       | Vanguard Ttl Bd Mkt Idx Adm                                                                                      | N/R         | 6,368,911            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2020 K                                                                                               | N/R         | 6,068,494            |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2020-Inst                                                                                    | N/R         | 5,806,281            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2045 K                                                                                               | N/R         | 4,634,820            |
| *                                      | Vanguard                                                       | Vang Midcap Idx Adm                                                                                              | N/R         | 3,949,893            |
| *                                      | Vanguard                                                       | Vanguard Real Estate Idx Adm                                                                                     | N/R         | 3,753,035            |
| *                                      | American Funds                                                 | American Funds New World Fund R6                                                                                 | N/R         | 3,351,976            |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2050-Inst                                                                                    | N/R         | 3,150,273            |
| *                                      | Columbia                                                       | Col Dividend Inc 13                                                                                              | N/R         | 2,990,772            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2050 K                                                                                               | N/R         | 2,973,878            |
| *                                      | Lincoln                                                        | Lincoln Stable Value                                                                                             | N/R         | 2,479,526            |
| *                                      | Goldman Sachs                                                  | GS Intl Eq Ins R6                                                                                                | N/R         | 2,223,949            |
| *                                      | Vanguard                                                       | Vang Sm Cap Idx Adm                                                                                              | N/R         | 2,004,663            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2015 K                                                                                               | N/R         | 1,929,230            |
| *                                      | Fidelity Investments                                           | Fid Freedom 2055 K                                                                                               | N/R         | 1,680,073            |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2015-Inst                                                                                    | N/R         | 1,454,226            |
| *                                      | Conestoga Capital Advisors                                     | Conestoga Sm Cap Inv                                                                                             | N/R         | 1,180,959            |
| *                                      | Pimco                                                          | Pimco Intl Bd USDolHed Inst                                                                                      | N/R         | 1,142,652            |
| *                                      | Pimco                                                          | Pim Intl Bd Us\$H I                                                                                              | N/R         | 1,029,709            |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2010-Inst                                                                                    | N/R         | 938,589              |
| *                                      | Fidelity Investments                                           | Fid Freedom Inc K                                                                                                | N/R         | 926,927              |
| *                                      | TIAA Investments                                               | TIAA-CREF Lg-Cap Val-Inst                                                                                        | N/R         | 870,093              |
| *                                      | TIAA Investments                                               | TIAA-CREF Qt Sml Cap Eq Inst                                                                                     | N/R         | 854,482              |
| *                                      | Allspring                                                      | Allspring Special Small Cap Val FS R6                                                                            | N/R         | 798,871              |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2055-Inst                                                                                    | N/R         | 771,834              |
| *                                      | Parnassus                                                      | Parnassus Core EQ IS                                                                                             | N/R         | 677,211              |
| *                                      | Principal Funds                                                | Pif Real Est Sec Is                                                                                              | N/R         | 658,346              |
| *                                      | TIAA Investments                                               | TIAA-CREF Intl Eq-Inst                                                                                           | N/R         | 537,741              |
| *                                      | Fidelity Investments                                           | Fid Freedom 2060 K                                                                                               | N/R         | 424,819              |
| *                                      | Fidelity Investments                                           | Fid Freedom 2010 K                                                                                               | N/R         | 355,454              |
| *                                      | Delaware Funds                                                 | Delaware Small Cap Core Fd R6                                                                                    | N/R         | 324,185              |
| *                                      | TIAA Investments                                               | TIAA-CREF Lifecycle 2060-Inst                                                                                    | N/R         | 133,404              |
| *                                      | TIAA Investments                                               | TIAA-CREF Lfcyle Rtmt Inc-Inst                                                                                   | N/R         | 31,501               |
| *                                      | Fidelity Investments                                           | Fid Freedom 2005 K                                                                                               | N/R         | 25,769               |
| *                                      | Fidelity Investments                                           | Fid Freedom 2065 K                                                                                               | N/R         | 4,048                |
| *                                      | Fidelity Investments                                           | Fid Govt Mmkt                                                                                                    | N/R         | 1,186                |
| Total mutual funds                     |                                                                |                                                                                                                  |             | 282,929,079          |
| <b>Registered Investment Companies</b> |                                                                |                                                                                                                  |             |                      |
| *                                      | TIAA Investments                                               | CREF Stock R2                                                                                                    | N/R         | 37,888,422           |
| *                                      | TIAA Investments                                               | CREF Social Choice R2                                                                                            | N/R         | 10,708,701           |
| *                                      | TIAA Investments                                               | CREF Growth R2                                                                                                   | N/R         | 9,544,353            |
| *                                      | TIAA Investments                                               | CREF Equity Index R2                                                                                             | N/R         | 6,660,118            |
| *                                      | TIAA Investments                                               | CREF Global Equities R2                                                                                          | N/R         | 5,654,308            |
| *                                      | TIAA Investments                                               | CREF Money Market R2                                                                                             | N/R         | 2,610,881            |
| *                                      | TIAA Investments                                               | CREF Bond Market R2                                                                                              | N/R         | 1,972,206            |
| *                                      | TIAA Investments                                               | CREF Inflation-Linked Bond R2                                                                                    | N/R         | 936,295              |
| Total registered investment companies  |                                                                |                                                                                                                  |             | 75,975,284           |
| <b>Pooled Separate Account</b>         |                                                                |                                                                                                                  |             |                      |
| *                                      | TIAA Investments                                               | Real Estate Account                                                                                              | N/R         | 14,012,453           |

**Duquesne University 403(b) Defined Contribution Retirement Plan**

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 25-1035663 Plan Number: 001

December 31, 2021

| (a)                                                     | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value         |
|---------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|
| <b>Guaranteed Investment Contracts</b>                  |                                                                |                                                                                                                  |             |                              |
| *                                                       | TIAA Investments                                               | TIAA Traditional                                                                                                 | N/R         | \$ 73,548,806                |
| *                                                       | TIAA Investments                                               | TIAA Stable Value                                                                                                | N/R         | 9,165,976                    |
| *                                                       | VALIC                                                          | Fixed Account Plus                                                                                               | N/R         | 2,704,739                    |
| *                                                       | VALIC                                                          | Short-Term Fixed                                                                                                 | N/R         | 589,132                      |
| *                                                       | TIAA Investments                                               | Plan Loan Default Fund                                                                                           | N/R         | 305,394                      |
| Total guaranteed investment contracts                   |                                                                |                                                                                                                  |             | <u>86,314,047</u>            |
| *                                                       | <b>Participant Loans</b>                                       | Interest rate: 4.25% - 9.25%                                                                                     | \$0         | <u>2,097,121</u>             |
| Total                                                   |                                                                |                                                                                                                  |             | <u><u>\$ 471,632,856</u></u> |
| * A party in interest as defined by ERISA               |                                                                |                                                                                                                  |             |                              |
| N/R - cost omitted for participant directed investments |                                                                |                                                                                                                  |             |                              |

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210 - 0110<br>1210 - 0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                   |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                                                                                                                                                                                                   |
| <b>A</b>                                                                                                 | This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.) |
| <b>B</b>                                                                                                 | This return/report is: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____                                                                                                                  |
|                                                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report                                                                                                                                                 |
|                                                                                                          | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                                  |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here ..... <input type="checkbox"/>                                                                                                                                                           |
| <b>D</b>                                                                                                 | Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input checked="" type="checkbox"/> the DFVC program                                                                                   |
|                                                                                                          | <input type="checkbox"/> special extension (enter description)                                                                                                                                                                                    |
| <b>E</b>                                                                                                 | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... <input type="checkbox"/>                                                                                                                            |

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------------------|--|------------------------------------------------------|--|
| <b>Part II Basic Plan Information</b> - enter all requested information                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1a</b> Name of plan<br>DUQUESNE UNIVERSITY 403(B) DEFINED CONTRIBUTION RETIREMENT PLAN                                                                                                                                                                                                                                                                        | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>1b</b> Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>01/01/1964</td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/>25-1035663</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/>412-396-5041</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/>611000</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ► | 001 | <b>1c</b> Effective date of plan<br>01/01/1964 |  | <b>2b</b> Employer Identification Number (EIN)<br>25-1035663 |  | <b>2c</b> Plan Sponsor's telephone number<br>412-396-5041 |  | <b>2d</b> Business code (see instructions)<br>611000 |  |
| <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                                                                                                         | 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/1964                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2b</b> Employer Identification Number (EIN)<br>25-1035663                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>412-396-5041                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>611000                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>DUQUESNE UNIVERSITY OF THE HOLY SPIRIT<br><br>600 FORBES AVENUE<br><br>PITTSBURGH PA 15282-0001 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                |                                    |            |                                                              |
|----------------|------------------------------------|------------|--------------------------------------------------------------|
| DocuSigned by: |                                    |            |                                                              |
| SIGN HERE      | Matthew Frist                      | 10/13/2022 | MATTHEW FRIST                                                |
| SIGN HERE      | Signature of plan administrator    | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE      | Signature of employer/plan sponsor | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE      | Signature of DFE                   | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)  
v. 210624

Form 5500 (2021)

Page **2**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>5</b> 3,125                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).<br><b>a (1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a (2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines 6d and 6e .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 1,916<br><b>6a(2)</b> 1,911<br><b>6b</b> 33<br><b>6c</b> 1,216<br><b>6d</b> 3,160<br><b>6e</b> 35<br><b>6f</b> 3,195<br><b>6g</b> 3,005<br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>7</b>                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2F 2G 2L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                   |

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                    | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <b>2</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |