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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE CENTER FOR DOCUMENTARY STUDIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1317 WEST PETTIGREW STREET

City or town, state or country, and ZIP + 4
DURHAM, NC 27705

D Employer identification number
56-1655039

E Telephone number
(919)660-3656

G Gross receipts $ 3,412,396

F Name and address of principal officer
GREG BRITZ
1317 WEST PETTIGREW STREET
DURHAM, NC 27705

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ HTTP //CDS AAS DUKE EDU/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1989 | **M** State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUPPORT, PROMOTE, AND DEVELOP THE DISCIPLINE OF DOCUMENTARY STUDIES IN CONNECTION WITH THE ACADEMIC PROGRAMS AT DUKE UNIVERSITY

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	933,641	1,721,038
9	Program service revenue (Part VIII, line 2g)	30,658	303,886
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,126,539	1,386,848
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		624
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,090,838	3,412,396
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	75,000	59,550
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	366,037	467,782
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶142,397		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,889,041	3,608,140
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,330,078	4,135,472
19	Revenue less expenses Subtract line 18 from line 12	-1,239,240	-723,076

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	27,767,661	32,415,981
21	Total liabilities (Part X, line 26)	391,270	1,137,448
22	Net assets or fund balances Subtract line 21 from line 20	27,376,391	31,278,533

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-07
Signature of officer | Date

GREG BRITZ VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
KIM E ANGLIN CPA	KIM E ANGLIN CPA	2012-05-11	☐	

Firm's name ▶ MINOR ANGLIN & ASSOCIATES PA | Firm's EIN ▶

Firm's address ▶ 3608 SHANNON RD SUITE 105
DURHAM, NC 27707 | Phone no ▶ (919) 493-2603

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

SUPPORT, PROMOTE, AND DEVELOP THE DISCIPLINE OF DOCUMENTARY STUDIES IN CONNECTION WITH THE ACADEMIC PROGRAMS AT DUKE UNIVERSITY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,154,443 including grants of $ 59,550) (Revenue $ 304,510)

THE CENTER SPONSORS RESEARCH, TEACHING, AND THE DISSEMINATION OF DOCUMENTARY WORKS AT AND IN CONNECTION WITH DUKE UNIVERSITY THROUGH DIRECT SUPPORT FOR PRODUCTION, PUBLICATION, AND EXHIBITIONS, THE CENTER SERVES TO FURTHER DEVELOP DOCUMENTARY STUDIES AS AN ACADEMIC DISCIPLINE AT DUKE UNIVERSITY

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 3,154,443

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .			3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			5	No
6	Does the organization have members or stockholders?			6	No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a	No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .			7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

THE CENTER FOR DOCUMENTARY STUDIES
1317 WEST PETTIGREW STREET
DURHAM, NC 27705
(919) 660-3656

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES S ROBERTS DIRECTOR	1 00	X						0	297,707	37,037
(2) ROBERT J THOMPSON DIRECTOR	1 00	X						0	256,492	41,032
(3) WILLIAM CHAFE CHAIR	1 00	X		X				0	220,946	38,631
(4) LEE D BAKER DIRECTOR	1 00	X						0	177,407	37,348
(5) TOM RANKIN DIR & EX-OF	40 00	X		X				0	146,337	24,504
(6) LEELA PRASAD DIRECTOR	1 00	X						0	111,477	24,420
(7) JOSEPH MANN DIRECTOR	1 00	X						0	93,907	10,814
(8) ALAN B TEASLEY DIRECTOR	1 00	X						0	26,914	2,669
(9) DAN BERMAN DIRECTOR	1 00	X						0	0	0
(10) JOY KASSON VICE CHAIR	1 00	X		X				0	0	0
(11) RANDALL KENAN DIRECTOR	1 00	X						0	0	0
(12) LOUISE MAYNOR DIRECTOR	1 00	X						0	0	0
(13) JAMES PEACOCK DIRECTOR	1 00	X						0	0	0
(14) SALLY ROBINSON DIRECTOR	1 00	X						0	0	0
(15) DIANE BRITZ LOTTI DIRECTOR	1 00	X						0	0	0
(16) DAN LOGAN DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) GREG BRITZ VICE PRES	40 00			X				0	106,294	24,134
(18) BILL BUTLER TREASURER	40 00			X				0	72,051	10,474
(19) SHIRLEY DERR SECRETARY	40 00			X				0	42,550	8,924
(20) GAIL EXUM TREASURER	40 00			X				0	27,925	4,589
(21) KARLA FC HOLLOWAY							X	0	250,280	35,133
(22) JAMES A JOSEPH							X	0	135,010	27,040
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶									1,965,297	320,171

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	106,094				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,614,944				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		1,721,038			
Program Service Revenue		Business Code				
	2a TICKET SALES	611710	119,189	119,189		
	b PASS SALES	611710	80,976	80,976		
	c SUBMISSION FEES	611710	39,267	39,267		
	d DARKROOM FEES	611710	23,170	23,170		
	e FRIENDS OF CDS	611710	20,752	20,752		
	f All other program service revenue		20,532	20,532		
	g **Total.** Add lines 2a–2f . . . . . ▶		303,886			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,386,848			1,386,848
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶					
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUE (MISC)		624	624		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		624			
	12 **Total revenue.** See Instructions . . . ▶		3,412,396	304,510		1,386,848

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	38,500	38,500		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	21,050	21,050		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	467,782	382,646	61,981	23,155
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
a Fees for services (non-employees) Management				
b Legal				
c Accounting	9,048	6,194	2,656	198
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	414,184	283,552	121,563	9,069
12 Advertising and promotion	37,312	25,544	10,951	817
13 Office expenses	206,154	137,999	68,030	125
14 Information technology	77,720	52,027	25,648	45
15 Royalties				
16 Occupancy	63,599	42,573	20,987	39
17 Travel	195,727	188,956	6,046	725
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,825	33,425	14,331	1,069
20 Interest	95,304	65,245	27,972	2,087
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	184,931	126,604	54,277	4,050
23 Insurance	21,847	14,625	7,209	13
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a LEASED EMPLOYEE EXPENSE	1,997,042	1,633,580	264,608	98,854
b JANITORIAL SERVICES	42,193	1,502	40,691	
c HONORARIA	40,499	27,726	11,886	887
d BUILDING MAINTENANCE	39,610	1,410	38,200	
e HVAC MAINTENANCE	20,764	739	20,025	
f All other expenses	113,381	70,546	41,571	1,264
25 **Total functional expenses.** Add lines 1 through 24f	4,135,472	3,154,443	838,632	142,397
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		136,135	1	73,375
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,973,392			
	b	Less accumulated depreciation	10b 1,866,103	2,181,392	10c	2,107,289
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		25,450,134	12	30,235,317
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		27,767,661	16	32,415,981
Liabilities	17	Accounts payable and accrued expenses		36,300	17	10,556
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		354,970	24	1,126,525
	25	Other liabilities Complete Part X of Schedule D			25	367
	26	**Total liabilities.** Add lines 17 through 25		391,270	26	1,137,448
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		27,171,076	27	31,062,016
	28	Temporarily restricted net assets		36,827	28	19,350
	29	Permanently restricted net assets		168,488	29	197,167
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		27,376,391	33	31,278,533
	34	Total liabilities and net assets/fund balances		27,767,661	34	32,415,981

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	3,412,396
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,135,472
3	Revenue less expenses Subtract line 2 from line 1	3	-723,076
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	27,376,391
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,625,218
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	31,278,533

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE CENTER FOR DOCUMENTARY STUDIES

Employer identification number
56-1655039

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

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

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

_____

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

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

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

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

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

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A) DUKE UNIVERSITY	560532129	6	Yes		Yes		Yes		2,250
Total									2,250

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE CENTER FOR DOCUMENTARY STUDIES

Employer identification number
56-1655039

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	27,376,391	26,934,257	37,846,484		
b Contributions	2,025,547	964,299	999,885		
c Investment earnings or losses	6,102,288	2,807,913	-8,765,368		
d Grants or scholarships	59,550	75,000	68,937		
e Other expenditures for facilities and programs	3,096,893	2,578,867	2,395,713		
f Administrative expenses	1,071,250	675,711	682,094		
g End of year balance	31,278,533	27,376,391	26,934,257		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 99 000 %
- b Permanent endowment ▶ 0 630 %
- c Term endowment ▶ 0 370 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		590,033		590,033
b Buildings		2,930,904	1,556,282	1,374,622
c Leasehold improvements				
d Equipment		452,455	309,821	142,634
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,107,289

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LONG-TERM INVESTMENT POOL	30,235,317	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	30,235,317	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASE LIABILITY - DA	367
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	367

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,412,396
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,135,472
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-723,076
4	Net unrealized gains (losses) on investments	4	4,715,439
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-90,221
9	Total adjustments (net) Add lines 4 - 8	9	4,625,218
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,902,142

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

1	Total revenue, gains, and other support per audited financial statements			1	8,127,835
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,715,439		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	4,715,439
3	Subtract line **2e** from line **1**			3	3,412,396
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,412,396

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	4,225,693
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	90,221		
e	Add lines **2a** through **2d**			2e	90,221
3	Subtract line **2e** from line **1**			3	4,135,472
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,135,472

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE CENTER FOR DOCUMENTARY STUDIES IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE) AS SUCH, THE CENTER FOR DOCUMENTARY STUDIES IS EXEMPT FROM FEDERAL INCOME TAXES TO THE EXTENT PROVIDED UNDER SECTION 501 OF THE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL STATEMENTS THE ORGANIZATION'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR THE YEARS ENDING 2008, 2009, AND 2010 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED AS OF JUNE 30, 2011 THERE WERE NO UNCERTAIN TAX POSITIONS
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	ADDITIONAL CONSIDERATION TRANSFERRED -90,221
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	ADDITIONAL CONSIDERATION TRANSFERRED 90,221

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE CENTER FOR DOCUMENTARY STUDIES

Employer identification number
56-1655039

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) STUDENT ACTION WITH FARMWORKERS1317 WEST PETTIGREW ST DURHAM,NC 27705	56-1789014	C 3	10,000				FINANCIAL SUPPORT
(2) CLEARCUT PRODUCTIONS INC820 N RIVER STREET SUITE 201 PORTLAND,OR 97227	20-3973185		12,500				EDWARD'S AWARD

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) JOHN HOPE FRANKLIN AWARD	4	6,000			
(2) LANGE/TAYLOR AWARD	2	1,050			
(3) FULL FRAME JURY AWARD	1	2,000			
(4) FULL FRAME EMERGING ARTIS	1	7,000			
(5) FULL FRAME PRESIDENTS AWA	1	5,000			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE JOHN HOPE FRANKLIN AWARDS ARE GIVEN TO STUDENTS BASED ON PROPOSALS THEY SUBMIT (INCLUDING A BUDGET) FOR A DOCUMENTARY PROJECT CDS AWARDS ARE DECIDED UPON BY A COMMITEE OF STAFF STUDENTS WORK WITH A MENTOR AT CDS TO ASSIST WITH COMPLETION OF THE PROJECT THE END PRODUCT (INCLUDING CONFIRMATION OF EXPENSES ATTRIBUTABLE TO THE OUTCOME) PRODUCED BY THE STUDENT IS SUBSTANTIATED BY CDS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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2010

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Name of the organization
THE CENTER FOR DOCUMENTARY STUDIES

Employer identification number
56-1655039

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES S ROBERTS	(i) (ii)	297,707			30,029	7,008	334,744	
(2) ROBERT J THOMPSON	(i) (ii)	240,606	15,886		30,029	11,003	297,524	
(3) WILLIAM CHAFE	(i) (ii)	213,103	7,843		27,480	11,151	259,577	
(4) LEE D BAKER	(i) (ii)	130,607	46,800		22,399	14,949	214,755	
(5) TOM RANKIN	(i) (ii)	146,337			17,335	7,169	170,841	
(6) KARLA FC HOLLOWAY	(i) (ii)	250,280			30,029	5,104	285,413	
(7) JAMES A JOSEPH	(i) (ii)	130,010	5,000		16,156	10,884	162,050	
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	BOARD SETS AND APPROVES SALARY FOR THE DIRECTOR BOARD APPROVES THE ORGANIZATION'S BUDGET WITH SALARIES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

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Name of the organization
THE CENTER FOR DOCUMENTARY STUDIES

Employer identification number
56-1655039

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART V	FORM 990, PART V, LINES 3A & 3B - 990-T ADDITIONAL INFORMATION THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME THAT EXCEEDED 1,000 THRESHOLD DURING THE FISCAL YEAR, THEREFORE FORM 990-T WAS NOT REQUIRED FOR THE CURRENT FISCAL YEAR

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART VI	DIRECTOR JIM ROBERTS, IS A KEY EMPLOYEE OF DUKE UNIVERSITY THE FOLLOWING DIRECTORS AND OFFICERS OF CENTER FOR DOCUMENTARY STUDIES ARE ALSO EMPLOYEES OF DUKE UNIVERSITY LEE D BAKER, WILLIAM H CHAFE, W JOSEPH MANN, TOM RANKIN, ALAN B TEASLEY, ROBERT J THOMPSON, JR , GREG BRITZ, BILL BUTLER, SHIRLEY DERR AND GAIL EXUM

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	ARTICLE IX OF THE BYLAWS AMENDMENTS THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO MAKE, ALTER, AMEND AND REPEAL THE BYLAWS OF THE CORPORATION AND ALTER, AMEND, AND REPEAL THE CHARTER OF THE CORPORATION BY AFFIRMATIVE VOTE OF TWO-THIRDS OF THE DIRECTORS THEN IN OFFICE, PROVIDED, HOWEVER, THAT NO AMENDMENT MAY BE MADE WHICH WOULD CAUSE THE ORGANIZATION NO LONGER TO BE DESCRIBED AS A QUALIFYING CHARITABLE ORGANIZATION, AND FURTHER PROVIDED THAT ANY AMENDMENT WHICH REPEALS THE ORGANIZATION'S CHARTER OR WHICH ALTERS OR REMOVES DUKE UNIVERSITY'S RIGHT TO APPROVE OF THE ELECTION OR REMOVAL OF THE MEMBERS OF THE BOARD OF DIRECTORS, SHALL BE APPROVED BY THE BOARD OF TRUSTEES OF DUKE UNIVERSITY

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE TAX RETURN IS REVIEWED BY THE CORPORATE TAX DEPARTMENT AT DUKE UNIVERSITY AFTER THE TAX DEPARTMENT'S APPROVAL, THE RETURN IS PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW THEN, THE FORM 990 IS FILED WITH THE IRS

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE OFFICERS AND THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE ANY CONFLICTS ANNUALLY

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE PUBLIC IS ABLE TO VIEW THE GOVERNING DOCUMENTS AT 1317 PETTIGREW STREET, DURHAM, NC 27705, OR IF THE REQUESTING INDIVIDUAL IS UNABLE TO TRAVEL TO THE ORGANIZATION'S OFFICE, THE REQUESTED INFORMATION WILL BE SENT TO THEM VIA U S MAIL

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART VII	THE FOLLOWING INDIVIDUALS LISTED ON PART VII, SECTION A, COLUMN (A) DEVOTED AS ESTIMATED AVERAGE OF 40 HOURS PER WEEK TO DUKE UNIVERSITY (THE RELATED SUPPORTED ORGANIZATION) JAMES S ROBERTS, LEE D BAKER, WILLIAM H CHAFE W JOSEPH MANN, TOM RANKIN, ALAN B TEASLEY, ROBERT J THOMPSON, JR , GREG BRITZ, BILL BUTLER, SHIRLEY DERR, GAIL EXUM, LEELA PRASAD, KARLA FC HOLLOWAY, AND JAMES A JOSEPH JAMES S ROBERTS DEVOTES AN ESTIMATED AVERAGE OF 1 HOUR PER WEEK TO SEVERAL ORGANIZATIONS RELATED TO DUKE UNIVERSITY

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	DETAILS ARE INCLUDED ON SCHEDULE D

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

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Name of the organization
THE CENTER FOR DOCUMENTARY STUDIES

Employer identification number
56-1655039

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 56-1655039
Name: THE CENTER FOR DOCUMENTARY STUDIES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
DUKE UNIVERSITY 324 BLACKWELL STREET STE 920DURHAM, NC27701 56-0532129	EDUCATION	NC	501C3	2	NA		No
AMERICAN ASSOCIATION FOR GIFTED CHI 324 BLACKWELL STREET STE 920DURHAM, NC27701 56-1686219	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
DUKE SCHOLARLY EXHIBITS INC 324 BLACKWELL STREET STE 920DURHAM, NC27701 56-1701245	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
DUKE ALUMNI ASSOCIATION INC 614 CHAPEL DRIVE DURHAM, NC27708 56-1594088	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
DUKE GIFT PROPERTIES INC 324 BLACKWELL STREET STE 920DURHAM, NC27701 57-1211078	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
DUKE MANAGEMENT COMPANY 280 S MANGUM STREET STE 210DURHAM, NC27701 56-1748858	INVESTMENT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
DUKE GLOBAL INC 324 BLACKWELL STREET STE 920DURHAM, NC27701 61-1588319	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
DUKE UNIVERSITY PHILANTHROPIES INC 324 BLACKWELL STREET STE 920DURHAM, NC27701 57-1211099	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
DUKE UNIV SCH OF MED RESEARCH FOUND 324 BLACKWELL STREET STE 920DURHAM, NC27701 56-2247203	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
DUKE UNIV SPECIAL VENTURES FUND IN 280 S MANGUM STREET STE 210DURHAM, NC27701 56-1465177	INVESTMENT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
DURHAM ASSET MANAGEMENT COMPANY IN 324 BLACKWELL STREET STE 920DURHAM, NC27701 56-1757238	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
DURHAM REALTY INC 324 BLACKWELL STREET STE 920DURHAM, NC27701 56-1917936	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
THE FSB SUPPORT FUND 324 BLACKWELL STREET STE 920DURHAM, NC27701 56-1849290	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
GOTHIC CORPORATION 280 S MANGUM STREET STE 210DURHAM, NC27701 56-1776668	INVESTMENT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
HIGH POINT REALTY ASSOCIATES INC 324 BLACKWELL STREET STE 920DURHAM, NC27701 56-1917939	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
THE LORD FOUNDATION OF NORTH CAROLI 305 TEER BLDG DURHAM, NC27708 56-1415423	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
THE RUTH K BROAD BIOMEDICAL RES FO 324 BLACKWELL STREET STE 920DURHAM, NC27701 65-0045051	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
DUKE MEDICINE GLOBAL SUPPORT CORP 324 BLACKWELL STREET STE 920DURHAM, NC27701 61-1593721	SUPPORT	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
DUKE UNIVERSITY HEALTH SYSTEM INC 615 DOUGLAS ST DURHAM, NC27705 56-2070036	HEALTHCARE	NC	501C3	3	DUKE DUKE UNIVERSITY		No
DUKE CORPORATE EDUCATION 310 BLACKWELL STREET DURHAM, NC27701 42-1672476	EDUCATION	NC	501C3	11A	DUKE DUKE UNIVERSITY		No
GOTHIC HSP CORPORATION 280 S MANGUM STREET STE 210DURHAM, NC27701 27-1325761	INVESTMENT	NC	501C3	11A	DUHS		No
DUKE UNIVERSITY AFFILIATED PHYSICIA 615 DOUGLAS ST STE 700DURHAM, NC27705 56-1902501	HEALTHCARE	NC	501C3	11A	DUHS		No
ASSOCIATED HEALTH SERVICES INC 615 DOUGLAS ST STE 700DURHAM, NC27705 56-1845329	HEALTHCARE	NC	501C3	11A	DUHS		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
DUMAC LLC S MANGUM STREET DURHAM, NC27701 65-1319939	INVESTMENT	NC	NA					No			No	
CD FUND LP MCKINNEY AVE DALLAS, TX75201 27-0130641	INVESTMENT	TX	NA					No			No	
DREVER OPP FUND LP PORTWEST DR HOUSTON, TX77024 54-2063549	INVESTMENT	TX	NA					No			No	
LIQUID REALTY PTR MONTGOMERY STREET SAN FRANCISCO, CA94104 05-0537755	INVESTMENT	DE	NA					No			No	
BLACKWELL PTR LLC S MANGUM STREET DURHAM, NC27701 20-8075455	INVESTMENT	GA	NA					No			No	
GMO FORESTRY 6-B LP ROWES WHARF BOSTON, MA02110 48-1294791	INVESTMENT	DE	NA					No			No	
CANYON BLUE INV FD AVENUE OF STARS LOS ANGELES, CA90067 27-0186996	INVESTMENT	DE	NA					No			No	
SBER LUCKY STRIKE BLACKWELL STREET DURHAM, NC27701 20-3891303	REAL ESTAT	NC	NA					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OCTAVIAN BLUE FUND 650 MADISON AVE NEW YORK, NY10022 27-2408711	INVESTMENT	DE	NA					No			No	
TAIYO BLUE FUND LP CARILLON KIRKLAND, WA98033 80-0613746	INVESTMENT	DE	NA					No			No	
LYRICAL BLUE RL PTR N DEAN STREET ENGLEWOOD, NJ07631 27-2994514	INVESTMENT	DE	NA					No			No	
DUMAC LLC S MANGUM STREET DURHAM, NC27701 65-1319939	INVESTMENT	NC	NA					No			No	
CD FUND LP MCKINNEY AVE DALLAS, TX75201 27-0130641	INVESTMENT	TX	NA					No			No	
DREVER OPP FUND LP PORTWEST DR HOUSTON, TX77024 54-2063549	INVESTMENT	TX	NA					No			No	
LIQUID REALTY PTR MONTGOMERY STREET SAN FRANCISCO, CA94104 05-0537755	INVESTMENT	DE	NA					No			No	
BLACKWELL PTR LLC S MANGUM STREET DURHAM, NC27701 20-8075455	INVESTMENT	GA	NA					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GMO FORESTRY 6-B LP ROWES WHARF BOSTON, MA02110 48-1294791	INVESTMENT	DE	NA					No			No	
CANYON BLUE INV FD AVENUE OF STARS LOS ANGELES, CA90067 27-0186996	INVESTMENT	DE	NA					No			No	
SBER LUCKY STRIKE BLACKWELL STREET DURHAM, NC27701 20-3891303	REAL ESTAT	NC	NA					No			No	
OCTAVIAN BLUE FUND 650 MADISON AVE NEW YORK, NY10022 27-2408711	INVESTMENT	DE	NA					No			No	
TAIYO BLUE FUND LP CARILLON KIRKLAND, WA98033 80-0613746	INVESTMENT	DE	NA					No			No	
LYRICAL BLUE RL PTR N DEAN STREET ENGLEWOOD, NJ07631 27-2994514	INVESTMENT	DE	NA					No			No	
DUMAC LLC S MANGUM STREET DURHAM, NC27701 65-1319939	INVESTMENT	NC	NA					No			No	
CD FUND LP MCKINNEY AVE DALLAS, TX75201 27-0130641	INVESTMENT	TX	NA					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
DREVER OPP FUND LP PORTWEST DR HOUSTON, TX77024 54-2063549	INVESTMENT	TX	NA					No			No	
LIQUID REALTY PTR MONTGOMERY STREET SAN FRANCISCO, CA94104 05-0537755	INVESTMENT	DE	NA					No			No	
BLACKWELL PTR LLC S MANGUM STREET DURHAM, NC27701 20-8075455	INVESTMENT	GA	NA					No			No	
GMO FORESTRY 6-B LP ROWES WHARF BOSTON, MA02110 48-1294791	INVESTMENT	DE	NA					No			No	
CANYON BLUE INV FD AVENUE OF STARS LOS ANGELES, CA90067 27-0186996	INVESTMENT	DE	NA					No			No	
SBER LUCKY STRIKE BLACKWELL STREET DURHAM, NC27701 20-3891303	REAL ESTAT	NC	NA					No			No	
OCTAVIAN BLUE FUND 650 MADISON AVE NEW YORK, NY10022 27-2408711	INVESTMENT	DE	NA					No			No	
TAIYO BLUE FUND LP CARILLON KIRKLAND, WA98033 80-0613746	INVESTMENT	DE	NA					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LYRICAL BLUE RL PTR N DEAN STREET ENGLEWOOD, NJ07631 27-2994514	INVESTMENT	DE	NA					No			No	
DUMAC LLC S MANGUM STREET DURHAM, NC27701 65-1319939	INVESTMENT	NC	NA					No			No	
CD FUND LP MCKINNEY AVE DALLAS, TX75201 27-0130641	INVESTMENT	TX	NA					No			No	
DREVER OPP FUND LP PORTWEST DR HOUSTON, TX77024 54-2063549	INVESTMENT	TX	NA					No			No	
LIQUID REALTY PTR MONTGOMERY STREET SAN FRANCISCO, CA94104 05-0537755	INVESTMENT	DE	NA					No			No	
BLACKWELL PTR LLC S MANGUM STREET DURHAM, NC27701 20-8075455	INVESTMENT	GA	NA					No			No	
GMO FORESTRY 6-B LP ROWES WHARF BOSTON, MA02110 48-1294791	INVESTMENT	DE	NA					No			No	
CANYON BLUE INV FD AVENUE OF STARS LOS ANGELES, CA90067 27-0186996	INVESTMENT	DE	NA					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SBER LUCKY STRIKE BLACKWELL STREET DURHAM, NC27701 20-3891303	REAL ESTAT	NC	NA					No			No	
OCTAVIAN BLUE FUND 650 MADISON AVE NEW YORK, NY10022 27-2408711	INVESTMENT	DE	NA					No			No	
TAIYO BLUE FUND LP CARILLON KIRKLAND, WA98033 80-0613746	INVESTMENT	DE	NA					No			No	
LYRICAL BLUE RL PTR N DEAN STREET ENGLEWOOD, NJ07631 27-2994514	INVESTMENT	DE	NA					No			No	
DUMAC LLC S MANGUM STREET DURHAM, NC27701 65-1319939	INVESTMENT	NC	NA					No			No	
CD FUND LP MCKINNEY AVE DALLAS, TX75201 27-0130641	INVESTMENT	TX	NA					No			No	
DREVER OPP FUND LP PORTWEST DR HOUSTON, TX77024 54-2063549	INVESTMENT	TX	NA					No			No	
LIQUID REALTY PTR MONTGOMERY STREET SAN FRANCISCO, CA94104 05-0537755	INVESTMENT	DE	NA					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BLACKWELL PTR LLC S MANGUM STREET DURHAM, NC27701 20-8075455	INVESTMENT	GA	NA					No			No	
GMO FORESTRY 6-B LP ROWES WHARF BOSTON, MA02110 48-1294791	INVESTMENT	DE	NA					No			No	
CANYON BLUE INV FD AVENUE OF STARS LOS ANGELES, CA90067 27-0186996	INVESTMENT	DE	NA					No			No	
SBER LUCKY STRIKE BLACKWELL STREET DURHAM, NC27701 20-3891303	REAL ESTAT	NC	NA					No			No	
OCTAVIAN BLUE FUND 650 MADISON AVE NEW YORK, NY10022 27-2408711	INVESTMENT	DE	NA					No			No	
TAIYO BLUE FUND LP CARILLON KIRKLAND, WA98033 80-0613746	INVESTMENT	DE	NA					No			No	
LYRICAL BLUE RL PTR N DEAN STREET ENGLEWOOD, NJ07631 27-2994514	INVESTMENT	DE	NA					No			No	
DUMAC LLC S MANGUM STREET DURHAM, NC27701 65-1319939	INVESTMENT	NC	NA					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CD FUND LP MCKINNEY AVE DALLAS, TX75201 27-0130641	INVESTMENT	TX	NA					No			No	
DREVER OPP FUND LP PORTWEST DR HOUSTON, TX77024 54-2063549	INVESTMENT	TX	NA					No			No	
LIQUID REALTY PTR MONTGOMERY STREET SAN FRANCISCO, CA94104 05-0537755	INVESTMENT	DE	NA					No			No	
BLACKWELL PTR LLC S MANGUM STREET DURHAM, NC27701 20-8075455	INVESTMENT	GA	NA					No			No	
GMO FORESTRY 6-B LP ROWES WHARF BOSTON, MA02110 48-1294791	INVESTMENT	DE	NA					No			No	
CANYON BLUE INV FD AVENUE OF STARS LOS ANGELES, CA90067 27-0186996	INVESTMENT	DE	NA					No			No	
SBER LUCKY STRIKE BLACKWELL STREET DURHAM, NC27701 20-3891303	REAL ESTAT	NC	NA					No			No	
OCTAVIAN BLUE FUND 650 MADISON AVE NEW YORK, NY10022 27-2408711	INVESTMENT	DE	NA					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TAIYO BLUE FUND LP CARILLON KIRKLAND, WA98033 80-0613746	INVESTMENT	DE	NA					No			No	
LYRICAL BLUE RL PTR N DEAN STREET ENGLEWOOD, NJ07631 27-2994514	INVESTMENT	DE	NA					No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
DUKE MEDICAL STRATEGIES INC 324 BLACKWELL STREET SUITE 920 DURHAM, NC27701 56-1993799	HEALTHCARE	NC	NA	C CORP			
JOHN & PATRICIA KOSKINEN CLUT PO BOX 185 PITTSBURGH, PA15230 56-6532340	INVESTMENT	PA	NA	TRUST			
DUKE UNIV QUADRANGLE FUND PO BOX 185 PITTSBURGH, PA15230 56-6218971	INVESTMENT	PA	NA	TRUST			
DUKE UNIVERSITY TOWER FUND PO BOX 185 PITTSBURGH, PA15230 56-6147362	INVESTMENT	PA	NA	TRUST			
DUKE CE LS INC 310 BLACKWELL STREET DURHAM, NC27701 20-2004016	REAL ESTAT	NC	NA	C CORP			
HEALTH SYSTEM MEDICAL STRATEGIES I 615 DOUGLAS STREET SUITE 700 DURHAM, NC27705 56-2222444	HEALTH CAR	NC	NA	C CORP			
COLCHESTER ALPHA FUND (BERMUDA) COLCHESTER ALPHA FUND (BERMUDA) 54-62 TOWNSEND ST 2 DUBLIN,IRELAND EI	INVESTMENT	BD	NA	C CORP			
COLCHESTER BETA THREE FUND LTD CENTURY HOUSE 16 PAR-LA VILLE RD HM HX HAMILTON,BERMUDA BD	INVESTMENT	BD	NA	C CORP			
RA CAPITAL HEALTHCARE INTERNATIONAL RA CAPITAL HEALTHCARE INTERNATIONAL PO BOX 309GT UGLAND HOUSE GEORGETOWN,GRANDY CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET KY1-110 QUEENSGATE HOUSE GRAND CAYMAN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
ZAIS MATRIX VI-D LTD PO BOX 1373GT AALL BUILDING GEORGETOWN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
INDOCHINA LAND INV 3 CORP DORSET HOUSE TAIKOO PL 979 KINGS RD HONG KONG,HONG KONG HK	INVESTMENT	CJ	NA	C CORP			
DUSVF EUROPEAN LP 7 CAVENISH SQUARE W1G OPE LONDON,UNITED KINGDOM UK 98-0346042	INVESTMENT	UK	NA	C CORP			
MARATHON BLUE CAYMAN FUND REGATTA OFFICE PARK WEST BAY RD KY1-12 GRAND CAYMAN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
RICHMOND PARTNERS LTD PO BOX 309 BWI GEORGETOWN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
LYRICAL OPPORTUNITY PARTNERS II LYRICAL OPPORTUNITY PARTNERS II 45 PARERAWEG PO BOX 4761 CURACAO,NETHERLANDS NT	INVESTMENT	CJ	NA	C CORP			
INDOCHINA LAND HOLDINGS 2 LP DORSET HOUSE TAIKOO PL 979 KINGS RD HONG KONG,HONG KONG HK	INVESTMENT	CJ	NA	C CORP			
DUKE CORPORATE EDUCATION LIM 165 FLEET STREET EC4A 2DY LONDON,UNITED KINGDOM UK 42-1672476	EDU CONSUL	UK	NA	C CORP			
DUKE CORP EDU INDIA PRIVATE ACADEMIC BLOCK NEW CAMPUS 380015 VASTRAPUR AHMEDABAD,INDIA IN 42-1672476	CONSULTING	IN	NA	C CORP			
DUKE CORPORATE EDUCATION RSA GROUND FLOOR TWICKEHNHAM BLDG 02021 BRYANSTON JOHANNESBURG,SOUTH AFRICA SF 42-1672476	CONSULTING	SF	NA	C CORP			

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
DUKE GLOBAL CONSULTING DUKE GLOBAL CONSULTING 1666 WEI CHEN NAN RD 215300 KUNSHAN,KUNSHAN PROVIDENCE CH	CONSULTING	CH	NA	C CORP			
DUKE MEDICINE ASIA PTE LTD 5 SHENTON WAY 07-00 UIC BLDG 0688 SINGAPORE,SINGAPORE SN	MEDICAL RE	SN	NA	C CORP			
DURHAM CASUALTY COMPANY LTD AON HOUSE 30 WOODBOURNE AVE HM 08 PEMBROKE,BERMUDA BD 98-0113277	INSURANCE	BD	NA	C CORP			
DUKE MEDICAL STRATEGIES INC 324 BLACKWELL STREET SUITE 920 DURHAM, NC27701 56-1993799	HEALTHCARE	NC	NA	C CORP			
JOHN & PATRICIA KOSKINEN CLUT PO BOX 185 PITTSBURGH, PA15230 56-6532340	INVESTMENT	PA	NA	TRUST			
DUKE UNIV QUADRANGLE FUND PO BOX 185 PITTSBURGH, PA15230 56-6218971	INVESTMENT	PA	NA	TRUST			
DUKE UNIVERSITY TOWER FUND PO BOX 185 PITTSBURGH, PA15230 56-6147362	INVESTMENT	PA	NA	TRUST			
DUKE CE LS INC 310 BLACKWELL STREET DURHAM, NC27701 20-2004016	REAL ESTAT	NC	NA	C CORP			
HEALTH SYSTEM MEDICAL STRATEGIES I 615 DOUGLAS STREET SUITE 700 DURHAM, NC27705 56-2222444	HEALTH CAR	NC	NA	C CORP			
COLCHESTER ALPHA FUND (BERMUDA) COLCHESTER ALPHA FUND (BERMUDA) 54-62 TOWNSEND ST 2 DUBLIN,IRELAND EI	INVESTMENT	BD	NA	C CORP			
COLCHESTER BETA THREE FUND LTD CENTURY HOUSE 16 PAR-LA VILLE RD HM HX HAMILTON,BERMUDA BD	INVESTMENT	BD	NA	C CORP			
RA CAPITAL HEALTHCARE INTERNATIONAL RA CAPITAL HEALTHCARE INTERNATIONAL PO BOX 309GT UGLAND HOUSE GEORGETOWN,GRANDY CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET KY1-110 QUEENSGATE HOUSE GRAND CAYMAN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
ZAIS MATRIX VI-D LTD PO BOX 1373GT AALL BUILDING GEORGETOWN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
INDOCHINA LAND INV 3 CORP DORSET HOUSE TAIKOO PL 979 KINGS RD HONG KONG,HONG KONG HK	INVESTMENT	CJ	NA	C CORP			
DUSVF EUROPEAN LP 7 CAVENISH SQUARE W1G OPE LONDON,UNITED KINGDOM UK 98-0346042	INVESTMENT	UK	NA	C CORP			
MARATHON BLUE CAYMAN FUND REGATTA OFFICE PARK WEST BAY RD KY1-12 GRAND CAYMAN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
RICHMOND PARTNERS LTD PO BOX 309 BWI GEORGETOWN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
LYRICAL OPPORTUNITY PARTNERS II LYRICAL OPPORTUNITY PARTNERS II 45 PARERAWEG PO BOX 4761 CURACAO,NETHERLANDS NT	INVESTMENT	CJ	NA	C CORP			
INDOCHINA LAND HOLDINGS 2 LP DORSET HOUSE TAIKOO PL 979 KINGS RD HONG KONG,HONG KONG HK	INVESTMENT	CJ	NA	C CORP			

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DUKE CORPORATE EDUCATION LIM 165 FLEET STREET EC4A 2DY LONDON, UNITED KINGDOM UK 42-1672476	EDU CONSUL	UK	NA	C CORP			
DUKE CORP EDU INDIA PRIVATE ACADEMIC BLOCK NEW CAMPUS 380015 VASTRAPUR AHMEDABAD, INDIA IN 42-1672476	CONSULTING	IN	NA	C CORP			
DUKE CORPORATE EDUCATION RSA GROUND FLOOR TWICKEHNHAM BLDG 02021 BRYANSTON JOHANNESBURG, SOUTH AFRICA SF 42-1672476	CONSULTING	SF	NA	C CORP			
DUKE GLOBAL CONSULTING DUKE GLOBAL CONSULTING 1666 WEI CHEN NAN RD 215300 KUNSHAN, KUNSHAN PROVIDENCE CH	CONSULTING	CH	NA	C CORP			
DUKE MEDICINE ASIA PTE LTD 5 SHENTON WAY 07-00 UIC BLDG 0688 SINGAPORE, SINGAPORE SN	MEDICAL RE	SN	NA	C CORP			
DURHAM CASUALTY COMPANY LTD AON HOUSE 30 WOODBOURNE AVE HM 08 PEMBROKE, BERMUDA BD 98-0113277	INSURANCE	BD	NA	C CORP			
DUKE MEDICAL STRATEGIES INC 324 BLACKWELL STREET SUITE 920 DURHAM, NC27701 56-1993799	HEALTHCARE	NC	NA	C CORP			
JOHN & PATRICIA KOSKINEN CLUT PO BOX 185 PITTSBURGH, PA15230 56-6532340	INVESTMENT	PA	NA	TRUST			
DUKE UNIV QUADRANGLE FUND PO BOX 185 PITTSBURGH, PA15230 56-6218971	INVESTMENT	PA	NA	TRUST			
DUKE UNIVERSITY TOWER FUND PO BOX 185 PITTSBURGH, PA15230 56-6147362	INVESTMENT	PA	NA	TRUST			
DUKE CE LS INC 310 BLACKWELL STREET DURHAM, NC27701 20-2004016	REAL ESTAT	NC	NA	C CORP			
HEALTH SYSTEM MEDICAL STRATEGIES I 615 DOUGLAS STREET SUITE 700 DURHAM, NC27705 56-2222444	HEALTH CAR	NC	NA	C CORP			
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COLCHESTER BETA THREE FUND LTD CENTURY HOUSE 16 PAR-LA VILLE RD HM HX HAMILTON, BERMUDA BD	INVESTMENT	BD	NA	C CORP			
RA CAPITAL HEALTHCARE INTERNATIONAL RA CAPITAL HEALTHCARE INTERNATIONAL PO BOX 309GT UGLAND HOUSE GEORGETOWN, GRANDY CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET KY1-110 QUEENSGATE HOUSE GRAND CAYMAN, GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
ZAIS MATRIX VI-D LTD PO BOX 1373GT AALL BUILDING GEORGETOWN, GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
INDOCHINA LAND INV 3 CORP DORSET HOUSE TAIKOO PL 979 KINGS RD HONG KONG, HONG KONG HK	INVESTMENT	CJ	NA	C CORP			
DUSVF EUROPEAN LP 7 CAVENISH SQUARE W1G OPE LONDON, UNITED KINGDOM UK 98-0346042	INVESTMENT	UK	NA	C CORP			
MARATHON BLUE CAYMAN FUND REGATTA OFFICE PARK WEST BAY RD KY1-12 GRAND CAYMAN, GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			

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RICHMOND PARTNERS LTD PO BOX 309 BWI GEORGETOWN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
LYRICAL OPPORTUNITY PARTNERS II LYRICAL OPPORTUNITY PARTNERS II 45 PARERAWEG PO BOX 4761 CURACAO,NETHERLANDS NT	INVESTMENT	CJ	NA	C CORP			
INDOCHINA LAND HOLDINGS 2 LP DORSET HOUSE TAIKOO PL 979 KINGS RD HONG KONG,HONG KONG HK	INVESTMENT	CJ	NA	C CORP			
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DUKE CORP EDU INDIA PRIVATE ACADEMIC BLOCK NEW CAMPUS 380015 VASTRAPUR AHMEDABAD,INDIA IN 42-1672476	CONSULTING	IN	NA	C CORP			
DUKE CORPORATE EDUCATION RSA GROUND FLOOR TWICKEHNHAM BLDG 02021 BRYANSTON JOHANNESBURG,SOUTH AFRICA SF 42-1672476	CONSULTING	SF	NA	C CORP			
DUKE GLOBAL CONSULTING DUKE GLOBAL CONSULTING 1666 WEI CHEN NAN RD 215300 KUNSHAN,KUNSHAN PROVIDENCE CH	CONSULTING	CH	NA	C CORP			
DUKE MEDICINE ASIA PTE LTD 5 SHENTON WAY 07-00 UIC BLDG 0688 SINGAPORE,SINGAPORE SN	MEDICAL RE	SN	NA	C CORP			
DURHAM CASUALTY COMPANY LTD AON HOUSE 30 WOODBOURNE AVE HM 08 PEMBROKE,BERMUDA BD 98-0113277	INSURANCE	BD	NA	C CORP			
DUKE MEDICAL STRATEGIES INC 324 BLACKWELL STREET SUITE 920 DURHAM, NC27701 56-1993799	HEALTHCARE	NC	NA	C CORP			
JOHN & PATRICIA KOSKINEN CLUT PO BOX 185 PITTSBURGH, PA15230 56-6532340	INVESTMENT	PA	NA	TRUST			
DUKE UNIV QUADRANGLE FUND PO BOX 185 PITTSBURGH, PA15230 56-6218971	INVESTMENT	PA	NA	TRUST			
DUKE UNIVERSITY TOWER FUND PO BOX 185 PITTSBURGH, PA15230 56-6147362	INVESTMENT	PA	NA	TRUST			
DUKE CE LS INC 310 BLACKWELL STREET DURHAM, NC27701 20-2004016	REAL ESTAT	NC	NA	C CORP			
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COLCHESTER BETA THREE FUND LTD CENTURY HOUSE 16 PAR-LA VILLE RD HM HX HAMILTON,BERMUDA BD	INVESTMENT	BD	NA	C CORP			
RA CAPITAL HEALTHCARE INTERNATIONAL RA CAPITAL HEALTHCARE INTERNATIONAL PO BOX 309GT UGLAND HOUSE GEORGETOWN,GRANDY CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET KY1-110 QUEENSGATE HOUSE GRAND CAYMAN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
ZAIS MATRIX VI-D LTD PO BOX 1373GT AALL BUILDING GEORGETOWN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			

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INDOCHINA LAND INV 3 CORP DORSET HOUSE TAIKOO PL 979 KINGS RD HONG KONG, HONG KONG HK	INVESTMENT	CJ	NA	C CORP			
DUSVF EUROPEAN LP 7 CAVENISH SQUARE W1G OPE LONDON, UNITED KINGDOM UK 98-0346042	INVESTMENT	UK	NA	C CORP			
MARATHON BLUE CAYMAN FUND REGATTA OFFICE PARK WEST BAY RD KY1-12 GRAND CAYMAN, GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
RICHMOND PARTNERS LTD PO BOX 309 BWI GEORGETOWN, GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
LYRICAL OPPORTUNITY PARTNERS II LYRICAL OPPORTUNITY PARTNERS II 45 PARERAWEG PO BOX 4761 CURACAO, NETHERLANDS NT	INVESTMENT	CJ	NA	C CORP			
INDOCHINA LAND HOLDINGS 2 LP DORSET HOUSE TAIKOO PL 979 KINGS RD HONG KONG, HONG KONG HK	INVESTMENT	CJ	NA	C CORP			
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DUKE CORPORATE EDUCATION RSA GROUND FLOOR TWICKEHNHAM BLDG 02021 BRYANSTON JOHANNESBURG, SOUTH AFRICA SF 42-1672476	CONSULTING	SF	NA	C CORP			
DUKE GLOBAL CONSULTING DUKE GLOBAL CONSULTING 1666 WEI CHEN NAN RD 215300 KUNSHAN, KUNSHAN PROVIDENCE CH	CONSULTING	CH	NA	C CORP			
DUKE MEDICINE ASIA PTE LTD 5 SHENTON WAY 07-00 UIC BLDG 0688 SINGAPORE, SINGAPORE SN	MEDICAL RE	SN	NA	C CORP			
DURHAM CASUALTY COMPANY LTD AON HOUSE 30 WOODBOURNE AVE HM 08 PEMBROKE, BERMUDA BD 98-0113277	INSURANCE	BD	NA	C CORP			
DUKE MEDICAL STRATEGIES INC 324 BLACKWELL STREET SUITE 920 DURHAM, NC27701 56-1993799	HEALTHCARE	NC	NA	C CORP			
JOHN & PATRICIA KOSKINEN CLUT PO BOX 185 PITTSBURGH, PA15230 56-6532340	INVESTMENT	PA	NA	TRUST			
DUKE UNIV QUADRANGLE FUND PO BOX 185 PITTSBURGH, PA15230 56-6218971	INVESTMENT	PA	NA	TRUST			
DUKE UNIVERSITY TOWER FUND PO BOX 185 PITTSBURGH, PA15230 56-6147362	INVESTMENT	PA	NA	TRUST			
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HEALTH SYSTEM MEDICAL STRATEGIES I 615 DOUGLAS STREET SUITE 700 DURHAM, NC27705 56-2222444	HEALTH CAR	NC	NA	C CORP			
COLCHESTER ALPHA FUND (BERMUDA) COLCHESTER ALPHA FUND (BERMUDA) 54-62 TOWNSEND ST 2 DUBLIN, IRELAND EI	INVESTMENT	BD	NA	C CORP			
COLCHESTER BETA THREE FUND LTD CENTURY HOUSE 16 PAR-LA VILLE RD HM HX HAMILTON, BERMUDA BD	INVESTMENT	BD	NA	C CORP			

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RA CAPITAL HEALTHCARE INTERNATIONAL RA CAPITAL HEALTHCARE INTERNATIONAL PO BOX 309GT UGLAND HOUSE GEORGETOWN, GRANDY CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET KY1-110 QUEENSGATE HOUSE GRAND CAYMAN, GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
ZAIS MATRIX VI-D LTD PO BOX 1373GT AALL BUILDING GEORGETOWN, GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
INDOCHINA LAND INV 3 CORP DORSET HOUSE TAIKOO PL 979 KINGS RD HONG KONG, HONG KONG HK	INVESTMENT	CJ	NA	C CORP			
DUSVF EUROPEAN LP 7 CAVENISH SQUARE W1G OPE LONDON, UNITED KINGDOM UK 98-0346042	INVESTMENT	UK	NA	C CORP			
MARATHON BLUE CAYMAN FUND REGATTA OFFICE PARK WEST BAY RD KY1-12 GRAND CAYMAN, GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
RICHMOND PARTNERS LTD PO BOX 309 BWI GEORGETOWN, GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
LYRICAL OPPORTUNITY PARTNERS II LYRICAL OPPORTUNITY PARTNERS II 45 PARERAWEG PO BOX 4761 CURACAO, NETHERLANDS NT	INVESTMENT	CJ	NA	C CORP			
INDOCHINA LAND HOLDINGS 2 LP DORSET HOUSE TAIKOO PL 979 KINGS RD HONG KONG, HONG KONG HK	INVESTMENT	CJ	NA	C CORP			
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DUKE CORP EDU INDIA PRIVATE ACADEMIC BLOCK NEW CAMPUS 380015 VASTRAPUR AHMEDABAD, INDIA IN 42-1672476	CONSULTING	IN	NA	C CORP			
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DUKE MEDICINE ASIA PTE LTD 5 SHENTON WAY 07-00 UIC BLDG 0688 SINGAPORE, SINGAPORE SN	MEDICAL RE	SN	NA	C CORP			
DURHAM CASUALTY COMPANY LTD AON HOUSE 30 WOODBOURNE AVE HM 08 PEMBROKE, BERMUDA BD 98-0113277	INSURANCE	BD	NA	C CORP			
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COLCHESTER BETA THREE FUND LTD CENTURY HOUSE 16 PAR-LA VILLE RD HM HX HAMILTON,BERMUDA BD	INVESTMENT	BD	NA	C CORP			
RA CAPITAL HEALTHCARE INTERNATIONAL RA CAPITAL HEALTHCARE INTERNATIONAL PO BOX 309GT UGLAND HOUSE GEORGETOWN,GRANDY CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET KY1-110 QUEENSGATE HOUSE GRAND CAYMAN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
ZAIS MATRIX VI-D LTD PO BOX 1373GT AALL BUILDING GEORGETOWN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
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DUSVF EUROPEAN LP 7 CAVENISH SQUARE W1G OPE LONDON,UNITED KINGDOM UK 98-0346042	INVESTMENT	UK	NA	C CORP			
MARATHON BLUE CAYMAN FUND REGATTA OFFICE PARK WEST BAY RD KY1-12 GRAND CAYMAN,GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP			
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LYRICAL OPPORTUNITY PARTNERS II LYRICAL OPPORTUNITY PARTNERS II 45 PARERAWEG PO BOX 4761 CURACAO,NETHERLANDS NT	INVESTMENT	CJ	NA	C CORP			
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DURHAM CASUALTY COMPANY LTD AON HOUSE 30 WOODBOURNE AVE HM 08 PEMBROKE,BERMUDA BD 98-0113277	INSURANCE	BD	NA	C CORP			

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
THE CENTER FOR DOCUMENTARY STUDIES	INDIRECT DEPRECIATION	56-1655039

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	184,931

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	184,931
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	