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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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

C Name of organization
DUKE UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
324 BLACKWELL ST WASHINGTON BLDG NO 850

City or town, state or province, country, and ZIP or foreign postal code
DURHAM, NC 27701

D Employer identification number
56-0532129

E Telephone number
(919)684-2006

G Gross receipts $ 12,118,998,124

F Name and address of principal officer
RICHARD H BRODHEAD
324 BLACKWELL STREET
DURHAM, NC 27701

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW DUKE EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1841

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE A SUPERIOR LIBERAL EDUCATION, TO PREPARE FUTURE MEMBERS OF LEARNED PROFESSIONS, TO ADVANCE THE FRONTIERS OF KNOWLEDGE, AND TO HELP THOSE WHO SUFFER, CURE DISEASE, AND PROMOTE HEALTH

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	32
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	29,161
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	1,433,799,156	1,351,838,332
9	Program service revenue (Part VIII, line 2g)	879,812,019	918,531,299
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	605,183,768	732,801,271
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,133,480	57,531,622
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,969,928,423	3,060,702,524
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	289,825,385	299,445,318
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)	1,360,254,256	1,376,707,745
16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,028,336	1,479,417
b	Total fundraising expenses (Part IX, column (D), line 25) ▶43,950,671		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	914,197,830	979,349,362
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,567,305,807	2,656,981,842
19	Revenue less expenses Subtract line 18 from line 12	402,622,616	403,720,682

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	11,376,610,214	13,105,945,107
21	Total liabilities (Part X, line 26)	2,214,639,349	2,432,389,676
22	Net assets or fund balances Subtract line 21 from line 20	9,161,970,865	10,673,555,431

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

****** | 2015-04-28
Signature of officer | Date

TALLMAN TRASK III EXECUTIVE VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,301,048,469 including grants of $ 258,975,572) (Revenue $ 727,039,237)

DUKE UNIVERSITY CONFERS UNDERGRADUATE, GRADUATE, AND PROFESSIONALDEGREES TO APPROXIMATELY 4761 STUDENTS ANNUALLY

4b (Code) (Expenses $ 881,709,169 including grants of $ 40,091,837) (Revenue $ 1,056,410,380)

DUKE UNIVERSITY ENGAGES IN WORLD-RENOWNED RESEARCH WORKSPONSORED BY NUMEROUS FEDERAL, STATE, LOCAL AGENCIES, AND PRIVATE GRANTS

4c (Code) (Expenses $ 229,341,928 including grants of $ 377,909) (Revenue $ 91,239,646)

DUKE UNIVERSITY AUXILIARY ENTERPRISES PROVIDE SUPPORTSERVICES TO THE DUKE UNIVERSITY COMMUNITY

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 2,412,099,566

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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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 and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	9,746		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	29,161		
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	Yes	
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" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ SP , EC , IT , GM , UK , CH , SN , TZ , MA , GR 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 as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response or note to any line 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	37		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	32		
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			No
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 this 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	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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 ▶ AK , CO , DC , MD , MA , MI , NH , NJ , NY , OR , SC , WA

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 ☑ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶ DUKE UNIVERSITY 324 BLACKWELL ST STE 850
DURHAM, NC 27701 (919) 684-2006

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

Check if Schedule O contains a response or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								24,255,459	26,000	3,559,161

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,519

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
LEND LEASE US CONSTRUCTION INC 324 BLACKWELL ST STE 130 DURHAM NC 27701	CONSTRUCTION SERVICE	37,449,187
LECHASE CONSTRUCTION 324 BLACKWELL ST 1200 DURHAM NC 27701	CONSTRUCTION SERVICE	31,552,391
ROMEO GUEST ASSOCIATES INC 1715 CAMDEN AVE DURHAM NC 27704	CONSTRUCTION SERVICE	24,431,307
PAREXEL INTERNATIONAL 5239 PAYSPHERE CIRCLE CHICAGO IL 60674	CONSULTING SERVICE	23,971,257
SKANSKA USA BUILDING INC 4309 EMPEROR BLVD SUITE 200 DURHAM NC 27703	CONSTRUCTION SERVICE	21,015,390

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 ▶ 671

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	4,094,197			
	d	Related organizations	1d	80,101,643			
	e	Government grants (contributions)	1e	577,204,625			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	690,437,867			
	g	Noncash contributions included in lines 1a-1f $		49,049,351			
	h	**Total.** Add lines 1a-1f		1,351,838,332			
Program Service Revenue			Business Code				
	2a	TUITION & FEES	611600	665,685,603	665,685,603		
	b	ANCILLARY STUDENT SVCS	611600	91,239,646	91,239,646		
	c	CONTINUING EDUCATION	611600	55,529,194	55,529,194		
	d	CONFERENCE FEES	611600	5,824,440	5,824,440		
	e	ACADEMIC MED RESEARCH	611600	4,615,334	4,615,334		
	f	All other program service revenue		95,637,082	95,637,082		
	g	**Total.** Add lines 2a–2f		918,531,299			
	3	Investment income (including dividends, interest, and other similar amounts)		118,243,338			118,243,338
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		26,378,857			26,378,857
			(i) Real / (ii) Personal				
	6a	Gross rents	8,257,968				
	b	Less rental expenses	5,307,955				
	c	Rental income or (loss)	2,950,013				
	d	Net rental income or (loss)		2,950,013			2,950,013
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	9,665,911,678 / 115,534				
	b	Less cost or other basis and sales expenses	9,038,149,000 / 13,320,279				
	c	Gain or (loss)	627,762,678 / -13,204,745				
	d	Net gain or (loss)		614,557,933			614,557,933
Other Revenue	8a	Gross income from fundraising events (not including $ 4,094,197 of contributions reported on line 1c) See Part IV, line 18	a 493,690				
	b	Less direct expenses	b 1,518,366				
	c	Net income or (loss) from fundraising events		-1,024,676			-1,024,676
	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	MISC SALES	900099	14,127,495	14,127,495		
	b	VARIOUS FEES AND FINES	900099	4,347,090	4,347,090		
	c	STUDENT DUES	900099	4,070,084	4,070,084		
	d	All other revenue		6,682,759	6,682,759		
	e	**Total.** Add lines 11a–11d		29,227,428			
	12	**Total revenue.** See Instructions		3,060,702,524	947,758,727	0	761,105,465

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	7,640,508	7,640,508		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	291,740,863	291,740,863		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	63,947	63,947		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	14,518,984	1,284,096	12,223,891	1,010,997
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,053,732	879,385	174,347	
7 Other salaries and wages	1,103,925,616	952,335,017	129,378,534	22,212,065
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,758,496	70,672,362	8,488,964	1,597,170
9 Other employee benefits	95,609,606	84,966,604	7,837,268	2,805,734
10 Payroll taxes	80,841,311	68,715,115	10,509,370	1,616,826
11 Fees for services (non-employees)				
a Management				
b Legal	10,406,955	1,662,807	8,733,808	10,340
c Accounting	628,647		616,147	12,500
d Lobbying				
e Professional fundraising services See Part IV, line 17	1,479,417			1,479,417
f Investment management fees	21,916,277		21,916,277	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	124,120,273	96,405,156	23,966,302	3,748,815
12 Advertising and promotion	5,151,955	3,965,141	1,051,384	135,430
13 Office expenses	88,465,708	83,174,836	4,441,376	849,496
14 Information technology	9,297,284	6,427,621	2,869,663	
15 Royalties . .	37,362,559	22,826,508	14,536,051	
16 Occupancy	67,473,170	65,702,412	1,349,724	421,034
17 Travel	56,164,183	51,694,462	2,341,953	2,127,768
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	2,043	2,043		
19 Conferences, conventions, and meetings	34,225,001	25,923,702	5,304,930	2,996,369
20 Interest	59,373,953	40,159,705	19,216,915	-2,667
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	184,856,707	172,582,222	12,274,485	
23 Insurance	3,918,829	5,595,899	-1,682,741	5,671
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUBRECIPIENT PAYMENTS	179,982,016	179,982,016		
b EQUIP RENTAL & MAINTENA	46,860,624	62,176,309	-15,761,100	445,415
c COST OF GOODS SOLD	18,851,046	15,866,200	2,977,337	7,509
d PRINTING & PUBLICATIONS	11,126,709	7,866,591	2,091,976	1,168,142
e All other expenses	19,165,423	91,788,039	-73,925,256	1,302,640
25 **Total functional expenses.** Add lines 1 through 24e	2,656,981,842	2,412,099,566	200,931,605	43,950,671
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		186,307,269	2	177,661,248
	3	Pledges and grants receivable, net		465,485,441	3	487,854,140
	4	Accounts receivable, net		117,987,505	4	136,898,553
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		67,935	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		41,884,950	7	43,985,796
	8	Inventories for sale or use		19,121,967	8	17,135,562
	9	Prepaid expenses and deferred charges		71,253,772	9	99,284,494
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,247,074,077			
	b	Less accumulated depreciation	10b 2,405,326,745	1,761,300,139	10c	1,841,747,332
	11	Investments—publicly traded securities		2,562,455,501	11	1,755,216,520
	12	Investments—other securities See Part IV, line 11		5,443,589,979	12	7,743,801,439
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		707,155,756	15	802,360,023
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,376,610,214	16	13,105,945,107
Liabilities	17	Accounts payable and accrued expenses		258,057,872	17	295,098,254
	18	Grants payable			18	
	19	Deferred revenue		158,065,135	19	160,077,346
	20	Tax-exempt bond liabilities		1,053,900,000	20	1,050,845,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		6,007,482	23	8,467,970
	24	Unsecured notes and loans payable to unrelated third parties		367,836,456	24	495,339,889
	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		370,772,404	25	422,561,217
	26	**Total liabilities.** Add lines 17 through 25		2,214,639,349	26	2,432,389,676
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,334,577,206	27	5,166,020,994
	28	Temporarily restricted net assets		2,303,099,009	28	2,872,682,056
	29	Permanently restricted net assets		2,524,294,650	29	2,634,852,381
		Organizations that do not follow SFAS 117 (ASC 958), 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		9,161,970,865	33	10,673,555,431
	34	Total liabilities and net assets/fund balances		11,376,610,214	34	13,105,945,107

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,060,702,524
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,656,981,842
3	Revenue less expenses Subtract line 2 from line 1	3	403,720,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,161,970,865
5	Net unrealized gains (losses) on investments	5	692,453,994
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	415,409,890
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,673,555,431

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 56-0532129
Name: DUKE UNIVERSITY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE T BASS TRUSTEE	4 00 0 00	X						0	0	0
JACK O BOVENDER JR TRUSTEE	6 00 2 00	X						0	0	0
RICHARD H BRODHEAD TRUSTEE/PRESIDENT	50 00 12 00	X		X				1,093,650	0	194,315
GREGORY MALIK BURNETT TRUSTEE	2 00 0 00	X						0	0	0
PAULA CROWN TRUSTEE	2 00 0 00	X						0	0	0
KAVEH DANESH TRUSTEE	2 00 0 00	X						0	0	0
ALLYSON K DUNCAN TRUSTEE	2 00 0 00	X						4,500	0	0
RALPH EADS TRUSTEE	2 00 0 00	X						0	0	0
FRANK E EMORY JR TRUSTEE	4 00 0 00	X						0	0	0
PAUL E FARMER TRUSTEE	2 00 0 00	X						0	0	0
ROBIN A FERRACONE TRUSTEE	4 00 0 00	X						0	0	0
GAO XIQING TRUSTEE	4 20 0 00	X						0	0	0
EDWARD A GILHULY TRUSTEE	4 00 3 00	X						0	0	0
THOMAS M GORRIE TRUSTEE	4 00 21 00	X						0	0	0
GERALD HASSELL TRUSTEE	6 00 0 00	X						0	0	0
WILLIAM HAWKINS TRUSTEE	4 00 2 00	X						0	0	0
JANET HILL TRUSTEE	3 00 0 00	X						0	0	0
BETSY D HOLDEN TRUSTEE	2 00 0 00	X						0	0	0
JEFFREY C HOWARD TRUSTEE	6 00 6 00	X						0	0	0
PETER J KAHN TRUSTEE	2 00 0 00	X						0	0	0
BRUCE KARSH TRUSTEE	4 00 2 00	X						0	0	0
ELIZABETH KISS TRUSTEE	2 00 0 00	X						0	0	0
MARGUERITE W KONDRACKE TRUSTEE	2 00 0 00	X						0	0	0
MICHAEL MARSICANO TRUSTEE	6 00 1 00	X						0	0	0
MARTHA MONSERRATE TRUSTEE	2 00 3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLARENCE G NEWSOME TRUSTEE	2 00 0 00	X						0	0	0
STEPHEN G PAGLIUCA TRUSTEE	10 0 00	X						0	0	0
ROBERT R PENN TRUSTEE	2 00 0 00	X						0	0	0
CARMICHAEL ROBERTS TRUSTEE	2 00 0 00	X						0	0	0
DAVID M RUBENSTEIN TRUSTEE	6 00 2 00	X						0	0	0
ALAN D SCHWARTZ TRUSTEE	5 00 0 00	X						0	0	0
MICHELLE SOHN TRUSTEE	2 00 0 00	X						0	0	0
LAURENE M SPERLING TRUSTEE	4 00 0 00	X						0	0	0
SUSAN M STALNECKER TRUSTEE	6 00 2 00	X						0	0	0
ASHLEY CROWDER STANLEY TRUSTEE	2 00 0 00	X						0	0	0
JEFFERY N VINIK TRUSTEE	1 30 0 00	X						0	0	0
HOPE MORGAN WARD TRUSTEE	2 00 0 00	X						0	0	0
PAMELA J BERNARD VP & UNIVERSITY COUNSEL	35 00 16 00			X				471,060	0	72,428
VICTOR J DZAU CHANCELLOR HEALTH AFFAIRS	40 00 48 00			X				2,040,018	0	732,795
PETER LANGE PROVOST	65 00 5 00			X				599,341	26,000	38,503
RICHARD RIDDELL VP & UNIVERSITY SECRETARY	60 00 0 00			X				325,692	0	44,815
TALLMAN TRASK III EXECUTIVE VICE PRESIDENT	60 00 20 00			X				620,774	0	74,294
NANCY CATHERINE ANDREWS VICE CHAN OF ACADEMIC AFFAIRS	40 00 5 00				X			742,900	0	82,236
WILLIAM BOULDING DEAN, FUQUA SCHOOL OF BUSINESS	75 00 2 00				X			497,265	0	45,667
ROBERT M CALIFF MD VICE CHAN FOR CLINICAL RESEARCH	40 00 1 00				X			513,548	0	46,600
JAMES SCOTT GIBSON EXEC VICE DEAN OF ADMIN, SOM	60 00 2 00				X			553,885	0	52,947
ALICE GOULD INVESTMENT MANAGER	40 00 0 00				X			979,712	0	112,166
ANDERS HALL INVESTMENT MANAGER	40 00 0 00				X			829,201	0	40,225
JOHN J NOONAN ASSOCIATE VP OF FACILITIES	50 00 0 00				X			296,003	0	85,274
LAURIE L PATTON DEAN, COLLEGE OF A & S	68 30 0 00				X			377,365	0	36,591

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC PETERSON DIRECTOR, DCRI	80 00 10 00				X			437,989	0	61,002
JAMES S ROBERTS EXEC VICE-PROVOST FIN & ADMIN	38 00 2 00				X			333,284	0	38,503
NEAL TRIPLETT CHIEF INVESTMENT OFFICER	40 00 20 00				X			2,577,433	0	296,792
DAVID N CUTCLIFFE COACH	40 00 0 00					X		1,992,685	0	50,919
MICHAEL B KASTAN EXEC DIRECTOR, CANCER INSTITUTE	40 00 0 00					X		903,712	0	43,999
MICHAEL W KRZYZEWSKI COACH	40 00 0 00					X		6,020,977	0	1,271,449
JOANNE MCCALLIE COACH	40 00 0 00					X		943,268	0	52,476
KEVIN M WHITE VP & DIRECTOR OF ATHLETICS	40 00 0 00					X		896,100	0	51,054
ALVIN L CRUMBLISS FORMER KEY EMPLOYEE	40 00 0 00						X	205,097	0	34,111

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2012 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

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2013

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

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

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

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

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

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

Name of the organization	Employer identification number
DUKE UNIVERSITY	56-0532129

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures ▶	$ 0
3	Volunteer hours	0

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

1	Enter the amount of any excise tax incurred by the organization under section 4955 ▶	$ 0
2	Enter the amount of any excise tax incurred by organization managers under section 4955 ▶	$ 0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☑ No
4a	Was a correction made?	☐ Yes ☑ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶	$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶	$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		212,624
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		6,935
j	Total Add lines 1c through 1i			219,559
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B	DUKE UNIVERSITY EMPLOYS STAFF WHO PERFORM SOME LOBBYING ACTIVITIES AS PART OF THEIR JOB RESPONSIBILITIES THESE SAME EMPLOYEES AND SENIOR LEADERS OF THE ORGANIZATION MAY HAVE DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, AND GOVERNMENT OFFICIALS DUKE UNIVERSITY PAYS MEMBERSHIP DUES TO OTHER ORGANIZATIONS PER THE MEMBERSHIP DUES INVOICES, SOME OF THESE ORGANIZATIONS PROVIDE A DISCLOSURE OF LOBBYING PERCENTAGE OF THE DUES RECEIVED

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

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2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 74,111

(ii) Assets included in Form 990, Part X ▶ $ 34,859,461

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

a 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	6,019,979,874	5,537,135,706	5,728,347,000	4,802,051,000	4,430,172,000
b	Contributions	125,705,635	91,146,456	79,855,209	81,684,000	86,145,000
c	Net investment earnings, gains, and losses	1,150,829,206	685,897,075	-2,357,082	1,123,743,485	530,625,628
d	Grants or scholarships	76,193,058	74,093,846	70,629,526	73,647,646	55,616,571
e	Other expenditures for facilities and programs	207,698,098	220,105,517	198,079,895	205,483,839	189,275,057
f	Administrative expenses					
g	End of year balance	7,012,623,559	6,019,979,874	5,537,135,706	5,728,347,000	4,802,051,000

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

- a Board designated or quasi-endowment ▶ 30 000 %
- b Permanent endowment ▶ 70 000 %
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,639,422		24,639,422
b Buildings		2,766,434,302	1,435,078,955	1,331,355,347
c Leasehold improvements		165,125,491	110,920,459	54,205,032
d Equipment		654,186,076	510,215,542	143,970,534
e Other		636,688,786	349,111,789	287,576,997
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,841,747,332

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SHORT TERM INVESTMENTS	2,045,814,957	F
(B) US GOVERNMENT SECURITIES	3,146,000	F
(C) REAL ASSETS	1,550,028,532	F
(D) PRIVATE CAPITAL	1,647,212,949	F
(E) HEDGE STRATEGIES	798,577,354	F
(F) OTHER INVESTMENTS	56,506,240	F
(G) FIXED INCOME	328,274,392	F
(H) EQUITIES	1,314,241,015	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	7,743,801,439	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEPOSITS WITH BOND TRUSTEE	2
(2) INTEREST IN PERPETUAL TRUST HELD BY OTHERS	802,360,021
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	802,360,023

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ANNUITY AND SPLIT INTEREST OBLIGATIONS	47,110,373
POSTRETIREMENT HEALTHCARE BENEFIT OBLIGATIONS	201,299,185
FUNDS HELD FOR OTHERS	88,805,210
REFUNDABLE FEDERAL STUDENT LOANS	34,778,599
CONDITIONAL ASSET RETIREMENT	45,288,852
MISC PAYABLES	5,278,998
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	422,561,217

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	ART COLLECTION DUKE UNIVERSITY'S COLLECTION OF ART, INCLUDING THOSE PIECES MAINTAINED IN THE NASHER MUSEUM OF ART AT DUKE UNIVERSITY, FOSTERS THE UNDERSTANDING AND APPRECIATION OF THE VISUAL ARTS BY PROVIDING DIRECT EXPERIENCE WITH ORIGINAL WORKS OF ART SUPPORTED BY A RANGE OF EXHIBITIONS, PROGRAMS AND PUBLICATIONS FOR THE UNIVERSITY AND BROADER COMMUNITY THE MUSEUM DRAWS ON THE INTELLECTUAL RESOURCES OF THE RESEARCH UNIVERSITY AND SERVES AS A LABORATORY OF THE ARTS DEDICATED TO MULTIDISCIPLINARY APPROACHES TO LEARNING
SCHEDULE D, PART V, LINE 4	USE OF ENDOWMENT FUNDS THE INTENDED USES OF THE ENDOWMENT FUNDS ARE FOR INSTRUCTION, RESEARCH, LIBRARY AND FINANCIAL AID
SCHEDULE D, PART X	LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 DUKE UNIVERSITY ADOPTED THE REQUIREMENTS OF FIN 48 AND CONSIDERED ITS TAX POSITION BASED ON THAT ANALYSIS, THE PROVISIONS OF FIN 48 ARE DEEMED IMMATERIAL TO THE UNIVERSITY'S FINANCIAL STATEMENTS, AND THEREFORE, NO FIN 48 SPECIFIC DISCLOSURES ARE MADE IN THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED JUNE 30, 2014

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 56-0532129
Name: DUKE UNIVERSITY

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

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(3)Other (A) SHORT TERM INVESTMENTS	2,045,814,957	F
(B) US GOVERNMENT SECURITIES	3,146,000	F
(C) REAL ASSETS	1,550,028,532	F
(D) PRIVATE CAPITAL	1,647,212,949	F
(E) HEDGE STRATEGIES	798,577,354	F
(F) OTHER INVESTMENTS	56,506,240	F
(G) FIXED INCOME	328,274,392	F
(H) EQUITIES	1,314,241,015	F

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	SEE PART II
FORM 990, SCHEDULE E, LINE 3	NONDISCRIMINATORY POLICY DUKE UNIVERSITY IS COMMITTED TO ENCOURAGING AND SUSTAINING WORK AND LEARNING ENVIRONMENTS THAT ARE FREE FROM HARASSMENT AND PROHIBITED DISCRIMINATION THE UNIVERSITY PROHIBITS DISCRIMINATION AND HARASSMENT IN THE ADMINISTRATION OF BOTH ITS EMPLOYMENT AND EDUCATIONAL POLICIES EQUAL EMPLOYMENT AND EDUCATIONAL OPPORTUNITIES ARE PROVIDED WITHOUT REGARD TO RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, AGE OR GENETIC INFORMATION DUKE UNIVERSITY ALSO MAKES GOOD FAITH EFFORTS TO RECRUIT, HIRE AND PROMOTE QUALIFIED MINORITIES, WOMEN, INDIVIDUALS WITH DISABILITIES AND VETERANS IN ACCORDANCE WITH TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, DUKE UNIVERSITY PROHIBITS DISCRIMINATION ON THE BASIS OF SEX SEXUAL HARASSMENT IS A FORM OF SEX DISCRIMINATION DUKE UNIVERSITY HAS DESIGNATED DR BENJAMIN D REESE, VICE-PRESIDENT OF THE OFFICE FOR INSTITUTIONAL EQUITY AS ITS TITLE IX COORDINATOR THE OFFICE FOR INSTITUTIONAL EQUITY IS LOCATED IN SMITH WAREHOUSE, 114 S BUCHANAN BLVD , BAY 8, DURHAM, NORTH CAROLINA 27708 DR REESE'S OFFICE TELEPHONE NUMBER IS (919) 684-8222 QUESTIONS OR CONCERNS REGARDING TITLE IX, HARASSMENT OR DISCRIMINATION MAY BE DIRECTED TO THE OFFICE FOR INSTITUTIONAL EQUITY POLICIES AND RELATED PROCEDURES ARE COMMUNICATED TO ALL MEMBERS OF THE DUKE COMMUNITY THROUGH VARIOUS PUBLICATIONS, POSTINGS, ELECTRONIC MEDIA AND TRAINING SESSIONS FOR MANAGERS PUBLICATIONS OF THE UNIVERSITY PICTURE BOTH MINORITY AND NON-MINORITY MEN AND WOMEN AND PERSONS WITH DISABILITIES RECRUITING ADVERTISEMENTS STATE THAT THE UNIVERSITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
FORM 990, SCHEDULE E, LINE 6	EXPLANATION OF GOVERNMENT FINANCIAL AID IN FUTHERANCE OF ITS EDUCATIONAL MISSIONS, DUKE UNIVERSITY RECEIVES FUNDS IN SUPPORT OF ITS UNDERGRADUATE AND GRADUATE STUDENTS THESE FUNDS INCLUDE FINANCIAL AID PROGRAMS SUCH AS FEDERAL COLLEGE WORK STUDY, FEDERAL PERKINS FUNDS, FEDERAL STAFFORD LOAN FUNDS, FEDERAL PELL GRANT FUNDS, FEDERAL SEOG FUNDS, MEDICAL PROFESSION LOANS, FEDERAL NURSING LOANS, AND FEDERAL PLUS, ETC ADDITIONAL STUDENT FINANCIAL AID IS RECEIVED IN THE FORM OF FELLOWSHIP SUPPORT FROM A VARIETY OF FEDERAL AGENCIES, INCLUDING NIH UNDER ITS INDIVIDUAL AND GRADUATE FELLOWSHIP PROGRAMS IN ADDITION, DUKE UNIVERSITY RECEIVES COOPERATIVE AGREEMENTS FOR BOTH RESEARCH AND EDUCATIONAL PROGRAMS ALTHOUGH THIS SUPPORT COMES FROM A WIDE VARIETY OF FEDERAL AGENCIES, THE NATIONAL INSTITUTE OF HEALTH, THE NATIONAL SCIENCE FOUNDATION, THE DEPARTMENT OF DEFENSE, AND THE DEPARTMENT OF ENERGY PROVIDE THE MAJORITY OF GRANTS AND COOPERATIVE AGREEMENTS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	1			6,888,946
b Total from continuation sheets to Part I	6	102			49,670,466
c **Totals** (add lines 3a and 3b)	6	103			56,559,412

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SOUTH AMERICA	GENERAL SUPPORT			6,998	MEDICAL EQUIPMENT	FMV
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 0

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

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

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)	AWARD	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	1	3,000	WIRE			
(2)	TUITION	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	3	15,325	WIRE			
(3)	TUITION	EUROPE	1	21,048	WIRE			
(4)	GIFT	NORTH AMERICA	1	1,575	CHECK			
(5)	CONTRIBUTION	SUB-SAHARAN AFRICA	9	5,000	WIRE			
(6)	TUITION	SUB-SAHARAN AFRICA	1	1,800	WIRE			
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☑ Yes	☐ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES DUKE UNIVERSITY PERIODICALLY APPROVES GRANTS AND TRANSFERS GRANT FUNDS TO SEVERAL ORGANIZATIONS OUTSIDE T HE UNITED STATES IN PARTICULAR FOR SUBGRANT RECIPIENTS, A SERIES OF INTERNAL CONTROLS HAV E BEEN ESTABLISHED WHICH INCLUDE DETERMINATION OF WHETHER AN AUDIT WILL BE REQUIRED DUKE UNIVERSITY HAS ESTABLISHED A DETAILED AND COMPETITIVE APPLICATION PROCESS WHICH ENSURES PR OPER PURPOSE AND USE OF THESE GRANT FUNDS PRIOR TO ENGAGEMENT FOLLOWING THE PROCUREMENT P ROCESS, DUKE UNIVERSITY MONITORS SUBSEQUENT BILLING AND PERFORMANCE OF THE GRANT RECIPIENT S INVOICES MUST BE SUBMITTED ACCORDING TO THE TERMS AND CONDITIONS WHICH MIRROR THE TERMS AND CONDITIONS OF THE ULTIMATE GRANTOR PRIOR TO PAYMENT, CENTRALIZED DEPARTMENTS REVIEW DOCUMENTATION TO ENSURE THE EXPENSES ARE ALLOWABLE WITHIN THE TERMS OF THE GRANT ULTIMATE LY, THE ORGANIZATIONS AWARDED THESE GRANT FUNDS MUST MONITOR THE APPROPRIATE DISTRIBUTION OF THESE GRANT FUNDS IN THE ORDINARY COURSE OF BUSINESS AND REPORT SUCH INFORMATION TO DUK E UNIVERSITY

Additional Data

Software ID:
Software Version:
EIN: 56-0532129
Name: DUKE UNIVERSITY

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
ANTARCTICA	0	0	PROGRAM SERVICES	RESEARCH	5,295
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION	123,451
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH	39,961

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	STUDY ABROAD	62,217
CENTRAL AMERICA AND THE CARIBBEAN	0	0	SEMINAR		98,824
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		4,954

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		33,825
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION	6,520,419
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CULTURAL EVENT	9,418

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH	4,268,692
EAST ASIA AND THE PACIFIC	0	13	PROGRAM SERVICES	STUDY ABROAD	1,101,461
EAST ASIA AND THE PACIFIC	0	0	SEMINAR		1,765,540

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE	0	0	FUNDRAISING		6,841
EUROPE	0	0	GRANTMAKING		22,499
EUROPE	0	0	PROGRAM SERVICES	EDUCATION	808,061

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	RESEARCH	9,842,126
EUROPE	6	61	PROGRAM SERVICES	STUDY ABROAD	4,378,220
EUROPE	0	0	SEMINAR		3,250,048

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATION	136,838
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RESEARCH	542,659
MIDDLE EAST AND NORTH AFRICA	0	3	PROGRAM SERVICES	STUDY ABROAD	864,333

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	SEMINAR		195,075
NORTH AMERICA	0	0	GRANTMAKING		1,575
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION	97,080

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	11,349,853
NORTH AMERICA	0	2	PROGRAM SERVICES	STUDY ABROAD	4,678
NORTH AMERICA	0	0	SEMINAR		413,235

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	EDUCATION	104,683
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	RESEARCH	83,050
RUSSIA AND NEIGHBORING STATES	0	4	PROGRAM SERVICES	STUDY ABROAD	388,967

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	0	SEMINAR		75,005
SOUTH AMERICA	0	0	GRANTMAKING		6,998
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION	203,614

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	796,028
SOUTH AMERICA	0	5	PROGRAM SERVICES	STUDY ABROAD	92,546
SOUTH AMERICA	0	0	SEMINAR		355,515

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTMAKING		6,250
SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATION	213,480
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH	2,747,355

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH ASIA	0	2	PROGRAM SERVICES	STUDY ABROAD	696,753
SOUTH ASIA	0	0	SEMINAR		193,480
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		8,300

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATION	500,367
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH	3,327,107
SUB-SAHARAN AFRICA	0	12	PROGRAM SERVICES	STUDY ABROAD	364,792

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	SEMINAR		447,944

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	GRENZEBACH GLIER & ASSOCIATES SEE PART IV FOR ADDRESS SEE PART IV, IL 60611	CAMPAIGN CONSULTING		No	0	23,175	0
2	COPPER REEF ENTERPRISES SEE PART IV FOR ADDRESS CARLSBAD, CA 92009	CAMPAIGN CONSULTING		No	0	102,797	0
3	PW FEATS SEE PART IV FOR AD BALTIMORE, MD 21202	CAMPAIGN CONSULTING		No	0	1,001,489	0
4	SULLIVAN & COMPANY SE NEW YORK, NY 10014	CAMPAIGN CONSULTING		No	0	144,550	0
5	HOPKINS DESIGN GROUP LTD SEE PART IV FOR ADDRESS DURHAM, NC 27705	CAMPAIGN CONSULTING		No	0	6,069	0
6	CMG PARTNERS LLC SEE PART IV FOR ADDRESS SURFSIDE BEACH, SC 29575	CAMPAIGN CONSULTING		No	0	24,349	0
7	CREWS CONTROL CORPORATION SEE PART IV FOR ADDRESS FULTON, MD 20759	CAMPAIGN CONSULTING		No	0	11,029	0
8	EVENT MEDIA SEE PART IV FOR ADD CHICAGO, IL 60647	CAMPAIGN CONSULTING		No	0	81,561	0
9	PHASE FIVE CREATIVE INC SEE PART IV FOR ADDRESS DURHAM, NC 27707	CAMPAIGN CONSULTING		No	0	7,971	0
10	STANFORD UNIVERITY SEE PART IV FOR ADDRESS STANFORD, CA 94305	CAMPAIGN CONSULTING		No	0	60,000	0
Total . . . . . ▶						1,462,990	

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

		(a) Event #1 2013 CMN (event type)	(b) Event #2 2014 RADIOTHON (event type)	(c) Other events 7 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	2,547,067	533,399	1,507,421	4,587,887
	2 Less Contributions	2,542,067	508,982	1,043,148	4,094,197
	3 Gross income (line 1 minus line 2)	5,000	24,417	464,273	493,690
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			230,710	230,710
	6 Rent/facility costs			13,380	13,380
	7 Food and beverages			109,982	109,982
	8 Entertainment			7,867	7,867
	9 Other direct expenses	352,517	22,508	781,402	1,156,427
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,518,366)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-1,024,676

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	(I) NAME OF FUNDRAISER GRENZEBACH GLIER & ASSOCIATES (I) ADDRESS OF FUNDRAISER 401 N MICHIGAN AVE, CHICAGO, IL 60611 (I) NAME OF FUNDRAISER COOPER REEF ENTERPRISES (I) ADDRESS OF FUNDRAISER 6965 EL CAMINO REAL, CARLSBAD, CA 92009 (I) NAME OF FUNDRAISER P W FEATS (I) ADDRESS OF FUNDRAISER 3 E READ ST , BALTIMORE, MD 21202 (I) NAME OF FUNDRAISER SULLIVAN & COMPANY (I) ADDRESS OF FUNDRAISER 450 W 14TH ST, NEW YORK, NY 10014 (I) NAME OF FUNDRAISER HOPKINS DESIGN GROUP LTD (I) ADDRESS OF FUNDRAISER 822 BROAD ST, DURHAM, NC 27705 (I) NAME OF FUNDRAISER CMG PARTNERS LLC (I) ADDRESS OF FUNDRAISER 1413 HWY 17 SOUTH, SURFSIDE BEACH, SC 29575 (I) NAME OF FUNDRAISER CREWS CONTROL CORPORATION (I) ADDRESS OF FUNDRAISER 8161 MAPLE LAWN BLVD, FULTON, MD 20759 (I) NAME OF FUNDRAISER EVENT MEDIA INC (I) ADDRESS OF FUNDRAISER 2334 W NORTH AVE, CHICAGO, IL 60647 (I) NAME OF FUNDRAISER PHASE FIVE CREATIVE INC (I) ADDRESS OF FUNDRAISER 3623 CARLISLE DR, DURHAM, NC 27707 (I) NAME OF FUNDRAISER STANFORD UNIVERSITY (I) ADDRESS OF FUNDRAISER 450 SERRA MALL, STANFORD, CA 94305
SCHEDULE G, LINE 2 (B), COLUMN (V)	DUKE UNIVERSITY ENTERS INTO AGREEMENTS WITH ENTITIES OR INDIVIDUALS LISTED ON SCHEDULE G, PART I, LINE 2(B), COLUMNS (I-V) THESE AGREEMENTS ALLOW FOR CERTAIN REIMBURSEMENTS OF EXPENSES SUCH AS TRAVEL EXPENSES RELATED TO THE SERVICES PROVIDED THE REIMBURSEMENT IS ANALYZED AND AUTHORIZED ON A CASE BY CASE BASIS THE AGREEMENTS PROVIDE THAT THE PAYMENT FOR REIMBURSEMENT OF SUCH EXPENSES WILL BE ISSUED IN ADDITION TO THE FEE FOR SERVICES RENDERED

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

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. Part II can be duplicated 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 73

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 6

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN U S DUKE UNIVERSITY PERIODICALLY APPROVES GRANTS AND TRANSFERS GRANT FUNDS TO NUMEROUS ORGANIZATIONS WITHIN THE UNITED STATES FOR SUBGRANT RECIPIENTS, A SERIES OF INTERNAL CONTROLS HAVE BEEN ESTABLISHED WHICH INCLUDE DETERMINATION OF WHETHER AN AUDIT WILL BE REQUIRED DUKE UNIVERSITY HAS ESTABLISHED A DETAILED AND COMPETITIVE APPLICATION PROCESS WHICH ENSURES PROPER PURPOSE AND USE OF THESE GRANT FUNDS PRIOR TO ENGAGEMENT FOLLOWING THE PROCUREMENT PROCESS, DUKE UNIVERSITY MONITORS SUBSEQUENT BILLING AND PERFORMANCE OF THE GRANT RECIPIENTS INVOICES MUST BE SUBMITTED ACCORDING TO THE TERMS AND CONDITIONS WHICH MIRROR THE TERMS AND CONDITIONS OF THE ULTIMATE GRANTOR PRIOR TO PAYMENT, CENTRALIZED DEPARTMENTS REVIEW DOCUMENTATION TO ENSURE THE EXPENSES ARE ALLOWABLE WITHIN THE TERMS OF THE GRANT ULTIMATELY, THE ORGANIZATIONS AWARDED THESE GRANTS MUST MONITOR THE APPROPRIATE DISTRIBUTION OF THESE GRANT FUNDS IN THE ORDINARY COURSE OF BUSINESS AND REPORT SUCH INFORMATION TO DUKE UNIVERSITY STUDENTS' INSTITUTIONAL SCHOLARSHIPS AND FINANCIAL AID IS POSTED DIRECTLY TO THEIR BURSAR ACCOUNTS THEREFORE, SUCH FUNDS ARE DIRECTLY APPLIED TO APPROPRIATE CHARGES WITHIN THE STUDENTS' ACCOUNTS GRANT/FELLOWSHIP PAYMENTS ARE PROCESSED ACCORDING TO AWARD LETTERS, WHICH ARE REVIEWED AND SUBMITTED TO THE RECIPIENT IN ADVANCE OF ACCEPTING FOR THE APPLICABLE SEMESTER EACH PAYMENT IS PREPARED ACCORDING TO THE AWARD LETTER BY A DEPARTMENTAL REPRESENTATIVE, WHICH IS THEN REVIEWED AND APPROVED BY A DEPARTMENTAL SUPERVISOR PRIOR TO ISSUANCE, A FINAL REVIEW AND APPROVAL IS PROCESSED BY THE CENTRAL PAYMENT PROCESSING DEPARTMENT

Additional Data

Software ID:
Software Version:
EIN: 56-0532129
Name: DUKE UNIVERSITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
501CARBON 731 9TH STREET SUITE 53 DURHAM,NC 27705	46-3128604	501(C)(3)	10,000				ACC COMPETITION AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ALBERT SCHWEITZER FELLOWSHIP 109 BROOKLINE AVE BOSTON,MA 02215	13-1982786	501(C)(3)	35,000				SCHWEITZER FELLOWSHIP PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN ACADEMY OF ALLERGY 555 WELLS ST SUITE 1100 MILWAUKEE,WI 53202	39-6061326	501(C)(3)	16,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW STE 600 ATLANTA,GA 30303	13-1788491	501(C)(3)	25,300				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN DANCE FESTIVAL 715 BROAD STREET DURHAM,NC 27705	06-0932294	501(C)(3)	30,000	400	FMV	COMPUTER EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS,TX 752319955	13-5613797	501(C)(3)	6,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN MATHEMATICAL SOCIETY PO BOX 6248 PROVIDENCE,RI 029042213	05-0264797	501(C)(3)	8,645				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN SOCIETY OF NEPHROLOGY 1510 H ST NW SUITE 800 WASHINGTON, DC 20005	52-6078378	501(C)(3)	70,000				LECTURESHIP SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BENEVOLENT HEALTHCARE FOUNDATION (PROJECT CURE) PO BOX 651 EVERGREEN,CO 80437	84-1568566	501(C)(3)		52,355	FMV	MEDICAL EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BETHLEHEM TEMPLE APOSTOLIC FAITH CHURCH 600 N ROXBORO ST DURHAM,NC 27704	58-2526080	501(C)(3)		6,310	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BLACKWELL STREET MGMT COMPANY 201 W MAIN ST SUITE 100 DURHAM,NC 27701	20-5544239	-	40,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CALVARY MINISTRIES OF THE WEST END 1311 MOREHEAD AVENUE DURHAM,NC 27707	56-1858174	501(C)(3)	8,000	2,600	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CAMPAIGN 4 CHANGE PO BOX 3355 DURHAM,NC 27702	26-0096724	501(C)(3)	10,450				COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CARING HOUSE INC 2625 PICKETT RD DURHAM,NC 277055603	56-1647154	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHAMBER ORCHESTRA OF THE TRIAN 1213 E FRANKLIN STREET CHAPEL HILL,NC 27514	56-1610461	501(C)(3)	8,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHANGING A GENERATION WITH FACE PO BOX 11587 DURHAM,NC 27703	56-2158704	501(C)(3)		52,380	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHILD EVANGELISM FELLOWSHIP INC 44 IONIA AVE S W GRAND RAPIDS,MI 49502	56-1827691	501(C)(3)		103,398	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHURCH WORLD SERVICE 212 S DUKE STREET DURHAM,NC 27701	13-4080201	501(C)(3)		10,421	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CITY OF DURHAM 101 CITY HALL PLAZA DEPT EOEA DURHAM,NC 27701	56-6000225	GOV'T ENTITY	751,075				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COMMUNITY EMPOWERMENT FUND 133 E FRANKLIN ST SUITE 105 CHAPEL HILL,NC 27514	27-0428981	501(C)(3)	5,700				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
DUKE CATHOLIC STUDENT CENTER PO BOX 90974 DURHAM,NC 27708	56-1378592	-	225,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
FEDORA COMMONS INC 28 CHURCH ST SUITE 2 WINCHESTER, MA 018902538	26-0389639	501(C)(3)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
DURHAM COMMUNITY LAND TRUSTEES 1208 W CHAPEL HILL ST DURHAM,NC 27701	56-1203878	501(C)(3)	21,100				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
DURHAM CONGREGATIONS IN ACTION 504 W CHAPEL HILL ST DURHAM,NC 27701	23-7208424	501(C)(3)	9,606				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
DURHAM LITERACY CENTER PO BOX 52209 DURHAM,NC 27701	56-1479534	501(C)(3)	7,250				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
DURHAM PUBLIC SCHOOLS PO BOX 30002 DURHAM,NC 27701	56-6001021	GOV'T ENTITY	103,706	4,670	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
DURHAM RESCUE MISSION PO BOX 11858 DURHAM,NC 27703	58-1482590	501(C)(3)		6,849	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
EMILY KRZYZEWSKI FAMILY LIFE C 904 W CHAPEL HILL ST DURHAM,NC 27701	56-2230469	501(C)(3)	211,600				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
FAMILY HEALTH MINISTRIES INC 1921 NORTH POINTE DR SUITE 200 DURHAM,NC 27705	56-2206165	501(C)(3)	13,595				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GENESIS HOME PO BOX 25426 DURHAM,NC 27702	56-1633998	501(C)(3)	6,000				COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HABITAT FOR HUMANITY OF DURHAM 215 N CHURCH ST DURHAM,NC 27701	58-1674794	501(C)(3)	56,675				COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOPESPRINGS VILLAGE PO BOX 4466 CARY,NC 27519	46-1033863	501(C)(3)	22,100				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOUSE OF REFUGE 947 E MAIN STREET DURHAM,NC 27701	56-1988451	501(C)(3)		9,509	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOUSING FOR NEW HOPE 602 HOLLOWAY STREET DURHAM,NC 27701	58-2089068	501(C)(3)	10,100	800	FMV	COMPUTER EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
IMG COLLEGE LLC PO BOX 16533 PALATINE,IL 60055	27-3646546	-	33,900				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
INTERNET2 PO BOX 7855 ANN ARBOR,MI 48107	52-2060187	501(C)(3)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
KIDZ NOTES 120 MORRIS ST DURHAM,NC 27701	27-0446845	501(C)(3)	7,250				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
KRAMDEN INSTITUTE 4915 PROSPECTUS DRIVE DURHAM,NC 27713	74-3108814	501(C)(3)		120,800	FMV	COMPUTER EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LIGHT OF GOD PRAYER AND HOLINESS CHURCH PO BOX 39753 GREENSBORO,NC 27438	45-1344100	501(C)(3)		5,264	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LITTLE GREEN PIG THEATRICAL CONCERN 2646 LAWNDALE AVE DURHAM,NC 27705	56-2123719	501(C)(3)		12,900	FMV	THEATER EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LUMBEE LAND DEVELOPMENT 6989 HWY 711 W PEMBROKE,NC 28372	56-2259380	501(C)(3)		8,000	FMV	COMPUTER EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MDC INC 307 W MAIN ST DURHAM,NC 277013215	56-0894222	501(C)(3)	100,000				COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MEALS ON WHEELS OF DURHAM INC 2522 ROSS ROAD DURHAM,NC 27703	56-1729111	501(C)(3)	8,650				COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD ROOM 2 EAST LANSING,MI 48824	38-6005984	501(C)(3)	105,986				FELLOWSHIP AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MODEL CITIZEN 110 E 25TH ST NEW YORK, NY 10010	61-1731644	-	10,000				CONSTITUTION OF DIVINITY STUDENT COUNCIL AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MUSEUM OF DURHAM HISTORY PO BOX 25411 DURHAM,NC 27702	94-3455685	501(C)(3)	5,000	28	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
NATIONAL HUMANITIES CENTER 7 ALEXANDER DRIVE RTP,NC 27709	59-1735367	501(C)(3)	85,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
NORTH CAROLINA NEW SCHOOLS PRO 4600 MARRIOTT DRIVE STE 510 RALEIGH,NC 27612	20-4031703	501(C)(3)	50,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
NORTH CAROLINA STATE UNIV LIBR CAMPUS BOX 7111 RALEIGH,NC 27695	56-6000756	GOV'T ENTITY	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
PARTNERS FOR YOUTH 1309 HALLEY STREET DURHAM,NC 27707	35-2206640	501(C)(3)	17,250	28	FMV	COMPUTER EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
PENNSYLVANIA STATE UNIVERSITY 101 HAMMOND BUILDING UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	15,500				FELLOWSHIP AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
PHI LAMBDA UPSILON 124 SCIENCE DR DURHAM,NC 27708	23-7264553	501(C)(7)	7,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
PRESERVATION DURHAM PO BOX 25411 DURHAM,NC 27702	23-7361218	501(C)(3)	11,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
REBOUND ALTERNATIVES FOR YOUTH 1101 CORNELL STREET DURHAM,NC 27701	46-2746995	501(C)(3)	7,250				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
REFRACKT 14308 EASTMAN DR DURHAM,NC 27705	46-3480443	-	10,000				DUKE START-UP CHALLENGE AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
RELIGIOUS COALITION FOR A NON-VIOLENT DURHAM 105 PINECREST ROAD DURHAM,NC 27705	20-1356454	501(C)(3)	1,120	4,750	FMV	COMPUTER EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
RESEARCH FOUNDATION OF SUNY W 5510 FRANK MELVILLE JR MEM LI STONY BROOK,NY 11794	14-1368361	501(C)(3)	16,667				FELLOWSHIP AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RESEARCH TRIANGLE ENVIRONMENTAL HLTH COLL 9200 LESLIESHIRE DR RALEIGH,NC 276158103	20-4594346	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SCOTT CARTER FOUNDATION PO BOX 700448 TULSA,OK 741700448	73-1437230	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SENIOR PHARMASSIST INC 406 RIGSBEE AVE STE 201 DURHAM,NC 277012186	56-2084639	501(C)(3)	7,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SOCIAL SCIENCE RESEARCH COUNCI 1 PIERREPONT PLAZA 15TH FLOOR NEW YORK, NY 11201	13-1325070	501(C)(3)	50,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
STOP HUNGER NOW 615 HILLSBOROUGH ST SUITE 200 RALEIGH,NC 27603	16-1541024	501(C)(3)	8,125				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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STUDENT U 3116 ACADEMY ROAD DURHAM,NC 27707	56-0538019	501(C)(3)	18,125				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE CHURCH AT NC 5401 HARDRIAN DR DURHAM,NC 27703	56-0556746	501(C)(3)		8,722	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
TROSA 1820 JAMES STREET DURHAM,NC 27707	56-1861158	501(C)(3)	6,000	2,520	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UC REGENTS 3333 CALIFORNIA ST SUITE 450 SAN FRANSISCO,CA 94118	94-6036493	501(C)(3)	20,000				STUDENT FELLOWSHIP AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED WAY 5151 MCCRIMM PKWY MORRISVILLE,NC 27560	56-1949103	501(C)(3)		70,575	FMV	COMPUTER EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNIV OF NORTH CAROLINA WILMING 601 SOUTH COLLEGE RD WILMINGTON,NC 28403	56-1258660	501(C)(3)	15,500				FELLOWSHIP AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNIVERSITY OF ARIZONA PO BOX 210036 TUCSON,AZ 85721	86-6050388	501(C)(3)	16,100				FELLOWSHIP AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNIVERSITY OF NORTH CAROLINA CB 7075 CHAPEL HILL, NC 275997075	56-6001093	GOV'T ENTITY	610,212				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNIVERSITY OF NOTRE DAME 830 GRACE HALL - RESEARCH SPON NOTRE DAME,IN 465565612	35-0868188	501(C)(3)	20,835				FELLOWSHIP AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNIVERSITY OF PITTSBURGH 3100 CATHERAL OF LEARNING PITTSBURGH,PA 15260	25-0965591	501(C)(3)	68,000				FELLOWSHIP AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
URBAN HOPE 1902 PERRY ST DURHAM,NC 27701	84-6007896	501(C)(3)	100	6,000	FMV	COMPUTER EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
URBAN MINISTRIES OF DURHAM PO BOX 249 DURHAM,NC 27702	58-1505891	501(C)(3)	5,100	1,191	FMV	OFFICE EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
VOYAGER ACADEMY 101 HOCK PARC DURHAM,NC 27704	65-1318240	501(C)(3)		23,750	FMV	COMPUTER EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
WALLTOWN CHILDRENS THEATRE 1225 BERKLEY ST DURHAM,NC 27705	56-2214825	501(C)(3)	7,300				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
YALE UNIVERSITY 60 COLLEGE STREET NEW HAVEN, CT 065208034	06-0646973	501(C)(3)	6,000				BUSSE RESEARCH AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MEDICAL MISSIONARIES 19 BUTLER ST IRVINE,CA 92612	54-1990595	501(C)(3)		7,500	FMV	COMPUTER EQUIPMENT	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
WAKE FOREST ELEMENTARY SCHOOL 136 W SYCAMORE AVE WAKE FOREST, NC 27587	56-1137759	GOV'T ENTITY		15,250	FMV	COMPUTER EQUIPMENT	GENERAL SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
ALEX COHEN AWARD	2	2,100			
ALEX VASILOS MEMORIAL AWARD	1	500			
APTMAN PRIZE	1	1,000			
ART HISTORY AWARD	2	1,000			
BETSY ALDEN SL AWARD	1	250			
BIOMEDICAL ENGINEERING AWARD	1	50			
BLUE DEVILISH IMAGES PRIZE	6	1,026			
BRAIN TUMOR CENTER AWARD	1	19,522			
CENTER FOR THE ENVIRONMENTAL IMPLICATIONS OF NANO TECHNOLOGY	1	100			
CHANGEWORKS COMPETITION	1	2,000			
CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION	8	1,200			
DALE BJ RANDALL AWARD	2	500			
DANA MARKS AWARD	1	500			
DANCE AWARD	4	1,000			
DEANS'S RECOGNITION AWARD	4	400			

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
DOCUMENTARY AWARD	1	1,500			
DUKE ARTS FESTIVAL AWARD	4	1,019			
DUKE FOREST GIFT	1	850			
DUKE HACKER AWARD	6	6,083			
DUKE HUMAN RIGHTS CENTER AWARD	10	17,340			
DUKE START UP CHALLENGE	8	4,000			
DUKE STEAM CHALLENGE	16	17,640			
ELECTRICAL & COMPUTER ENGINEERING AWARD	6	1,913			
ENERGY IN EMERGING MARKETS AWARD	5	1,500			
FOERSTER PRIZE	1	500			
FRITZ LONDON PRIZE	3	30,000			
GRANDOVER AWARD	1	200			
GREEN IN 3 PRIZE	4	2,000			
GREEN ROSSITER AWARD	1	200			
HAROLD BRODY AWARD	1	500			

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
HART FELLOWSHIPS	5	12,980			
HASTAC FELLOWSHIP AWARD	6	1,800			
HEIM FOUNDATION LEADERSHIP AWARD	2	2,000			
HOLTON AWARD	3	1,500			
INNOVATION AWARD	7	5,900			
INTERNSHIP AWARD	1	1,348			
JEFFERSON AWARD	1	250			
JODY MCAULIFFE AWARD	1	500			
JOHN M CLUM AWARD	1	500			
JULIE DALE AWARD	13	1,568			
KARL MENGER PRIZE IN MATHEMATICS	3	763			
KENAN MORAL PURPOST AWARD	1	1,000			
KENNETH J REARDIN AWARD	1	500			
KIE LORAL AWARD	2	200			
MAHATO MEMORIAL IMAGE CONTEST	2	375			

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
MELOSH AWARD	1	714			
MEMS AWARD	4	1,626			
MIDDLESWORTH AWARD	2	2,000			
MUSIC AWARD	3	600			
PEOPLE'S CHOICE AWARD	2	1,300			
PHOTO CONTEST PRIZE	3	200			
PI TAU SIGMA SCHOLARSHIP AWARD	1	500			
POETRY CONTEST	2	100			
POST DOC MENTOR AWARD	1	1,000			
POSTER AWARD	16	2,460			
RAPID FIRE AWARD	1	100			
RAYMOND C GAUGLER AWARD	1	781			
READING CONTEST	1	500			
RESEARCH AWARD	2	750			
REYNOLDS PRICE AWARD	1	500			

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
ROBERTSON SCHOLAR AWARD	2	525			
SARA LAVOSKEY MEMORIAL AWARD	2	1,000			
STUDENT AWARD	115	61,512			
SUMMER INSTITUTE	22	44,000			
TALK AWARD	1	100			
TEACHING ASSISTANT AWARD	11	2,300			
VISUAL ARTS AWARD	2	1,000			
W KOONZ AWARD	2	500			
WHITE HOUSE INTERNSHIP PRIZE	1	2,000			
WRITING AWARD	15	9,731			
UNDERGRADUATE INSTITUTIONAL AWARDS	159	2,101,870			
GRADUATE STIPENDS	1875	25,642,563			
PRE-DOCTORAL STIPENDS	79	509,035			
UNDERGRADUATE STIPENDS	1108	2,002,836			
GRADUATE SCHOLARSHIPS	3143	78,647,265			

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
PREDOCTORAL TUITION SCHOLARSHIPS	1	7,165			
UNDERGRADUATE SCHOLARSHIPS	3841	138,741,282			
PREDOCTORAL SCHOLARSHIPS	2777	43,805,471			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	CHARTER TRAVEL MICHAEL W KRYZYZEWSKI HAS USED CHARTER TRAVEL SERVICES TO THE EXTENT SUCH TRAVEL WAS NOT FOR BUSINESS PURPOSES, SUCH AMOUNTS WERE INCLUDED IN TAXABLE INCOME OF THE INDIVIDUAL RICHARD H BRODHEAD, TALLMAN TRASK III, PAMELA J BERNARD, ALICE E GOULD, AND RICHARD RIDDELL USED FIRST CLASS TRAVEL SERVICES SUCH TRAVEL WAS FOR BUSINESS PURPOSES AND NOT INCLUDED IN TAXABLE INCOME TO THE INDIVIDUALS TRAVEL FOR COMPANIONS COMPANIONS HAVE TRAVELED WITH MICHAEL W KRZYZEWSKI, DAVID CUTCLIFFE, WILLIAM BOULDING, AND KEVIN WHITE TO THE EXTENT IT WAS PERSONAL IN NATURE, SUCH AMOUNTS WERE INCLUDED IN THEIR TAXABLE INCOME TAX INDEMNIFICATION JAMES S ROBERTS AND MICHAEL B KASTAN RECEIVED SOME BENEFIT THAT WAS GROSSED UP TO COMPENSATE FOR WITHHOLDING OF TAXES RESIDENCE FOR PERSONAL USE RICHARD H BRODHEAD WAS PROVIDED WITH ON CAMPUS LIVING FACILITIES AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY ACCORDINGLY, SUCH LODGING IS NOT INCLUDED IN TAXABLE INCOME PERSONAL SERVICES THE UNIVERSITY PROVIDES HOUSEKEEPING SERVICES TO MAINTAIN ALL UNIVERSITY FACILITIES, INCLUDING THE FACILITY USED BY THE UNIVERSITY'S PRESIDENT IN ADDITION TO PROVIDING A PERSONAL RESIDENCE THAT IS FOR THE CONVENIENCE OF THE UNIVERSITY, THIS FACILITY IS USED THROUGHOUT THE YEAR FOR NUMEROUS DUKE RELATED FUNCTIONS CLUB DUES DAVID N CUTCLIFFE, JAMES SCOTT GIBSON, AND RICHARD RIDDELL WERE PROVIDED WITH CLUB MEMBERSHIPS TO THE EXTENT THE DUES WERE CONSIDERED PERSONAL, THE AMOUNTS WERE INCLUDED IN TAXABLE INCOME DUKE POLICY GOVERNS THE NATURE AND TYPE OF ALLOWABLE EXPENDITURES AND PAYMENTS, INCLUDING REQUIREMENTS TO PROVIDE SUPPORTING DOCUMENTATION DETAILING THE TRANSACTION AND BUSINESS PURPOSE ANY APPROVED EXCEPTIONS TO POLICY ARE DOCUMENTED IN CORRESPONDENCE OR EMPLOYMENT AGREEMENTS
PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE FOLLOWING INDIVIDUALS PARTICIPATED IN AND RECEIVED PAYMENTS UNDER A DEFERRED COMPENSATION PLAN DESCRIBED UNDER SECTION 457(F) OF THE INTERNAL REVENUE CODE NEAL F TRIPLETT $548,950, ANDERS W HALL $124,000, ALICE E GOULD $46,200, RICHARD BRODHEAD $200,000, MICHAEL W KRZYZEWSKI $2,985,000 SUCH AMOUNTS WERE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AS DEFINED UNDER IRC SECTION 457(F) VICTOR J DZAU MD PARTICIPATES IN A PLAN DESCRIBED UNDER SECTION 457(F) OF THE INTERNAL REVENUE CODE, HOWEVER HE DID NOT RECEIVE ANY PAYMENTS DURING THE REPORTING PERIOD

Additional Data

Software ID:
Software Version:
EIN: 56-0532129
Name: DUKE UNIVERSITY

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
RICHARD H BRODHEAD TRUSTEE/PRESIDENT	(I) (II)	873,792 0	0 0	219,858 0	131,276 0	66,205 0	1,291,131 0	100,000 0
PAMELA J BERNARD VP & UNIVERSITY COUNSEL	(I) (II)	453,560 0	0 0	17,500 0	31,276 0	42,762 0	545,098 0	0 0
VICTOR J DZAU CHANCELLOR HEALTH AFFAIRS	(I) (II)	1,094,130 0	933,638 0	12,250 0	716,303 0	20,526 0	2,776,847 0	0 0
PETER LANGE PROVOST	(I) (II)	581,841 26,000	0 0	17,500 0	31,276 0	9,312 0	639,929 26,000	0 0
RICHARD RIDDELL VP & UNIVERSITY SECRETARY	(I) (II)	308,192 0	0 0	17,500 0	31,276 0	14,611 0	371,579 0	0 0
TALLMAN TRASK III EXECUTIVE VICE PRESIDENT	(I) (II)	603,274 0	0 0	17,500 0	31,276 0	45,184 0	697,234 0	0 0
NANCY CATHERINE ANDREWS VICE CHAN OF ACADEMIC AFFAIRS	(I) (II)	511,948 0	213,452 0	17,500 0	31,276 0	52,787 0	826,963 0	0 0
WILLIAM BOULDING DEAN, FUQUA SCHOOL OF BUSINESS	(I) (II)	497,265 0	0 0	0 0	31,276 0	16,164 0	544,705 0	0 0
ROBERT M CALIFF MD VICE CHAN FOR CLINICAL RESEARCH	(I) (II)	506,548 0	7,000 0	0 0	31,276 0	17,143 0	561,967 0	0 0
JAMES SCOTT GIBSON EXEC VICE DEAN OF ADMIN, SOM	(I) (II)	380,609 0	155,776 0	17,500 0	31,276 0	23,012 0	608,173 0	0 0
ALICE GOULD INVESTMENT MANAGER	(I) (II)	324,200 0	467,562 0	187,950 0	111,366 0	1,931 0	1,093,009 0	46,200 0
ANDERS HALL INVESTMENT MANAGER	(I) (II)	201,355 0	350,480 0	277,366 0	31,276 0	9,667 0	870,144 0	124,000 0
JOHN J NOONAN ASSOCIATE VP OF FACILITIES	(I) (II)	294,473 0	1,530 0	0 0	31,276 0	55,020 0	382,299 0	0 0
LAURIE L PATTON DEAN, COLLEGE OF A & S	(I) (II)	359,865 0	0 0	17,500 0	31,276 0	6,579 0	415,220 0	0 0
ERIC PETERSON DIRECTOR, DCRI	(I) (II)	371,579 0	48,910 0	17,500 0	31,276 0	31,033 0	500,298 0	0 0
JAMES S ROBERTS EXEC VICE-PROVOST FIN & ADMIN	(I) (II)	318,481 0	14,803 0	0 0	31,276 0	8,337 0	372,897 0	0 0
NEAL TRIPLETT CHIEF INVESTMENT OFFICER	(I) (II)	576,082 0	1,026,151 0	975,200 0	282,401 0	16,476 0	2,876,310 0	548,950 0
DAVID N CUTCLIFFE COACH	(I) (II)	1,490,783 0	475,201 0	26,701 0	31,276 0	25,094 0	2,049,055 0	0 0
MICHAEL B KASTAN EXEC DIRECTOR, CANCER INSTITUTE	(I) (II)	743,211 0	160,501 0	0 0	31,276 0	15,418 0	950,406 0	0 0
MICHAEL W KRZYZEWSKI COACH	(I) (II)	1,975,621 0	1,008,000 0	3,037,356 0	1,256,125 0	22,564 0	7,299,666 0	2,310,681 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
JOANNE MCCALLIE	(I)	761,143	156,000	26,125	31,276	23,970	998,514	0
COACH	(II)	0	0	0	0	0	0	0
KEVIN M WHITE VP &	(I)	863,504	0	32,596	31,276	22,906	950,282	0
DIRECTOR OF	(II)	0	0	0	0	0	0	0
ATHLETICS								
ALVIN L CRUMBLISS	(I)	205,097	0	0	25,082	9,782	239,961	0
FORMER KEY	(II)	0	0	0	0	0	0	0
EMPLOYEE								

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NC CAPITAL FACILITIES FINANCE AGENCY	56-1592154	65819GCF3	06-24-2005	216,311,656	SEE PART VI		X		X		X
B	NC CAPITAL FACILITIES FINANCE AGENCY	56-1592154	65819GDR6	11-02-2006	397,964,337	SEE PART VI		X		X		X
C	NC CAPITAL FACILITIES FINANCE AGENCY	56-1592154	65819GES3	01-09-2007	128,278,030	SEE PART VI		X		X		X
D	NC CAPITAL FACILITIES FINANCE AGENCY	56-1592154	65819GFT0	02-25-2009	252,585,252	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		8,210,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	220,394,024	405,128,364	128,278,030	253,158,413
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	8,738,412	8,814,929		7,249,152
6	Proceeds in refunding escrows	69,239,409	262,529,247	127,234,526	109,568,000
7	Issuance costs from proceeds	1,647,641	2,807,772	1,043,504	2,182,146
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	236,035			
10	Capital expenditures from proceeds	140,532,528	130,976,419		134,159,115
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2007	2008	2004	2013

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X	X		X			X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 890 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 890 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	MORGAN STANLEY & CO		MORGAN STANLEY & CO					
c	Term of hedge	1 800000000000		1 900000000000					
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?		X		X				

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
FORM 990, SCHEDULE K, PART 1 (C)	TAX-EXEMPT BOND CUSIP NUMBER OF TAX-EXEMPT BONDS BOND ISSUE (C) FORM 8038 LISTS THE CUSIP NUMBER AS 65819GEQ7, 65819GER5, 65819GES3 ALL CUSIPS HAVE THE SAME MATURITY DATE BOND ISSUE (A2) FORM 8038 LISTS THE CUSIP NUMBER AS VARIOUS DUE TO THE NATURE OF THE NOTES ISSUED, I E , COMMERCIAL PAPER THE ISSUE CLOSED ON 12/18/2012 AND CUSIPS 65818WBM5, 65818WB68, 65818WBN3, 65818WBT0, 65818WBR4, 65818WBS2, 65818WBQ6, 65818WBU7, 65818WBV5, 65818XAZ5, 65818XAD3, 65818XAY8, 65818XAX0, 65818XAE1, 65818XAB7 AND 658818XAC5 WERE OUTSTANDING AS OF 6/30/2014 UNDER THE NEW ISSUE

Return Reference	Explanation
FORM 990, SCHEDULE K, PART 1(E)	TAX-EXEMPT BONDS BOND ISSUE (A2) REPRESENTS MAXIMUM PRINCIPAL AMOUNT OF NEW MONEY COMMERCIAL PAPER NOTES ($579,077,000) AND FIRST GENERATION CURRENT REFUNDING COMMERICAL PAPER NOTES ($48,150,000) THAT CAN BE ISSUED PURSUANT TO THIS COMMERCIAL PAPER PROGRAM

Return Reference	Explanation
FORM 990, SCHEDULE K, PART 1(F)	PURPOSE OF TAX-EXEMPT BONDS BOND ISSUE (A) TO (1) REFUND $69,038,000 AGGREGATE PRINCIPAL AMOUNT OF TAX-EXEMPT COMMERCIAL PAPER NOTES ISSUED MARCH 17, 2005 TO PROVIDE INTERIM FINANCING FOR CONSTRUCTING AND EQUIPPING FOUR PROJECTS LOCATED ON THE WEST CAMPUS OF DUKE UNIVERSITY (2005A PROJECTS), AND (2) PAY AND REIMBURSE THE UNIVERSITY FOR PAYING A PORTION OF THE COST OF CONSTRUCTING AND EQUIPPING THE 2005A PROJECTS BOND ISSUE (B) TO (1) REFUND THE OUTSTANDING 1996B BONDS ISSUED 7/9/1996, (2) REFUND A PORTION OF THE 2001A BONDS ISSUED 1/8/2002, (3) REFUND $92,699,000 AGGREGATE PRINCIPAL AMOUNT OF TAX-EXEMPT COMMERCIAL PAPER NOTES ISSUED 9/18/2006 AND $3,260,000 OF TAXABLE COMMERCIAL PAPER NOTES ISSUED TO PROVIDE INTERIM FINANCING FOR CONSTRUCTION AND EQUIPPING 20 PROJECTS LOCATED ON THE WEST AND EAST CAMPUS OF DUKE UNIVERSITY (2006A PROJECTS), AND (4) PAY AND REIMBURSE THE UNIVERSITY FOR PAYING A PORTION OF COST OF CONSTRUCTING AND EQUIPPING THE 2006A PROJECTS BOND ISSUE (C) TO REFUND THE OUTSTANDING 2002A BONDS ISSUED 7/30/2002 BOND ISSUE (D) TO (1) REFUND $104,184,000 AGGREGATE PRINCIPAL OF TAX-EXEMPT COMMERCIAL PAPER NOTES ISSUED 5/13/2008 AND $5,384,000 OF TAXABLE COMMERCIAL PAPER NOTES ISSUED TO PROVIDE INTERIM FINANCING FOR CONSTRUCTION AND EQUIPPING 28 PROJECTS LOCATED ON WEST, EAST, AND CENTRAL CAMPUS OF DUKE UNIVERSITY (2009B PROJECTS), AND (2) PAY AND REIMBURSE THE UNIVERSITY FOR PAYING A PORTION OF THE COST OF CONSTRUCTING AND EQUIPPING THE 2009B PROJECTS BOND ISSUE (A2) COMMERCIAL PAPER PROGRAM, THE PURPOSES OF WHICH ARE TO (1) REFUND COMMERCIAL PAPER NOTES ISSUED UNDER A PRIOR PROGRAM WITH AN ISSUE DATE OF 6/16/2011, AND (2) FINANCE PROJECTS ON THE WEST, EAST, AND CENTRAL CAMPUS OF DUKE UNIVERSITY

Return Reference	Explanation
FORM 990, SCHEDULE K, PART II, LINE 13	TAX-EXEMPT BOND BOND ISSUE (A2) NO YEAR IS PROVIDED AT THIS TIME DUE TO NEW COMMERCIAL PAPER ISSUED IN THE CURRENT YEAR FOR PROJECTS THAT ARE NOT SUBSTANTIALLY COMPLETE

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV	TAX-EXEMPT BOND LINE 2C BOND ISSUE (A) - 6/24/2014 BOND ISSUE (B) - 11/1/2013 BOND ISSUE (C) - 1/1/2014 BOND ISSUE (D) - 2/1/2014 LINE 4D BOND ISSUE (B) ONLY TWO BIDS WERE RECEIVED FROM SIX PROVIDERS SOLICITED LINE 6 BOND ISSUE (A2) SALES PROCEEDS ALLOCATED UPON ISSUANCE AND NOT INVESTED

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NC CAPITAL FACILITIES FINANCE AGENCY	56-1592154	65818XBE1	12-18-2012	627,227,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,655,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	188,328,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	48,150,000			
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	140,178,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) 1 RECIPIENT	SEE PART V	21,000	GRANT	GENERAL SUPP
(2) 1 RECIPIENT	SEE PART V	117,593	GRANT	GENERAL SUPP
(3) 1 RECIPIENT	SEE PART V	15,000	GRANT	GENERAL SUPP
(4) 1 RECIPIENT	SEE PART V	50,000	GRANT	GENERAL SUPP
(5) 1 RECIPIENT	SEE PART V	41,800	GRANT	GENERAL SUPP

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
SCH L, PART III, GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS	(A) NUMBER OF RECIPIENTS 1(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION GRANT SELECTION COMMITTEE MEMBER(C) AMOUNT OF GRANT $21,000 (D) TYPE OF ASSISTANCE GRANT(E) PURPOSE OF ASSISTANCE GENERAL SUPPORT(A) NUMBER OF RECIPIENTS 1(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION GRANT SELECTION COMMITTEE MEMBER(C) AMOUNT OF GRANT $117,593 (D) TYPE OF ASSISTANCE GRANT(E) PURPOSE OF ASSISTANCE GENERAL SUPPORT(A) NUMBER OF RECIPIENTS 1(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION GRANT SELECTION COMMITTEE MEMBER(C) AMOUNT OF GRANT $15,000 (D) TYPE OF ASSISTANCE GRANT(E) PURPOSE OF ASSISTANCE GENERAL SUPPORT(A) NUMBER OF RECIPIENTS 1(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION GRANT SELECTION COMMITTEE MEMBER(C) AMOUNT OF GRANT $50,000 (D) TYPE OF ASSISTANCE GRANT(E) PURPOSE OF ASSISTANCE GENERAL SUPPORT(A) NUMBER OF RECIPIENTS 1(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF GRANT SELECTION COMMITTEE MEMBER(C) AMOUNT OF GRANT $41,800(D) TYPE OF ASSISTANCE GRANT(E) PURPOSE OF ASSISTANCE GENERAL SUPPORT
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON CYNTHIA BRODHEAD(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION CYNTHIA BRODHEAD IS A FAMILY MEMBER OF A DUKE UNIVERSITY OFFICER(C) AMOUNT OF TRANSACTION $156,156(D) DESCRIPTION OF TRANSACTION PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON LORI LEACHMAN(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION LORI LEACHMAN IS A FAMILY MEMBER OF A DUKE UNIVERSITY OFFICER(C) AMOUNT OF TRANSACTION $120,840(D) DESCRIPTION OF TRANSACTION PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON DEBORAH JAKUBS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DEBORAH JAKUBS IS A FAMILY MEMBER OF A DUKE UNIVERSITY KEY EMPLOYEE(C) AMOUNT OF TRANSACTION $281,350 (D) DESCRIPTION OF TRANSACTION PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON BERNARD MATHEY-PREVOT(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BERNARD MATHEY-PREVOT IS A FAMILY MEMBER OF A DUKE UNIVERSITY KEY EMPLOYEE(C) AMOUNT OF TRANSACTION $155,632(D) DESCRIPTION OF TRANSACTION PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED ENTITY BRIGHT HORIZONS(B) RELATIONSHIP BETWEEN INTERESTED ENTITY AND ORGANIZATION BRIGHT HORIZONS DIRECTOR IS A DUKE UNIVERSITY TRUSTEE(C) AMOUNT OF TRANSACTION $306,724(D) DESCRIPTION OF TRANSACTION PAYMENT FOR GOODS OR SERVICES(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED ENTITY PEPSI CO (B) RELATIONSHIP BETWEEN INTERESTED ENTITY AND ORGANIZATION PEPSI CO DIRECTOR IS A DUKE UNIVERSITY OFFICER(C) AMOUNT OF TRANSACTION $226,170(D) DESCRIPTION OF TRANSACTION PAYMENT FOR GOODS OR SERVICES(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED ENTITY SCHNEIDER ELECTRIC(B) RELATIONSHIP BETWEEN INTERESTED ENTITY AND ORGANIZATION SCHNEIDER ELECTRIC DIRECTOR IS A DUKE UNIVERSITY TRUSTEE(C) AMOUNT OF TRANSACTION $638,208(D) DESCRIPTION OF TRANSACTION PAYMENT FOR GOODS OR SERVICES(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED ENTITY MADISON SQUARE GARDEN, INC (B) RELATIONSHIP BETWEEN INTERESTED ENTITY AND ORGANIZATION MADISON SQUARE GARDEN, INC DIRECTOR IS A DUKE UNIVERSITY TRUSTEE(C) AMOUNT OF TRANSACTION $102,802(D) DESCRIPTION OF TRANSACTION PAYMENT FOR GOODS OR SERVICES(E) SHARING OF ORGANIZATION REVENUE? = NO

Additional Data

Software ID:
Software Version:
EIN: 56-0532129
Name: DUKE UNIVERSITY

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) CYNTHIA BRODHEAD	SEE PART V	156,156	SEE PART V		No
(2) LORI LEACHMAN	SEE PART V	120,840	SEE PART V		No
(3) DEBORAH JAKUBS	SEE PART V	281,350	SEE PART V		No
(4) BERNARD MATHEY-PREVOT	SEE PART V	155,632	SEE PART V		No
(5) BRIGHT HORIZONS	SEE PART V	306,724	SEE PART V		No
(6) PEPSI CO	SEE PART V	226,170	SEE PART V		No
(7) SCHNEIDER ELECTRIC	SEE PART V	638,208	SEE PART V		No
(8) MADISON SQUARE GARDEN INC	SEE PART V	102,802	SEE PART V		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	37	3,648,264	VARIOUS
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		143,404	VARIOUS
5 Clothing and household goods	X		3,247	VARIOUS
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1,191	44,145,028	MARKET QUOTE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	161	378,972	VARIOUS
26 Other ▶ (EVENT TICKETS)	X	2,028	309,444	FMV/FACE VALUE
27 Other ▶ (DOCUMENTS)	X	40	273,422	VARIOUS
28 Other ▶ (EQUIPMENT)	X	18	147,570	VARIOUS

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29 17

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

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

Return Reference	Explanation
PART I, LINE 32B	USE OF THIRD PARTIES TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS DUKE UNIVERSITY USES INVESTMENT BROKERS TO SELL SECURITIES DUKE UNIVERSITY MAY OCCASIONALLY USE THIRD PARTIES TO SELL OTHER TYPES OF NON-CASH CONTRIBUTIONS, AS THE NEED ARISES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

Return Reference	Explanation
FORM 990, PART I, LINE 6	TOTAL NUMBER OF VOLUNTEERS DUKE UNIVERSITY HAS MANY VOLUNTEERS THAT FACILITATE MANY OF ITS ACTIVITIES

Return Reference	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION "JAMES B DUKE'S FOUNDING INDENTURE OF DUKE UNIVERSITY DIRECTED THE MEMBERS OF THE UNIVERSITY TO 'PROVIDE REAL LEADERSHIP IN THE EDUCATIONAL WORLD' BY CHOOSING INDIVIDUALS OF 'OUTSTANDING CHARACTER, ABILITY, AND VISION' TO SERVE AS ITS OFFICERS, TRUSTEES AND FACULTY, BY CAREFULLY SELECTING STUDENTS OF 'CHARACTER, DETERMINATION AND APPLICATION,' AND BY PURSUING THOSE AREAS OF TEACHING AND SCHOLARSHIP THAT WOULD 'MOST HELP TO DEVELOP OUR RESOURCES, INCREASE OUR WISDOM, AND PROMOTE HUMAN HAPPINESS ' "TO THESE ENDS, THE MISSION OF DUKE UNIVERSITY IS TO PROVIDE A SUPERIOR LIBERAL EDUCATION TO UNDERGRADUATE STUDENTS, ATTENDING NOT ONLY TO THEIR INTELLECTUAL GROWTH BUT ALSO THEIR DEVELOPMENT AS ADULTS COMMITTED TO HIGH ETHICAL STANDARDS AND FULL PARTICIPATION AS LEADERS IN THEIR COMMUNITIES, TO PREPARE FUTURE MEMBERS OF THE LEARNED PROFESSIONS FOR LIVES OF SKILLED AND ETHICAL SERVICE BY PROVIDING EXCELLENT GRADUATE AND PROFESSIONAL EDUCATION, TO ADVANCE THE FRONTIERS OF KNOWLEDGE AND CONTRIBUTE BOLDLY TO THE INTERNATIONAL COMMUNITY OF SCHOLARSHIP, TO PROMOTE AN INTELLECTUAL ENVIRONMENT BUILT ON A COMMITMENT TO FREE AND OPEN INQUIRY, TO HELP THOSE WHO SUFFER, CURE DISEASE, AND PROMOTE HEALTH, THROUGH SOPHISTICATED MEDICAL RESEARCH AND THOUGHTFUL PATIENT CARE, TO PROVIDE WIDE RANGING EDUCATIONAL OPPORTUNITES, ON AND BEYOND OUR CAMPUSES, FOR TRADITIONAL STUDENTS, ACTIVE PROFESSIONALS AND LIFE-LONG LEARNERS USING THE POWER OF INFORMATION TECHNOLOGIES, AND TO PROMOTE A DEEP APPRECIATION FOR THE RANGE OF HUMAN DIFFERENCE AND POTENTIAL, A SENSE OF THE OBLIGATIONS AND REWARDS OF CITIZENSHIP, AND A COMMITMENT TO LEARNING, FREEDOM AND TRUTH "BY PURSUING THESE OBJECTIVES WITH VISION AND INTEGRITY, DUKE UNIVERSITY SEEKS TO ENGAGE THE MIND, ELEVATE THE SPIRIT, AND STIMULATE THE BEST EFFORT OF ALL WHO ARE ASSOCIATED WITH THE UNIVERSITY, TO CONTRIBUTE IN DIVERSE WAYS TO THE LOCAL COMMUNITY, THE STATE, THE NATION AND THE WORLD, AND TO ATTAIN AND MAINTAIN A PLACE OF REAL LEADERSHIP IN ALL THAT WE DO "

Return Reference	Explanation
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, 2014 THEREFORE, FORM 990-T IS NOT REQUIRED FOR THE FISCAL YEAR ENDED JUNE 30, 2014

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICERS VICTOR J DZAU, MD AND PAMELA J BERNARD ARE BOTH DIRECTORS OF DURHAM CASUALTY COMPANY, LTD OFFICER VICTOR J DZAU, MD AND KEY EMPLOYEE JAMES SCOTT GIBSON ARE BOTH DIRECTORS OF DUKE MEDICAL STRATEGIES, INC TRUSTEES JANET HILL AND DAVID M RUBENSTEIN ARE BOTH DIRECTORS OF THE CARLYLE GROUP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	OF THE 36 ELECTED TRUSTEES FOR DUKE UNIVERSITY, TWELVE ARE ELECTED BY THE NORTH CAROLINA CONFERENCE OF THE UNITED METHODIST CHURCH AND ANOTHER TWELVE ARE ELECTED BY THE WESTERN NORTH CAROLINIA CONFERENCE OF THE UNITED METHODIST CHURCH

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	DUKE UNIVERSITY'S DRAFT FORM 990 IS DISTRIBUTED TO THE AUDIT COMMITTEE OF THE UNIVERSITY TRUSTEES IN ADVANCE OF THE MEETING AT THE MEETING, THE DUKE UNIVERSITY TAX DIRECTOR, THE PERSON RESPONSIBLE FOR THE PREPARATION OF THE UNIVERSITY'S FORM 990, REVIEWS THE FORM 990 WITH THE COMMITTEE THE COMMITTEE IS OFFERED AN OPPORTUNITY TO ASK QUESTIONS BOTH AT THE MEETING AND ANYTIME THEREAFTER BY CONTACTING THE TAX DIRECTOR OR DUKE UNIVERSITY'S TAX ATTORNEY, WHO IS ALSO INVOLVED WITH THE PREPARATION OF DUKE UNIVERSITY'S FORM 990 SUBSQUENTLY, A DRAFT FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF TRUSTEES OF THE UNIVERSITY PRIOR TO FILING AND IN ADVANCE OF A MEETING THERE IS OPPORTUNITY FOR THE TRUSTEES TO ASK QUESTIONS OF THE TAX DIRECTOR AND UNIVERSITY COUNSEL AT THE MEETING OR ANYTIME THEREAFTER

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE PRESIDENT, OFFICERS, AND EMPLOYEES WITH ADMINISTRATIVE RESPONSIBILITIES SHALL EXERCISE THE UTMOST GOOD FAITH IN ALL TRANSACTIONS TOUCHING UPON THEIR DUTIES TO DUKE UNIVERSITY AND ITS PROPERTY IN THEIR DEALINGS WITH AND ON BEHALF OF THE INSTITUTION, THEY SHALL BE HELD TO A STRICT RULE OF HONEST AND FAIR DEALINGS BETWEEN THEMSELVES AND THE UNIVERSITY THEY SHALL NOT USE THEIR POSITIONS, OR KNOWLEDGE GAINED THEREFROM, IN SUCH A WAY THAT A MATERIAL CONFLICT WOULD ARISE BETWEEN THE INTEREST OF THE UNIVERSITY AND THAT OF THE INDIVIDUAL COMPLIANCE IS MONITORED WITH AN ANNUAL SURVEY IDENTIFIED CONFLICTS ARE ANALYZED AND MANAGED ACCORDINGLY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE DUKE UNIVERSITY COMPENSATION COMMITTEE, COMPRISED OF MEMBERS OF THE DUKE UNIVERSITY BOARD OF TRUSTEES, REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION FOR ALL DISQUALIFIED PERSONS AND OTHER KEY EMPLOYEES DUKE UNIVERSITY HAS ADOPTED A STATEMENT OF COMPENSATION PHILOSOPHY THAT ARTICULATES BROAD OBJECTIVES TO HELP GUIDE THE DUKE UNIVERSITY COMPENSATION COMMITTEE IN ITS MISSION THE DUKE UNIVERSITY COMPENSATION COMMITTEE ENGAGES THE SERVICES OF AN OUTSIDE EXECUTIVE COMPENSATION CONSULTING FIRM TO ESTABLISH COMPARABILITY DATA OF OTHER UNIVERSITIES OF SIMILAR SIZE AND COMPLEXITY AS DUKE UNIVERSITY THE DUKE UNIVERSITY COMPENSATION COMMITTEE REVIEWS THE MARKET ANALYSIS THEN DETERMINES THE REASONABLENESS AND APPROPRIATENESS OF ALL ASPECTS OF EXECUTIVE COMPENSATION THE DELIBERATIONS AND CONCLUSIONS OF THE DUKE UNIVERSITY COMPENSATION COMMITTEE ARE KEPT BY THE UNIVERSITY SECRETARY WHO RECORDS THE MINUTES OF THE COMMITTEE MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	DUKE UNIVERSITY'S FORM 990 IS AVAILABLE TO THE PUBLIC ON WWW GUIDESTAR ORG GUIDESTAR INDEPENDENTLY POSTS TAX-EXEMPT ORGANIZATION'S FORM 990'S ON THEIR WEBSITE, OBTAINED FROM THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DUKE UNIVERSITY'S DOCUMENTS (ARTICLES OF INCORPORATION AND ANY SUBSEQUENT AMENDMENTS OR RESTATEMENTS) ARE AVAILABLE TO THE PUBLIC ON THE NORTH CAROLINA SECRETARY OF STATE WEBSITE. DUKE UNIVERSITY MAKES ITS ORGANIZING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE. DUKE UNIVERSITY'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE LOCATED AT HTTPS //FINANCE DUKE EDU/RESOURCES/DOCS/FINANCIAL_REPORTS PDF

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES RELATED TO NONCONTROLLING INT 274,057,577 CHANGES IN PERPETUAL TRUSTS & SPLIT INT AGREEMENTS 104,544,245 CHANGES IN COMPENSATED ABSENCES -11,096,853 TRANSFER FROM DUHS 63,557,344 NONPERIODIC CHANGE IN BENEFIT PLANS -792,694 ALLOWANCE INCREASE ON PLEDGES RECEIVABLE -6,492,039 OTHER CHANGES -8,367,690

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY

Employer identification number
56-0532129

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DUKE UK TRUST LIMITED ALDER CASTLE 10 NOBLE LONDON EC2V 7QJ UK 98-0555714	DEVELOPMENT	UK	541,452	58,233	DUKE UNIVERSITY
(2) LTPPMCO LLC 280 S MANGUM STREET STE 210 DURHAM, NC 27701	INVESTMENTS	NC	9,971,163	341,055,519	DUKE UNIVERSITY

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 56-0532129
Name: DUKE UNIVERSITY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) 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	Yes	
(1) ANGIER B DUKE MEMORIAL INC 100 NORTH TRYON STREET CHARLOTTE, NC 28202 13-6113895	SCHOLARSHIPS	NC	501(C)(3)	11 TYPE III-O	DUKE ENDOWMENT		No
(2) 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	Yes	
(3) ATLANTIC COAST CONFERENCE PO DRAWER ACC GREENSBORO, NC 27417 56-0599082	ATHLETIC	NC	501(C)(3)	11 TYPE 1	N/A		No
(4) C A CANNON CHAR TRUST NO 3 1525 W WT HARRIS BLVD D1114 CHARLOTTE, NC 28288 58-1360259	SUPPORT	NC	501(C)(3)	11 TYPE III-O	N/A		No
(5) DAVID H MURDOCK RESEARCH INSTITUTE 150 RESEARCH CAMPUS DR KANNAPOLIS, NC 28081 20-8730759	RESEARCH	NC	501(C)(3)	11 TYPE 1	N/A		No
(6) 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	Yes	
(7) DUKE ALUMNI ASSOCIATION INC 614 CHAPEL DRIVE DURHAM, NC 27708 56-1594088	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(8) DUKE CORPORATE EDUCATION 310 BLACKWELL ST DURHAM, NC 27701 42-1672476	EDUCATION	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(9) DUKE GIFT PROPERTIES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211078	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(10) DUKE GLOBAL INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 61-1588319	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(11) DUKE HOSPITAL AUXILIARY INC PO BOX 2895 DURHAM, NC 27710 56-1825604	SUPPORT	NC	501(C)(3)	11 TYPE III-O	N/A		No
(12) 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	Yes	
(13) DUKE SCHOLARLY EXHIBITS INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1701245	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(14) 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	Yes	
(15) DUKE UNIV PHILANTHROPIES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211099	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(16) 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	Yes	
(17) DUKE UNIVERSITY HEALTH SYSTEM INC 615 DOUGLAS STREET SUITE 700 DURHAM, NC 27705 56-2070036	HEALTHCARE	NC	501(C)(3)	LINE 3	DUKE UNIVERSITY	Yes	
(18) DUMAC INC 280 S MANGUM STREET STE 210 DURHAM, NC 27701 90-0754895	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(19) 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	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(21) DURHAM REALTY INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917936	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(1) GOTHIC CORPORATION 280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1776668	INVESTMENTS	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(2) 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	Yes	
(3) HIGH POINT REALTY ASSOCIATES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917939	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(4) IPIHD INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 32-0358709	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(5) KATHRINE R EVERETT CHARITABLE PO BOX 3001 DURHAM, NC 27715 56-6473809	SUPPORT	NC	501(C)(3)	11 TYPE 1	N/A		No
(6) NANALINE H DUKE TRUST 100 NORTH TRYON STREET CHARLOTTE, NC 28202 23-7270511	MED SUPPORT	NY	501(C)(3)	11 TYPE III-O	DUKE ENDOWMENT		No
(7) RESEARCH TRIANGLE INSTITUTE PO BOX 12194 RTP, NC 27709 56-0686338	RESEARCH	NC	501(C)(3)	11 TYPE III-O	N/A		No
(8) 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	Yes	
(9) SMITHSHAVER LAW SCHOOL SCHOLARSHIP FUND ONE WEST FOURTH ST STE 1200 WINSTONSALEM, NC 27101 20-2749954	SCHOLARSHIPS	NC	501(C)(3)	11 TYPE 1	N/A		No
(10) THE CTR FOR DOCUMENTARY STUDIES 1317 PETTIGREW STREET DURHAM, NC 27705 56-1655039	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(11) THE LORD FDN OF NORTH CAROLINA 305 TEER BLDG DURHAM, NC 27708 56-1415423	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(12) DUKE INTEGRATED NETWORK INC 615 DOUGLAS STREET SUITE 700 DURHAM, NC 27705 46-3129771	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
(13) DUKE QUALITY NETWORK INC 615 DOUGLAS STREET SUITE 700 DURHAM, NC 27705 46-1340679	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
(14) DUKE JANJUN SERVICES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1150667	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(15) DUKE JULDEC SERVICES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27101 47-1143245	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(16) DUKE ALLMO SERVICES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27101 47-1133466	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(17) DUKE UNIVERSITY FEDERAL CREDIT UNION 2200 WEST MAIN ST STE L100 DURHAM, NC 27705 56-1632379	BANKING	NC	501(C)(1)		DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(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	
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	
MANGUM LLC - 46-1275587 280 S MANGUM STREET STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				No			No	
TVV CAPITAL III-A 90-0909850 4TH AVE NASHVILLE, TN 37219	INVESTMENTS	DE	N/A	N/A				No			No	
MANGUM II LLC - 46-5135858 280 S MANGUM STREET STE 210 DURHAM, NC 27701	INVESTMENTS	NC	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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COLCHESTER ALPHA FUND (BERMUDA) LTD 59-62 TOWNSEND ST 2 DUBLIN EI	INVESTMENTS	BD	N/A	C					No
COLCHESTER BETA THREE FUND LTD CENTURY HOUSE 16 PAR-LA VILLE RD HAMILTON HM HX BD	INVESTMENTS	BD	N/A	C					No
DUKE CE LS INC 310 BLACKWELL STREET DURHAM, NC 27701 20-2004016	REAL ESTATE	NC	N/A	C					No
DUKE CORP EDU INDIA PRIVATE ACADEMIC BLOCK NEW CAMPUS VASTRAPUR,AHMEDABAD 380015 IN 42-1672476	CONSULTING	IN	N/A	C					No
DUKE CORPORATE EDUCATION LIM 165 FLEET STREET LONDON EC4A 2DY UK 42-1672476	EDU CONSULT	UK	N/A	C					No
DUKE CORPORATE EDUCATION RSA GROUND FLOOR TWICKEHNHAM BLDG BRYANSTON,JOHANNESBURG 02021 SF 42-1672476	CONSULTING	SF	N/A	C					No
DUKE GLOBAL CONSULTING (KUNSHAN) 1666 WEI CHEN NAN RD KUNSHAN PR,KUNSHAN 215300 CH	CONSULTING	CH	N/A	C					No
DUKE MEDICAL STRATEGIES INC 2200 WEST MAIN STREET STE 920 DURHAM, NC 27705 56-1993799	HEALTHCARE	NC	DUKE UNIVERSITY	C	14,219	544,283	100 000 %	Yes	
DUKE MEDICINE ASIA PTE LTD 5 SHENTON WAY 07-00 UIC BLD SING 0688 SN	MEDICAL RESEARCH	SN	N/A	C					No
DUKE UNIV QUADRANGLE FUND PO BOX 185 PITTSBURGH, PA 152300185 56-6218971	INVESTMENTS	PA	N/A	T					No
DUKE UNIVERSITY TOWER FUND PO BOX 185 PITTSBURGH, PA 152300185 56-6147362	INVESTMENTS	PA	N/A	T					No
DURHAM CASUALTY COMPANY LTD AON HOUSE 30 WOODBOURNE AVE PEMBROKE HM 08 BD 98-0113277	INSURANCE	BD	N/A	C					No
DUSVF EUROPEAN LP 7 CAVENDISH SQUARE LONDON W1G 0PE UK 98-0346042	INVESTMENTS	UK	N/A	C					No
GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET QUEENSGATE HOU GRAND CAYMAN KY1-1108 CJ	INVESTMENTS	CJ	N/A	C					No
INDOCHINA LAND HOLDINGS III 11F CHINA HONG KONG TOWER 8 HENNE HONG KONG HK	INVESTMENTS	CJ	N/A	C					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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
JOHN & PATRICIA KOSKINEN CLUT PO BOX 185 PITTSBURGH, PA 152300185 56-6532340	INVESTMENTS	PA	N/A	T					No
MARATHON BLUE CAYMAN FUND 89 NEXUS WAY PO BOX 31106 GRAND CAYMAN KY1-1205 CJ	INVESTMENTS	CJ	N/A	C					No
GHI HOLDINGS MAURITIUS 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
GHI ERP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
GHI HSP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
GHI JBD LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
GHI LTP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
QUORUM FUND LIMITED PO BOX 1043 GEORGE TOWN GRAND CAYMAN KY1-1102 CJ	INVESTMENTS	CJ	N/A	C					No
DUKE CE (SEA) PRIVATE LIMITED 1 RAFFLES PLACE TOWER 2 SINGAPORE 048616 SN	SUPPORT	SN	N/A	C					No
MCP PRIVATE CAPITAL (FEEDER) FUND I LP 6 RUE GABRIEL LIPPMAN LUXEMBOURG L-5365 LU	INVESTMENTS	LU	N/A	C					No
DUKE INDIA SERVICES PRIVATE LIMITED 302 PRIDE ELITE 10 MUSEUM ROAD BANGALORE,KARNATAKA 560001 IN	MEDICAL RESEARCH	IN	N/A	C					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THE RUTH K BROAD BIOMEDICAL RESEARCH FOUNDATION	C	448,153	FMV
THE LORD FOUNDATION OF NORTH CAROLINA	C	1,131,524	FMV
THE CENTER FOR DOCUMENTARY STUDIES	B	897,973	FMV
HIGH POINT REALTY ASSOCIATES INC	C	2,712,000	FMV
GOTHIC CORPORATION	S	1,072,397,457	FMV
GOTHIC CORPORATION	R	697,476,225	FMV
DURHAM REALTY INC	C	1,402,566	FMV
DURHAM ASSET MANAGEMENT COMPANY INC	C	2,297,512	FMV
DURHAM ASSET MANAGEMENT COMPANY INC	B	1,215,185	FMV
DUKE UNIVERSITY SPECIAL VENTURES FUND INC	S	1,287,714	FMV
DUKE UNIVERSITY SPECIAL VENTURES FUND INC	R	81,367	FMV
DUKE UNIVERSITY PHILANTHROPIES INC	C	970,664	FMV
DUKE UNIVERSITY HEALTH SYSTEM INC	R	69,045,327	FMV
DUKE SCHOLARLY EXHIBITS INC	B	77,000	FMV
DUKE GIFT PROPERTIES INC	C	2,282,842	FMV
DUKE GIFT PROPERTIES INC	B	200,000	FMV
DUKE ALUMNI ASSOCIATION INC	B	70,000	FMV
DUKE GLOBAL INC	C	4,700,712	FMV
DUKE GLOBAL INC	B	3,789,262	FMV

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TY 2013 Itemized Other Current Liabilities Schedule

Name: DUKE UNIVERSITY

EIN: 56-0532129

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
DUKE UK TRUST LIMITED	98-0555714	DUE TO DUKE UNIVERSITY	18,402	0

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TY 2013 Other Deductions Schedule

Name: DUKE UNIVERSITY

EIN: 56-0532129

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
ACCOUNTING FEES	1,020	1,657
CHARITABLE ACTIVITIES	288,262	468,171
FINANCING COSTS	123	200
PROFESSIONAL ADMINISTRATIVE FEES	8,000	12,993

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TY 2013 Other Income Statement

Name: DUKE UNIVERSITY

EIN: 56-0532129

Description	Foreign Amount	Amount
VOLUNTARY DONATIONS	280,555	455,654
GIFT AID RECEIVABLE	52,812	85,773
INTEREST INCOME	16	26

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TY 2013 Organization Chart Statement

Name: DUKE UNIVERSITY

EIN: 56-0532129

Entity Name	Placement Or Position	Percentage Of Ownership	Tax Classification	Country
DUKE UK TRUST LIMITED	DUKE UK TRUST LIMITED IS 100% OWNED DIRECTLY BY DUKE UNIVERSITY	100 000 %	FOREIGN SINGLE OWNER ELECTING TO BE DISREGARDED AS SEPARATE ENTITY	UK