

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

**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 \$ 14,182,469,062

**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	36
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	33
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	32,679
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	3,374
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-298

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,476,290,488	1,480,705,479
<b>9</b> Program service revenue (Part VIII, line 2g)	1,144,558,705	1,180,280,930
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	682,324,859	564,653,435
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,297,402	77,187,147
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,380,471,454	3,302,826,991
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	368,877,688	394,092,121
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,691,039,639	1,771,859,485
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	540,112	735,467
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,398,965		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,146,924,537	1,188,099,602
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,207,381,976	3,354,786,675
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	173,089,478	-51,959,684

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	14,655,049,117	14,959,910,895
<b>21</b> Total liabilities (Part X, line 26)	3,270,096,500	3,478,627,162
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	11,384,952,617	11,481,283,733

## 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: 2020-07-14  
 TIMOTHY W WALSH TREASURER  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 1,686,835,539 including grants of \$ 350,753,062 ) (Revenue \$ 923,811,792 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 1,002,719,064 including grants of \$ 42,615,244 ) (Revenue \$ 1,189,392,203 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 323,108,320 including grants of \$ 723,815 ) (Revenue \$ 136,359,960 )  
See Additional Data

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

**4e Total program service expenses** ▶ 3,012,662,923

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

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 [checked]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	32,679		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>	Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>	Yes		
<b>b</b> <i>SP, UK, TZ, CH, SN, MA, IN, KE, SW, DA, NO, MY, If "Yes," enter the name of the foreign country: ▶PL, PO, GR, EI</i>					
<b>5a</b> Was the organization filing any reports to the IRS under the AIA Reporting for Foreign Bank and Financial Accounts (FBAR).		<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>	Yes		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>	Yes		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>	Yes		

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (36); 1b Enter the number of voting members included in line 1a, above, who are independent (33); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: MD, MA, MI, NH, NJ, NY, OR, SC
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [X] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DUKE UNIVERSITY 324 BLACKWELL ST STE 850 DURHAM, NC 27701 (919) 684-2006

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

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

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

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

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

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

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

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets, and 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3,822

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like SKANSKA USA BUILDING INC and LECHASE CONSTRUCTION SERVICES LLC.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 748



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	6,003,262		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	120,304,279		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	736,037,985		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	618,359,953		
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ _____		11,582,296		
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,480,705,479		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> TUITION & FEES		611600	864,627,307	864,627,307	
	<b>b</b> ANCILLARY STUDENT SVCS		611600	136,359,960	136,359,960	
	<b>c</b> CONTINUING EDUCATION		611600	52,483,515	52,483,515	
	<b>d</b> CONFERENCE FEES		611600	6,700,970	6,700,970	
	<b>e</b> ACADEMIC MED. RESEARCH		611600	2,913,764	2,913,764	
	<b>f</b> All other program service revenue.			117,195,414	117,195,414	
	<b>g Total.</b> Add lines 2a-2f . . . . .			1,180,280,930		

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			163,889,209			163,889,209
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			51,766			51,766
	<b>5</b> Royalties . . . . .			37,567,952			37,567,952
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		7,798,151					
	<b>b</b> Less: rental expenses	5,576,830					
	<b>c</b> Rental income or (loss)	2,221,321					
	<b>d</b> Net rental income or (loss) . . . . .			2,221,321			2,221,321
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		11,273,567,703	23,866				
	<b>b</b> Less: cost or other basis and sales expenses	10,872,060,000	819,109				
	<b>c</b> Gain or (loss)	401,507,703	-795,243				
	<b>d</b> Net gain or (loss) . . . . .			400,712,460			400,712,460
	<b>8a</b> Gross income from fundraising events (not including \$ 6,003,262 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	393,449				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	1,186,132				
	<b>c</b> Net income or (loss) from fundraising events . . . . .			-792,683			-792,683
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		Business Code					
<b>11a</b> MISC. SALES		900099	15,558,954	15,558,954			
<b>b</b> STUDENT DUES		900099	3,464,652	3,464,652			
<b>c</b> VARIOUS FEES AND FINES		900099	1,183,658	1,183,658			
<b>d</b> All other revenue . . . . .			17,983,293	17,983,293			
<b>e Total.</b> Add lines 11a-11d . . . . .			38,190,557				
<b>12 Total revenue.</b> See Instructions. . . . .			3,302,826,991	1,218,471,487	0	603,650,025	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,833,670	29,833,670		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	364,079,784	364,079,784		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	178,667	178,667		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	17,937,594	456,766	16,446,736	1,034,092
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	3,849,303	3,849,303		
<b>7</b> Other salaries and wages	1,413,269,456	1,219,250,459	162,885,382	31,133,615
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	106,433,246	90,923,242	13,393,000	2,117,004
<b>9</b> Other employee benefits . . . . .	131,702,784	117,149,785	10,590,105	3,962,894
<b>10</b> Payroll taxes . . . . .	98,667,102	83,867,037	12,826,723	1,973,342
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	25,089,522	6,457,669	18,604,245	27,608
<b>c</b> Accounting . . . . .	683,567	17,922	665,645	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	735,467			735,467
<b>f</b> Investment management fees . . . . .	27,653,081		27,653,081	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	159,219,561	123,823,182	33,367,661	2,028,718
<b>12</b> Advertising and promotion . . . . .	6,482,483	4,965,566	879,088	637,829
<b>13</b> Office expenses . . . . .	104,422,715	102,252,736	697,311	1,472,668
<b>14</b> Information technology . . . . .	33,528,593	23,799,341	9,170,557	558,695
<b>15</b> Royalties . . . . .	58,853,819	33,453,229	25,400,590	
<b>16</b> Occupancy . . . . .	85,781,163	68,108,172	17,321,388	351,603
<b>17</b> Travel . . . . .	61,707,479	56,148,447	3,106,375	2,452,657
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	44,701,526	34,295,019	7,141,937	3,264,570
<b>20</b> Interest . . . . .	80,535,733	53,312,777	27,222,857	99
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	258,694,311	253,003,036	5,691,275	
<b>23</b> Insurance . . . . .	3,363,127	3,487,911	-134,439	9,655
<b>24</b> 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.)				
<b>a</b> SUBRECIPIENT PAYMENTS	167,100,421	167,100,421	0	0
<b>b</b> EQUIP RENTAL & MAINTENA	67,643,960	63,107,168	4,275,716	261,076
<b>c</b> COST OF GOODS SOLD	22,493,255	19,099,852	3,381,127	12,276
<b>d</b> PRINTING & PUBLICATIONS	6,846,857	4,670,047	1,456,350	720,460
<b>e</b> All other expenses	-26,701,571	85,971,715	-113,317,923	644,637
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,354,786,675	3,012,662,923	288,724,787	53,398,965
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	373,406,497	<b>2</b>	176,592,876
	<b>3</b> Pledges and grants receivable, net . . . . .	500,049,772	<b>3</b>	432,462,025
	<b>4</b> Accounts receivable, net . . . . .	127,072,008	<b>4</b>	184,033,198
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	33,418,182	<b>7</b>	28,459,846
	<b>8</b> Inventories for sale or use . . . . .	18,324,619	<b>8</b>	20,143,244
	<b>9</b> Prepaid expenses and deferred charges . . . . .	51,838,656	<b>9</b>	39,097,354
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,170,696,632		
	<b>b</b> Less: accumulated depreciation	3,365,761,903		
	<b>11</b> Investments—publicly traded securities . . . . .	2,502,787,750	<b>11</b>	2,467,629,683
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	7,541,902,733	<b>12</b>	7,923,076,721
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	870,965,711	<b>15</b>	883,481,219
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	14,655,049,117	<b>16</b>	14,959,910,895	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	384,540,910	<b>17</b>	441,226,857
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	212,257,193	<b>19</b>	206,778,752
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,001,575,000	<b>20</b>	993,575,000
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	4,215,114	<b>23</b>	3,920,837
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	1,122,731,048	<b>24</b>	1,123,426,962
	<b>25</b> 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 . . . . .	544,777,235	<b>25</b>	709,698,754
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,270,096,500	<b>26</b>	3,478,627,162
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	5,110,600,191	<b>27</b>	5,011,817,373
	<b>28</b> Temporarily restricted net assets . . . . .	3,150,379,321	<b>28</b>	3,242,794,639
	<b>29</b> Permanently restricted net assets	3,123,973,105	<b>29</b>	3,226,671,721
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	11,384,952,617	<b>33</b>	11,481,283,733	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	14,655,049,117	<b>34</b>	14,959,910,895	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,302,826,991
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,354,786,675
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-51,959,684
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	11,384,952,617
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	268,870,587
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-120,579,787
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	11,481,283,733

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 56-0532129

**Name:** DUKE UNIVERSITY

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

DUKE UNIVERSITY CONFERS UNDERGRADUATE, GRADUATE, AND PROFESSIONAL DEGREES TO APPROXIMATELY 5,658 STUDENTS ANNUALLY

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**Form 990, Part III, Line 4b:**

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

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**Form 990, Part III, Line 4c:**

DUKE UNIVERSITY AUXILIARY ENTERPRISES PROVIDE SUPPORTSERVICES TO THE DUKE UNIVERSITY COMMUNITY

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**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			
UZOMA AYOGU ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
LISA M BORDERS ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JACK O BOVENDER JR ..... TRUSTEE	8.00 ..... 3.10	X						0	0	0
JACK W BOYD ..... TRUSTEE	2.00 ..... 0.10	X						0	0	0
TIMOTHY D COOK ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
ANN PELHAM CULLEN ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
ALLYSON K 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
XIQING GAO ..... TRUSTEE	2.00 ..... 0.00	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			
ERIKA MOORE ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
PATRICIA RODERICK MORTON ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
STEPHEN G PAGLIUCA ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
CHRISTOPHER JOHN PAUL ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
ROBERT PENN ..... TRUSTEE	4.00 ..... 0.00	X						0	0	0
VINCENT E PRICE ..... PRESIDENT/TRUSTEE	40.00 ..... 3.20	X		X				1,339,428	0	50,100
JAY R PRITZKER ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
CARMICHAEL ROBERTS ..... TRUSTEE	1.00 ..... 1.00	X						0	0	0
NANCY M SCHLICHTING ..... TRUSTEE	2.00 ..... 6.00	X						0	0	0
STEVEN M SCOTT MD ..... TRUSTEE	2.00 ..... 4.00	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			
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
L FREDERICK SUTHERLAND ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JEFFREY W UBBEN ..... TRUSTEE	2.00 ..... 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 ..... 15.30			X				610,131	0	52,072
SALLY KORNBLOTH ..... PROVOST	70.00 ..... 0.40			X				720,319	0	44,379
RICHARD RIDDELL ..... VP & UNIVERSITY SECRETARY	50.00 ..... 0.00			X				482,537	0	43,511
TALLMAN TRASK III ..... EXECUTIVE VICE PRESIDENT	45.00 ..... 1.50			X				887,300	0	49,728

**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			
TIMOTHY W WALSH ..... VP OF FINANCE & TREASURER	41.00 ..... 10.00			X				471,812	0	46,456
A EUGENE WASHINGTON MD ..... CHANCELLOR HEALTH AFFAIRS	33.00 ..... 33.20			X				2,610,797	0	146,391
VALERIE ASHBY ..... DEAN, COLLEGE OF A & S	40.00 ..... 0.00				X			483,115	0	39,519
MARK CORIGLIANO ..... INVESTMENT MANAGER	50.00 ..... 0.00				X			648,797	0	106,649
JENNIFER FRANCIS ..... EXECUTIVE VICE PROVOST FIN & ADMIN	40.00 ..... 0.00				X			583,534	0	44,577
JAMES SCOTT GIBSON ..... EXEC VICE DEAN OF ADMIN., SOM	55.00 ..... 0.50				X			750,481	0	55,631
EVAN L JONES ..... INVESTMENT MANAGER	40.00 ..... 0.00				X			1,022,897	0	218,767
MARY E KLOTMAN MD ..... KEY EMPLOYEE	40.00 ..... 25.50				X			1,065,975	0	47,861
JUSTIN B NIXON ..... INVESTMENT MANAGER	50.00 ..... 0.00				X			873,745	0	156,412
JOHN J NOONAN ..... ASSOCIATE VP OF FACILITIES	55.00 ..... 0.00				X			398,104	0	117,622

**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			
JAMES S ROBERTS ..... EXEC VICE-PROVOST FIN & ADMIN	50.00 ..... 0.20				X			379,476	0	40,933
NEAL F TRIPLETT ..... CHIEF INVESTMENT OFFICER	50.00 ..... 0.40				X			3,274,215	0	50,272
DAVID N CUTCLIFFE ..... COACH	40.00 ..... 0.00					X		2,698,846	0	78,289
MICHAEL W KRZYZEWSKI ..... COACH	40.00 ..... 0.00					X		6,128,532	0	915,675
JOANNE MCCALLIE ..... COACH	40.00 ..... 0.00					X		1,297,335	0	64,941
RALPH SNYDERMAN ..... CHANCELLOR EMERITUS & CHIEF OF RHEUMATOLOGY	40.00 ..... 0.00					X		1,254,480	0	49,130
KEVIN M WHITE ..... VP & DIRECTOR OF ATHLETICS	40.00 ..... 0.00					X		1,270,328	0	364,117
PETER LANGE ..... FORMER OFFICER	40.00 ..... 1.00						X	143,476	47,000	21,103
RICHARD BRODHEAD ..... FORMER OFFICER	40.00 ..... 0.00						X	1,036,952	0	54,028
ROBERT M CALIFF MD ..... FORMER KEY EMPLOYEE	40.00 ..... 0.00						X	334,806	0	48,130

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC D PETERSON ..... FORMER KEY EMPLOYEE	20.00 ..... 0.00						X	587,808	0	68,246
NANCY C ANDREWS MD ..... FORMER KEY EMPLOYEE	40.00 ..... 0.00						X	809,021	0	76,418
ALICE GOULD ..... FORMER KEY EMPLOYEE	40.00 ..... 0.00						X	638,188	0	36,201

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2018**  
**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		
<b>Total</b>						

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

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	1,426,168,238	1,401,457,511	1,508,458,854	1,476,290,488	1,480,705,479	7,293,080,570
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>4 Total.</b>	Add lines 1 through 3 . . . . .	1,426,168,238	1,401,457,511	1,508,458,854	1,476,290,488	1,480,705,479	7,293,080,570
<b>5</b>	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). . . . .						2,035,811,094
<b>6 Public support.</b>	Subtract line 5 from line 4. . . . .						5,257,269,476

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4. . . . .	1,426,168,238	1,401,457,511	1,508,458,854	1,476,290,488	1,480,705,479	7,293,080,570
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	134,279,038	136,205,095	168,862,789	169,049,549	203,730,248	812,126,719
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	508,305,278	238,458,694	413,002,024	592,044,767	439,296,466	2,191,107,229
<b>11 Total support.</b>	Add lines 7 through 10 . . . . .						10,296,314,518

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 5,363,540,435

**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** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	51.060 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	50.810 %

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2018.** 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 . . . . .

**b 10%-facts-and-circumstances test—2017.** 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 . . . . .

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



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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
<b>2</b>	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 . . .						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . .						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
<b>b</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. . .						
<b>c</b>	Add lines 7a and 7b. . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.) . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6. . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
<b>c</b>	Add lines 10a and 10b. . .						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
<b>13</b>	<b>Total support.</b> (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.** . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b>	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)? <i>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.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

- 7**  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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018:			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 56-0532129

**Name:** DUKE UNIVERSITY

**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**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2018**  
**Open to Public Inspection**

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

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

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

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

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

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

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

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

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		395,297
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....	Yes		28,488
<b>j</b> Total. Add lines 1c through 1i .....			423,785
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2018**  
**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**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	
a Total number of conservation easements . . . . .	2a	1
b Total acreage restricted by conservation easements . . . . .	2b	0.21
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c	0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d	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 ▶ 6.00

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 . . . . . ▶ \$ 2,274,925

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ 41,483,554

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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .	8,497,566,118	7,886,329,071	6,816,799,085	7,272,129,904	7,012,623,559
<b>b</b> Contributions . . . . .	177,375,334	117,860,979	720,600,842	137,175,368	288,397,235
<b>c</b> Net investment earnings, gains, and losses	398,470,450	908,790,366	758,983,475	-229,083,475	276,821,181
<b>d</b> Grants or scholarships . . . . .	91,566,848	89,041,660	86,753,679	82,073,571	78,414,785
<b>e</b> Other expenditures for facilities and programs . . . . .	380,223,513	305,957,313	303,634,618	264,809,551	227,297,286
<b>f</b> Administrative expenses . . . . .	20,865,132	20,415,325	19,666,034	16,539,590	
<b>g</b> End of year balance . . . . .	8,580,756,409	8,497,566,118	7,886,329,071	6,816,799,085	7,272,129,904

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 59.560 %
  - b** Permanent endowment ▶ 30.120 %
  - c** Temporarily restricted endowment ▶ 10.320 %
- 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:
- |  |                   |           |
|--|-------------------|-----------|
|  | <b>Yes</b>        | <b>No</b> |
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> Yes  |           |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> Yes |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b> 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
<b>1a</b> Land . . . . .		30,607,847		30,607,847
<b>b</b> Buildings . . . . .		4,085,648,380	2,111,776,138	1,973,872,242
<b>c</b> Leasehold improvements		289,514,095	174,243,121	115,270,974
<b>d</b> Equipment . . . . .		820,925,803	620,217,306	200,708,497
<b>e</b> Other . . . . .		944,000,507	459,525,338	484,475,169
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,804,934,729

**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	90,299,797	F
(B) US GOVERNMENT SECURITIES	2,956,747	F
(C) REAL ASSETS	1,547,143,205	F
(D) PRIVATE CAPITAL	3,142,142,745	F
(E) HEDGED STRATEGIES	2,463,673,286	F
(F) OTHER INVESTMENTS	-4,231,299	F
(G) FIXED INCOME	107,061,997	F
(H) EQUITIES	574,030,243	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	7,923,076,721	

**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)		
<b>Total.</b> (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	5,298
(2) INTEREST IN PERPETUAL TRUST HELD BY OTHERS	883,475,921
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	883,481,219

**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	61,082,413
POSTRETIREMENT HEALTHCARE BENEFIT OBLIGATIONS	397,272,619
FUNDS HELD FOR OTHERS	85,405,268
REFUNDABLE FEDERAL STUDENT LOANS	29,927,341
CONDITIONAL ASSET RETIREMENT	34,652,207
INTERNATIONAL LOAN RESERVE	6,623,048
GENERAL INSURANCE IBNR	6,736,000
OTHER	87,999,858
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	709,698,754

**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.

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

**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.

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

**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
(A) SHORT TERM INVESTMENTS	90,299,797	F
(A) US GOVERNMENT SECURITIES	2,956,747	F
(B) REAL ASSETS	1,547,143,205	F
(C) PRIVATE CAPITAL	3,142,142,745	F
(D) HEDGED STRATEGIES	2,463,673,286	F
(E) OTHER INVESTMENTS	-4,231,299	F
(F) FIXED INCOME	107,061,997	F
(G) EQUITIES	574,030,243	F

**Form 990, Schedule D, Part X, - Other Liabilities**

1. (a) Description of Liability	(b) Book Value
ANNUITY AND SPLIT INTEREST OBLIGATIONS	61,082,413
POSTRETIREMENT HEALTHCARE BENEFIT OBLIGATIONS	397,272,619
FUNDS HELD FOR OTHERS	85,405,268
REFUNDABLE FEDERAL STUDENT LOANS	29,927,341
CONDITIONAL ASSET RETIREMENT	34,652,207
INTERNATIONAL LOAN RESERVE	6,623,048
GENERAL INSURANCE IBNR	6,736,000
OTHER	87,999,858



**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 DETAILS 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 STEWARDSHIP EFFORTS 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, 2019.

**SCHEDULE E**  
(Form 990 or 990-EZ)

# Schools

OMB No. 1545-0047

## 2018

**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.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest instructions.**

Department of the Treasury  
Name of the organization  
DUKE UNIVERSITY

**Employer identification number**  
56-0532129

**Part I**

	YES	NO
<b>1</b> 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	
<b>2</b> 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	
<b>3</b> 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	
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	Yes	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	Yes	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	Yes	
<b>d</b> 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	
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		No
<b>b</b> Admissions policies? . . . . .		No
<b>c</b> Employment of faculty or administrative staff? . . . . .		No
<b>d</b> Scholarships or other financial assistance? . . . . .		No
<b>e</b> Educational policies? . . . . .		No
<b>f</b> Use of facilities? . . . . .		No
<b>g</b> Athletic programs? . . . . .		No
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	Yes	
<b>b</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.		No
<b>7</b> 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
FORM 990, SCHEDULE E, LINE 3	<p>EQUAL OPPORTUNITY AND NON DISCRIMINATION STATEMENT DUKE IS COMMITTED TO ENCOURAGING AND SUSTAINING A LEARNING AND WORK COMMUNITY THAT IS FREE FROM PROHIBITED DISCRIMINATION AND HARASSMENT. THE INSTITUTION PROHIBITS DISCRIMINATION ON THE BASIS OF AGE, COLOR, DISABILITY, GENDER, GENDER IDENTITY, GENDER EXPRESSION, GENETIC INFORMATION, NATIONAL ORIGIN, RACE, RELIGION, SEX, SEXUAL ORIENTATION, OR VETERAN STATUS, IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSION POLICIES, FINANCIAL AID, EMPLOYMENT, OR ANY OTHER INSTITUTION PROGRAM OR ACTIVITY. IT ADMITS QUALIFIED STUDENTS TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS. SEXUAL HARASSMENT AND SEXUAL MISCONDUCT ARE FORMS OF SEX DISCRIMINATION AND PROHIBITED BY THE INSTITUTION. DUKE HAS DESIGNATED THE VICE PRESIDENT FOR INSTITUTIONAL EQUITY AND CHIEF DIVERSITY OFFICER AS THE INDIVIDUAL RESPONSIBLE FOR THE COORDINATION AND ADMINISTRATION OF ITS NONDISCRIMINATION AND HARASSMENT POLICIES. THE OFFICE FOR INSTITUTIONAL EQUITY IS LOCATED IN SMITH WAREHOUSE, 114 S. BUCHANAN BLVD., BAY 8, DURHAM, NORTH CAROLINA 27708. QUESTIONS OR COMMENTS ABOUT HARASSMENT OR DISCRIMINATION CAN BE DIRECTED TO ONE OF THE FOLLOWING ADMINISTRATORS: DISCRIMINATION IN EMPLOYMENT, EDUCATIONAL PROGRAMS &amp; ACTIVITIES CYNTHIA CLINTON, AVP HARASSMENT &amp; DISCRIMINATION PREVENTION AND COMPLIANCE OFFICE FOR INSTITUTIONAL EQUITY 114 S. BUCHANAN BLVD., BAY 8 DURHAM, NC 27708 919-668-6214 SEX DISCRIMINATION IN EDUCATIONAL PROGRAMS &amp; ACTIVITIES JAYNE GRANDES AVP FOR TITLE IX COMPLIANCE OFFICE FOR INSTITUTIONAL EQUITY 114 S. BUCHANAN BLVD., BAY 8 DURHAM, NC 27708 919-660-5766 ADDITIONAL INFORMATION, INCLUDING THE COMPLETE TEXT OF THE HARASSMENT POLICY AND APPROPRIATE COMPLAINT PROCEDURES, MAY BE FOUND BY VISITING THE OFFICE FOR INSTITUTIONAL EQUITY'S WEBSITE AT: <a href="https://oie.duke.edu/">HTTPS://OIE.DUKE.EDU/</a>. FOR FURTHER INFORMATION ON NOTICE OF NONDISCRIMINATION, YOU CAN CONTACT THE UNIVERSITY OFFICE NOTED ABOVE, OR VISIT <a href="https://www.2.ed.gov/about/offices/list/ocr/index.html">HTTPS://WWW.2.ED.GOV/ABOUT/OFFICES/LIST/OCR/INDEX.HTML</a>, FOR THE ADDRESS AND PHONE NUMBER OF THE OFFICE FOR CIVIL RIGHTS, U.S. DEPARTMENT OF EDUCATION, OFFICE THAT SERVES YOUR AREA, OR CALL 1-800-421-3481. DISSEMINATION THE EQUAL EMPLOYMENT OPPORTUNITY POLICY IS DISTRIBUTED TO ALL MEMBERS OF THE DUKE COMMUNITY. POLICY INFORMATION IS PROVIDED TO NEW EMPLOYEES AT ORIENTATION SESSIONS AND TO UNION OFFICIALS REPRESENTING DUKE EMPLOYEES. THE EQUAL EMPLOYMENT OPPORTUNITY STATEMENT IS PUBLISHED IN FACULTY AND STAFF MANUALS AND IS POSTED ON BULLETIN BOARDS THROUGHOUT DUKE. THE POLICY IS DISCUSSED IN MANAGEMENT TRAINING PROGRAMS AND IS DESCRIBED IN VARIOUS LITERATURE DISTRIBUTED BY DUKE. NONDISCRIMINATION CLAUSES ARE INCLUDED IN ALL UNION AGREEMENTS AND ALL SUCH CONTRACTUAL PROVISIONS ARE REVIEWED TO ENSURE THAT THEY ARE NONDISCRIMINATORY [41 CFR 60-300.44(F)(G) &amp; 41 CFR 60-741.44(F)(G)]. RECRUITING ADVERTISEMENTS STATE THAT DUKE UNIVERSITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. PURSUANT TO REGULATIONS, ALL DUKE PURCHASE ORDERS, LEASES, AND CONTRACTS INCORPORATE THE FOLLOWING EQUAL OPPORTUNITY CLAUSE SETTING FORTH THE DUKE'S EXPECTATIONS. PUBLICATIONS AND OTHER DUKE MATERIALS REPRESENT ALL INDIVIDUALS, REGARDLESS OF DEMOGRAPHIC PROFILE AND INCLUDE SPECIAL CONSIDERATION OF PERSONS THAT CLAIM DISABILITY OR VETERAN STATUS. RECRUITING ADVERTISEMENTS STATE THAT DUKE IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. AN EXPANDED STATEMENT TO CONVEY DUKE'S COMMITMENT TO DIVERSITY AND INCLUSION IS INCLUDED IN DOCUMENTS AND POSITION.</p>
FORM 990, SCHEDULE E, LINE 6	<p>EXPLANATION OF GOVERNMENT FINANCIAL AID IN FUTHERANCE OF ITS EDUCATIONAL MISSIONS, DUKE UNIVERSITY RECEIVES FUNDS IN SUPPORT OF ITS UNDERGRADUATE AND GRADUATE STUDENTS. THESE FUNDS INCLUDE FINANCIAL AID PROGRAMS SUCH AS FEDERAL COLLEGE WORK STUDY, FEDERAL PERKINS FUNDS, FEDERAL STAFFORD LOAN FUNDS, FEDERAL PELL GRANT FUNDS, FEDERAL SEOG FUNDS, MEDICAL PROFESSION LOANS, FEDERAL NURSING LOANS, AND FEDERAL PLUS, ETC. ADDITIONAL STUDENT FINANCIAL AID IS RECEIVED IN THE FORM OF FELLOWSHIP SUPPORT FROM A VARIETY OF FEDERAL AGENCIES, INCLUDING NIH UNDER ITS INDIVIDUAL AND GRADUATE FELLOWSHIP PROGRAMS. IN ADDITION, DUKE UNIVERSITY RECEIVES COOPERATIVE AGREEMENTS FOR BOTH RESEARCH AND EDUCATIONAL PROGRAMS. ALTHOUGH THIS SUPPORT COMES FROM A WIDE VARIETY OF FEDERAL AGENCIES, THE NATIONAL INSTITUTE OF HEALTH, THE NATIONAL SCIENCE FOUNDATION, THE DEPARTMENT OF DEFENSE, AND THE DEPARTMENT OF ENERGY PROVIDE THE MAJORITY OF GRANTS AND COOPERATIVE AGREEMENTS.</p>

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

## 2018

**Open to Public Inspection**

Name of the organization  
DUKE UNIVERSITY

**Employer identification number**  
56-0532129

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** 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
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	4			8,685,000
<b>b</b> Total from continuation sheets to Part I . . . . .					33,475,000
<b>c Totals</b> (add lines 3a and 3b)	2	79			42,160,000



**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)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	GENERAL SUPPORT	74,799	WIRE			
		SUB-SAHARAN AFRICA	GRANT FOR MEDICAL EQUIPMENT	17,309	WIRE			

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.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
FELLOWSHIP	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU	1	55,000	WIRE			
FELLOWSHIP	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	1	1,400	WIRE			
INTERNSHIP	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU	1	348	CHECK			
SUMMER TUITION	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU	2	25,709	CHECK			

**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; don't file with Form 990)* . . . . .  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; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2:	<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	3,000
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION	193,000

**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	0	PROGRAM SERVICES	RESEARCH	43,000
CENTRAL AMERICA AND THE CARIBBEAN	0	4	PROGRAM SERVICES	STUDY ABROAD	152,000

**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	0	SEMINAR		72,000
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		75,000

**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	1,265,000
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH	6,882,000



**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	10	PROGRAM SERVICES	STUDY ABROAD	822,000
EAST ASIA AND THE PACIFIC	0	0	SEMINAR		1,742,000

**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		82,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION	1,583,000

**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	PROGRAM SERVICES	RESEARCH	6,558,000
EUROPE (INCLUDING ICELAND & GREENLAND)	2	33	PROGRAM SERVICES	STUDY ABROAD	2,707,000

**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	SEMINAR		4,869,000
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		1,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATION	188,000
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RESEARCH	98,000

**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	4	PROGRAM SERVICES	STUDY ABROAD	32,000
MIDDLE EAST AND NORTH AFRICA	0	0	SEMINAR		258,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION	270,000
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	5,585,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD	3,000
NORTH AMERICA	0	0	SEMINAR		582,000



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	EDUCATION	55,000
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	RESEARCH	8,000

**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	3	PROGRAM SERVICES	STUDY ABROAD	14,000
RUSSIA AND NEIGHBORING STATES	0	0	SEMINAR		27,000

**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	EDUCATION	140,000
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	513,000

**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	5	PROGRAM SERVICES	STUDY ABROAD	822,000
SOUTH AMERICA	0	0	SEMINAR		288,000

**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	PROGRAM SERVICES	EDUCATION	334,000
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH	765,000

**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	3	PROGRAM SERVICES	STUDY ABROAD	606,000
SOUTH ASIA	0	0	SEMINAR		228,000

**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	GRANTMAKING		20,000
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATION	525,000

**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	RESEARCH	3,117,000
SUB-SAHARAN AFRICA	0	17	PROGRAM SERVICES	STUDY ABROAD	240,000



**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		393,000

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**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**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
COPPER REEF ENTERPRISES SEE PART IV FOR ADDRESS CARLSBAD, CA 92009	FUNDRAISING CONSULTING, STRATEGIC PLANNING, COMMU.		No	0	155,348	0
REVERED SEE PART IV FOR ADDRESS RALEIGH, NC 27617	FUNDRAISING RELATED DIGITAL COMMUNICATIONS		No	0	93,000	0
CHARLES M MENG SEE PART IV FOR ADDRESS TORRANCE, CA 90503	FUNDRAISING RELATED WEBSITE DEVELOPMENT		No	0	86,434	0
HORIZON VIDEO PRODUCTION INC SEE PART IV FOR ADDRESS DURHAM, NC 27703	FUNDRAISING RELATED VIDEO SHOOT		No	0	74,550	0
WEALTH-X LLC SEE PART IV FOR ADDRESS NEW YORK, NY 10018	FUNDRAISING RELATED STRATEGIC PLANNING		No	0	56,750	0
GRENZBACH GLIER & ASSOCIATES SEE PART IV FOR ADDRESS CHICAGO, IL 60611	FUNDRAISING CONSULTING, STRATEGIC PLANNING, COMMU.		No	0	51,897	0
RIVERS AGENCY LLC SEE PART IV FOR ADDRESS CHAPEL HILL, NC 27515	FUNDRAISING RELATED DIGITAL COMMUNICATIONS		No	0	40,075	0
HUSTLE INC SEE PART IV FOR ADDRESS SAN FRANCISCO, CA 94108	FUNDRAISING RELATED DIGITAL COMMUNICATIONS		No	0	36,000	0
JOHN B FORD SEE PART IV FOR ADDRESS SAINT HELENA, CA 94574	FUNDRAISING RELATED DIGITAL COMMUNICATIONS		No	0	27,681	0
TEBO LLC SEE PART IV FOR ADDRESS RALEIGH, NC 27616	FUNDRAISING RELATED VIDEO SHOOT		No	0	25,529	0
<b>Total</b>					647,264	

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" 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)
		CMN (event type)	ANGELS AMONG US (event type)	11 (total number)	Total events (add col. (a) through col. (c))
1	Gross receipts . . . . .	2,720,850	2,379,217	1,296,644	6,396,711
2	Less: Contributions . . . . .	2,711,965	2,240,973	1,050,324	6,003,262
3	Gross income (line 1 minus line 2) . . . . .	8,885	138,244	246,320	393,449
Direct Expenses	4 Cash prizes . . . . .	0	0	2,700	2,700
	5 Noncash prizes . . . . .	0	2,069	73,366	75,435
	6 Rent/facility costs . . . . .	0	0	2,869	2,869
	7 Food and beverages . . . . .	21,854	1,509	49,265	72,628
	8 Entertainment . . . . .	0	3,374	7,373	10,747
	9 Other direct expenses . . . . .	572,278	150,777	298,698	1,021,753
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-792,683

**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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**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 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: COPPER REEF ENTERPRISES (I) ADDRESS OF FUNDRAISER: 6965 EL CAMINO REAL, CARLSBAD, CA 92009 (I) NAME OF FUNDRAISER: REVERED (I) ADDRESS OF FUNDRAISER: 8801 FAST PARK DR, RALEIGH, NC 27617 (I) NAME OF FUNDRAISER: CHARLES M. MENG (I) ADDRESS OF FUNDRAISER: 3868 CARSON ST, TORRANCE, CA 90503 (I) NAME OF FUNDRAISER: HORIZON VIDEO PRODUCTIONS, INC. (I) ADDRESS OF FUNDRAISER: 4222 EMPEROR BLVD, DURHAM, NC 27703 (I) NAME OF FUNDRAISER: WEALTH-X, LLC. (I) ADDRESS OF FUNDRAISER: 142 W 36TH ST, NEW YORK, NY 10018 (I) NAME OF FUNDRAISER: GRENZBACH GLIER & ASSOCIATES (I) ADDRESS OF FUNDRAISER: 401 N. MICHIGAN AVE, CHICAGO, IL 60611 (I) NAME OF FUNDRAISER: RIVERS AGENCY, LLC. (I) ADDRESS OF FUNDRAISER: PO BOX 9796, CHAPEL HILL, NC 27515 (I) NAME OF FUNDRAISER: HUSTLE, INC. (I) ADDRESS OF FUNDRAISER: 251 KEARNY ST, SAN FRANCISCO, CA 94108 (I) NAME OF FUNDRAISER: JOHN B. FORD (I) ADDRESS OF FUNDRAISER: 1177 STARR AVE, SAINT HELENA, CA 94574 (I) NAME OF FUNDRAISER: TEBO, LLC. (I) ADDRESS OF FUNDRAISER: 2609 DISCOVERY DR, RALEIGH, NC 27616
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.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service  
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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . .	72
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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACTS ONE EIGHT MISSIONS 4717 GARDENIA CIRCLE ROCKY MOUNT, NC 27804	82-3417491	501(C)(3)	6,750				GENERAL SUPPORT
ALCOHOL DRUG COUNCIL OF NC PO BOX 25111 DURHAM, NC 27702	56-0771084	501(C)(3)		13,261	FMV	FURNITURE/ OFFICE SUPPLIES	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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 CANCER SOCIETY 8300 HEALTHPARK SUITE 10 RALEIGH, NC 27615	52-2340031	501(C)(4)	22,500				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN DANCE FESTIVAL INC BOX 90772 DURHAM, NC 277080772	06-0932294	501(C)(3)	10,506				GENERAL SUPPORT
AMERICAN MATHEMATICAL SOCIETY PO BOX 6248 PROVIDENCE, RI 029042213	05-0264797	501(C)(3)	6,105				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTIST IN CHRISTIAN TESTIMONY PO BOX 1649 BRENTWOOD, TN 372041649	95-3660821	501(C)(3)	10,000				GENERAL SUPPORT
ARVO FOUNDATION FOR EYE RESEAR 1801 ROCKVILLE PIKE SUITE 400 ROCKVILLE, MD 20852	52-2322462	501(C)(3)	6,250				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAPTIST GENERAL CONVENTION OF 7557 RAMBLER PARK RD SUITE 120 DALLAS, TX 752312388	75-6044885	501(C)(3)	10,000				GENERAL SUPPORT
BIRCHWOOD LEARNING CENTER 416 WALTON ST DURHAM, NC 27703	56-2062834	501(C)(3)		5,509	FMV	FURNITURE/ OFFICE SUPPLIES	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOOK HARVEST 2501 UNIVERSITY DR DURHAM, NC 27707	45-2610533	501(C)(3)	9,500				GENERAL SUPPORT
CAMP KESEM NATIONAL PO BOX 452 CULVER CITY, CA 90232	51-0454157	501(C)(3)	5,833				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMPAIGN 4 CHANGE PO BOX 3355 DURHAM, NC 27702	26-0096724	501(C)(3)	5,250				GENERAL SUPPORT
CANAAAN COMMUNITY CHURCH 1701 W GARFIELD BLVD CHICAGO, IL 60636	36-4347166	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CARING HOUSE INC 2625 PICKETT RD DURHAM, NC 277055603	56-1647154	501(C)(3)	21,500				GENERAL SUPPORT
CAROLINA BALLET INC 3401-131 ATLANTIC AVE RALEIGH, NC 27604	56-1445383	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHANGING A GENERATION WITH FACE PO BOX 11587 DURHAM, NC 27703	56-2158704	501(C)(3)		14,384	FMV	FURNITURE/ COMPUTER/ OFFICE SUPPLIES	GENERAL SUPPORT
CITY OF JESUS 1321 HUMPHREY ST DURHAM, NC 27701	46-3800893	501(C)(3)		9,449	FMV	FURNITURE/ COMPUTER/ OFFICE SUPPLIES	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH COALITION INC PO BOX 15176 DURHAM, NC 277042755	56-2269385	501(C)(3)	6,500				GENERAL SUPPORT
CONETOE FAMILY LIFE CENTER INC 204 NORTH RAILROAD STREET CONETOE, NC 27819	56-2373189	501(C)(3)	20,000				GENERAL SUPPORT



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

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CREST STREET COMMUNITY COUNCIL 7 ZELKO CT DURHAM, NC 27705	58-1399286	501(C)(4)	5,450				GENERAL SUPPORT
DONT EVER GIVE UP INC 14600 WESTON PARKWAY CARY, NC 27513	47-5304184	501(C)(3)	25,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DURHAM COMMUNITY LAND TRUSTEES 1208 W CHAPEL HILL ST DURHAM, NC 27701	56-1203878	501(C)(3)	250,350				GENERAL SUPPORT
DURHAM LITERACY CENTER PO BOX 52209 DURHAM, NC 27707	56-1479534	501(C)(3)	10,650				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DURHAM PUBLIC SCHOOLS 2520 VESSON AVE DURHAM, NC 27707	56-6001021	GOV'T ENTITY	162,385	9,128	FMV	FURNITURE/ OFFICE SUPPLIES	GENERAL SUPPORT
DURHAM RESCUE MISSION PO BOX 11858 DURHAM, NC 27703	58-1482590	501(C)(3)		102,021	FMV	FURNITURE	GENERAL SUPPORT

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

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DURHAM STRIDERS YOUTH ASSN PO BOX 15758 DURHAM, NC 27704	58-1475666	501(C)(3)	23,000				GENERAL SUPPORT
DURHAM TECHNICAL COMMUNITY COL 1637 LAWSON ST DURHAM, NC 27703	56-1423848	501(C)(3)	25,250				GENERAL SUPPORT

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

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EASTERN ALAMNCE COMMUNITY ATHLETIC FIELD HOUSE 4040 MEBANE ROGERS RD MEBANE, NC 27703	47-3597754	501(C)(3)		7,134	FMV	FURNITURE/ OFFICE SUPPLIES	GENERAL SUPPORT
EL FUTURO INC 2020 E CHAPEL HILL ROAD SUITE DURHAM, NC 27707	80-0122334	501(C)(3)	8,300				GENERAL SUPPORT

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

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EMILY KRZYZEWSKI FAMILY LIFE C 904 W CHAPEL HILL ST DURHAM, NC 27701	56-2230469	501(C)(3)	215,400	100	FMV	FURNITURE	GENERAL SUPPORT
EMMANUEL GOSPEL CENTER INC 2 SAN JUAN ST PO BOX 180245 BOSTON, MA 02118	04-2282717	501(C)(3)	10,000				GENERAL SUPPORT

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

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FAITHACTION INTERNATIONAL HOUS 705 N GREENE ST GREENSBORO, NC 27401	56-1993490	501(C)(3)	10,000				GENERAL SUPPORT
FAMILIES MOVING FORWARD 400 N QUEEN STREET DURHAM, NC 27701	56-1633998	501(C)(3)	12,700	1,444	FMV	FURNITURE	GENERAL SUPPORT

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

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FAMILY HEALTH MINISTRIES INC PO BOX 16783 CHAPEL HILL, NC 27516	56-2206165	501(C)(3)	6,500				GENERAL SUPPORT
FASHION X PROJECT 201 W MAIN STR STE 100 DURHAM, NC 27701	83-1400756		6,000				GENERAL SUPPORT



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FUND FOR RECONCILIATION TOLERA 22457 VENIDO RD WOODLAND HILLS, CA 91364	27-0955844	501(C)(3)	900,000				GENERAL SUPPORT
GLOBAL GENOMIC MEDICINE COLLAB 101 SCIENCE DR CIEMAS RM 2111 DURHAM, NC 27708	81-3079744	501(C)(3)	10,000				GENERAL SUPPORT

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

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GOD 1ST PEOPLE 2ND 953 E MAIN ST DURHAM, NC 27701	20-1412180	501(C)(3)		220,776	FMV	FURNITURE/ COMPUTER/ OFFICE SUPPLIES	GENERAL SUPPORT
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892	26-0150662	501(C)(3)	8,000				GENERAL SUPPORT

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

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GRADUATE CHEMISTRY COUNCIL 124 SCIENCE DR BOX 90354 DURHAM, NC 27708	46-5754212		7,500				GENERAL SUPPORT
GREATER RALEIGH CHAMBER OF COM 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.**

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GREEN CHAIR PROJECT THE PO BOX 12761 RALEIGH, NC 27605	27-2323103	501(C)(3)		66,985	FMV	FURNITURE	GENERAL SUPPORT
HABITAT FOR HUMANITY OF DURHAM 215 N CHURCH ST DURHAM, NC 27701	58-1674794	501(C)(3)	300,000	657	FMV	FURNITURE	GENERAL SUPPORT

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

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HOUSING FOR NEW HOPE INC 18 W COLONY PLACE SUITE 250 DURHAM, NC 27705	58-2089068	501(C)(3)	5,350	75	FMV	FURNITURE	GENERAL SUPPORT
IN-VIDEO IMPRESSIONS INC 2211 HILLSBOROUGH RD APT 1101 DURHAM, NC 27705	82-2401522		7,000				GENERAL SUPPORT

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KENAN-FLAGLER BUSINESS SCHOOL 300 KENAN DRIVE CHAPEL HILL, NC 275993490	56-6001393	501(C)(3)	8,930				GENERAL SUPPORT
KRAMDEN INSTITUTE INC 4915 PROSPECTUS DRIVE SUITE J DURHAM, NC 27705	74-3108814	501(C)(3)	7,500	221,100	FMV	COMPUTERS	GENERAL SUPPORT

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LAUNCHBIO INC 10210 CAMPUS POINT DR 150 SAN DIEGO, CA 92121	47-4851964	501(C)(3)	10,000				GENERAL SUPPORT
LEGAL AID OF NORTH CAROLINA INC PO BOX 26087 RALEIGH, NC 27611	31-1784161	501(C)(3)		6,296	FMV	FURNITURE	GENERAL SUPPORT

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

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MAGNOLIA HOUSE FOUNDATION PO BOX 36504 GREENSBORO, NC 27416	31-1613173	501(C)(3)		10,000	FMV	FURNITURE	GENERAL SUPPORT
MARCH OF DIMES FOUNDATION 6504 FALLS OF NEUSE RD STE 100 RALEIGH, NC 27615	13-1846366	501(C)(3)	5,533				GENERAL SUPPORT



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MATRYOSHKA HAUS US 280 THOMPSON DR KERRVILLE, TX 780285901	74-3004446	501(C)(3)	10,000				GENERAL SUPPORT
MICHAEL J FOX FOUNDATION FOR 111 W 33RD ST 10TH FLOOR NEW YORK, NY 10120	13-4141945	501(C)(3)	11,949				GENERAL SUPPORT

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MUSEUM OF DURHAM HISTORY PO BOX 362 DURHAM, NC 27702	94-3455685	501(C)(3)	60,250				GENERAL SUPPORT
NC ALBERT SCHWEITZER FELLOWSHI PO BOX 1636 DAVIDSON, NC 28036	82-2682491	501(C)(3)	22,000				GENERAL SUPPORT

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NC SCHOOL OF SCIENCE & MATH 1219 BROAD ST DURHAM, NC 27705	56-1425643	GOV'T ENTITY		91,980	FMV	FURNITURE	GENERAL SUPPORT
NORTH CAROLINA STATE UNIV FOUN CAMPUS BOX 7701 RALEIGH, NC 276957207	56-6049503	501(C)(3)	15,000				GENERAL SUPPORT

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NORTH CAROLINA STATE UNIVERSIT CAMPUS BOX 7401 RALEIGH, NC 27695	56-6000756	GOV'T ENTITY	28,000				GENERAL SUPPORT
OCCONEECHEE COUNCIL BOY SCOUTS 3231 ATLANTIC AVE RALEIGH, NC 27604	56-0529984	501(C)(3)	10,000				GENERAL SUPPORT

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PARISH COLLECTIVE 4741 26TH AVE SW SEATTLE, WA 98106	46-1044900	501(C)(3)	10,000				GENERAL SUPPORT
PARTNERS FOR YOUTH OPPORTUNITY 1309 HALLEY ST DURHAM, NC 27707	35-2206640	501(C)(3)	20,076				GENERAL SUPPORT

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PRETTY IN PINK FOUNDATION INC 6500 CREEDMOOR RD 106 RALEIGH, NC 27613	20-1162702	501(C)(3)	10,000				GENERAL SUPPORT
REALITY MINISTRIES INC PO BOX 242 DURHAM, NC 27702	26-1514118	501(C)(3)	114,050				GENERAL SUPPORT

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SAINT AUGUSTINE'S UNIVERSITY 1315 OAKWOOD AVE RALEIGH, NC 27610	56-0547478	501(C)(3)		193,530	FMV	FURNITURE/ OFFICE SUPPLIES	GENERAL SUPPORT
SECOND CHANCE OUTREACH EQUIPPING CENTER 300 LAKESIDE DR APT C HILLSBOROUGH, NC 27278	26-3511708	501(C)(3)		14,180	FMV	FURNITURE/ COMPUTER/ OFFICE SUPPLIES	GENERAL SUPPORT

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

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SELF-HELP VENTURES FUND PO BOX 3619 DURHAM, NC 277023619	58-1562750	501(C)(3)	2,500,000				GENERAL SUPPORT
SEMILLAS 311 FLORIDA ST SAN ANTONIO, TX 78210	83-3275683		10,000				GENERAL SUPPORT



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SENIOR PHARMASSIST INC 406 RIGSBEE AVE STE 201 DURHAM, NC 277012186	56-2084639	501(C)(3)	6,000				GENERAL SUPPORT
SOUTHEASTERN EFFORTS DEVELOPIN 706 GILBERT ST DURHAM, NC 27701	56-1876445	501(C)(3)	5,600				GENERAL SUPPORT

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TROSA INC 1820 JAMES ST DURHAM, NC 277072024	56-1861158	501(C)(3)	6,500	158,736	FMV	FURNITURE	GENERAL SUPPORT
UNGRADED PRODUCE LLC 605 W CHAPEL HILL ST APT 327 DURHAM, NC 27701	81-2168459		16,667				GENERAL SUPPORT

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UNION BAPTIST CHURCH 904 N ROXBORO ST DURHAM, NC 27701	56-0929296	501(C)(3)		25,358	FMV	FURNITURE/ COMPUTER/ OFFICE SUPPLIES	GENERAL SUPPORT
UNITED METHODIST COMMITTEE PO BOX 9068 NEW YORK, NY 10116	13-5562279	501(C)(3)	6,755				GENERAL SUPPORT

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UNITED WAY 20312 MAIL SERVICE CTR RALEIGH, NC 27699	56-0564547	501(C)(3)	40,883				GENERAL SUPPORT
UNITING NC 201 W MAIN ST STE 100 PMB003 DURHAM, NC 27701	26-3275886	501(C)(3)	5,000	524	FMV	FURNITURE/ OFFICE SUPPLIES	GENERAL SUPPORT

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UNIVERSITY OF NORTH CAROLINA 3025 FEDEX GLBL ED BLDG CB7582 CHAPEL HILL, NC 27599	56-6001393	GOV'T ENTITY	950	52,585	FMV		GENERAL SUPPORT
WALLTOWN CHILDRENS THEATRE 1225 BERKLEY ST DURHAM, NC 27705	56-2214825	501(C)(3)	17,326				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST END COMMUNITY FOUNDATION PO BOX 51398 DURHAM, NC 277171398	56-1858174	501(C)(3)	15,826	10	FMV	OFFICE SUPPLIES	GENERAL SUPPORT
YMCA OF THE TRIANGLE AREA INC 801 CORPORATE CENTER DR STE 20 RALEIGH, NC 27606	56-0591307	501(C)(3)	20,000				GENERAL SUPPORT

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

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
POSTER AWARD	14	3,075			
RESEARCH AWARD	13	18,500			
STUDENT AWARD	306	281,263			
TEACHING AWARD	7	3,750			
UNDERGRADUATE INSTITUTIONAL AWARDS	211	2,985,200			

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

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
INTERNSHIP STIPENDS	400	1,246,957			
GRADUATE STIPENDS	2019	30,473,783			
POSTDOCTORAL STIPENDS	44	783,453			
PREDOCTORAL STIPENDS	6	99,011			
UNDERGRADUATE STIPENDS	1163	4,090,743			



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

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
GRADUATE ATHLETIC SCHOLARSHIPS	19	973,004			
UNDERGRADUATE ATHLETIC SCHOLARSHIPS	547	28,875,289			
UNDERGRADUATE SCHOLARSHIPS & STIPENDS	3534	147,919,016			
GRADUATE SCHOLARSHIPS & STIPENDS	3731	96,904,951			
PRE-DOCTORAL SCHOLARSHIPS & STIPENDS	2860	49,351,289			

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

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
POST-DOCTORAL SCHOLARSHIPS & STIPENDS	32	70,500			

**Schedule J**  
(Form 990)

**Compensation Information**

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DUKE UNIVERSITY

Employer identification number  
56-0532129

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	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 checked="" type="checkbox"/>	First-class or charter travel	<input checked="" type="checkbox"/>	Housing allowance or residence for personal use
<input checked="" type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input checked="" type="checkbox"/>	Tax idemnification and gross-up payments	<input checked="" type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input checked="" type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
<b>b</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	<b>1b</b> Yes	
<b>2</b>	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?	<b>2</b> Yes	
<b>3</b>	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 checked="" type="checkbox"/>	Compensation committee	<input checked="" type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
<b>4</b>	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:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes	
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b>	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:		
<b>a</b>	The organization?	<b>5a</b>	No
<b>b</b>	Any related organization?	<b>5b</b>	No
	If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b>	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:		
<b>a</b>	The organization?	<b>6a</b>	No
<b>b</b>	Any related organization?	<b>6b</b>	No
	If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b>	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.	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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. VINCENT E. PRICE, A. EUGENE WASHINGTON, MD, TALLMAN TRASK III , RICHARD RIDDELL, SALLY KORNBLUTH AND RALPH SNYDERMAN 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 VINCENT E. PRICE, 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 JAMES S. ROBERTS RECEIVED A BENEFIT THAT WAS GROSSED UP TO COMPENSATE FOR WITHHOLDING OF TAXES. RESIDENCE FOR PERSONAL USE VINCENT E. PRICE 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 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>

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE FOLLOWING INDIVIDUALS PARTICIPATED IN AND RECEIVED PAYMENTS UNDER A DEFERRED COMPENSATION PLAN DESCRIBED UNDER SECTION 457(F) OF THE INTERNAL REVENUE CODE: NEAL F. TRIPLETT \$648,375, EVAN L. JONES \$163,800, JUSTIN B. NIXON \$122,850 AND MICHAEL W. KRZYZEWSKI \$1,610,000. SUCH AMOUNTS WERE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AS DEFINED UNDER IRC SECTION 457(F).

2019 Schedule J (Form 990) 2018





<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
RALPH SNYDERMAN CHANCELLOR EMERITUS & CHIEF OF RHEUM	(i)	1,239,460	0	15,020	33,548	19,630	1,307,658	0
	(ii)	0	0	0	0	0	0	0
KEVIN M WHITE VP & DIRECTOR OF ATHLETICS	(i)	1,238,953	0	31,375	350,215	17,948	1,638,491	0
	(ii)	0	0	0	0	0	0	0
PETER LANGE FORMER OFFICER	(i)	124,976	0	18,500	17,863	3,588	164,927	0
	(ii)	47,000	0	0	0	0	47,000	0
RICHARD BROADHEAD FORMER OFFICER	(i)	1,018,452	0	18,500	33,548	23,794	1,094,294	0
	(ii)	0	0	0	0	0	0	0
ROBERT M CALIFF MD FORMER KEY EMPLOYEE	(i)	333,205	1,601	0	33,548	15,637	383,991	0
	(ii)	0	0	0	0	0	0	0
ERIC D PETERSON FORMER KEY EMPLOYEE	(i)	464,232	105,076	18,500	33,548	36,172	657,528	0
	(ii)	0	0	0	0	0	0	0
NANCY C ANDREWS MD FORMER KEY EMPLOYEE	(i)	666,892	123,629	18,500	33,548	45,017	887,586	0
	(ii)	0	0	0	0	0	0	0
ALICE GOULD FORMER KEY EMPLOYEE	(i)	52,024	567,664	18,500	33,548	2,750	674,486	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization DUKE UNIVERSITY

Employer identification number

56-0532129

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include NC CAPITAL FACILITIES FINANCE AGENCY with various issue dates and prices.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include amounts of bonds retired, legally defeased, total proceeds, and various expenditures. Includes a section for year of substantial completion (2016-2019) and questions about refunding issues.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Questions about partnership/LLC ownership and lease arrangements for private business use of bond-financed property.

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</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	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b> 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	
<b>4</b> 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 . . . . . ▶	0.050 %		0 %		0.110 %		0 %	
<b>5</b> 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 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0.050 %		0 %		0.110 %		0 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> 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 (D): FORM 8038 LISTS THE CUSIP NUMBER AS VARIOUS DUE TO THE NATURE OF THE NOTES ISSUED, I.E., COMMERCIAL PAPER. THE ISSUE CLOSED ON 6/27/2018 AND CUSIPS 65818WHC1, 65818WHD9, 65818X4F6 WERE OUTSTANDING AS OF 6/30/2019 UNDER THE NEW ISSUE.

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE K, PART 1(E)	TAX-EXEMPT BONDS BOND ISSUE (D): REPRESENTS MAXIMUM PRINCIPAL AMOUNT OF NEW MONEY COMMERCIAL PAPER NOTES (\$472,535,000) 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)	DESCRIPTION OF PURPOSE OF TAX-EXEMPT BONDS BOND ISSUE (A): 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 (D): 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 (B): 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 (C): 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.

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE K, PART IV	TAX-EXEMPT BOND LINE 2 BOND ISSUE (D): SALES PROCEEDS ALLOCATED UPON ISSUANCE AND NOT INVESTED. BOND ISSUE (A) - 9/30/2018 BOND ISSUE (B) - 11/1/2018 BOND ISSUE (C) - 11/1/2018

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization DUKE UNIVERSITY

Employer identification number

56-0532129

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance



**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: 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: \$337,650(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: \$141,419(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: \$54,448(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON: TREVOR PRICE(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TREVOR PRICE IS A FAMILY MEMBER OF A DUKE UNIVERSITY OFFICER(C) AMOUNT OF TRANSACTION: \$59,752(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON: SHARON E. CALIFF(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SHARON E. CALIFF IS A FAMILY MEMBER OF A DUKE UNIVERSITY FORMER KEY EMPLOYEE(C) AMOUNT OF TRANSACTION: \$106,359(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON: RYAN T. MILLER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: RYAN T. MILLER IS A FAMILY MEMBER OF A DUKE UNIVERSITY TRUSTEE(C) AMOUNT OF TRANSACTION: \$48,024(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON: DANIEL LEW(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: DANIEL LEW IS A FAMILY MEMBER OF A DUKE UNIVERSITY OFFICER(C) AMOUNT OF TRANSACTION: \$216,962(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON: LAURA STANLEY PIETROSIMONE(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: LAURA STANLEY PIETROSIMONE IS A FAMILY MEMBER OF A DUKE UNIVERSITY TRUSTEE(C) AMOUNT OF TRANSACTION: \$105,000(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
DEBORAH JAKUBS	SEE PART V	337,650	SEE PART V		No
BERNARD MATHEY-PREVOT	SEE PART V	141,419	SEE PART V		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
MOLLY M WALSH	SEE PART V	25,000	SEE PART V		No
JAMES MATTHEW GIBSON	SEE PART V	54,448	SEE PART V		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
TREVOR PRICE	SEE PART V	59,752	SEE PART V		No
SHARON E CALIFF	SEE PART V	106,359	SEE PART V		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
RYAN T MILLER	SEE PART V	48,024	SEE PART V		No
DANIEL LEW	SEE PART V	216,962	SEE PART V		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
LAURA STANLEY PIETROSIMONE	SEE PART V	105,000	SEE PART V		No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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
<b>1</b> Art—Works of art . . . . .	X	25	2,735,761	VARIOUS
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .	X		324,729	VARIOUS
<b>5</b> Clothing and household goods . . . . .	X		15,205	FMV
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	584	7,493,817	MARKET QUOTE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( EVENT TICKETS )	X	2,786	606,732	FMV/FACE VALUE
<b>26</b> Other ▶ ( MISCELLANEOUS )	X	95	351,050	VARIOUS
<b>27</b> Other ▶ ( EQUIPMENT )	X	4	55,003	VARIOUS
<b>28</b> 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** 22

<b>30a</b> 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? . . . . .		Yes	No
<b>b</b> If "Yes," describe the arrangement in Part II.			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		Yes	
<b>b</b> If "Yes," describe in Part II.			
<b>33</b> 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)

Department of the Treasury  
 Internal Revenue Service

Name of the organization  
 DUKE UNIVERSITY

**Supplemental Information to Form 990 or 990-EZ**

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
 DUKE UNIVERSITY

Employer identification number  
 56-0532129

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION "JAMES B. DUKE'S FOUNDING INDENTURE OF DUKE UNIVERSITY DIRECTED THE MEMBERS OF THE UNIVERSITY TO 'PROVIDE REAL LEADERSHIP IN THE EDUCATIONAL WORLD' BY CHOOSING INDIVIDUALS OF 'OUTSTANDING CHARACTER, ABILITY, AND VISION' TO SERVE AS ITS OFFICERS, TRUSTEES AND FACULTY; BY CAREFULLY SELECTING STUDENTS OF 'CHARACTER, DETERMINATION AND APPLICATION; AND BY PURSUING THOSE AREAS OF TEACHING AND SCHOLARSHIP THAT WOULD 'MOST HELP TO DEVELOP OUR RESOURCES, INCREASE OUR WISDOM, AND PROMOTE HUMAN HAPPINESS.' "TO THESE ENDS, THE MISSION OF DUKE UNIVERSITY IS TO PROVIDE A SUPERIOR LIBERAL EDUCATION TO UNDERGRADUATE STUDENTS, ATTENDING NOT ONLY TO THEIR INTELLECTUAL GROWTH BUT ALSO THEIR DEVELOPMENT AS ADULTS COMMITTED TO HIGH ETHICAL STANDARDS AND FULL PARTICIPATION AS LEADERS IN THEIR COMMUNITIES; TO PREPARE FUTURE MEMBERS OF THE LEARNED PROFESSIONS FOR LIVES OF SKILLED AND ETHICAL SERVICE BY PROVIDING EXCELLENT GRADUATE AND PROFESSIONAL EDUCATION; TO ADVANCE THE FRONTIERS OF KNOWLEDGE AND CONTRIBUTE BOLDLY TO THE INTERNATIONAL COMMUNITY OF SCHOLARSHIP; TO PROMOTE AN INTELLECTUAL ENVIRONMENT BUILT ON A COMMITMENT TO FREE AND OPEN INQUIRY; TO HELP THOSE WHO SUFFER, CURE DISEASE, AND PROMOTE HEALTH, THROUGH SOPHISTICATED MEDICAL RESEARCH AND THOUGHTFUL PATIENT CARE; TO PROVIDE WIDE RANGING EDUCATIONAL 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."

# 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**

<b>Return Reference</b>	<b>Explanation</b>
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. AT THE MEETING, THE DUKE UNIVERSITY TAX SENIOR DIRECTOR, THE PERSON RESPONSIBLE FOR THE PREPARATION OF THE UNIVERSITY'S FORM 990, IS AVAILABLE FOR QUESTIONS FROM THE COMMITTEE. NOT ONLY IS THE COMMITTEE OFFERED AN OPPORTUNITY TO ASK QUESTIONS AT THE MEETING, BUT ALSO ANYTIME THEREAFTER BY CONTACTING THE TAX SENIOR DIRECTOR 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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 <a href="https://resources.finance.duke.edu/resources/docs/financial_reports2018-19.pdf">HTTPS://RESOURCES.FINANCE.DUKE.EDU/RESOURCES/DOCS/FINANCIAL_REPORTS2018-19. PDF</a> (WEBLINK MUST BE INPUT IN ALL LOWER CASE LETTERS).

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	CHANGES IN PERPETUAL TRUSTS & SPLIT INT AGREEMENTS 13,796,341. TRANSFER FROM DUHS 89,017,636. NONPERIODIC CHANGE -113,067,205. OTHER CHANGES -110,326,559.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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
<b>(1)</b> DUKE UK TRUST LIMITED 19 NORCOTT ROAD LONDON N167EJ UK 98-0555714	DEVELOPMENT	UK	558,737	48,950	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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	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 VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**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
324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
100 NORTH TRYON STREET CHARLOTTE, NC 28202 13-6113895	SCHOLARSHIPS	NC	501(C)(3)	12 TYPE III-O	DUKE ENDOWMENT		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1845329	HEALTHCARE	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
PO DRAWER ACC GREENSBORO, NC 27417 56-0599082	ATHLETIC	NC	501(C)(3)	12 TYPE 1	N/A		No
1525 W WT HARRIS BLVD D1114 CHARLOTTE, NC 28288 58-1360259	SUPPORT	NC	501(C)(3)	12 TYPE III-O	N/A		No
150 RESEARCH CAMPUS DR KANNAPOLIS, NC 28081 20-8730759	RESEARCH	NC	501(C)(3)	12 TYPE 1	N/A		No
280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1465177	INVESTMENTS	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1594088	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
310 BLACKWELL ST DURHAM, NC 27701 42-1672476	EDUCATION	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211078	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 61-1588319	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
PO BOX 2895 DURHAM, NC 27710 56-1825604	SUPPORT	NC	501(C)(3)	12 TYPE III-O	N/A		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1701245	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1902501	HEALTHCARE	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211099	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-2070036	HEALTHCARE	NC	501(C)(3)	LINE 3	DUKE UNIVERSITY	Yes	
280 S MANGUM STREET STE 210 DURHAM, NC 27701 90-0754895	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1757238	SUPPORT	NC	501(C)(3)	12 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
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917936	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1776668	INVESTMENTS	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
280 S MANGUM STREET STE 210 DURHAM, NC 27701 27-1325761	INVESTMENTS	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917939	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 32-0358709	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
PO BOX 3001 DURHAM, NC 27715 56-6473809	SUPPORT	NC	501(C)(3)	12 TYPE 1	N/A		No
100 NORTH TRYON STREET CHARLOTTE, NC 28202 23-7270511	MED. SUPPORT	NY	501(C)(3)	12 TYPE III-O	DUKE ENDOWMENT		No
PO BOX 12194 RTP, NC 27709 56-0686338	RESEARCH	NC	501(C)(3)	12 TYPE III-O	N/A		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 65-0045051	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
ONE WEST FOURTH ST STE 1200 WINSTONSALEM, NC 27101 20-2749954	SCHOLARSHIPS	NC	501(C)(3)	12 TYPE 1	N/A		No
1317 PETTIGREW STREET DURHAM, NC 27705 56-1655039	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1415423	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 46-3129771	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 46-1340679	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1150667	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1143245	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1133466	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-5555092	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 81-1309454	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 81-2623775	SUPPORT	NC	501(C)(3)	12 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
310 BLACKWELL STREET 4TH FLOOR DURHAM, NC 27701 81-5328550	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY	Yes	
2200 WEST MAIN STREET DURHAM, NC 27705 56-1632379	BANKING	NC	501(C)(1)		N/A		No
324 BLACKWELL STEET STE 850 DURHAM, NC 27701 83-3076664	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) 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) SBER LUCKY STRIKE 20- 3891303  310 BLACKWELL ST DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				No			No	
(7) MANGUM II LLC - 46-5135858  280 S MANGUM STREET STE 210 DURHAM, NC 27701	INVESTMENTS	NC	N/A	N/A				No			No	
(8) LS INVESTOR LLC 20-3891381  310 BLACKWELL ST DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				No			No	
(9) DILWEG BLUE PF LP 47-1225569  5310 S ALSTON AVE STE 210 DURHAM, NC 27713	INVESTMENTS	DE	N/A	N/A				No			No	
(10) LYRICAL BLUE RL PT IV 47- 2172270  32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(11) LYRICAL BLUE CHP PT 35- 2503856  32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(12) BLACKWELL PARTNERS LLC - SERIES C - 81-1264533  280 S MANGUM ST STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				No			No	
(13) GPE HOLDCO LLC - 47-5652832  2000 AVE OF THE STARS 11TH FL LOS ANGELES, CA 90067	INVESTMENTS	DE	N/A	N/A				No			No	
(14) 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	

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) STRATUS CAPITAL PARTNERS C LP  50 LOTHIAN ROAD FESTIVAL SQUARE EDINBURGH EH3 9WJ UK	INVESTMENTS	UK	N/A	N/A				No			No	
(1) ALTOS HYBRID D LLC - 47-3996176  2882 SAND HILL ROAD SUITE 100 MENLO PARK, CA 94025	INVESTMENTS	DE	N/A	N/A				No			No	
(2) BLACKWELL PARTNERS LLC - SERIES B - 47-2530719  280 S MANGUM ST STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				No			No	
(3) BLACKWELL PARTNERS LLC - SERIES D - 81-3385353  280 S MANGUM ST STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				No			No	
(4) BLACKWELL PARTNERS LLC - SERIES E - 81-1511048  280 S MANGUM ST STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				No			No	
(5) ALTOS HYBRID 2D LLC - 81-5176567  2882 SAND HILL ROAD SUITE 100 MENLO PARK, CA 94025	INVESTMENTS	DE	N/A	N/A				No			No	
(6) GILEAD CAPITAL PARTNERS LP  157 COLUMBUS AVE SUITE 403 NEW YORK, NY 10023 32-0520146	INVESTMENTS	DE	N/A	N/A				No			No	
(7) TOWER VIEW LIMITED  89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9007 CJ	INVESTMENTS	CJ	N/A	N/A				No			No	
(8) ENIAC SPECIAL GAMMA LLC  604 MISSION STREET 10TH FL SAN FRANCISCO, CA 94105 85-5033123	INVESTMENTS	DE	N/A	N/A				No			No	
(9) FOURPOINT HOLDINGS LLC  100 ST PAUL STREET STE 400 DENVER, CO 80206 46-4275257	INVESTMENTS	DE	N/A	N/A				No			No	
(10) LYRICAL-BLUE 100 KINGSHIGHWAY PARTNERS LP  32 N DEAN ST ENGLEWOOD, NJ 07631 82-3708328	INVESTMENTS	DE	N/A	N/A				No			No	
(11) LYRICAL-BLUE SOTP PARTNERS LP  32 N DEAN ST ENGLEWOOD, NJ 07631 81-4468378	INVESTMENTS	DE	N/A	N/A				No			No	
(12) WASHINGTON GOTHIC LP  593 WASHINGTON STREET WELLESLEY, MA 02482 83-4516893	INVESTMENTS	DE	N/A	N/A				No			No	
(13) DUKE TRIANGLE ENDOSCOPY CENTER LLC  1A BURTON HILLS BLVD NASHVILLE, TN 37215 20-4257024	HEALTHCARE	NC	N/A	N/A				No			No	
(14) COLONY INVESTORS III LP  515 S FLOWER ST 44TH FL LOS ANGELES, CA 90071 95-4665622	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	
(31) DWELLWORKS CO-INVESTMENT LLC  7 TIMES SQUARE STE 4307 NEW YORK, NY 10036 83-2165945	INVESTMENTS	DE	N/A	N/A				No			No	
(1) BEP LEGACY 1C LLC  1001 FANNIN ST STE 800 HOUSTON, TX 77002 27-3871932	INVESTMENTS	DE	N/A	N/A				No			No	
(2) WELLINGTON TRUST CO NA - CTF OPP FIXED INC ALLOC II POR  280 CONGRESS STREET BOSTON, MA 02210 83-1264831	INVESTMENTS	DE	N/A	N/A				No			No	
(3) INNOVEX CO-INVEST FUND LP  1221 MCKINNEY ST STE 4100 HOUSTON, TX 77010 84-1799796	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		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) DUKE CE (SEA) PRIVATE LIMITED 1 RAFFLES PLACE TOWER 2 SINGAPORE 048616 SN	SUPPORT	SN	N/A	C					No
(5) MCP PRIVATE CAPITAL (FEEDER) FUND I LP 6 RUE GABRIEL LIPPMANN LUXEMBOURG L-5365 LU	INVESTMENTS	LU	N/A	C					No
(6) DUKE INDIA SERVICES PRIVATE LIMITED 302 PRIDE ELITE 10 MUSEUM ROAD BANGALORE, KARNATAKA 560001 IN	MEDICAL RESEARCH	IN	N/A	C					No
(7) HEALTH SYSTEM MEDICAL STRATEGIES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-2222444	HEALTHCARE	NC	DUHS INC	C				Yes	
(8) CPP OFFICE PORTFOLIO (FEEDER) LP 50 LOTHIAN ROAD FESTIVAL SQUARE EDINBURGH EH3 9WJ UK 98-1152490	REAL ESTATE	UK	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)	DUKE ALUMNI ASSOCIATION INC	B	910,000	FMV
(1)	DURHAM ASSET MANAGEMENT COMPANY	C	4,340,307	FMV
(2)	DURHAM ASSET MANAGEMENT COMPANY	B	1,878,065	FMV
(3)	DUKE GLOBAL INC	C	3,002,934	FMV
(4)	DUKE GLOBAL INC	B	2,831,389	FMV
(5)	DUKE GIFT PROPERTIES INC	C	132,334	FMV
(6)	DUKE MEDICINE GLOBAL SUPPORT CORPORATION	C	808,724	FMV
(7)	DUKE MEDICINE GLOBAL SUPPORT CORPORATION	B	280,560	FMV
(8)	DURHAM REALTY INC	B	3,869,422	FMV
(9)	THE DUKE UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION	C	64,381	FMV
(10)	DUKE JULDEC SERVICES INC	C	120,793	FMV
(11)	DUKE UNIVERSITY PHILANTHROPIES INC	C	861,866	FMV
(12)	HIGH POINT REALTY INC	C	2,717,000	FMV
(13)	INNOVATIONS IN HEALTHCARE INC	B	514,336	FMV
(14)	RUTH K BROAD BIOMEDICAL RESEARCH FOUNDATION	C	376,734	FMV
(15)	LORD FOUNDATION INC	C	1,423,805	FMV
(16)	GOTHIC CORPORATION	R	1,285,619,509	FMV
(17)	GOTHIC CORPORATION	S	1,732,661,058	FMV
(18)	DUKE UNIVERITY SPECIAL VENTURES FUND INC	S	324,650	FMV
(19)	DUKE UNIVERSITY HEALTH SYSTEM INC	S	96,556,000	FMV
(20)	DUMAC INC	R	13,560,385	FMV
(21)	DUKE SCHOLARLY EXHIBITS INC	B	100,000	FMV