

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 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 WASHIN 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 \$ 15,202,698,030

F Name and address of principal officer
VINCENT E PRICE
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

3 Number of voting members of the governing body (Part VI, line 1a)	37
4 Number of independent voting members of the governing body (Part VI, line 1b)	36
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	30,595
6 Total number of volunteers (estimate if necessary)	2,306
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,401,457,511	1,508,458,854
9 Program service revenue (Part VIII, line 2g)	1,010,988,968	1,060,469,805
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	308,127,757	500,145,874
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,507,954	81,133,798
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,786,082,190	3,150,208,331
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	322,116,406	338,440,367
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)	1,513,978,073	1,594,655,005
16a Professional fundraising fees (Part IX, column (A), line 11e)	3,075,942	1,884,789
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 56,744,880		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,023,544,212	1,080,284,193
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,862,714,633	3,015,264,354
19 Revenue less expenses Subtract line 18 from line 12	-76,632,443	134,943,977

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	12,594,506,113	13,782,414,345
21 Total liabilities (Part X, line 26)	3,003,881,317	3,289,290,985
22 Net assets or fund balances Subtract line 21 from line 20	9,590,624,796	10,493,123,360

Part II Signature Block

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

Sign Here

Signature of officer
Date 2018-05-09
TIMOTHY W WALSH TREASURER
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

Part III Statement of Program Service AccomplishmentsCheck 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 \$	1,499,736,868	including grants of \$	294,543,573)	(Revenue \$	822,210,271)
	See Additional Data						

4b	(Code)	(Expenses \$	931,128,601	including grants of \$	43,482,009)	(Revenue \$	1,136,710,475)
	See Additional Data						

4c	(Code)	(Expenses \$	299,183,643	including grants of \$	414,785)	(Revenue \$	131,647,290)
	See Additional Data						

4d	Other program services (Describe in Schedule O)						
	(Expenses \$		including grants of \$		(Revenue \$)

4e	Total program service expenses ▶	2,730,049,112					
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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	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		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		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	Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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		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	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	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	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		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	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	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	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	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	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)	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	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		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>	Yes	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	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 [X]

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable trusts.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (37), 1b (36), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (AK, CO, MD, MA, MI, NH, NJ, NY, OR, SC, WA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (DUKE UNIVERSITY 324 BLACKWELL ST STE 850 DURHAM, NC 27701 (919) 684-2006).

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	5,954,283			
	d Related organizations	1d	112,133,193			
	e Government grants (contributions)	1e	595,899,017			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	794,472,361			
	g Noncash contributions included in lines 1a-1f \$ _____		99,652,427			
	h Total. Add lines 1a-1f		1,508,458,854			
Program Service Revenue		Business Code				
	2a TUITION & FEES	611600	771,103,434	771,103,434		
	b ANCILLARY STUDENT SVCS	611600	131,647,290	131,647,290		
	c CONTINUING EDUCATION	611600	46,003,350	46,003,350		
	d CONFERENCE FEES	611600	5,103,487	5,103,487		
	e ACADEMIC MED RESEARCH	611600	3,203,545	3,203,545		
	f All other program service revenue		103,408,699	103,408,699		
g Total. Add lines 2a-2f		1,060,469,805				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		134,331,518		134,331,518	
	4 Income from investment of tax-exempt bond proceeds		139,119		139,119	
	5 Royalties		30,055,873		30,055,873	
	6a Gross rents	(i) Real				
		8,295,823				
		b Less rental expenses		3,959,544		
		4,336,279				
	c Rental income or (loss)					
	d Net rental income or (loss)		4,336,279		4,336,279	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		12,412,963,097		93,079		
		b Less cost or other basis and sales expenses		12,046,104,000	1,276,939	
		366,859,097		-1,183,860		
	c Gain or (loss)					
	d Net gain or (loss)		365,675,237		365,675,237	
8a Gross income from fundraising events (not including \$ 5,954,283 of contributions reported on line 1c) See Part IV, line 18	a		564,075			
	b Less direct expenses		1,149,216			
	c Net income or (loss) from fundraising events		-585,141		-585,141	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a MISC SALES	900099	10,606,461	10,606,461			
b VARIOUS FEES AND FINES	900099	4,280,464	4,280,464			
c STUDENT DUES	900099	3,498,472	3,498,472			
d All other revenue		28,941,390	28,941,390			
e Total. Add lines 11a-11d		47,326,787				
12 Total revenue. See Instructions		3,150,208,331	1,107,796,592	0	533,952,885	

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 domestic organizations and domestic governments. See Part IV, line 21.	11,153,928	11,153,928		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	314,171,974	314,171,974		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	13,114,465	13,114,465		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	17,726,372	653,625	15,651,988	1,420,759
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,433,558	1,232,523	201,035	
7 Other salaries and wages.	1,274,444,860	1,100,173,206	145,492,835	28,778,819
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	92,830,635	81,228,398	8,833,475	2,768,762
9 Other employee benefits.	115,909,009	101,945,047	11,688,244	2,275,718
10 Payroll taxes.	92,310,571	80,310,197	9,231,057	2,769,317
11 Fees for services (non-employees)				
a Management.				
b Legal.	19,263,377	4,735,169	14,465,063	63,145
c Accounting.	700,454	25,072	675,382	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	1,884,789			1,884,789
f Investment management fees.	26,134,997		26,134,997	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	147,182,364	109,834,998	32,456,177	4,891,189
12 Advertising and promotion.	5,049,154	4,372,061	454,278	222,815
13 Office expenses.	99,500,786	96,788,458	1,546,999	1,165,329
14 Information technology.	37,963,382	27,770,195	9,715,024	478,163
15 Royalties.	46,619,198	27,655,537	18,963,661	
16 Occupancy.	74,294,105	64,664,245	9,373,884	255,976
17 Travel.	61,517,741	56,375,288	2,714,055	2,428,398
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	1,664			1,664
19 Conferences, conventions, and meetings.	46,109,862	33,135,781	8,760,990	4,213,091
20 Interest.	74,745,372	49,966,634	24,778,676	62
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	212,930,186	206,968,141	5,962,045	
23 Insurance.	3,903,586	3,700,224	196,180	7,182
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	165,711,899	165,711,899	0	0
b EQUIP RENTAL & MAINTENA	44,494,335	37,857,460	6,458,949	177,926
c COST OF GOODS SOLD	20,705,322	17,629,551	3,072,277	3,494
d PRINTING & PUBLICATIONS	7,133,675	4,411,703	1,754,183	967,789
e All other expenses	-13,677,266	114,463,333	-130,111,092	1,970,493
25 Total functional expenses. Add lines 1 through 24e.	3,015,264,354	2,730,049,112	228,470,362	56,744,880
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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	174,347,899	2	443,535,234
	3 Pledges and grants receivable, net	507,062,069	3	502,300,811
	4 Accounts receivable, net	631,792,216	4	132,098,697
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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	43,630,309	7	38,211,042
	8 Inventories for sale or use	18,310,790	8	18,091,035
	9 Prepaid expenses and deferred charges	41,696,372	9	43,870,758
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,399,920,379		
	b Less accumulated depreciation	2,920,313,927		
	11 Investments—publicly traded securities	1,057,182,636	11	1,299,467,437
	12 Investments—other securities See Part IV, line 11	7,072,608,364	12	7,991,158,069
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	817,876,363	15	834,074,810
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,594,506,113	16	13,782,414,345	
Liabilities	17 Accounts payable and accrued expenses	327,042,238	17	356,080,847
	18 Grants payable		18	
	19 Deferred revenue	193,687,675	19	204,619,022
	20 Tax-exempt bond liabilities	1,321,895,000	20	1,018,305,000
	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	4,816,809	23	4,500,887
	24 Unsecured notes and loans payable to unrelated third parties	557,525,292	24	1,126,110,533
	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	598,914,303	25	579,674,696
	26 Total liabilities. Add lines 17 through 25	3,003,881,317	26	3,289,290,985
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	4,211,843,150	27	4,693,704,553
	28 Temporarily restricted net assets	2,565,198,974	28	2,834,495,110
	29 Permanently restricted net assets	2,813,582,672	29	2,964,923,697
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	9,590,624,796	33	10,493,123,360
	34 Total liabilities and net assets/fund balances	12,594,506,113	34	13,782,414,345

Part XI Reconciliation 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	3,150,208,331
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,015,264,354
3	Revenue less expenses Subtract line 2 from line 1	3	134,943,977
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,590,624,796
5	Net unrealized gains (losses) on investments	5	595,180,832
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	172,373,755
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,493,123,360

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 56-0532129

Name: DUKE UNIVERSITY

Form 990 (2016)

Form 990, Part III, Line 4a:

DUKE UNIVERSITY CONFERS UNDERGRADUATE, GRADUATE, AND PROFESSIONAL DEGREES TO APPROXIMATELY 5,297 STUDENTS ANNUALLY

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

DUKE UNIVERSITY AUXILIARY ENTERPRISES PROVIDE SUPPORTSERVICES TO THE DUKE UNIVERSITY COMMUNITY

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			
LISA M BORDERS TRUSTEE	2 00 0 00	X						0	0	0
JACK O BOVENDER JR TRUSTEE	8 00 3 00	X						0	0	0
RICHARD H BRODHEAD TRUSTEE/PRESIDENT	50 00 10 30	X		X				1,258,009	0	166,091
TIMOTHY D COOK TRUSTEE	2 00 0 00	X						0	0	0
ALLYSON DUNCAN TRUSTEE	4 00 0 00	X						0	0	0
RALPH EADS TRUSTEE	2 00 0 00	X						0	0	0
PAUL E FARMER TRUSTEE	2 00 0 00	X						0	0	0
ROBIN A FERRACONE TRUSTEE	6 00 0 00	X						0	0	0
XIQING GAO TRUSTEE	2 00 0 00	X						0	0	0
EDWARD A GILHULY TRUSTEE	4 00 2 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			
STEVEN M SCOTT MD TRUSTEE	2 00 4 00	X						0	0	0
BENJAMIN SHELLHORN TRUSTEE	2 00 0 00	X						0	0	0
ADAM SILVER TRUSTEE	2 00 0 00	X						0	0	0
LAURENE M SPERLING TRUSTEE	6 00 0 00	X						0	0	0
ASHLEY CROWDER STANLEY TRUSTEE	2 00 0 00	X						0	0	0
JEFFREY W UBBEN TRUSTEE	8 00 0 00	X						0	0	0
HOPE MORGAN WARD TRUSTEE	2 00 0 00	X						0	0	0
PAMELA J BERNARD VP & UNIVERSITY COUNSEL	45 00 15 20			X				548,628	0	49,432
SALLY KORNBLUTH PROVOST	70 00 0 30			X				630,590	0	79,485
RICHARD RIDDELL VP & UNIVERSITY SECRETARY	50 00 0 00			X				375,586	0	36,152

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC PETERSON DIRECTOR, DCRI	40 00 15 00				X			528,321	0	120,128
JAMES S ROBERTS EXEC VICE PROVOST FIN & ADMIN	50 00 0 10				X			353,181	0	39,490
NEAL F TRIPLETT CHIEF INVESTMENT OFFICER	50 00 0 40				X			3,222,129	0	668,058
DAVID N CUTCLIFFE COACH	40 00 0 00					X		2,480,725	0	54,482
MICHAEL W KRZYZEWSKI COACH	40 00 0 00					X		5,723,849	0	1,317,135
JOANNE MCCALLIE COACH	40 00 0 00					X		1,305,312	0	44,657
KEVIN M WHITE VP & DIRECTOR OF ATHLETICS	40 00 0 00					X		1,135,917	0	370,455
RALPH SNYDERMAN CHANCELLOR EMERITUS	40 00 0 00					X		1,191,176	0	46,118
PETER LANGE FORMER OFFICER	40 00 0 30						X	451,134	47,577	40,040
VICTOR J DZAU MD FORMER OFFICER	0 00 0 00						X	143,032	0	18,666

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			
ALVIN L CRUMBLISS FORMER KEY EMPLOYEE	40 00 0 00						X	143,559	0	22,823

SCHEDULE A
(Form 990 or 990EZ)

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	1,433,799,156	1,351,838,332	1,426,168,238	1,401,457,511	1,508,458,854	7,121,722,091
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	1,433,799,156	1,351,838,332	1,426,168,238	1,401,457,511	1,508,458,854	7,121,722,091
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)						1,896,289,488
6 Public support. Subtract line 5 from line 4						5,225,432,603

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	1,433,799,156	1,351,838,332	1,426,168,238	1,401,457,511	1,508,458,854	7,121,722,091
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,836,168	147,572,208	134,279,038	136,205,095	168,862,789	673,755,298
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 VI.)	570,413,588	643,785,361	508,305,278	238,458,694	413,002,024	2,373,964,945
11 Total support. Add lines 7 through 10						10,169,442,334
12 Gross receipts from related activities, etc. (see instructions)					12	4,837,044,118
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	51.380%
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	51.620%
16a 33 1/3% support test—2016. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		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		229,574
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		14,764
j Total Add lines 1c through 1i			244,338
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, lines 1 and 2 (see instructions), 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 HAVE AND SOME 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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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
2a Total number of conservation easements	1
2b Total acreage restricted by conservation easements	0.21
2c Number of conservation easements on a certified historic structure included in (a)	0
2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

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, handling of violations, and enforcing conservation easements during the year ▶ 600

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 180

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" on 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$ 3,201,413

(ii) Assets included in Form 990, Part X ▶ \$ 36,941,186

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 Revenue included on 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" on 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,816,799,085	7,272,129,904	7,012,623,559	6,019,979,874	5,537,135,706
b Contributions	720,600,842	137,175,368	288,397,235	125,705,635	91,146,456
c Net investment earnings, gains, and losses	758,983,475	-229,083,475	276,821,181	1,150,829,206	685,897,075
d Grants or scholarships	86,753,679	82,073,571	78,414,785	76,193,058	74,093,846
e Other expenditures for facilities and programs	303,634,618	264,809,551	227,297,286	207,698,098	220,105,517
f Administrative expenses	19,666,034	16,539,590			
g End of year balance	7,886,329,071	6,816,799,085	7,272,129,904	7,012,623,559	6,019,979,874

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 56 560 %
 - b** Permanent endowment ▶ 33 210 %
 - c** Temporarily restricted endowment ▶ 10 230 %
- The percentages on 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" on 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' on 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		24,463,604		24,463,604
b Buildings		3,564,904,509	1,791,685,370	1,773,219,139
c Leasehold improvements		213,018,599	142,724,049	70,294,550
d Equipment		750,151,983	567,665,491	182,486,492
e Other		847,381,684	418,239,017	429,142,667
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,479,606,452

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on 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	1,040,492,222	F
(B) US GOVERNMENT SECURITIES	2,909,000	F
(C) REAL ASSETS	1,498,595,545	F
(D) PRIVATE CAPITAL	2,225,261,335	F
(E) HEDGED STRATEGIES	2,468,230,879	F
(F) OTHER INVESTMENTS	-17,559,665	F
(G) FIXED INCOME	5,737,135	F
(H) EQUITIES	767,491,618	F
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	7,991,158,069	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) DEPOSITS WITH BOND TRUSTEE	28,601,001
(2) INTEREST IN PERPETUAL TRUST HELD BY OTHERS	805,473,809
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	834,074,810

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITY AND SPLIT INTEREST OBLIGATIONS	60,369,074
POSTRETIREMENT HEALTHCARE BENEFIT OBLIGATIONS	340,141,201
FUNDS HELD FOR OTHERS	79,316,609
REFUNDABLE FEDERAL STUDENT LOANS	36,337,905
CONDITIONAL ASSET RETIREMENT	47,623,532
INTERNATIONAL LOAN RESERVE	6,279,375
GENERAL INSURANCE IBNR	9,607,000
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	579,674,696

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' on 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 (losses) 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' on 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
See Additional Data Table	

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 category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other (A) SHORT TERM INVESTMENTS	1,040,492,222	F
(3) Other (A) US GOVERNMENT SECURITIES	2,909,000	F
(B) REAL ASSETS	1,498,595,545	F
(C) PRIVATE CAPITAL	2,225,261,335	F
(D) HEDGED STRATEGIES	2,468,230,879	F
(E) OTHER INVESTMENTS	-17,559,665	F
(F) FIXED INCOME	5,737,135	F
(G) EQUITIES	767,491,618	F

Supplemental Information

Return Reference	Explanation
PART II, LINE 5	<p>DUKE FOREST, A DEPARTMENT WITHIN DUKE UNIVERSITY, IS COMMITTED TO PROTECTING THE PURPOSE OF THE CONSERVATION EASEMENT ACCORDINGLY, A WRITTEN MONITORING PROGRAM WAS DEVELOPED TO MAINTAIN AND PROTECT 12 SIGNIFICANT NATURAL HERITAGE AREAS WITHIN NORTH CAROLINA, INCLUDING THE CONSERVATION EASEMENT NOTED ON SCHEDULE D, PART II THE POLICY INCLUDES DETAIL ABOUT CONDUCTING AN ONSITE INSPECTION, DOCUMENTING ALL FINDINGS ACCORDING TO A SITE-SPECIFIC MONITORING CHECKLIST A POST-MONITORING REPORT AND OTHER DOCUMENTATION IS COMPLETED AS NECESSARY DUKE FOREST STAFF (AND OTHER EXPERTS AS NECESSARY) ARE CONSULTED TO DETERMINE IF MANAGEMENT ACTIVITIES ARE NECESSARY TO ENSURE THE PURPOSE OF THE CONSERVATION EASEMENT WHILE NOT IN THE WRITTEN DOCUMENT, THE INITIAL STEP TAKEN BY DUKE FOREST WOULD BE TO CONTACT THE RESPONSIBLE PARTY TO REQUEST REMEDY OF THE INFRACTION SUBSEQUENT STEPS WOULD INCLUDE, BUT ARE NOT LIMITED TO CONSULTING WITH UNIVERSITY COUNSEL THE EASEMENT DOCUMENTS DO NOT INCLUDE THE POLICY AS THE EASEMENT DOCUMENTS WERE CREATED BEFORE THE POLICY DOCUMENT</p>

Supplemental Information

Return Reference	Explanation
PART II, LINE 9	THE CONSERVATION EASEMENT REPORTED ABOVE WAS NOT INCLUDED IN DUKE UNIVERSITY'S STATEMENT OF ACTIVITIES, BALANCE SHEET, NOR FOOTNOTES TO THE FINANCIAL STATEMENTS

Supplemental 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

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 DUKE UNIVERSITY ADOPTED THE REQUIREMENTS OF FIN 48 (ASC 740) 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, 2017

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2016

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on 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.**

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

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also 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	EQUAL OPPORTUNITY STATEMENT DUKE UNIVERSITY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER COMMITTED TO PROVIDING EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO AN INDIVIDUAL'S AGE, COLOR, DISABILITY, GENDER, GENDER EXPRESSION, GENDER IDENTITY, GENETIC INFORMATION, NATIONAL ORIGIN, RACE, RELIGION, SEX, SEXUAL ORIENTATION, OR VETERAN STATUS DUKE ALSO MAKES GOOD FAITH EFFORTS TO RECRUIT, HIRE, AND PROMOTE QUALIFIED WOMEN, MINORITIES, INDIVIDUALS WITH DISABILITIES, AND VETERANS IN ACCORDANCE WITH TITLE IX OF THE EDUCATION AMENDMENTS OF 1972. DUKE PROHIBITS DISCRIMINATION BASED ON SEX SEXUAL HARASSMENT IS A FORM OF SEX DISCRIMINATION DUKE HAS DESIGNATED A TITLE IX COORDINATOR IN THE OFFICE FOR INSTITUTIONAL EQUITY
FORM 990, SCHEDULE E, LINE 6	EXPLANATION OF GOVERNMENT FINANCIAL AID IN FUTURE 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

**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

2016

**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.

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities 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	3			17,635,563
b Total from continuation sheets to Part I	3	88			33,942,211
c Totals (add lines 3a and 3b)	3	91			51,577,774

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)		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	GENERAL SUPPORT	12,992,120	WIRE			
(2)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	GENERAL SUPPORT	105,000	WIRE			
(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	2

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) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(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 separately 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 separately 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).

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	<p>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 THE UNITED STATES IN PARTICULAR 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 GRANT FUNDS MUST MONITOR THE APPROPRIATE DISTRIBUTION OF THESE GRANT FUNDS IN THE ORDINARY COURSE OF BUSINESS AND REPORT SUCH INFORMATION TO DUKE UNIVERSITY</p>

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	1,105
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION	205,569
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH	36,508

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	3	PROGRAM SERVICES	STUDY ABROAD	118,137
CENTRAL AMERICA AND THE CARIBBEAN	0	0	SEMINAR		65,690
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		12,992,620

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	EDUCATION	792,045
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH	3,423,889
EAST ASIA AND THE PACIFIC	0	13	PROGRAM SERVICES	STUDY ABROAD	901,498

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	SEMINAR		1,550,106
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	ATHLETIC EVENT	1,945
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		11,323

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 (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		111,250
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION	1,297,850
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	RESEARCH	5,933,962

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 (INCLUDING ICELAND & GREENLAND)	2	40	PROGRAM SERVICES	STUDY ABROAD	2,599,087
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	SEMINAR		3,973,112
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATION	62,285

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	RESEARCH	170,585
MIDDLE EAST AND NORTH AFRICA	0	5	PROGRAM SERVICES	STUDY ABROAD	213,572
MIDDLE EAST AND NORTH AFRICA	0	0	SEMINAR		226,561

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	GRANTMAKING		200
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION	111,660
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	7,820,875

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	1	PROGRAM SERVICES	STUDY ABROAD	7,565
NORTH AMERICA	0	0	SEMINAR		394,460
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	EDUCATION	18,899

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	RESEARCH	37,430
RUSSIA AND NEIGHBORING STATES	0	3	PROGRAM SERVICES	STUDY ABROAD	44,546
RUSSIA AND NEIGHBORING STATES	0	0	SEMINAR		75,405

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	ATHLETIC EVENT	2,643
SOUTH AMERICA	0	0	GRANTMAKING		250
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION	195,429

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	1,204,616
SOUTH AMERICA	0	5	PROGRAM SERVICES	STUDY ABROAD	1,175,125
SOUTH AMERICA	0	0	SEMINAR		377,463

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		741
SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATION	157,331
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH	558,669

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	6	PROGRAM SERVICES	STUDY ABROAD	769,187
SOUTH ASIA	0	0	SEMINAR		237,095
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		9,404

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	473,978
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH	2,726,339
SUB-SAHARAN AFRICA	1	15	PROGRAM SERVICES	STUDY ABROAD	152,625

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		337,140

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
BOOK REVIEW PRIZE	SOUTH AMERICA	1	250	WIRE	0		
POSTER AWARD	EAST ASIA AND THE PACIFIC	1	500	WIRE	0		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
POSTER AWARD	EUROPE (INCLUDING ICELAND & GREENLAND)	5	1,300	WIRE	0		
POSTER AWARD	NORTH AMERICA	2	200	WIRE	0		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
POSTER AWARD	SUB-SAHARAN AFRICA	1	100	WIRE	0		
TUITION	EUROPE (INCLUDING ICELAND & GREENLAND)	2	4,750	WIRE	0		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
FELLOWSHIP	SOUTH ASIA	1	741	WIRE	0		
TUITION	SUB-SAHARAN AFRICA	1	6,915	WIRE	0		

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" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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" on 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 <input type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GRENZEBACH GLIER & ASSOCIATES SEE PART IV FOR ADDRESS SEE PART IV, IL 60611	FUNDRAISING CONSULTING, STRATEGIC PLANNING, COMMU		No	0	205,882	0
2 COPPER REEF ENTERPRISES SEE PART IV FOR ADDRESS CARLSBAD, CA 92009	FUNDRAISING CONSULTING		No	0	93,142	0
3 AUGUST JACKSON CO SEE PART IV FOR ADDRESS BALTIMORE, MD 21202	FUNDRAISING CONSULTING, PLANNING, DATA STORAGE, COMMU		No	0	1,150,641	0
4 CVENT ONARRIVAL INC SEE PART IV FOR ADDRESS NEW YORK, NY 10014	FUNDRAISING EVENT PLANNING		No	0	29,438	0
5 T C G LEGACY INC SEE PART IV FOR ADDRESS DURHAM, NC 27705	FUNDRAISING RELATED MATERIALS, CUSTOMIZATION		No	0	30,398	0
6 ORACLE AMERICA INC SEE PART IV FOR ADDRESS SURFSIDE BEACH, SC 29575	FUNDRAISING RELATED DIGITAL COMMUNICATIONS		No	0	24,705	0
7 REVERED LLC SEE PART IV FOR ADDRESS FULTON, MD 20759	FUNDRAISING RELATED MATERIALS, CUSTOMIZATION		No	0	67,900	0
8 HORIZON VIDEO PRODUCTION INC SEE PART IV FOR ADDRESS CHICAGO, IL 60647	FUNDRAISING RELATED VIDEO SHOOT		No	0	78,909	0
9 REEHER GROUP LLC SEE PART IV FOR ADDRESS DURHAM, NC 27707	FUNDRAISING RELATED MATERIALS, CUSTOMIZATION		No	0	36,540	0
10 CMG PARTNERS LLC SEE PART IV FOR ADDRESS STANFORD, CA 94305	FUNDRAISING PROFESSIONAL DEVELOPMENT		No	0	87,217	0
Total					1,804,772	

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, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		2016 CMN (event type)	ANGELS AMONG US (event type)	10 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	2,305,783	2,014,328	2,198,247	6,518,358
2	Less Contributions	2,305,783	1,913,855	1,734,645	5,954,283
3	Gross income (line 1 minus line 2)		100,473	463,602	564,075
Direct Expenses	4 Cash prizes	0	0	1,800	1,800
	5 Noncash prizes	0	6,967	189,669	196,636
	6 Rent/facility costs	0		4,373	4,373
	7 Food and beverages	0	1,512	165,353	166,865
	8 Entertainment	0	9,571	4,500	14,071
	9 Other direct expenses	176,708	91,488	497,275	765,471
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-585,141

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> 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 conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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 COPPER REEF ENTERPRISES (I) ADDRESS OF FUNDRAISER 6965 EL CAMINO REAL, CARLSBAD, CA 92009 (I) NAME OF FUNDRAISER AUGUST JACKSON CO (I) ADDRESS OF FUNDRAISER 7475 WISCONSIN AVE, BETHESDA, MD 20814 (I) NAME OF FUNDRAISER CVENT (I) ADDRESS OF FUNDRAISER 1765 GREENSBORO STATION, TYSONS CORNER, VA 22102 (I) NAME OF FUNDRAISER T C G LEGACY, INC (I) ADDRESS OF FUNDRAISER 191 TECHNOLOGY DR , GARNER, NC 27529 (I) NAME OF FUNDRAISER ORACLE AMERICA, INC (I) ADDRESS OF FUNDRAISER 500 ORACLE PARKWAY, REDWOOD SHORES, CA 94065 (I) NAME OF FUNDRAISER REVERED (I) ADDRESS OF FUNDRAISER 8801 FAST PARK DR , RALEIGH, NC 27617 (I) NAME OF FUNDRAISER HORIZON VIDEO PRODUCTIONS, INC (I) ADDRESS OF FUNDRAISER 6114 FAYETTEVILLE RD, DURHAM, NC 27713 (I) NAME OF FUNDRAISER REEHER GROUP, LLC (I) ADDRESS OF FUNDRAISER PO BOX 9202 VB BOX 159, MINNEAPOLIS, MN 55480 (I) NAME OF FUNDRAISER CMG PARTNERS, LLC (I) ADDRESS OF FUNDRAISER 410 BLACKWELL ST , DURHAM, NC 27701
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) THE AGREEMENTS PROVIDE THAT THE PAYMENT FOR REIMBURSEMENT OF SUCH EXPENSES WILL BE ISSUED IN ADDITION TO THE FEE FOR SERVICES RENDERED THERE ARE NO AGREEMENTS THAT PROVIDE EXCLUSIVELY FOR EXPENSES, BUT NOT FOR PROFESSIONAL FUNDRAISING SERVICES

**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," on 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

2016

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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
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See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 77
- 3** Enter total number of other organizations listed in the line 1 table ▶ 9

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ACHIEVEMENT ACADEMY OF DURHAM 2614 CREST ST DURHAM, NC 27705	41-2167219	501(C)(3)	5,400				GENERAL SUPPORT
ALBERT SCHWEITZER FELLOWSHIP 330 BROOKLINE AVE BOSTON, MA 02215	13-1982786	501(C)(3)	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMER SOC FOR CLINICAL INVESTIG PO BOX 7226 ANN ARBOR, MI 48107	52-0847477	501(C)(3)	10,000				GENERAL SUPPORT
AMERICAN DANCE FESTIVAL INC BOX 90772 DURHAM, NC 277080772	06-0932294	501(C)(3)	32,804				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	6,102				GENERAL SUPPORT
AMERICAN PHYSICAL THERAPY ASSN 1111 N FAIRFAX ST ALEXANDRIA, VA 223141488	13-1512769	501(C)(6)	8,709				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ASSOCIATION OF SOUTHEASTERN RESEARCH LIBRARIES 1190 MERAMEC STATION RD SUITE BALLWIN, MO 63021	58-2598596	501(C)(3)	226,150				DUKE START UP CHALLENGE PRIZE
BIOMETRIX CO PO BOX 25325 DURHAM, NC 27702	47-2309739		18,929				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BIRCHWOOD LEARNING CENTER 416 WALTON ST DURHAM, NC 27703	56-2062834	501(C)(3)		5,088	FMV	FURNITURE/COMPUTER	GENERAL SUPPORT
BLOOD & MARROW TRANSPLANT INFO 1548 OLD SKOKIE RD UNIT 1 HIGHLAND PARK, IL 60035	36-3774980	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BOOK HARVEST 2501 UNIVERSITY DR DURHAM, NC 27707	45-2610533	501(C)(3)	10,000				GENERAL SUPPORT
CAMP KESEM NC PO BOX 90834 DURHAM, NC 27708	51-0454147		9,758				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	7,500				GENERAL SUPPORT
CARING HOUSE INC 2625 PICKETT RD DURHAM, NC 277055603	56-1647154	501(C)(3)	22,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 TRIANGLE 1213 E FRANKLIN ST CHAPEL HILL, NC 27514	56-1610461	501(C)(3)	10,000				GENERAL SUPPORT
CHANGING A GENERATION WITH FACE PO BOX 11587 DURHAM, NC 27703	56-2158704	501(C)(3)		54,372	FMV	FURNITURE/COMPUTER	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHAPEL HILL OUTREACH PROJECT 80 EASTOWNE DRIVE 105 CHAPEL HILL, NC 27514	58-2046321	501(C)(3)		7,915	FMV	FURNITURE	GENERAL SUPPORT
CHURCH OF THE PILGRIMS 2201 P ST NW WASHINGTON, DC 20037	53-0211352	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 SERVICES INC P O BOX 968 ELKHART, IN 46515	13-4080201	501(C)(3)	2,650	20,152	FMV	FURNITURE	GENERAL SUPPORT
CITY OF DURHAM 101 CITY HALL PLAZA DURHAM, NC 27701	56-6000225	GOV'T ENTITY	300	17,962	FMV	FURNITURE	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 JESUS 1321 HUMPHREY ST DURHAM, NC 27701	46-3800893	501(C)(3)		11,543	FMV	FURNITURE/COMPUTER	GENERAL SUPPORT
COMMON CATHEDRAL PO BOX 51003 BOSTON, MA 02205	51-0469082	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 208 N COLUMBIA ST SUITE 100 CHAPEL HILL, NC 275143504	27-0428981	501(C)(3)	33,500				GENERAL SUPPORT
CREATIVE DIRECTIONS PO BOX 1029 BURLINGTON, NC 27217	86-1098232	501(C)(3)		9,505	FMV	FURNITURE/COMPUTER	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CREST STREET COMMUNITY COUNCIL 2614 CREST ST DURHAM, NC 27705	58-1399286	501(C)(4)	10,250				GENERAL SUPPORT
CROHNS & COLITIS FOUNDATION 1100 S MINT ST SUITE 204 CHARLOTTE, NC 28203	13-6193105	501(C)(3)	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DIAPER BANK OF NC 304 E TRINITY AVE DURHAM, NC 27701	32-0401621	501(C)(3)	15,080				GENERAL SUPPORT
DUKE WESLEY FELLOWSHIP 2605 ACADIA ST DURHAM, NC 27704	56-2023717		10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	6,700				GENERAL SUPPORT
DURHAM CRISIS RESPONSE CENTER 206 N DILLARD ST DURHAM, NC 277013404	58-1496427	501(C)(3)	8,633	738	FMV	FURNITURE	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 27707	56-1479534	501(C)(3)	10,900	150	FMV	FURNITURE	GENERAL SUPPORT
DURHAM PUBLIC SCHOOLS 2520 VESSON AVE DURHAM, NC 27707	56-6001021	GOV'T ENTITY	234,941	8,807	FMV	FURNITURE	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EARTH REFORMERS 319 US HWY 70 DURHAM, NC 27703	27-2962264	501(C)(3)		8,000	FMV	COMPUTER	GENERAL SUPPORT
ELLERBE CREEK WATERSHED ASSOCIATION 331 W MAIN ST STE 505 DURHAM, NC 27701	56-2123874	501(C)(3)	5,000	300	FMV	FURNITURE	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 CENTER 904 W CHAPEL HILL ST DURHAM, NC 27701	56-2230469	501(C)(3)	205,750	50	FMV	FURNITURE	GENERAL SUPPORT
EXCHANGE CLUB CHILD ABUSE PREVENTION 3708 LYCKAN PKWY STE 103 DURHAM, NC 277072586	58-1978668	501(C)(3)	4,960	304	FMV	FURNITURE	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EXPLORIS MIDDLE SCHOOL 401 HILLSBOROUGH ST RALEIGH, NC 27603	27-1719653	501(C)(3)		12,000	FMV	COMPUTER	GENERAL SUPPORT
FAMILIES MOVING FORWARD PO BOX 25426 DURHAM, NC 27702	56-1633998	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	15,000				GENERAL SUPPORT
GATHERING PLACE MINISTRIES 108 S MAIN ST ROXBORO, NC 27573	54-1194439	501(C)(3)		20,307	FMV	FURNITURE	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GENIEUS 2402 W CARVER ST DURHAM, NC 27705	81-3388658		50,000				GENERAL SUPPORT
GEORGIA TECH FOUNDATION INC 760 SPRING ST NW SUITE 400 ATLANTA, GA 30308	58-6043294	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GOD 1ST PEOPLE 2ND 953 E MAIN STREET DURHAM, NC 27701	20-1412180	501(C)(3)		263,225	FMV	FURNITURE/COMPUTER	GENERAL SUPPORT
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892	26-0150662	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GRADUATE CHEMISTRY COUNCIL 124 SCIENCE DR BOX 90354 DURHAM, NC 27708	46-5754212		15,000				GENERAL SUPPORT
GREATER RALEIGH CHAMBER OF COMMERCE PO BOX 2978 RALEIGH, NC 276022978	56-0370850	501(C)(6)	5,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	31,250	8,391	FMV	FURNITURE	GENERAL SUPPORT
ILASS 2409 E WEAVER STREET DURHAM, NC 27707	35-2355979	501(C)(3)		11,667	FMV	FURNITURE	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
J-JIREH SERVICES PO BOX 148 WARRENTON, NC 27589	02-0783242	501(C)(3)		6,716	FMV	FURNITURE/COMPUTER	GENERAL SUPPORT
KIDZ NOTES PO BOX 200 DURHAM, NC 277020200	27-0446845	501(C)(3)	4,343	1,498	FMV	FURNITURE	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	2,000	195,415	FMV	COMPUTERS	GENERAL SUPPORT
LELAND STANFORD JUNIOR UNIVERSITY 651 SERRA ST STANFORD, CA 94305	94-1156365	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LEUKEMIA & LYMPHOMA SOCIETY 401 HARRISON OAKS BLVD SUITE 2 CARY, NC 27513	13-5644916	501(C)(3)	16,000				GENERAL SUPPORT
LINK CHRISTIAN DEVELOPMENT 715 E 4TH ST WATERLOO, IA 50703	45-5237223	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 6984 HWY 711 PEMBROKE, NC 28372	56-2247884	501(C)(3)		10,070	FMV	COMPUTER	GENERAL SUPPORT
MADE IN DURHAM 307 W MAIN ST DURHAM, NC 27701	47-2262963	501(C)(3)	100,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MOUNT ZION CHRISTIAN CHURCH 3519 FAYETTEVILLE ST DURHAM, NC 27707	56-1443711	501(C)(3)		8,220	FMV	COMPUTER	GENERAL SUPPORT
MUSEUM OF DURHAM HISTORY PO BOX 362 DURHAM, NC 27702	94-3455685	501(C)(3)	10,350				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 T W ALEXANDER DR RTP, NC 27709	59-1735367	501(C)(3)	100,000				GENERAL SUPPORT
NAVIGATORS 1902 PERRY ST DURHAM, NC 27705	84-6007896	501(C)(3)	5,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NC PUBLIC HEALTH FOUNDATION PO BOX 18763 RALEIGH, NC 27619	47-0921425	501(C)(3)	10,000				GENERAL SUPPORT
NORTH CAROLINA STATE UNIV FOUNDATION CAMPUS BOX 7474 RALEIGH, NC 276957474	56-6049503	501(C)(3)	15,750				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 OPPORTUNITY 1309 HALLEY ST DURHAM, NC 27707	35-2206640	501(C)(3)	22,826				GENERAL SUPPORT
PSYCHOLOGICAL CLINICAL SCIENCE 1800 MASSACHUSETTS AVE NW 402 WASHINGTON, DC 20036	26-3018654	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ROXBORO COMMUNITY SCHOOL 115 LAKE DR ROXBORO, NC 27573	14-1920044	501(C)(3)		8,874	FMV	FURNITURE	GENERAL SUPPORT
SAINT AUGUSTINE'S UNIVERSITY 1315 OAKWOOD AVENUE RALEIGH, NC 27610	56-0547478	501(C)(3)		18,322	FMV	FURNITURE/COMPUTER	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SAVING GRACE ANIMALS FOR ADOPTION 27587 OLD CREEDMOOR ROAD WAKE FOREST, NC 27587	92-0186555	501(C)(3)	9,130				GENERAL SUPPORT
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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SECOND CHANCE OUTREACH EQUIPPING CENTER 300 LAKESIDE DR APT C HILLSBOROUGH, NC 27278	26-3511708	501(C)(3)		5,672	FMV	FURNITURE/COMPUTER	GENERAL SUPPORT
SENIOR PHARMASSIST INC 406 RIGSBEE AVE STE 201 DURHAM, NC 277012186	56-2084639	501(C)(3)	16,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SMITHSONIAN INSTITUTION PO BOX 37012-MRC 1420 WASHINGTON, DC 200737012	53-0206027	501(C)(3)	14,400				GENERAL SUPPORT
STEPUP PO BOX 31786 RALEIGH, NC 27622	47-4578727	501(C)(3)	100,650				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	7,050				GENERAL SUPPORT
STUDENT NATIONAL MEDICAL ASSN 5113 GEORGIA AVE NW WASHINGTON, DC 20011	52-0965479	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
STUDENT U 3116 ACADEMY RD DURHAM, NC 27707	56-0538019	501(C)(3)	18,250				GENERAL SUPPORT
TEENS DESTINED TO SUCCEED PO BOX 2653 BURLINGTON, NC 27216	26-3024874	501(C)(3)		6,000	FMV	COMPUTER	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TRIANGLE PROJECTS LLC 105 W CORBIN ST SUITE 204 HILLSBOROUGH, NC 27278	47-2703215		50,000				GENERAL SUPPORT
TROSA INC 1820 JAMES ST DURHAM, NC 277072024	56-1861158	501(C)(3)	107,500	65,109	FMV	FURNITURE	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 20312 MAIL SERVICE CTR RALEIGH, NC 27699	56-0564547	501(C)(3)	51,000				GENERAL SUPPORT
UNIVERSITY OF NORTH CAROLINA 227 GREENLAW HALL CB3520 CHAPEL HILL, NC 275993520	56-6001393	501(C)(3)	6,100				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 INC PO BOX 249 DURHAM, NC 27702	58-1505891	501(C)(3)	4,700	2,095	FMV	FURNITURE	GENERAL SUPPORT
VOICES TOGETHER 5007 SOUTHPARK DR SUITE 230 DURHAM, NC 27713	20-4612388	501(C)(3)	5,000	1,150	FMV	FURNITURE	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WAKEMED FOUNDATION 3000 NEW BERN AVE RALEIGH, NC 27610	56-1916549	501(C)(3)		7,361	FMV	FURNITURE	GENERAL SUPPORT
WALLTOWN CHILDRENS THEATRE 1225 BERKLEY ST DURHAM, NC 27705	56-2214825	501(C)(3)	14,826				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WASHINGTON UNIVERSITY 700 ROSEDALE AVE CB 1034 ST LOUIS, MO 63112	14-3060536	501(C)(3)	100,000				GENERAL SUPPORT
WEST END COMMUNITY FOUNDATION PO BOX 51398 DURHAM, NC 277171398	56-1858174	501(C)(3)	14,826	1,080	FMV	FURNITURE	GENERAL SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
ALLEN STARLING JOHNSON JR AWARD	9	4,137			
BRENDA ARMSTRONG AWARD	6	600			
DUSOMIE THINC PRIZE	14	4,943			
HOLTON PRIZE	7	5,250			
MELON GRANT	7	6,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
MISCELLANEOUS ASSISTANCE	1	8,258			
RESEARCH PRIZE	12	19,600			
START UP CHALLENGE	12	8,000			
STUDENT AWARD	209	149,530			
TEACHING AWARD	9	2,250			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
UNDERGRADUATE INSTITUTIONAL AWARDS	272	3,193,934			
INTERNSHIP STIPENDS	874	1,953,533			
GRADUATE STIPENDS	2139	28,564,394			
POSTDOCTORAL STIPENDS	34	668,091			
PREDOCTORAL STIPENDS	29	586,603			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
UNDERGRADUATE STIPENDS	780	2,207,733			
GRADUATE ATHLETIC SCHOLARSHIPS	18	1,172,672			
UNDERGRADUATE ATHLETIC SCHOLARSHIPS	524	26,370,740			
UNDERGRADUATE SCHOLARSHIPS & STIPENDS	3023	122,919,016			
GRADUATE SCHOLARSHIPS & STIPENDS	4433	76,904,951			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
POST DOCTORAL SCHOLARSHIPS & STIPENDS	32	70,450			
PRE DOCTORAL SCHOLARSHIPS & STIPENDS	2860	49,351,289			

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

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

Name of the organization DUKE UNIVERSITY	Employer identification number 56-0532129
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on 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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued 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" on 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 on 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 in column(B) reported as deferred on 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	<p>CHARTER TRAVEL MICHAEL W KRZYZEWSKI 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, A EUGENE WASHINGTON, MD, TALLMAN TRASK III AND SALLY KORNBLOTH USED FIRST CLASS OR CHARTER TRAVEL SERVICES SUCH TRAVEL WAS FOR BUSINESS PURPOSES AND NOT INCLUDED IN TAXABLE INCOME TO THE INDIVIDUALS TRAVEL FOR COMPANIONS COMPANIONS HAVE TRAVELED WITH RICHARD H BRODHEAD, MICHAEL W KRZYZEWSKI, AND A EUGENE WASHINGTON, MD TO THE EXTENT IT WAS PERSONAL IN NATURE, SUCH AMOUNTS WERE INCLUDED IN THEIR TAXABLE INCOME TAX INDEMNIFICATION MICHAEL W KRZYZEWSKI AND RICHARD H BRODHEAD RECEIVED SOME BENEFIT THAT WAS GROSSED UP TO COMPENSATE FOR WITHHOLDING OF TAXES RESIDENCE FOR PERSONAL USE RICHARD H BRODHEAD AND A EUGENE WASHINGTON, MD WERE 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 FACILITIES USED BY THE UNIVERSITY'S PRESIDENT AND CHANCELLOR IN ADDITION TO PROVIDING A PERSONAL RESIDENCE THAT IS FOR THE CONVENIENCE OF THE UNIVERSITY, THE FACILITIES ARE USED THROUGHOUT THE YEAR FOR NUMEROUS DUKE RELATED FUNCTIONS CLUB DUES NANCY CATHERINE ANDREWS, MD, DAVID N CUTCLIFFE, RICHARD RIDDELL AND JAMES SCOTT GIBSON 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</p>
PART I, LINE 4B	<p>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 \$525,625, RICHARD BRODHEAD \$230,000, ALICE GOULD \$173,550, MICHAEL W KRZYZEWSKI \$1,610,000 SUCH AMOUNTS WERE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AS DEFINED UNDER IRC SECTION 457(F)</p>

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD H BRODHEAD TRUSTEE/PRESIDENT	(i)	994,475	0	263,534	153,161	15,585	1,426,755	115,000
	(ii)	0	0	0	0	0	0	0
1 PAMELA J BERNARD VP & UNIVERSITY COUNSEL	(i)	530,628	0	18,000	32,411	18,414	599,453	0
	(ii)	0	0	0	0	0	0	0
2 SALLY KORNBLOTH PROVOST	(i)	612,590	0	18,000	32,411	48,690	711,691	0
	(ii)	0	0	0	0	0	0	0
3 RICHARD RIDDELL VP & UNIVERSITY SECRETARY	(i)	357,586	0	18,000	21,000	16,140	412,726	0
	(ii)	0	0	0	0	0	0	0
4 TALLMAN TRASK EXECUTIVE VICE PRESIDENT	(i)	738,477	0	18,000	32,411	19,783	808,671	0
	(ii)	0	0	0	0	0	0	0
5 TIMOTHY W WALSH TREASURER & VP OF FINANCE	(i)	415,110	0	0	32,411	16,792	464,313	0
	(ii)	0	0	0	0	0	0	0
6 A EUGENE WASHINGTON MD CHANCELLOR HEALTH AFFAIRS	(i)	1,161,674	904,735	23,700	132,411	15,246	2,237,766	0
	(ii)	0	0	0	0	0	0	0
7 NANCY C ANDREWS MD VICE CHANCELLOR OF ACADEMIC AFFAIRS	(i)	594,822	346,539	18,000	32,411	59,782	1,051,554	0
	(ii)	0	0	0	0	0	0	0
8 VALERIE ASHBY DEAN, COLLEGE OF ARTS & SCIENCE	(i)	418,987	0	0	32,411	6,753	458,151	0
	(ii)	0	0	0	0	0	0	0
9 JAMES SCOTT GIBSON EXEC VICE DEAN OF ADMIN , SOM	(i)	409,314	202,471	18,000	32,411	21,283	683,479	0
	(ii)	0	0	0	0	0	0	0
10 ALICE GOULD INVESTMENT MANAGER	(i)	354,284	857,798	191,550	32,411	11,342	1,447,385	173,550
	(ii)	0	0	0	0	0	0	0
11 EVAN L JONES INVESTMENT MANAGER	(i)	347,607	838,545	18,000	114,311	18,857	1,337,320	0
	(ii)	0	0	0	0	0	0	0
12 JUSTIN B NIXON INVESTMENT MANAGER	(i)	293,107	565,433	0	93,836	16,255	968,631	0
	(ii)	0	0	0	0	0	0	0
13 JOHN J NOONAN ASSOCIATE VP OF FACILITIES	(i)	333,689	1,445	12,000	32,411	43,697	423,242	0
	(ii)	0	0	0	0	0	0	0
14 ERIC PETERSON DIRECTOR, DCRI	(i)	406,116	104,205	18,000	32,411	88,771	649,503	0
	(ii)	0	0	0	0	0	0	0
15 JAMES S ROBERTS EXEC VICE PROVOST FIN & ADMIN	(i)	353,181	0	0	32,411	7,989	393,581	0
	(ii)	0	0	0	0	0	0	0
16 NEAL F TRIPLETT CHIEF INVESTMENT OFFICER	(i)	635,077	2,043,427	543,625	652,567	17,185	3,891,881	525,625
	(ii)	0	0	0	0	0	0	0
17 DAVID N CUTCLIFFE COACH	(i)	2,121,341	325,484	33,900	32,411	27,792	2,540,928	0
	(ii)	0	0	0	0	0	0	0
18 MICHAEL W KRZYZEWSKI COACH	(i)	2,673,733	1,375,000	1,675,116	1,299,814	24,543	7,048,206	1,246,799
	(ii)	0	0	0	0	0	0	0
19 JOANNE MCCALLIE COACH	(i)	1,051,062	228,000	26,250	32,411	15,055	1,352,778	0
	(ii)	0	0	0	0	0	0	0

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 KEVIN M WHITE VP & DIRECTOR OF ATHLETICS	(i)	1,109,411	0	26,506	349,078	24,345	1,509,340	0
	(ii)	0	0	0	0	0	0	0
1 RALPH SNYDERMAN CHANCELLOR EMERITUS	(i)	1,180,906	0	10,270	32,411	16,869	1,240,456	0
	(ii)	0	0	0	0	0	0	0
2 PETER LANGE FORMER OFFICER	(i)	433,134	0	18,000	32,411	8,757	492,302	0
	(ii)	47,577	0	0	0	0	47,577	0
3 VICTOR J DZAU MD FORMER OFFICER	(i)	0	143,032	0	18,666	15	161,713	0
	(ii)	0	0	0	0	0	0	0
4 ALVIN L CRUMBLISS FORMER KEY EMPLOYEE	(i)	143,559	0	0	17,000	6,228	166,787	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047
2016
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service
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	65819GDR6	11-02-2006	397,964,337	SEE PART VI		X		X		X
B	NC CAPITAL FACILITIES FINANCE AGENCY	56-1592154	65819GFT0	02-25-2009	252,858,252	SEE PART VI	X			X		X
C	NC CAPITAL FACILITIES FINANCE AGENCY	56-1592154	65819GJQ2	10-23-2014	260,825,252	SEE PART VI		X		X		X
D	NC CAPITAL FACILITIES FINANCE AGENCY	56-1592154	65819GKX5	11-18-2015	416,079,767	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D		
1	Amount of bonds retired	381,460,000					
2	Amount of bonds legally defeased		247,090,000				
3	Total proceeds of issue	405,128,364	253,158,413	260,867,558	416,282,285		
4	Gross proceeds in reserve funds						
5	Capitalized interest from proceeds	8,814,929	7,249,152		1,744,007		
6	Proceeds in refunding escrows	262,529,247	109,568,000	236,825,000	274,219,243		
7	Issuance costs from proceeds	2,807,772	2,182,146	994,215	2,173,484		
8	Credit enhancement from proceeds						
9	Working capital expenditures from proceeds						
10	Capital expenditures from proceeds	130,976,419	134,159,115		109,531,060		
11	Other spent proceeds			23,048,343			
12	Other unspent proceeds				28,614,491		
13	Year of substantial completion	2008		2013		2016	
		Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X
16	Has the final allocation of proceeds been made?	X			X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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 ▶	0 150 %		0 %		0 080 %		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	0 150 %		0 %		0 080 %		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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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								
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			X		X		X
b Name of provider	MORGAN STANLEY & CO							
c Term of GIC	190 0000000000 %							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		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 BOND ISSUE (B2) FORM 8038 LISTS THE CUSIP NUMBER AS VARIOUS DUE TO THE NATURE OF THE NOTES ISSUED, I E , COMMERCIAL PAPER THE ISSUE CLOSED ON 4/7/2016 AND CUSIPS 65818WGE8, 65818WGF5, 65818WGG3, 65818WGH1, 65818X3W0 WERE OUTSTANDING AS OF 6/30/2017 UNDER THE NEW ISSUE

Return Reference	Explanation
FORM 990, SCHEDULE K, PART 1(E)	TAX-EXEMPT BONDS BOND ISSUE (B2) REPRESENTS MAXIMUM PRINCIPAL AMOUNT OF NEW MONEY COMMERCIAL PAPER NOTES (\$254,160,000) AND FIRST GENERATION CURRENT REFUNDING COMMERCIAL PAPER NOTES (\$33,860,000) THAT CAN BE ISSUED PURSUANT TO THIS COMMERCIAL PAPER PROGRAM

Return Reference	Explanation
FORM 990, SCHEDULE K, PART 1(F)	<p>PURPOSE OF TAX-EXEMPT BONDS BOND ISSUE (A) 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 (B) 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 (C) TO (1) REFUND A PORTION OF THE 2005A BONDS ISSUED 06/24/2005, (2) REFUND A PORTION OF THE 2006A BONDS ISSUED 11/02/2006, (3) REFUND A PORTION OF THE 2006B BONDS ISSUED 01/09/2007, (4) PAY AND REIMBURSE THE UNIVERSITY FOR PAYING A PORTION OF THE COST OF CONSTRUCTING AND EQUIPPING THE 2014A-C PROJECTS BOND ISSUE (B2) COMMERCIAL PAPER PROGRAM, THE PURPOSES OF WHICH ARE TO (1) REFUND COMMERCIAL PAPER NOTES ISSUED UNDER A PRIOR PROGRAM WITH AN ISSUE DATE OF 7/16/2014, AND (2) FINANCE PROJECTS ON THE WEST, EAST, AND CENTRAL CAMPUS OF DUKE UNIVERSITY BOND ISSUE (D) TO (1) REFUND THE REMAINING PORTION OF THE 2005A BONDS ISSUED 06/24/2005, (2) REFUND \$185,101,000 AGGREGATE PRINCIPAL AMOUNT OF TAX EXEMPT COMMERCIAL PAPER NOTES ISSUED 11/18/2015 TO PROVIDE INTERIM FINANCING FOR CONSTRUCTION AND EQUIPPING 13 PROJECTS LOCATED ON THE WEST AND EST CAMPUS OF DUKE UNIVERSITY (2015B PROJECTS), (4) PAY AND REIMBURSE THE UNIVERSITY FOR PAYING A PORTION OF THE COST OF CONSTRUCTING AND EQUIPPING THE 2015B PROJECTS BOND ISSUE (A2) TO (1) REFUND A PORTION OF THE 2006A BONDS ISSUED 11/02/2006, (2) REFUND A PORTION OF THE 2006B BONDS ISSUED 01/09/2007</p>

Return Reference	Explanation
FORM 990, SCHEDULE K, PART II, LINE 13	TAX-EXEMPT BOND BOND ISSUE (D) NO YEAR IS PROVIDED AT THIS TIME DUE TO 2015B PROJECTS THAT ARE NOT SUBSTANTIALLY COMPLETE

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV	TAX-EXEMPT BOND LINE 2 BOND ISSUE (B2) SALES PROCEEDS ALLOCATED UPON ISSUANCE AND NOT INVESTED BOND ISSUE (A) - 11/1/2016 BOND ISSUE (B) - 2/1/2017 BOND ISSUE (C) - 9/30/2016 BOND ISSUE (D) - 11/1/2016 LINE 5D BOND ISSUE (A) ONLY TWO BIDS WERE RECEIVED FROM SIX PROVIDERS SOLICITED

Schedule K (Form 990)

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

OMB No 1545-0047
2016
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service
 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	65819GLE6	11-03-2016	380,642,978	SEE PART VI		X		X		X
B NC CAPITAL FACILITIES FINANCE AGENCY	56-1592154	99VARIOUS	04-17-2016	254,160,000	SEE PART VI		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue			380,642,978		33,860,000			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows			378,939,046		33,860,000			
7 Issuance costs from proceeds			1,703,932					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion			2008		2015			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X			X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		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					
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					
c Are there any research agreements that may result in private business use of bond-financed property?	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					
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 ▶	0 170 %		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 %					
6 Total of lines 4 and 5	0 170 %		0 %					
7 Does the bond issue meet the private security or payment test?		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				
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					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X			X				
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		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		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

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 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 \$179,902(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 FORMER OFFICER(C) AMOUNT OF TRANSACTION \$58,590(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 \$319,800(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 \$166,781(D) DESCRIPTION OF TRANSACTION PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON MOLLY M WALSH(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION MOLLY M WALSH IS A FAMILY MEMBER OF A DUKE UNIVERSITY OFFICER(C) AMOUNT OF TRANSACTION \$25,000(D) DESCRIPTION OF TRANSACTION PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON JAMES MATTHEW GIBSON(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION JAMES MATTHEW GIBSON IS A FAMILY MEMBER OF A DUKE UNIVERSITY KEY EMPLOYEE(C) AMOUNT OF TRANSACTION \$47,818(D) DESCRIPTION OF TRANSACTION PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON ZACHARY BERNARD(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION ZACHARY BERNARD IS A FAMILY MEMBER OF A DUKE UNIVERSITY OFFICER(C) AMOUNT OF TRANSACTION \$22,115(D) DESCRIPTION OF TRANSACTION PAYMENT FOR SALARY AND BENEFITS(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
CYNTHIA BRODHEAD	SEE PART V	179,902	SEE PART V		No
LORI LEACHMAN	SEE PART V	58,590	SEE PART V		No

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
DEBORAH JAKUBS	SEE PART V	319,800	SEE PART V		No
BERNARD MATHEY-PREVOT	SEE PART V	166,781	SEE PART V		No

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
MOLLY M WALSH	SEE PART V	25,000	SEE PART V		No
JAMES MATTHEW GIBSON	SEE PART V	47,818	SEE PART V		No

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
ZACHARY BERNARD	SEE PART V	22,115	SEE PART V		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2016

Open to Public Inspection

▶ **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**

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	30	3,427,161	VARIOUS
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		808,287	VARIOUS
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1,745	94,339,429	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	X	1	63,299	FMV
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 ▶ (EVENT TICKETS)	X	3,112	632,545	FMV/FACE VALUE
26 Other ▶ (EQUIPMENT)	X	12	234,513	VARIOUS
27 Other ▶ (MISCELLANEOUS)	X	66	147,193	VARIOUS
28 Other ▶ (_____)				

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

29 21

	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?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
DUKE UNIVERSITY

Employer identification number

56-0532129

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>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 OPPORTUNITIES, 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 "</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 3B	THE ORGANIZATION DID NOT HAVE UNRELATED BUSINESS INCOME OF \$1,000 OR MORE DURING THE FISCAL YEAR ENDED JUNE 30, 2017 THEREFORE, FORM 990-T IS NOT REQUIRED FOR THE FISCAL YEAR ENDED JUNE 30, 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TRUSTEES JANET HILL AND DAVID M RUBENSTEIN ARE BOTH DIRECTORS OF THE CARLYLE GROUP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	GRADUATES OF DUKE UNIVERSITY HAVE THE RIGHT TO ELECT TWELVE TRUSTEES TO SERVE ON THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	DUKE UNIVERSITY'S DRAFT FORM 990 IS DISTRIBUTED TO THE AUDIT, RISK & COMPLIANCE COMMITTEE OF THE UNIVERSITY TRUSTEES IN ADVANCE OF THE MEETING AT THE MEETING, THE DUKE UNIVERSITY TAX SENIOR 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 SENIOR DIRECTOR OR OR DUKE UNIVERSITY'S TAX ATTORNEY, WHO IS ALSO INVOLVED WITH THE PREPARATION OF DUKE UNIVERSITY'S FORM 990 SUBSEQUENTLY, 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 SENIOR DIRECTOR AND UNIVERSITY COUNSEL AT THE MEETING OR ANYTIME THEREAFTER

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DUKE UNIVERSITY'S DOCUMENTS (ARTICLES OF INCORPORATION AND ANY SUBSEQUENT AMENDMENTS OR RE STATEMENTS) 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 (WEBLINK MUST BE INPUT IN ALL LOWER CASE LETTERS)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN PERPETUAL TRUSTS & SPLIT INT AGREEMENTS 32,920,803 TRANSFER FROM DUHS 102,270, 770 NONPERIODIC CHANGE 39,258,744 OTHER CHANGES -2,076,562

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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 19 NORCOTT ROAD LONDON N167EJ UK 98-0555714	DEVELOPMENT	UK	575,253	7,856	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.

See Additional Data Table

(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	No

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.

See Additional Data Table

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

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.

See Additional Data Table

(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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
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 Yes	
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

See Additional Data Table

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

Part VII **Supplemental Information**

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

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	No
(1) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(1) 100 NORTH TRYON STREET CHARLOTTE, NC 28202 13-6113895	SCHOLARSHIPS	NC	501(C)(3)	11 TYPE III-O	DUKE ENDOWMENT		No
(2) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1845329	HEALTHCARE	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
(3) PO DRAWER ACC GREENSBORO, NC 27417 56-0599082	ATHLETIC	NC	501(C)(3)	11 TYPE 1	N/A		No
(4) 1525 W WT HARRIS BLVD D1114 CHARLOTTE, NC 28288 58-1360259	SUPPORT	NC	501(C)(3)	11 TYPE III-O	N/A		No
(5) 150 RESEARCH CAMPUS DR KANNAPOLIS, NC 28081 20-8730759	RESEARCH	NC	501(C)(3)	11 TYPE 1	N/A		No
(6) 280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1465177	INVESTMENTS	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(7) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1594088	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(8) 310 BLACKWELL ST DURHAM, NC 27701 42-1672476	EDUCATION	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(9) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211078	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(10) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 61-1588319	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(11) PO BOX 2895 DURHAM, NC 27710 56-1825604	SUPPORT	NC	501(C)(3)	11 TYPE III-O	N/A		No
(12) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(13) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1701245	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(14) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1902501	HEALTHCARE	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
(15) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211099	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(16) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(17) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-2070036	HEALTHCARE	NC	501(C)(3)	LINE 3	DUKE UNIVERSITY	Yes	
(18) 280 S MANGUM STREET STE 210 DURHAM, NC 27701 90-0754895	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(19) 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	No
(21) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917936	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(1) 280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1776668	INVESTMENTS	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(2) 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) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917939	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(4) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 32-0358709	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(5) PO BOX 3001 DURHAM, NC 27715 56-6473809	SUPPORT	NC	501(C)(3)	11 TYPE 1	N/A		No
(6) 100 NORTH TRYON STREET CHARLOTTE, NC 28202 23-7270511	MED SUPPORT	NY	501(C)(3)	11 TYPE III-O	DUKE ENDOWMENT		No
(7) PO BOX 12194 RTP, NC 27709 56-0686338	RESEARCH	NC	501(C)(3)	11 TYPE III-O	N/A		No
(8) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 65-0045051	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(9) ONE WEST FOURTH ST STE 1200 WINSTONSALEM, NC 27101 20-2749954	SCHOLARSHIPS	NC	501(C)(3)	11 TYPE 1	N/A		No
(10) 1317 PETTIGREW STREET DURHAM, NC 27705 56-1655039	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(11) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1415423	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(12) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 46-3129771	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
(13) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 46-1340679	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
(14) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1150667	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(15) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1143245	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(16) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1133466	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(17) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-5555092	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(18) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 81-1309454	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(19) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 81-2623775	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	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	No
(41) 310 BLACKWELL STREET 4TH FLOOR DURHAM, NC 27701 81-5328550	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	Yes	
(1) 2200 WEST MAIN STREET DURHAM, NC 27705 56-1632379	BANKING	NC	501(C)(1)		N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BLACKWELL PARTNERS LLC - SERIES A - 20-8075455 280 S MANGUM ST STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				No			No	
(1) CANYON BLUE INV FD 27-0186996 AVE OF STARS LA, CA 90067	INVESTMENTS	DE	N/A	N/A				No			No	
(2) CD FUND LP - 27-0130641 MCKINNEY AVE DALLAS, TX 75201	INVESTMENTS	TX	N/A	N/A				No			No	
(3) LIQUID REALTY PTR 05-0537755 LINDA MESA DANVILLE, CA 94526	INVESTMENTS	DE	N/A	N/A				No			No	
(4) LYRICAL BLUE RL PT 27-2994514 32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(5) LYRICAL-BLUE RGNT 45-3626577 32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(6) OCTAVIAN BLUE FD 27-2408711 5TH AVENUE NY, NY 10151	INVESTMENTS	DE	N/A	N/A				No			No	
(7) SBER LUCKY STRIKE 20-3891303 310 BLACKWELL ST DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				No			No	
(8) MANGUM II LLC - 46-5135858 280 S MANGUM STREET STE 210 DURHAM, NC 27701	INVESTMENTS	NC	N/A	N/A				No			No	
(9) LS INVESTOR LLC 20-3891381 310 BLACKWELL ST DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				No			No	
(10) DILWEG BLUE PF LP 47-1225569 5310 S ALSTON AVE STE 210 DURHAM, NC 27713	INVESTMENTS	DE	N/A	N/A				No			No	
(11) LYRICAL BLUE RL PT IV 47-2172270 32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(12) LYRICAL BLUE CHP PT 35-2503856 32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(13) BLACKWELL PARTNERS LLC - SERIES C - 81-1264533 280 S MANGUM ST STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				No			No	
(14) GPE HOLDCO LLC - 47-5652832 2000 AVE OF THE STARS 11TH FL LOS ANGELES, CA 90067	INVESTMENTS	DE	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) LIQUID RLT PTR II TE - 20-4362819 10 MARKET ST 769 CAMANA BAY GRAND CAYMAN KY1-9006 CJ	INVESTMENTS	DE	N/A	N/A				No			No	
(1) STRATUS CAPITAL PARTNERS C LP 50 LOTHIAN ROAD FESTIVAL SQUARE EDINBURGH EH3 9WJ UK	INVESTMENTS	UK	N/A	N/A				No			No	
(2) ALTOS HYBRID D LLC - 47-3996176 2882 SAND HILL ROAD SUITE 100 MENLO PARK, CA 94025	INVESTMENTS	DE	N/A	N/A				No			No	
(3) BLACKWELL PARTNERS LLC - SERIES B - 47-2530719 280 S MANGUM ST STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				No			No	
(4) BLACKWELL PARTNERS LLC - SERIES D - 81-3385353 280 S MANGUM ST STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				No			No	
(5) BLACKWELL PARTNERS LLC - SERIES E - 81-1511048 280 S MANGUM ST STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) DUKE CE LS INC 310 BLACKWELL STREET DURHAM, NC 27701 20-2004016	REAL ESTATE	NC	N/A	C					No
(1) DUKE CORP EDU INDIA PRIVATE ACADEMIC BLOCK NEW CAMPUS VASTRAPUR, AHMEDABAD 380015 IN 42-1672476	CONSULTING	IN	N/A	C					No
(2) DUKE CORPORATE EDUCATION LIM 165 FLEET STREET LONDON EC4A 2DY UK 42-1672476	EDU CONSULT	UK	N/A	C					No
(3) DUKE CORPORATE EDUCATION RSA GROUND FLOOR TWICKEHNHAM BLDG BRYANSTON, JOHANNESBURG 02021 SF 42-1672476	CONSULTING	SF	N/A	C					No
(4) DUKE GLOBAL CONSULTING (KUNSHAN) 1666 WEI CHEN NAN RD KUNSHAN PR, KUNSHAN 215300 CH	CONSULTING	CH	N/A	C					No
(5) DUKE MEDICAL STRATEGIES INC 2200 WEST MAIN STREET STE 920 DURHAM, NC 27705 56-1993799	HEALTHCARE	NC	DUKE UNIVERSITY	C	8	5,445	100 000 %	Yes	
(6) DUKE MEDICINE ASIA PTE LTD 5 SHENTON WAY 07-00 UIC BLD SING 0688 SN	MEDICAL RESEARCH	SN	N/A	C					No
(7) DUKE UNIV QUADRANGLE FUND PO BOX 185 PITTSBURGH, PA 152300185 56-6218971	INVESTMENTS	PA	N/A	T					No
(8) DUKE UNIVERSITY TOWER FUND PO BOX 185 PITTSBURGH, PA 152300185 56-6147362	INVESTMENTS	PA	N/A	T					No
(9) DURHAM CASUALTY COMPANY LTD AON HOUSE 30 WOODBOURNE AVE PEMBROKE HM 08 BD 98-0113277	INSURANCE	BD	N/A	C					No
(10) DUSVF EUROPEAN LP 7 CAVENDISH SQUARE LONDON W1G 0PE UK 98-0346042	INVESTMENTS	UK	N/A	C					No
(11) GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET QUEENSGATE HOU GRAND CAYMAN KY1-1108 CJ	INVESTMENTS	CJ	N/A	C					No
(12) JOHN & PATRICIA KOSKINEN CLUT PO BOX 185 PITTSBURGH, PA 152300185 56-6532340	INVESTMENTS	PA	N/A	T					No
(13) MARATHON BLUE CAYMAN FUND 89 NEXUS WAY PO BOX 31106 GRAND CAYMAN KY1-1205 CJ	INVESTMENTS	CJ	N/A	C					No
(14) GHI HOLDINGS MAURITIUS 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	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
(16) GHI ERP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
(1) GHI HSP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
(2) GHI JBD LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
(3) GHI LTP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
(4) QUORUM FUND LIMITED PO BOX 1043 GEORGE TOWN GRAND CAYMAN KY1-1102 CJ	INVESTMENTS	CJ	N/A	C					No
(5) DUKE CE (SEA) PRIVATE LIMITED 1 RAFFLES PLACE TOWER 2 SINGAPORE 048616 SN	SUPPORT	SN	N/A	C					No
(6) MCP PRIVATE CAPITAL (FEEDER) FUND I LP 6 RUE GABRIEL LIPPMAN LUXEMBOURG L-5365 LU	INVESTMENTS	LU	N/A	C					No
(7) DUKE INDIA SERVICES PRIVATE LIMITED 302 PRIDE ELITE 10 MUSEUM ROAD BANGALORE, KARNATAKA 560001 IN	MEDICAL RESEARCH	IN	N/A	C					No
(8) HEALTH SYSTEM MEDICAL STRATEGIES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-2222444	HEALTHCARE	NC	DUHS INC	C				Yes	
(9) CPP OFFICE PORTFOLIO (FEEDER) LP 50 LOTHIAN ROAD FESTIVAL SQUARE EDINBURGH EH3 9WJ UK 98-1152490	REAL ESTATE	UK	N/A	C					No
(10) INDOCHINA LAND INVESTMENTS III CAPITAL PLACE 6 THAI VAN LUNG HO CHI MINH CITY VM	INVESTMENTS	VM	N/A	C					No
(11) TOWER VIEW LIMITED 89 NEXUS WAY CAMAN BAY GRAND CAYMAN KY1-9007 CJ	INVESTMENTS	CJ	N/A	C					No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	THE LORD FOUNDATION OF NORTH CAROLINA	C	1,385,036	FMV
(1)	HIGH POINT REALTY ASSOCIATES INC	C	2,712,000	FMV
(2)	GOTHIC CORPORATION	R	1,468,434,577	FMV
(3)	GOTHIC CORPORATION	S	1,782,172,382	FMV
(4)	DURHAM ASSET MANAGEMENT COMPANY INC	C	5,192,252	FMV
(5)	DURHAM ASSET MANAGEMENT COMPANY INC	B	1,613,413	FMV
(6)	DUKE UNIVERSITY PHILANTHROPIES INC	C	1,157,051	FMV
(7)	DUKE UNIVERSITY HEALTH SYSTEM INC	S	108,231,145	FMV
(8)	DUKE SCHOLARLY EXHIBITS INC	B	127,000	FMV
(9)	DUKE ALUMNI ASSOCIATION INC	B	755,000	FMV
(10)	DUKE GLOBAL INC	C	6,775,391	FMV
(11)	DUKE GLOBAL INC	B	2,577,931	FMV
(12)	THE DUKE UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION	B	825,000	FMV
(13)	DUMAC INC	R	12,055,800	FMV
(14)	DUKE MEDICINE GLOBAL SUPPORT CORPORATION	C	387,617	FMV
(15)	DUKE MEDICINE GLOBAL SUPPORT CORPORATION	B	212,808	FMV
(16)	DURHAM REALTY INC	C	331,847	FMV
(17)	DUKE UNIVERSITY SPECIAL VENTURES FUND INC	S	58,357	FMV
(18)	THE RUTH K BROAD BIOMEDIAL RESEARCH FOUNDATION	C	360,371	FMV
(19)	DUKE ALLMO SERVICES INC	R	3,348,961	FMV
(20)	DUKE JANJUN SERVICES INC	R	915,640	FMV
(21)	DUKE JULDEC SERVICES INC	R	1,038,021	FMV
(22)	THE CENTER FOR DOCUMENTARY STUDIES	R	911,361	FMV
(23)	DURHAM REALTY INC	B	50,806,130	FMV
(24)	DUKE HOSPITAL AUXILIARY INC	R	269,243	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) DUKE HOSPITAL AUXILIARY INC	C	67,602	FMV