



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)	OMB No 1545-0047 2011 Open to Public Inspection
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number 56-1655039	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization THE CENTER FOR DOCUMENTARY STUDIES		E Telephone number (919) 660-3656
	Doing Business As		G Gross receipts \$ 3,479,641
	Number and street (or P O box if mail is not delivered to street address) 1317 WEST PETTIGREW STREET	Room/suite	
	City or town, state or country, and ZIP + 4 DURHAM, NC 27705		
	F Name and address of principal officer GREG BRITZ 1317 WEST PETTIGREW ST DURHAM, NC 27705		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (Insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: HTTP //DOCUMENTARYSTUDIES DUKE EDU		H(c) Group exemption number	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1989	M State of legal domicile NC

Part I	Summary
---------------	----------------

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENTSUPPORT, 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		
	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 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	350
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,721,038	1,584,428
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	303,886	505,695
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,386,848	1,386,848
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	624	2,670
		3,412,396	3,479,641
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	59,550	45,033
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	467,782	505,066
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 236,373		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,608,140	3,719,584
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,135,472	4,269,683
	19 Revenue less expenses Subtract line 18 from line 12	-723,076	-790,042
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		32,415,981	31,293,413
21 Total liabilities (Part X, line 26)		1,137,448	1,906,378
22 Net assets or fund balances Subtract line 21 from line 20		31,278,533	29,387,035

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	***** Signature of officer			2013-05-09 Date
	GREG BRITZ VICE PRESIDENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone 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 organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,029,134 including grants of \$ 45,033) (Revenue \$ 508,365)

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 \$ 3,029,134

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 instructions)? 	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 for which 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 temporarily restricted endowments, permanent endowments, 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, line 10? 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		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 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, Part III and IV 	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
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, <i>Transmittal of Wage and Tax Statements</i> 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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b			
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 or securities 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a			
b	Enter the aggregate 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 aggregate 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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	No
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made 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 made 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 ▶ GREG BRITZ 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN B TEASLEY DIRECTOR	3 00	X						0	29,352	2,912
(2) DAN BERMAN DIRECTOR	1 00	X						0	0	0
(3) DAN LOGAN DIRECTOR	1 00	X						0	0	0
(4) DIANE BRITZ LOTTI DIRECTOR	1 00	X						0	0	0
(5) JAMES PEACOCK DIRECTOR	1 00	X						0	0	0
(6) JAMES S ROBERTS DIRECTOR	1 00	X						0	312,015	36,245
(7) JOY KASSON DIRECTOR/VICE CHAIRMAN	1 00	X		X				0	0	0
(8) LEE D BAKER DIRECTOR	1 00	X						0	189,917	38,083
(9) LEELA PRASAD DIRECTOR	1 00	X						0	101,232	23,750
(10) LOUISE C MAYNOR DIRECTOR	1 00	X						0	0	0
(11) RANDALL KENAN DIRECTOR	1 00	X						0	0	0
(12) ROBERT J THOMPSON JR DIRECTOR	1 00	X						0	298,950	40,905
(13) SALLY DALTON ROBINSON DIRECTOR	1 00	X						0	0	0
(14) THOMAS S RANKIN DIRECTOR/PRESIDENT	40 00	X		X				0	160,582	67,493
(15) W JOSEPH MANN DIRECTOR	1 00	X						0	104,305	11,396
(16) WILLIAM H CHAFE DIRECTOR/CHAIRMAN	1 00	X		X				0	219,080	41,349
(17) GAIL EXUM TREASURER	40 00			X				0	56,667	9,458

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	0	1,631,177	330,261

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

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	638,160					
	e	Government grants (contributions)	1e	98,953					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	847,315					
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f		1,584,428					
Program Service Revenue			Business Code						
	2a	CONTINUING STUDIES	611710	181,734	181,734				
	b	PASS SALES	611710	159,466	159,466				
	c	TICKET SALES	611710	75,371	75,371				
	d	FRIENDS OF CDS	611710	43,549	43,549				
	e	SUBMISSION FEES	611710	33,945	33,945				
	f	All other program service revenue		11,630	11,630				
	g	Total. Add lines 2a-2f		505,695					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)							
	4	Income from investment of tax-exempt bond proceeds . .							
	5	Royalties							
	6a	Gross rents	(i) Real	(ii) Personal					
	b	Less rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	b	Less cost or other basis and sales expenses							
	c	Gain or (loss)	1,386,848						
	d	Net gain or (loss)		1,386,848			1,386,848		
	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)	611710	2,670	2,670					
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d		2,670						
12	Total revenue. See Instructions		3,479,641	508,365	0	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)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	16,800	16,800		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	13,733	13,733		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	14,500	14,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	505,066	139,034	248,865	117,167
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				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	30,550	22,503	7,961	86
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	381,684	281,148	99,467	1,069
12	Advertising and promotion	42,610	31,387	11,104	119
13	Office expenses	304,586	186,102	117,570	914
14	Information technology	60,609	37,032	23,395	182
15	Royalties				
16	Occupancy	66,525	49,002	17,336	187
17	Travel	153,481	135,892	15,962	1,627
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,398	16,498	5,837	63
20	Interest	166,506	122,648	43,391	467
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	166,491	122,637	43,388	466
23	Insurance	17,722	10,828	6,841	53
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	2,032,768	1,649,039	270,202	113,527
b	BUILDING MAINTENANCE	43,249	38,591	4,658	
c	HONORARIA	38,345	28,245	10,100	
d	JANITORIAL SERVICES	37,595	1,000	36,595	
e					
f	All other expenses	154,465	112,515	41,504	446
25	Total functional expenses. Add lines 1 through 24f	4,269,683	3,029,134	1,004,176	236,373
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			73,375	1	255,375
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			0	9	13,490
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,105,282			
	b	Less: accumulated depreciation	10b	2,032,595	2,107,289	10c	2,072,687
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			30,235,317	12	28,951,861
	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)			32,415,981	16	31,293,413	
Liabilities	17	Accounts payable and accrued expenses			10,556	17	76,413
	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			1,126,525	24	1,829,965
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			367	25	
	26	Total liabilities. Add lines 17 through 25			1,137,448	26	1,906,378
	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			31,062,016	27	29,116,351
28		Temporarily restricted net assets			19,350	28	81,083
29		Permanently restricted net assets			197,167	29	189,601
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			31,278,533	33	29,387,035
34	Total liabilities and net assets/fund balances			32,415,981	34	31,293,413	

Part XI Reconciliation 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	3,479,641
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,269,683
3	Revenue less expenses Subtract line 2 from line 1	3	-790,042
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,278,533
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,101,456
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	29,387,035

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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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?		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		

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

2011

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 **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 Sees**section 509(a)(4).**
- 11

☒

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

a

☒

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☒

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) DUKE UNIVERSITY	560532129	501(C)(3)	Yes		Yes		Yes		4,800
Total									4,800

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

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

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

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
1c	
1d	
1e	
1f	

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

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

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	31,278,533	27,376,391	26,934,257	37,846,484	
b Contributions	2,092,793	2,025,547	964,299	999,885	
c Investment earnings or losses	285,392	6,102,288	2,807,913	-8,765,368	
d Grants or scholarships	44,214	59,550	75,000	68,937	
e Other expenditures for facilities and programs	3,263,171	3,096,893	2,578,867	2,395,713	
f Administrative expenses	962,298	1,071,250	675,711	682,094	
g End of year balance	29,387,035	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 ▶ 99 070 %
- b** Permanent endowment ▶ 0 650 %
- c** Term endowment ▶ 0 280 %

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

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

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

Description of property	(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	1,659,093	1,271,811
c Leasehold improvements				
d Equipment		584,345	373,502	210,843
e Other				
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				2,072,687

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	3,479,641
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,269,683
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-790,042
4	Net unrealized gains (losses) on investments	4	-1,101,456
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,101,456
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,891,498

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	2,378,185
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,101,456
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	-1,101,456
3	Subtract line 2e from line 1	3	3,479,641
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	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,479,641

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	4,269,683
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	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,269,683
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,269,683

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
		PART X - LIABILITY UNDER FIN 48 (ASC 740) FOOTNOTE 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 2009, 2010, AND 2011 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. AS OF JUNE 30, 2012 THERE WERE NO UNCERTAIN TAX POSITIONS.

[illegible]

3 Enter total number of other organizations or entities ►

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

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Part V

Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS THE FULL FRAME AWARDS ARE AWARDED BASED ON DISTINCT CRITERIA DEPENDING ON THE TYPE OF THE FULL FRAME AWARD THESE AWARDS ENGAGE VARIOUS SELECTION AND AWARDING CRITERIAS SUCH AS BALLOTS, JURIES AND CONTRIBUTORS' AND INSTITUTIONAL REPRESENTATIVES' DECISIONS THERE IS NO FURTHER MONTIORING ONCE THE FULL FRAME AWARDS ARE DISTRIBUTED

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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

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

2

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

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to 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) FULL FRAME NICHOLAS SCHOOL FOR ENVIRONMENT	1	5,000		FMV	
(2) FULL FRAME AUDIENCE AWARD	1	3,000		FMV	
(3) JOHN HOPE FRANKLIN AWARD	3	5,733		FMV	

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS 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 COMMITTEE 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 THE FULL FRAME AWARDS ARE AWARDED BASED ON DISTINCT CRITERIA DEPENDING ON THE TYPE OF THE FULL FRAME AWARD THESE AWARDS ENGAGE VARIOUS SELECTION AND AWARDING CRITERIAS SUCH AS BALLOTS, JURIES AND CONTRIBUTORS' AND INSTITUTIONAL REPRESENTATIVES' DECISIONS THERE IS NO FURTHER MONTIORING ONCE THE FULL FRAME AWARDS ARE DISTRIBUTED

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
THE CENTER FOR DOCUMENTARY STUDIES

Employer identification number
56-1655039

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ 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 or provision 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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(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)	0	0	0	0	0	0	0
	(ii)	302,015	10,000	0	29,975	7,170	349,160	0
(2) LEE D BAKER	(i)	0	0	0	0	0	0	0
	(ii)	139,975	49,942	0	24,004	16,486	230,407	0
(3) ROBERT J THOMPSON JR	(i)	0	0	0	0	0	0	0
	(ii)	247,750	51,200	0	29,975	11,701	340,626	0
(4) THOMAS S RANKIN	(i)	0	0	0	0	0	0	0
	(ii)	160,582	0	0	19,219	48,769	228,570	0
(5) WILLIAM H CHAFE	(i)	0	0	0	0	0	0	0
	(ii)	212,180	6,900	0	27,302	14,664	261,046	0
(6) GREG BRITZ	(i)	0	0	0	0	0	0	0
	(ii)	117,033	0	0	13,307	37,037	167,377	0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 3 THE CENTER FOR DOCUMENTARY STUDIES BOARD OF DIRECTORS SETS AND APPROVES THE EXECUTIVE DIRECTOR'S SALARY

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

2011

Open to Public
Inspection

Name of the organization THE CENTER FOR DOCUMENTARY STUDIES	Employer identification number 56-1655039
--	--

Identifier	Return Reference	Explanation
EXPLANATION FOR NOT FILING FORM 990-T	FORM 990, PART V, LINE 3B	THE ORGANIZATION DID NOT HAVE UNRELATED BUSINESS GROSS INCOME OF \$1,000 OR MORE DURING THE FISCAL YEAR ENDED JUNE 30, 2012 THEREFORE, FORM 990-T IS NOT REQUIRED FOR THE FISCAL YEAR ENDED JUNE 30, 2012

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS DIRECTOR JAMES S ROBERTS IS A KEY EMPLOYEE OF DUKE UNIVERSITY THE FOLLOWING DIRECTORS AND OFFICERS OF THE CENTER FOR DOCUMENTARY STUDIES ARE ALSO EMPLOYEES OF DUKE UNIVERSITY LEE D BAKER, WILLIAM H CHAFE, W JOSEPH MANN, LEELA PRASAD, TOM RANKIN, ALAN B TEASLEY, ROBERT J THOMPSON, JR , GREG BRITZ, SHIRLEY DERR AND GAIL EXUM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	POWERS TO ELECT OR APPOINT MEMBERS OF THE GOVERNING BODY THE MEMBERS OF THE BOARD OF DIRECTORS OF THE CENTER FOR DOCUMENTARY STUDIES SHALL BE APPROVED BY THE BOARD OF TRUSTEES OF DUKE UNIVERSITY BOARD MEMBERS MAY BE REMOVED WITHOUT CAUSE PRIOR TO THE EXPIRATION OF THEIR TERMS BY TWO-THIRDS VOTE OF THEN-SITTING BOARD OF DIRECTORS (EXCLUSIVE OF THE VOTE OF THE DIRECTOR IN QUESTION) OR BY A MAJORITY VOTE OF THE BOARD OF TRUSTEES OF DUKE UNIVERSITY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF THE GOVERNING BODY THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO MAKE, ALTER, AMEND AND REPEAL THE BY LAWS 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
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS BY THE GOVERNING BODY THE CENTER FOR DOCUMENTARY STUDIES PROVIDES THE MEMBERS OF THE GOVERNING BODY WITH A DRAFT OF FORM 990 FOR INDIVIDUAL REVIEW THE CENTER FOR DOCUMENTARY STUDIES SENDS THE FINAL DRAFT OF THE FORM 990 TO ALL MEMBERS FOR FURTHER REVIEW AND COMMENT PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY COMPLIANCE ENFORCEMENT PROCESS THE OFFICERS AND THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE ANY CONFLICTS ANNUALLY , BY COMPLETION OF AN ANNUAL QUESTIONNAIRE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FORM 990, PART VI, SECTION C, LINE 19 THE CENTER FOR DOCUMENTARY STUDIES' GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND ANY SUBSEQUENT AMENDMENTS OR RESTATEMENT) ARE AVAILABLE TO THE PUBLIC ON THE NORTH CAROLINA SECRETARY OF STATE WEBSITE. THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE ALSO 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
ESTIMATED AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, COLUMN (B)	THE FOLLOWING INDIVIDUALS LISTED ON PART VII, SECTION A, COLUMN (A) DEVOTED AS ESTIMATED AVERAGE OF 40 HOURS PER WEEK TO DUKE UNIVERSITY (THE SUPPORTED RELATED ORGANIZATION) LEE D BAKER, WILLIAM H CHAFE, W JOSEPH MANN, LEELA PRASAD, JAMES S ROBERTS, ALAN B TEASLEY, AND ROBERT J THOMPSON, JR JAMES S ROBERTS DEVOTED AN AVERAGE OF ONE HOUR PER WEEK TO RELATED ORGANIZATION, DUKE GLOBAL, INC

Identifier	Return Reference	Explanation
INVESTMENT FUNDS	FORM 990, PART VIII, LINE 7C - GAIN/LOSS FROM SALES OF NONINVENTORY ASSETS	DUKE UNIVERSITY (AND THEREFORE THE CENTER FOR DOCUMENTARY STUDIES) MANAGES ITS INVESTMENT FUNDS IN ACCORDANCE WITH THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT OF NORTH CAROLINA AS PERMITTED BY THE ACT, THE UNIVERSITY (AND THEREFORE THE CENTER FOR DOCUMENTARY STUDIES) UTILIZES TWO INVESTMENT POOLS TO INVEST ITS FUNDS AND THESE FUNDS OPERATE ON A TOTAL RETURN CONCEPT IT IS, THEREFORE, NOT PRACTICAL TO SEPARATE EARNINGS AS SET FORTH ON LINES 3, 4 AND 7, EARNINGS ARE COMBINED AND REPORTED ON LINE 7D

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,101,456

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

2011

Open to Public Inspection

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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

No

Yes

No

No

No

No

No

No

No

No

Yes

No

No

No

No

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

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

Schedule R (Form 990) 2011

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

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 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
AMER ASSOC FOR GIFTED CHILDREN - 56-1686219 324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
ASSOCIATED HEALTH SVCS INC 615 DOUGLAS STREET SUITE 700 DURHAM, NC 27705 56-1845329	HEALTHCARE	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC		No
DU SPECIAL VENTURES FUND INC 280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1465177	INVESTMENTS	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
DUKE ALUMNI ASSOCIATION INC 614 CHAPEL DRIVE DURHAM, NC 27708 56-1594088	SUPPORT	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
DUKE CORPORATE EDUCATION 310 BLACKWELL ST DURHAM, NC 27701 42-1672476	EDUCATION	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
DUKE GIFT PROPERTIES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211078	SUPPORT	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
DUKE GLOBAL INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 61-1588319	SUPPORT	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
DUKE MANAGEMENT COMPANY 280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1748858	INVESTMENTS	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
DUKE MEDICINE GLOBAL SUPP CORP- 61-1593721 324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
DUKE SCHOLARLY EXHIBITS INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1701245	SUPPORT	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
DUKE UNIV AFFILIATED PHYSICIANS 615 DOUGLAS STREET SUITE 700 DURHAM, NC 27705 56-1902501	HEALTHCARE	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC		No
DUKE UNIV HEALTH SYSTEM INC 615 DOUGLAS STREET SUITE 700 DURHAM, NC 27705 56-2070036	HEALTHCARE	NC	501(C) (3)	LINE 3	DUKE UNIVERSITY		No
DUKE UNIV PHILANTHROPIES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211099	SUPPORT	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
DUKE UNIV SCH OF MED RESEARCH FDN 56-2247203 324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
DUKE UNIVERSITY 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-0532129	EDUCATION	NC	501(C) (3)	LINE 2	N/A		No
DUMAC INC 280 S MANGUM STREET STE 210 DURHAM, NC 27701 90-0754895	SUPPORT	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
DURHAM ASSET MGMT COMPANY INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1757238	SUPPORT	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
DURHAM REALTY INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917936	SUPPORT	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
GOTHIC CORPORATION 280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1776668	INVESTMENTS	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY		No
GOTHIC HSP CORPORATION 280 S MANGUM STREET STE 210 DURHAM, NC 27701 27-1325761	INVESTMENTS	NC	501(C) (3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC		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 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
HIGH POINT REALTY ASSOC INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917939	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
IPIHD INC 310 BLACKWELL ST DURHAM, NC 27710 32-0358709	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
RUTH K BROAD BIOMED RES FDN 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 65-0045051	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
THE FSB SUPPORT FUND 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1849290	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
THE LORD FDN OF NORTH CAROLINA 305 TEER BLDG DURHAM, NC 27708 56-1415423	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		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) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AVENUE BLUE TC FD 27- 4011571 PARK AVENUE NEW YORK, NY 10022	INVESTMENTS	DE	N/A	N/A				No			No	
BLACKWELL PTR LLC 20- 8075455 280 S MANGUM STREET STE 210 DURHAM, NC 27701	INVESTMENTS	GA	N/A	N/A				No			No	
CANYON BLUE INV FD 27- 0186996 AVE OF STARS LA, CA 90067	INVESTMENTS	DE	N/A	N/A				No			No	
CD FUND LP - 27-0130641 MCKINNEY AVE DALLAS, TX 75201	INVESTMENTS	TX	N/A	N/A				No			No	
DUMAC LLC - 65-1319939 280 S MANGUM STREET STE 210 DURHAM, NC 27701	INVESTMENTS	NC	N/A	N/A				No			No	
GMO FORESTRY 6B LP 48- 1294791 FRANKLIN STREET BOSTON, MA 02110	INVESTMENTS	DE	N/A	N/A				No			No	
LIQUID REALTY PTR 05- 0537755 LINDA MESA DANVILLE, CA 94526	INVESTMENTS	DE	N/A	N/A				No			No	
LYRICAL BLUE RL PT 27- 2994514 32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
LYRICAL-BLUE RGNT 45- 3626577 32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
OCTAVIAN BLUE FD 27- 2408711 5TH AVENUE NY, NY 10151	INVESTMENTS	DE	N/A	N/A				No			No	
SBER LUCKY STRIKE 20- 3891303 310 BLACKWELL ST DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				No			No	
TAIYO BLUE FUND LP 80- 0613746 5300 CARILLON POINT KIRKLAND, WA 98033	INVESTMENTS	DE	N/A	N/A				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
COLCHESTER ALPHA FUND (BERMUDA) LTD 59-62 TOWNSEND ST 2 DUBLIN EI	INVESTMENTS	BD	N/A	C			
COLCHESTER BETA THREE FUND LTD CENTURY HOUSE 16 PAR-LA VILLE RD HAMILTON HM HX BD	INVESTMENTS	BD	N/A	C			
DUKE CE LS INC 310 BLACKWELL STREET DURHAM, NC 27701 20-2004016	REAL ESTATE	NC	N/A	C			
DUKE CORP EDU INDIA PRIVATE ACADEMIC BLOCK NEW CAMPUS VASTRAPUR,AHMEDABAD 380015 IN 42-1672476	CONSULTING	IN	N/A	C			
DUKE CORPORATE EDUCATION LIM 165 FLEET STREET LONDON EC4A 2DY UK 42-1672476	EDUCATION CONSULTING	UK	N/A	C			
DUKE CORPORATE EDUCATION RSA GROUND FLOOR TWICKEHNHAM BLDG BRYANSTON,JOHANNESBURG 02021 SF 42-1672476	CONSULTING	SF	N/A	C			
DUKE GLOBAL CONSULTING (KUNSHAN) 1666 WEI CHEN NAN RD KUNSHAN PR,KUNSHAN 215300 CH	CONSULTING	CH	N/A	C			
DUKE MEDICAL STRATEGIES INC 2200 WEST MAIN STREET STE 920 DURHAM, NC 27705 56-1993799	HEALTHCARE	NC	N/A	C			
DUKE MEDICINE ASIA PTE LTD 5 SHENTON WAY 07-00 UIC BLD SING 0688 SN	MEDICAL RESEARCH	SN	N/A	C			
DUKE UNIV QUADRANGLE FUND PO BOX 185 PITTSBURGH, PA 152300185 56-6218971	INVESTMENTS	PA	N/A	T			
DUKE UNIVERSITY TOWER FUND PO BOX 185 PITTSBURGH, PA 152300185 56-6147362	INVESTMENTS	PA	N/A	T			
DURHAM CASUALTY COMPANY LTD AON HOUSE 30 WOODBOURNE AVE PEMBROKE HM 08 BD 98-0113277	INSURANCE	BD	N/A	C			
DUSVF EUROPEAN LP 7 CAVENDISH SQUARE LONDON W1G 0PE UK 98-0346042	INVESTMENTS	UK	N/A	C			
GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET QUEENSGATE HOU GRAND CAYMAN KY1-1108 CJ	INVESTMENTS	CJ	N/A	C			
HEALTH SYSTEM MEDICAL STRATEGIES INC 615 DOUGLAS STREET SUITE 700 DURHAM, NC 27705 56-2222444	HEALTH CARE	NC	N/A	C			
INDOCHINA LAND HOLDINGS 2 LP SCOTIA CENTRE 4TH FL PO BOX 2804 GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C			
INDOCHINA LAND HOLDINGS III 11F CHINA HONG KONG TOWER 8 HENNE HONG KONG HK	INVESTMENTS	CJ	N/A	C			
JOHN & PATRICIA KOSKINEN CLUT PO BOX 185 PITTSBURGH, PA 152300185 56-6532340	INVESTMENTS	PA	N/A	T			
MARATHON BLUE CAYMAN FUND 89 NEXUS WAY PO BOX 31106 GRAND CAYMAN KY1-1205 CJ	INVESTMENTS	CJ	N/A	C			
GHI HOLDINGS MAURITIUS 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C			

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
GHI ERP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C			
GHI HSP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C			
GHI JBD LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C			
GHI LTP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C			