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Department of the Treasury Internal Revenue Service

i

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

A	For the	2012 calendar year, or tax year beginning JUI	L 1, 2012 and	ending	JUN 30, 2013								
В	Check if applicable	C Name of organization		-	D Employer identif	ication number							
_	—Addre:	ss											
F	chang Name												
F	chang	Number and street (or P.0. box if mail is not delive	E Telephone numb										
F	return Termin	•	9)684-2006										
F	ated Ameno return				G Gross receipts \$	483,350.							
F	Applic		H(a) Is this a group										
	pendir	F Name and address of principal officer RACHE	L SATTERFIELD		for affiliates?	Yes X No							
		324 BLACKWELL ST, STE 850, DURHAM, 1			Н(b) Are all affiliates in								
ī	Tax-exe	empt status: X 501(c)(3) 501(c) () <	(insert no.) 4947(a)(1)	or 52	7 If "No," attach	a list (see instructions)							
		re: ▶ N/A			H(c) Group exempti								
<u>K</u>	Form of	organization: X Corporation Trust Ass	ociation Other >	L Yea	r of formation: 1991	M State of legal domicile; NC							
P	art I	Summary											
— Ф	1	Briefly describe the organization's mission or most	significant activities: SUPPOR	T DUKE U	NIVERSITY								
Activities & Governance													
erna	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets											
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	4							
ত প্	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)		4	0							
es	5	Total number of individuals employed in calendar ye	ear 2012 (Part V, line 2a)		5	0							
Σįξ	6	Total number of volunteers (estimate if necessary)			6	0							
Act	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		7a								
_		Net unrelated business taxable income from Form 9	990-T, line 34			 							
		: LIN NBOSO	<u> </u>	Prior Year	Current Year								
re	8	Contributions and grants (Part VIII, line-1h)	<u> </u>	9,402,566									
Revenue	9	, , , , , , , , , , , , , , , , , , , ,	71 9	<u> </u>	0								
Ŗ	10	Investment income (Rart VIII) eolumn (A) Nines 3, 4,	A I	<u> </u>	70,475								
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		<u> </u>	4,505	. 41,778.							
_		Total revenue - add lines 8 through II (must equal !		9,477,546	. 443,453.								
	1	Grants and similar amounts paid Part X, column (A	0										
	1	Benefits paid to or for members (Part IX, column (A)	·	<u> </u>	0	<u> </u>							
ses	15	Salaries, other compensation, employee benefits (P		-	0	\							
Expenses	16a	Professional fundraising fees (Part IX, column (A), Iii	· •	₀. ⊢		•							
Š	_ b	Total fundraising expenses (Part IX, column (D), line	•	—•- ⊢	1,154,240	. 1,208,523.							
	1	Other expenses (Part IX, column (A), lines 11a-11d,	<u>.</u>	-	1,154,240	+							
	1	Total expenses Add lines 13-17 (must equal Part IX		-	8,323,306								
<u></u>		Revenue less expenses Subtract line 18 from line 1			leginning of Current Year	+							
ets (20	Total assets (Part X, line 16)		-	11,714,725								
ASS	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		\vdash	8,507								
Net Assets or	22	Net assets or fund balances Subtract line 21 from	ine 20	F	11,706,218								
Ē	art II	Signature Block	III 20			<u> </u>							
		Ities of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and state	ments, and to the best of r	ny knowledge and belief, it is							
		t, and complete. Declaration of preparer (other than officer				•							
_		Rich Saturida	·		5/1/1	4							
Sig	ın	Signature of officer			Date								
Here RACHEL SATTERFIELD, PRESIDENT													
		Type or print name and title											
_		Print/Type preparer's name	Preparer's signature		Date Check	PTIN							
Pai	d				if self-emplo	yed							
Pre	parer	Firm's name			Firm's EIN ▶								
Us	Only	Firm's address											
					Phone no.								
Ma	y the II	RS discuss this return with the preparer shown above	ve? (see instructions)			Yes X No							
232	001 12-1	0-12 LHA For Paperwork Reduction Act Notice	see the senarate instructi	ons		Form 990 (2012)							

	1990 (2012) DURHAM REALTY, INC.	56-1917936	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission. SUPPORT DUKE UNIVERSITY		
	. <u></u>		
	_ 		
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 X 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 if "Yes," describe these changes on Schedule O	.? L	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total ex	penses, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$1,600,599. including grants of \$393,205.) (Revo	enue \$	81,675.)
	DURHAM REALTY, INC. IS A SECTION 501(C)(3) SUPPORT CORPORATION OF DUKE		
	UNIVERSITY. ITS PRIMARY PURPOSE IS TO HOLD, INVEST, AND MANAGE REAL		
	ESTATE FOR THE BENEFIT OF THE UNIVERSITY.		
			· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$	enue \$)
			·
			
			
4c	(Code) (Expenses \$ Including grants of \$) (Reve	enue \$	<u> </u>
			
			
4d	Other program services (Describe in Schedule O.)		
,,,	(Expenses \$ including grants of \$) (Revenue \$)
4e			
70	Total program on the expenses , ,		Form 990 (2012)

Form 990 (2012)

DURHAM REALTY, INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
	If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		х
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		
11	as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			س ہا۔
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		х
	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	م		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
_			990	(2012)

Part IV	Checklist	of Require	d Schedules	(continued)

21			Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		i l	
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	\vdash	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ļ
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	 -
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		l
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
	instructions for applicable filing thresholds, conditions, and exceptions)		_	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	$\vdash\vdash\vdash$	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
	contributions? If "Yes," complete Schedule M	30		<u> </u>
24	Did the organization liquidate, terminate, or dissolve and cease operations?			х
31	If "Vas " complete Schedule N. Part I	21	ļ	
	If "Yes," complete Schedule N, Part I	31	l i	
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
32 33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	х	
32 33 34	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	32	х	
32 33 34 35a	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	32 33 34	х	х
32 33 34 35a	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	32 33 34	х	х
32 33 34 35a	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	32 33 34 35a	х	х
32 33 34 35a b	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	32 33 34 35a	х	х
32 33 34 35a b	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	32 33 34 35a 35b	х	x x
32 33 34 35a b	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	32 33 34 35a 35b	х	х
32 33 34 35a b	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	32 33 34 35a 35b 36		x x
32 33 34 35a b 36	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	32 33 34 35a 35b 36 37	x x 990 (x x x x

Form 990 (2		INC.	30 1317330
Part V	Statements Regarding Other	r IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		х
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			X
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		A .
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	90		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	·	-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			L
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2012)

Form 990 (2012)

DURHAM REALTY, INC.

56-1917936

Page
Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O' See instructions.								
	Check if Schedule O contains a response to any question in this Part VI			<u> </u>					
Sec	tion A. Governing Body and Management								
	11	-	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year			,					
	If there are material differences in voting rights among members of the governing body, or if the governing			:					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			<u>.</u>					
	officer, director, trustee, or key employee?	_2_	-	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		x					
	of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b	Х	<u> </u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			' شد					
а	The governing body?	8a	х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		х					
_	and branches to ensure their operations are consistent with the organization's exempt purposes?								
115	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b Describe in Schedule 0 the process, if any, used by the organization to review this Form 990.								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
C		12c							
40	In Schedule O how this was done	13		х					
13	Did the organization have a written whistleblower policy?	14		х					
14	Did the organization have a written document retention and destruction policy?	14							
15	Did the process for determining compensation of the following persons include a review and approval by independent		ĺ	1					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150							
	The organization's CEO, Executive Director, or top management official	15a	 	X					
b	Other officers or key employees of the organization	15b	 	 ^					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
1 6 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		 -						
	taxable entity during the year?	16a	 	╀					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1 -							
	exempt status with respect to such arrangements?	16b	<u> </u>	<u></u>					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request X Other (explain in Schedule O)								
19	19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and finan								
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation:	-						
	DUKE UNIVERSITY - (919)684-2006								
72200	324 BLACKWELL ST., STE 850, DURHAM, NC 27701		000						
23200 12-10-	112	Forn	990	(2012)					

9PF0051

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

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

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not c , unle cer an	ss pe	tion more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CONSTANCE BADGER	0.50									
VICE PRESIDENT/DIRECTOR	40.50	Х	_	х		L_		0.	127,901.	56,571
(2) VICTORIA L NEVOIS	0.20	١					ŀ	_	207 604	40 707
TREASURER/DIRECTOR	40,80	X		Х			<u> </u>	0.	207,604.	40,727
(3) RACHEL SATTERFIELD	0.50 40.50	 		х				0.	196,844.	36 210
PRESIDENT/DIRECTOR (4) SCOTT F SELIG	6.70	^		^				0.	130,044.	36,210
DIRECTOR	53.30	 						0.	309,243.	95,657
(5) DAVID G SINGLETON	3.30	l^	┢		-	-	-	· · · · · · · · · · · · · · · · · · ·	303,243.	, , , , , , , , , , , , , , , , , , , ,
SECRETARY	56.70	ł		x				0.	187,665.	38,878
(6) TIMOTHY W WALSH	0.00	┢	\vdash			\vdash				,
FORMER PRESIDENT/DIRECTOR	41.00	ł	ł				x	0.	327,041.	41,388
		-								

232007 12-10-12

Form 990 (2012)

(A) Name and title	(B) Average hours per week	(do r box, office		(C POSI eck r s per	tion more	than o	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	on I	am	(F) timate ount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	oensa om the anizat I relat nizati	e ion ed
										-			
			_										
1b Sub-total c Total from continuation sheets	to Part VII, Section A					* *		0.	1,356,	0.			,431. 0.
d Total (add lines 1b and 1c) Total number of individuals (inclu compensation from the organization)	- ·	iose	liste	d at	oove	e) wh	no r	eceived more than \$100	1,356, 0,000 of reportab			309,	,431. 0
3 Did the organization list any form		ustee	e, key	y en	nplo	yee,	or	highest compensated e	mployee on			Yes	No
line 1a? If "Yes," complete Scheo 4 For any individual listed on line 1:	a, is the sum of reportab	le co							the organization		3	Х	
 and related organizations greater Did any person listed on line 1a r rendered to the organization? If " 	eceive or accrue compe	nsatı	on fr	om	any	unr			idual for services	;	5	Χ	x
Section B. Independent Contractors 1 Complete this table for your five	3						re t	that received more than	\$100,000 of con	nnens		rom	
the organization. Report compen	sation for the calendar y	•						n the organization's tax				•	
Name and	(A) d business address	NON	NE					(B) Description of s	ervices	С	(C omper		n
			_										
		-											
										<u>-</u>			
2 Total number of independent cor \$100,000 of compensation from		ot lin	nıtec	i to	tho	se lis 0	stec	d above) who received n	nore than				

Form	990 (2012) DURHAM	REALTY, INC.				56-1917936	Page 9
Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	tains a response	to any question		(m)		
-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b					
Am Am	С	Fundraising events	1c					
iar	d	Related organizations	1d					
ns,		Government grants (contribut						,
er S	f	All other contributions, gifts, gran	1 1					
혈		similar amounts not included abo						
in d	_	Noncash contributions included in lines	3 1a-1f \$					
0 8	n	Total. Add lines 1a-1f		Business Code				
a l	2 a			Busiliess Code				
Š	Z a b							
Ser	c							
am	d							
Program Service Revenue	е				·			
Ţ.	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶ .				
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties		<u> </u>				
	_		(i) Real	(ii) Personal				
	6 a		81,675.					
		Less, rental expenses	39,897. 41,778.					,
		Rental income or (loss)	41,770.	.	41,778.			41,778.
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other	41,770.			11,770.
	, a	assets other than inventory	(i) Securities	(ii) Other				
	ь	Less cost or other basis						
	_	and sales expenses						
	¢	Gain or (loss)	401,675.					
		Net gain or (loss)			401,675.			401,675.
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
eur		including \$,
ě		contributions reported on line	1c) See					
Other Revenue		Part IV, line 18	а					
₽		Less direct expenses	b					
		Net income or (loss) from fund	-	<u> </u>		<u></u>		
	9 a	Gross income from gaming ac Part IV, line 19						
	h	Less direct expenses	a b					
		Net income or (loss) from gan						
		Gross sales of inventory, less						
		and allowances	а					
	b	Less. cost of goods sold	b					
		Net income or (loss) from sale	s of inventory	>				
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d							
		Total. Add lines 11a-11d			443 453	0.	0.	443,453.
23200 12-10-	12	Total revenue. See instructions.			443,453.	L	0.	Form 990 (2012)
12-10-	14							1 01111 330 (20 12)

Form 990 (2012) Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respor		is Part IX		/n\
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	393,205.	393,205.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	,			· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages		-		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	31,552.	31,552.		
С	Accounting				
d	Lobbying	_,-, ,			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	971.		971.	
14	Information technology				··········
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				··
21	Payments to affiliates	£0.00=	FA 93-		
22	Depreciation, depletion, and amortization	50,237.	50,237.	150	.
23	Insurance	158.		158.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	LOSSES AND WRITE-OFFS	518,572.	518,572.		
b	PROPERTY HOLDING EXP	342,339.	342,339.		
С	CONTRACT WORK	261,505.	261,505.		
d	TAXES AND LICENSES	3,189.	3,189.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,601,728.	1,600,599.	1,129.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				·
	3 10 10 10				Farm 990 (2012)

Page **11** Form 990 (2012) Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 7 528 268. 4,849,617. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 24,654 30,938. Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr). Complete Part II of Sch L 61,146 7 Notes and loans receivable, net 8 Inventories for sale or use 103,124. 1,205. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 4,275,764 basis Complete Part VI of Schedule D 10a 137,634 1,911,809 4,138,130. b Less accumulated depreciation 10b 425,734. 318,479. 11 Investments - publicly traded securities 11 1,309,820. 1,325,648. 12 Investments · other securities See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 14 14 Intangible assets 457,425 15 Other assets See Part IV, line 11 15 11,714,725. 10,771,272. 16 Total assets. Add lines 1 through 15 (must equal line 34) 8,507. 100,244. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 8,507 100,244. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

> 10,771,272. Form 990 (2012)

10,671,028.

10,671,028.

0

11,706,218,

11,706,218.

11,714,725.

31

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form	1990 (2012) DURHAM REALTY, INC.	56-1917936		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		443	453.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,601	728.
3	Revenue less expenses Subtract line 2 from line 1	3	-1	,158	275.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11		218.
5	Net unrealized gains (losses) on investments	5		123	085.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	10	,671	028.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				!
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			,
	consolidated basis, or both.				i
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	, , ,	ne audrt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			,	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3a		x
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

		DURHAM REA	<u>'</u>						56	5-1917936
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions		
The organ	zation is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)			
1 🔲	A church, co	nvention of churche	s, or association of churc	ches desc	rıbed ın se	ction 170	(b)(1)(A)(i)			
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🔲	A hospital or	a cooperative hospi	ital service organization o	described	ın section	170(b)(1)(A)(iii).			
4 🔲	A medical res	search organization	operated in conjunction	with a hos	prtal descr	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,
	city, and stat									
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governr	nental unr	t describ	ped in
		(b)(1)(A)(iv). (Comple			·		•			
6 🗀			ent or governmental und	t describe	d ın sectio	n 170(b)(1)(A)(v).			
7		-	eives a substantial part					r from the	general	public described in
	•	b)(1)(A)(vi). (Comple	•			3			3	
8 🗀	•		section 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🗔	-		eives: (1) more than 33 1			rom contri	butions, m	nembershi	n fees. a	and gross receipts from
•	-		nctions - subject to certa							
			axable income (less sect							
		509(a)(2). (Complete	· ·		b, 11 0111 ba	000000	.04000 2	,o o.ga		unto: 04:10 00; 10:10
10 🔲			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	L)		
11 X	•	•	perated exclusively for the	•	-			•	v out the	e purposes of one or
—	-		ations described in section		•				-	•
			organization and comple		•		., 00000		-,,,-,,-	
	a X Type	·			nctionally i		d	Typ	e III - No	n-functionally integrated
e X			at the organization is not		•	•				, ,
foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or sift the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?										
				00011011 000 (4)(2)						
				sons?						
					y, Yes No					
				iii, beleti	11g(i) X					
	•	- ·	n described in (i) above?)						11g(ii) X
		•	person described in (i) (۵?					11g(iii) X
h		•	about the supported or							[119(11)]
"	1 TOVIGE LITE I	ollowing information	about the supported on	garnzadon	(3)					
(:) Nome	of our ported	/::\ [IN	(iii) Tupe of ergenization	(iv) is the o	organization	(v) Did voi	ı notify the	(vi) Is	the	(vii) Amount of monetary
• •	e of supported (ii) EIN (iii) Type of organization (described on lines 1-		I this i the or organization	in not (i) hoted in your paragration in not lorga		organizatio	on in col.	support		
orga	inzation		above or IRC section	governing	verning document? (i) of your support?		(i) organized in the U.S.?		dapport	
			(see instructions))	Yes	No	Yes	No	Yes	No	
				 						
DUKE UNI	VERSITY	56-0532129	SCHOOL	x		x		х		393,205.
				1					<u> </u>	,
				ļ						
	<u></u>							 		
				 	 			 		
Total	1									393,205,
		duction Act Notice	see the Instructions f	or .	Ļ	<u> </u>	l	Schodul	A (For	m 990 or 990-E7\ 2012

Form 990 or 990-EZ.

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

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

Se	ction A. Public Support					·	_
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
•	• • •		1			 	
2	Tax revenues levied for the organ- ization's benefit and either paid to					:	
	or expended on its behalf					!	
3	The value of services or facilities	· · · · · · · · · · · · · · · · · · ·					<u> </u>
Ü	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a		1				
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			ļ	_		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)				 		
	Total support. Add lines 7 through 10	ata (ana matri inti	1	<u>.</u>	1	40	<u> </u>
	2 Gross receipts from related activities, etc. (see instructions) 12						
13	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						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (column (fl)		14	%
	Public support percentage from 2011		•	· · · · · · · · · · · · · · · · · · ·		15	%
	33 1/3% support test - 2012. If the	•	•	n line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies	-				,	ightharpoons
b	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2012. If the org	janization did not d	check a box on lin-	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop i	nere. Explain in Pa	rt IV how the orgai	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		ightharpoons
ь	10% -facts-and-circumstances tes	t - 2011. If the org	janization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization .	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	•		
					Sche	edule A (Form 990	or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please com	piete Fart II.)				
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,			
	membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	A received informalisqualified persons form other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		<u> </u>	<u> </u>		1	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(4, 2000	(5) 2000	(6) 23.5	(2) 25 11	30/2012	(47.55
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Durrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here					. ,,-, 5	· • □
Se	ction C. Computation of Publ	ic Support Po	ercentage				
15	Public support percentage for 2012 (ine 8, column (f)	divided by line 13,	column (f))	-	15	%
16	Public support percentage from 2011	Schedule A, Par	t III, line 15	<u>.</u>		16	%
Se	ction D. Computation of Inve	stment Incon	ne Percentage	<u> </u>			
17	Investment income percentage for 20)12 (line 10c, colu	ımn (f) dıvıded by lı	ine 13, column (f))		17	%
18	Investment income percentage from		•			18	%
198	a 33 1/3% support tests - 2012. If the	-					17 is not
	more than 33 1/3%, check this box a		•		•		اسا 🗨
t	33 1/3% support tests - 2011. If the						
20	line 18 is not more than 33 1/3%, che						
2320	Private foundation. If the organization 23 12-04-12	n did Hot check a	LOOK OF THE 14, IS	эа, ог тэр, спеск t		hedule A (Form 99	0 or 990-F7) 201
2320	LU 16 VT-16				90		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 Inspection

Employer identification number

Name of the organization

► Attach to Form 990. ► See separate instructions.

	DURHAM REALTY, INC.		56-1917936
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar F	unds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in dono	r advised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds o	can be used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other pu	rpose conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form	990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	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 quali	ified conservation contribution in the	e form of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic	structure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated	by the organization during the tax
	year >		
4	Number of states where property subject to conservation ea	asement is located 🕨	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handl	ing of
	violations, and enforcement of the conservation easements	rt holds?	└── Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easem	ents during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements	during the year ► \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section	on 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and ex	spense statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that des	cribes the organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections o		or Other Similar Assets.
	Complete if the organization answered "Yes" to Form	**	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	khibition, education, or research in fu	urtherance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance	e of public service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for fi	nancial gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these item	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
þ	Assets included in Form 990, Part X		> \$

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Sche	dule D (Form 990) 2012 DURHAM REAL	TY, INC.						56-1917	936	Page 2
Par		ollections of Ar	rt, Histo	orical Tr	easures,	or Oth	er Sim	ilar Ass	ets(contin	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	at are a s	significar	t use of its	collection	rtems
	(check all that apply).									
а	Public exhibition	d	· Щ∟	oan or exc	hange progr	ams				
b	Scholarly research	е		ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how the	ey further t	he organizat	ion's exe	empt pur	pose in Pa	rt XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, his	torical trea	sures, or oth	er sımıla	ır assets	_	_	_
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrang		ete if the o	organizatio	n answered	"Yes" to	Form 99	90, Part IV,	line 9, or	
	reported an amount on Form 990, Part	t X, line 21								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for c	ontribution	s or other as	ssets no	t ınclude	d _	_	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	iple.				_		
							<u> </u>		Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo							L_	⊥ Yes	⊢⊢™
	If "Yes," explain the arrangement in Part XIII									Ш
Par	t V Endowment Funds. Complete if									
	h	(a) Current year	(b) Pri	or year	(c) Two yea	rs dack	(d) Inre	years back	(e) Four	years back
1a	Beginning of year balance				-				-	
b	Contributions				<u> </u>				 	
	Net investment earnings, gains, and losses					-			1	
	Grants or scholarships					-			ļ	
е	Other expenditures for facilities									
	and programs	~ ~ _							ļ	
Ť	Administrative expenses				<u> </u>			<u>-</u>		
g	g End of year balance									
	2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as									
a	Board designated or quasi-endowment	0/	_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
2-	The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
Sa		ssion of the organiza	auon mai	are neiu a	nu auministi	ereu ior i	ine organ	nzation	Г	Yes No
	(i) unrelated organizations								3a(ı)	Tes No
	(ii) related organizations								3a(II)	
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedi	ıle R?					3b	_
4	Describe in Part XIII the intended uses of the	•							00	
Par	·······									
L	Description of property	(a) Cost or o			or other	(c) A	ccumula	ted	(d) Book	value
		basis (investr			(other)	, , ,	preciation		(=, =00)	
1a	Land		2,944.		· · · · · · · · · · · · · · · · · · ·				2.	102,944.
	Buildings	 	2,820.				13'	7,634.	<u> </u>	035,186.
	Leasehold improvements							 	······································	
	Equipment									
	Other						_			
	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colum	n (B), line 1	O(c).)			ightharpoonup	4,	138,130.

Schedule D (Form 990) 2012 DURHAM REALTY, IN			56-	1917936	Page 3
Part VII Investments - Other Securities. See				l -6	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of V	valuation Cost or end	i-ot-year marke	t value
(1) Financial derivatives					
(2) Closely-held equity interests		_			
(3) Other (A) INVESTMENT IN LONG-TERM POOL	1,325,6	AR FND_OF_VEAD	MARKET VALUE		
_ ()	1,323,0	40. END-OF-TEAK	MARKET VALUE		
(B)		<u> </u>			
(C)					
(D) (E)					
(F)					
(G)	· · · · · ·				
(H)					
(1)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,325,6	48.			
Part VIII Investments - Program Related. Se					
(a) Description of investment type	(b) Book value		valuation: Cost or end	l-of-year marke	t value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				· · · · · · · · · · · · · · · · · · ·	·····
Part IX Other Assets. See Form 990, Part X, line					
(a) [Description			(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	· · · · · · · · · · · · · · · · · · ·				
(7)					
(8)					
(9)					
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line	15)				
Part X Other Liabilities. See Form 990, Part X, I	ine 25				
1. (a) Description of liability	110 23	(b) Book value			
(1) Federal income taxes		,			
(2)			-		
(3)					
(4)					
(5)		· · · · · · · · · · · · · · · · · · ·	1		
(6)					
(7)			1		
(8)	*		1		
(9)			1		
(10)			1		
(11)			1		
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 25) ▶		1		
2. FIN 48 (ASC 740) Footnote in Part XIII, provide the tex		e organization's financia	al statements that rec	orts the organi	ization's
liability for uncertain tax positions under FIN 48 (ASC 7		-		_	

232053 12-10-12

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

2012
OMB No. 1545-0047
Open to Public Inspection

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

Name of the organization DURHAM REALTY, INC.	INC.						Employer identification number 56-1917936
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance? ocedures for mon	toring the use of grant	funds in the United	States			X Yes No
<u>7</u>	Governments an	d Organizations in the	• United States. Conal space is need	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 324 BLACKWELL STREET, SUITE 850 DURHAM, NC 27705	56-0532129	501(C)(3)	393,205.	0.			GENERAL SUPPORT
					:		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table				1.
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					0.
I HA For Paperwork Beduction Act Notice, see the Instructions for Form 990	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV | Supplemental Information, Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant 21 SCHEDULE I, PART I, LINE 2: ORGANIZATION'S PROCEDURES FOR MONITORING THE DUKE UNIVERSITY AND ANY OTHER ORGANIZATION AWARDED GRANTS OR GRANTS FUNDING TO DUKE UNIVERSITY. THE BOARD OF DIRECTORS FOR DURHAM REALTY, INC. REVIEWS THE FINANCIAL INFORMATION AND APPROVES TO GRANT FUNDS TO DUKE UNIVERSITY, OR ANY OTHER ORGANIZATION DURING THE BOARD INC. DURHAM REALTY, INC. IS A SUPPORTING ORGANIZATION TO DUKE UNIVERSITY. USE OF GRANT FUNDS IN U.S. FORM 990, SCHEDULE I, PART 1, LINE 2 IN FUTHERANCE OF ITS SUPPORT TO DUKE UNIVERSITY, DURHAM REALTY, (b) Number of recipients (a) Type of grant or assistance 232102 12-18-12 MEETING. Part III

Page 2

56-1917936

DURHAM REALTY, INC.

Schedule I (Form 990) (2012)

Schedule I (Form 990) DURHAM REALTY, INC.	56-1917936	Page 2
Schedule I (Form 990) DURHAM REALTY, INC. Part IV Supplemental Information		
ASSISTANCE MAINTAINS DOCUMENTATION OF ALL EXPENDITURES IN THE ORDINARY		
COURSE OF BUSINESS.		
	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		
The state of the s		
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number 56-1917936 DURHAM REALTY, INC.

Pa	it I Questions Regarding Compensation			
		Ye	1 25	No_
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			,
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			;
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		-	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	_l	. 1.	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
			\top	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			,
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to		- 1	
	establish compensation of the CEO/Executive Director, but explain in Part III		- 1	i
	Compensation committee Written employment contract			!
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		1	ļ
	organization or a related organization.	_		
а	Receive a severance payment or change-of-control payment?	3		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?)		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	;		X
	if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		1	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	3	_	Х
þ	Any related organization?	2	\dashv	х
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the net earnings of			
а	The organization?	a	_	X
b	Any related organization?	<u> </u>	ightharpoonup	X
	If "Yes" to line 6a or 6b, describe in Part III.		- 1	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	`_		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	<u>: </u>	\perp	Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		1	
	Regulations section 53.4958-6(c)?	<u> </u>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2012

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	age Be	(E) Total of columns	_
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(I)(B)	reported as deferred in prior Form 990
(1) CONSTANCE BADGER	ε	0	0.	0	0	0	0.	0
VICE PRESIDENT/DIRECTOR	Ξ	127,901.	0	0.	15,198.	41,763.	184,862.	0
(2) VICTORIA L NEVOIS	Ξ	0.	0	0	0	0	0.	0
TREASURER/DIRECTOR	Ξ	190,604.	0	17,000.	26,092.	15,199.	248,895.	0
(3) RACHEL SATTERFIELD	Ξ	0.	0	0	0	0	0	0.
PRESIDENT/DIRECTOR	€	174,344.	22,500.	0	24,167.	12,572.	233,583.	0
(4) SCOTT F SELIG	Ξ	0	0	0.	0.	0	0.	0
DIRECTOR	Ξ	309,226.	0	17.	30,635.	.800,99	405,886.	0
(5) DAVID G SINGLETON	Ξ	0	0	0	0	0	0	0.
SECRETARY	Ξ	187,665.	0	0	23,445.	15,988.	227,098.	0.
(6) TIMOTHY W WALSH	Ξ	0.	0	0	0	0	0	0
FORMER PRESIDENT/DIRECTOR	€	327,041.	0	0	30,635.	16,779.	374,455.	0.
	Ξ							
	Œ							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(1)							
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	(i)							
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	(ii)							
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	<u>(ii)</u>							
232112							Sched	Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

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.

2012
Open to Public Inspection

Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** DURHAM REALTY, INC. 56-1917936 FORM 990, PART V, LINE 3B: THE ORGANIZATION DID NOT MEET THE UNRELATED BUSINESS GROSS INCOME THRESHOLD OF \$1,000 DURING THE FISCAL YEAR ENDED JUNE 30,2013. HOWEVER, THE ORGANIZATION HAS FILED FOR 990-T FOR THE FISCAL YEAR ENDED JUNE 30,2013. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE BOARD OF DIRECTORS OF DURHAM REALTY, INC., SHALL BE ELECTED OR APPOINTED, AND SUBJECT TO REMOVAL BY THE BOARD OF TRUSTEES OF DUKE UNIVERSITY. FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE BOARD OF TRUSTEES OF DUKE UNIVERSITY. FORM 990, PART VI, SECTION B, LINE 11: DURHAM REALTY, INC. PROVIDES THE MEMBERS OF THE GOVERNING BODY WITH A DRAFT OF THE FORM 990 FOR INDIVIDUAL REVIEW FORM 990, PART VI, SECTION C, LINE 18: DURHAM REALTY, INC.'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. FORM 990, PART VI, SECTION C, LINE 19: DURHAM REALTY, INC.'S GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND ANY SUBSEQUENT AMENDMENTS OR RESTATEMENTS) ARE AVAILABLE TO THE PUBLIC ON

232211 01-04-13

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990 EZ) (2012)	Page 2
Name of the organization DURHAM REALTY, INC.	Employer identification number 56-1917936
THE NORTH CAROLINA SECRETARY OF STATE WEBSITE. THE ORGANIZATION DOES NOT	
HAVE A CONFLICT OF INTEREST POLICY. DURHAM REALTY, INC. IS INCLUDED IN THE	
CONSOLIDATED, INDEPENDENTLY AUDITED FINANCIAL STATEMENTS OF DUKE UNIVERSITY	
WHICH ARE AVAILABLE AT	
HTTPS://FINANCE.DUKE.EDU/RESOURCES/DOCS/FINANCIAL_REPORTS.PDF	
FORM 990, PART VIII, LINE 7 - GAIN OR (LOSS) OF SECURITIES & OTHER ASSETS	
INVESTMENT FUNDS	
COLUMN (A)- SECURITIES: DUKE UNIVERSITY, AND THEREFORE DURHAM REALTY,	
INC., MANAGES ITS INVESTMENT FUNDS IN ACCORDANCE WITH THE UNIFORM	
PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT OF NORTH CAROLINA. AS	
PERMITTED BY THE ACT, THE UNIVERSITY, AND THEREFORE DURHAM REALTY,	
INC., UTILIZES TWO INVESTMENT POOLS TO INVEST ITS FUNDS AND THESE FUNDS	
OPERATE ON A TOTAL RETURN CONCEPT. IT IS THEREFORE NOT POSSIBLE TO	
SEPARATE EARNINGS AS SET FORTH ON LINES 3 AND 4; EARNINGS ARE COMBINED	
AND REPORTED ON LINE 7.	
	<u>.</u>

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 56-1917936

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) DURHAM REALTY, INC. Name of the organization Part I

	(a) Name, address, and EIN (flanolicable)	(b) Primary activity	(c)	(d) Total income	(e) Fnd-of-vear assets	(f) Direct controlling	
	of disregarded entity		foreign country)			entity	
					_		
				!			
Part II	Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	it had one or more re	lated tax-exempt	

(a)	(q)	(0)	(p)	(e)	(J)	(6)	;
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(SC)(S
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	ş
AMER ASSOC FOR GIFTED CHILDREN - 56-1686219						 	[
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	× 	
ASSOCIATED HEALTH SVCS, INC 56-1845329					DUKE UNIVERSITY		(
615 DOUGLAS STREET, SUITE 700					HEALTH SYSTEM,	_	
DURHAM, NC 27705	HEALTHCARE	NORTH CAROLINA	501(C)(3)	11 TYPE 1	INC.	×	
DU SPECIAL VENTURES FUND, INC 56-1465177						-	İ
280 S. MANGUM STREET, STE 210							
DURHAM, NC 27701	INVESTMENTS	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×	
DUKE ALUMNI ASSOCIATION, INC 56-1594088							İ
614 CHAPEL DRIVE							
DURHAM, NC 27708	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.		İ		Schedule R (Form 990) 2012	orm 990) 2	2012

Part II Continuation of Identification of Related Tax-Exempt Organizations

	•					
(a)	(q)	(၁)	(p)	(e)	(J)	(b)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 (2) (3)
of related organization		foreign country)	section	status (if section	entity	organization?
				501(c)(3))		Yes No
DUKE CORPORATE EDUCATION - 42-1672476						
310 BLACKWELL ST.						
DURHAM, NC 27701	EDUCATION	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×
DUKE GIFT PROPERTIES, INC 57-1211078						
324 BLACKWELL STREET, STE 850						
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×
DUKE GLOBAL, INC 61-1588319						
324 BLACKWELL STREET, STE 850						
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×
DUKE INTEGRATED NETWORK, INC 46-3129771					DUKE UNIVERSITY	
615 DOUGLAS STREET, SUITE 700					HEALTH SYSTEM,	
DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	INC.	×
DUKE MEDICINE GLOBAL SUPP. CORP 61-1593721						-
324 BLACKWELL STREET, STE 850						-
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×
DUKE QUALITY NETWORK, INC 46-1340679					DUKE UNIVERSITY	
615 DOUGLAS STREET, SUITE 700					HEALTH SYSTEM,	
DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	INC.	×
DUKE SCHOLARLY EXHIBITS, INC 56-1701245						
324 BLACKWELL STREET, STE 850						
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×
DUKE UNIV AFFILIATED PHYSICIANS - 56-1902501					DUKE UNIVERSITY	
615 DOUGLAS STREET, SUITE 700			_		HEALTH SYSTEM,	
DURHAM, NC 27705	HEALTHCARE	NORTH CAROLINA	501(C)(3)	11 TYPE 1	INC.	×
DUKE UNIV HEALTH SYSTEM, INC 56-2070036						
615 DOUGLAS STREET, SUITE 700						
DURHAM, NC 27705	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	DUKE UNIVERSITY	×
DUKE UNIV PHILANTHROPIES, INC 57-1211099						
324 BLACKWELL STREET, STE 850						
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×
DUKE UNIV SCH OF MED RESEARCH FDN 56-2247203						
324 BLACKWELL STREET, STE 850						
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	x
DUKE UNIVERSITY - 56-0532129						
324 BLACKWELL STREET, STE 850						
DURHAM, NC 27701	EDUCATION	NORTH CAROLINA	501(C)(3)	LINE 2	N/A	×

56-1917936

DURHAM REALTY, INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

10)	14	[3]	47		100		İ
Name address and EIN	(u)	(5)	(a)	(e)	(I)	(g) Section 512(b)(13)	(b)(13)
of related organization	Frinary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlle	, d
		roreign country)		501(c)(3))	entity	Ves No	2
DUMAC, INC 90-0754895						╁	
280 S. MANGUM STREET, STE 210							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		×
DURHAM ASSET MGMT COMPANY, INC 56-1757238							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		×
GOTHIC CORPORATION - 56-1776668							
280 S. MANGUM STREET, STE 210							
DURHAM, NC 27701	INVESTMENTS	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		×
GOTHIC HSP CORPORATION - 27-1325761					DUKE UNIVERSITY		
280 S. MANGUM STREET, STE 210					HEALTH SYSTEM,		
DURHAM, NC 27701	INVESTMENTS	NORTH CAROLINA	501(C)(3)	11 TYPE 1	INC.		×
HIGH POINT REALTY ASSOC 56-1917939							
324 BLACKWELL STREET, STE 850							
NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		×
IPIHD, INC 32-0358709							
310 BLACKWELL ST.							
DURHAM, NC 27710	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		×
RUTH K BROAD BIOMED, RES. FDN 65-0045051							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		×
THE CTR FOR DOCUMENTARY STUDIES - 56-1655039	77.00						
1317 PETTIGREW STREET							
DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		×
THE LORD FDN OF NORTH CAROLINA - 56-1415423							
305 TEER BLDG							
DURHAM, NC 27708	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		×
23222 05-01-12		30					

Schedule R (Form 990) 2012 DURHAM REALTY, INC.

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

Seneral or Percentage managing ownership partner? 3 Yes No 3 Code V-UBI amount in box n 20 of Schedule L K-1 (Form 1065) **y** Ξ N/A N/A N/A N/A ate allocations? Dispropartion-Yes Ξ Share of end-of-year assets <u>(g</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e N/A N/A N/A Direct controlling entity ਉ N/A N/A N/A (c)
Legal
domicile
(state or
foreign
country) 凹 GA ŊΕ Ϋ́ Primary activity INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS <u>@</u> 20-8075455 280 S. MANGUM STREET, STE 210 CANYON BLUE INV FD 27-0186996 27-0130641 TC FD 27-4011571 Name, address, and EIN of related organization 10022 BLACKWELL PTR LLC 27701 75201 a) 90067 NEW YORK, NY CD FUND, LP -MCKINNEY AVE AVE OF STARS AVENUE BLUE Ţ PARK AVENUE DURHAM, NC S DALLAS, L.A.,

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

(a)	(q)	(c)	(g)	(e)	9	(6)	(F)	(3)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	(13) // led
		country)		or irusi)		dssets		Yes	ş
COLCHESTER ALPHA FUND (BERMUDA), LTD									
59-62 TOWNSEND ST 2									
DUBLIN, IRELAND	INVESTMENTS	BERMUDA	N/A	C CORP					×
COLCHESTER BETA THREE FUND, LTD								-	
CENTURY HOUSE 16 PAR-LA VILLE RD				-				_	
HAMILTON, BERMUDA HM HX	INVESTMENTS	BERMUDA	N/A	C CORP					×
DUKE CE LS INC 20-2004016									
310 BLACKWELL STREET	Γ								
DURHAM, NC 27701	REAL ESTATE	NC	N/A	c corp				-	×
DUKE CE (SEA) PRIVATE LIMITED									ĺ
1 RAFFLES PLACE, TOWER 2									
SINGAPORE, SINGAPORE 048616	SUPPORT	SINGAPOREN/A	A/A	C CORP					×
DUKE CORP EDU INDIA PRIVATE - 42-1672476									İ
ACADEMIC BLOCK, NEW CAMPUS									
VASTRAPUR, AHMEDABAD, INDIA 380015	CONSULTING	INDIA	N/A	c corp					×
232162 12-10-12		31				Sche	Schedule R (Form 990) 2012	990) 2	2012

56-1917936

Schedule R (Form 990) DURHAM REALTY, INC.

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(q)	<u> </u>	(p)	(e)	(£)	(B)	(h)	(3)	5	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
GMO FORESTRY 6B LP 48-1294791 FRANKLIN STREET BOSTON, MA 02110	INVESTMENTS	3 0	N/A	N/A			×	N/A	×	
LIQUID REALTY PTR 05-0537755 LINDA MESA DANVILLE, CA 94526	INVESTMENTS	DE	N/A	N/A			×	N/A	×	
LYRICAL BLUE RL PT 27-2994514 32 N. DEAN ST. ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A			×.	N/A	×	
LYRICAL-BLUE RGNT 45-3626577 32 N. DEAN ST. ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A			. ×	N/A	X	
MANGUM, LLC - 46-1275587 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A			×	N/A	×	
OCTAVIAN BLUE FD 27-2408711 5TH AVENUE NY, NY 10151	INVESTMENTS	DE	N/A	N/A			×	N/A	×	
SBER LUCKY STRIKE 20-3891303 310 BLACKWELL ST. DURHAM, NC 27701	REAL ESTATE	NC	N/ A	N/A			×	N/A	×	
TAIYO BLUE FUND LP 80-0613746 5300 CARILLON POINT KIRKLAND, WA 98033	INVESTMENTS	DE	N/A	N/A			×	N/A	×	
TVV CAPITAL III-A 90-0909850 4TH AVE NASHVILLE, TN 37219	INVESTMENTS	DE	W/W	N/A		j	×	N/A	×	
232223 05-01-12				32						

56-1917936

Schedule R (Form 990) DURHAM REALTY, INC.

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

]								
(a)	(q)	<u>စ</u>	(g	(e)	E	(6)	ε	Section
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
DUKE CORPORATE EDUCATION LIM - 42-1672476								
165 FLEET STREET		UNITED						
LONDON, UNITED KINGDOM EC4A 2DY	EDUCATION CONSULTING	KINGDOM	N/A	C CORP				×
DUKE CORPORATE EDUCATION RSA - 42-1672476								
GROUND FLOOR, TWICKEHNHAM BLDG		SOUTH						_
BRYANSTON, JOHANNESBURG, SOUTH AFRICA 02021	CONSULTING	AFRICA	N/A	c corp				×
DUKE GLOBAL CONSULTING (KUNSHAN)					:		-	
1666 WEI CHEN NAN RD								
KUNSHAN PR, KUNSHAN, CHINA 215300	CONSULTING	CHINA	N/A	C CORP				×
DUKE MEDICAL STRATEGIES, INC 56-1993799								
2200 WEST MAIN STREET, STE 920								
DURHAM, NC 27705	HEALTHCARE	NC	N/A	C CORP				×
DUKE MEDICINE ASIA PTE, LTD								
5 SHENTON WAY # 07-00 UIC BLD	•							
SING, SINGAPORE 0688	MEDICAL RESEARCH	SINGAPOREN/A	N/A	c corp				×
DUKE UNIV QUADRANGLE PUND - 56-6218971								
PO BOX 185	r							
PITTSBURGH, PA 15230-0185	INVESTMENTS	PA	N/A	TRUST	ì			×
DUKE UNIVERSITY TOWER FUND - 56-6147362								
PO BOX 185								
PITTSBURGH, PA 15230-0185	INVESTMENTS	PA	N/A	TRUST				×
DURHAM CASUALTY COMPANY, LTD - 98-0113277								
AON HOUSE, 30 WOODBOURNE AVE								
PEMBROKE, BERMUDA HM 08	INSURANCE	BERMUDA	N/A	C CORP				×
DUSVF EUROPEAN LP - 98-0346042							•	
7 CAVENDISH SQUARE		UNITED						
LONDON, UNITED KINGDOM WIG OPE	INVESTMENTS	KINGDOM	N/A	c corp				×
GOTHIC INTERNATIONAL LTD								
113 S CHURCH STREET, QUEENSGATE HOUSE		CAYMAN						
GRAND CAYMAN, CAYMAN ISLANDS KY1-1108	INVESTMENTS	ISLANDS	N/A	C CORP				×
HEALTH SYSTEM MEDICAL STRATEGIES, INC								
56-2222444, 615 DOUGLAS STREET, SUITE 700,	,							
DURHAM, NC 27705	HEALTH CARE	NC	N/A	C CORP				×
JOHN & PATRICIA KOSKINEN CLUT - 56-6532340								
PO BOX 185								
PITTSBURGH, PA 15230-0185	INVESTMENTS	PA	N/A	TRUST				×

DURHAM REALTY, INC.

56-1917936

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(q)	(3)	(p)	(e)	(j)	(6)	(£)	(E)
Name, address, and EIN	Primary activity	J.C.Ile	Direct controlling	Type of entity	Share of total	Share of	Percentage	Section 512(b)(13) controlled
כן יפומרפע טישמון במונטן				or trust)	2			-
MARATHON BLUE CAYMAN FUND								
89 NEXUS WAY, PO BOX 31106		CAYMAN			•			
GRAND CAYMAN, CAYMAN ISLANDS KY1-1205	INVESTMENTS	ISLANDS N/A		c CORP				×
GHI HOLDINGS MAURITIUS								
9TH FL, ORANGE TOWER CYBERCITY			•		•			
	INVESTMENTS	MAURITIUSN/A		C CORP				×
GHI ERP LTD					•			
9TH FL, ORANGE TOWER CYBERCITY								
EBENE, MAURITIUS	INVESTMENTS	MAURITIUSN/A		C CORP				X
GHI HSP LTD								
9TH FL, ORANGE TOWER CYBERCITY								
AURITIUS	INVESTMENTS	MAURITIUSN/A		C CORP				×
СНІ ЈВО ГТО								
9TH FL, ORANGE TOWER CYBERCITY	•							
EBENE, MAURITIUS	INVESTMENTS	MAURITIUSN/A		C CORP				×
GHI LTP LTD								
9TH FL, ORANGE TOWER CYBERCITY								
EBENE, MAURITIUS	INVESTMENTS	MAURITIUSN/A		C CORP				×
1								
PO BOX 1043, GEORGE TOWN		CAYMAN						_
GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INVESTMENTS	ISLANDS N/A		c corp				×
			-					
	•							
						<u>.</u>		
232224		70						
11-19-12		54						

56-1917936

Part V Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36) Schedule R (Form 990) 2012 DURHAM REALTY, INC.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				×	Yes No	اہ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	ın Parts II⋅IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×	ı
b Gift, grant, or capital contribution to related organization(s)				4P ×		ŀ
c Gift, grant, or capital contribution from related organization(s)				10	×	
				1d	×	
(s) doubt or loss of paragraphs of paragraphs (s)				9	×	ı
				2		
f Dividends from related organization(s)				*	×	į
				10	×	ļ
				2 4	×	ı
n Furchase of assets from refated organization(s)				:	; -	ı
i Exchange of assets with related organization(s)				=	<	ı
j Lease of facilities, equipment, or other assets to related organization(s)				-	×	1-
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
	anization(s)			=	×	ı
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē	×	l
	(s)uoi			1n X		
o Sharing of paid employees with related organization(s)				<u>۹</u>		[
					•	;
 P Reimbursement paid to related organization(s) for expenses 				<u>-</u>	: ا	ı
 Reimbursement paid by related organization(s) for expenses 				ş	×	ſ
				,		
				= 4	* ×	ı
	-			2	1	1
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	who must complete t	his line, including covered	relationships and transaction thresholds			I
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	involved		ı
(1)						I
(2)						ı
(3)						1
(4)						ı
(5)						ı
232163 12-10-12	35		Schedu	Schedule R (Form 990) 2012	90) 201	2

56-1917936

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

age dır		1					
(k) ercenta							
General or P managing partner?							
20 Gen			<u> </u>	 	_		
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065)							
Disproportionate allocations?	3						
(9) Share of [1] end-of-year all assets							
(f) Share of total income							
Are all partners sec 501(c)(3) orgs?							
(d) Predominant income related, unrelated, excluded from tax under section 512-514) y							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of entity							

Scriedule H	l (Form 990) 2012	DURHAM REALTY, INC.	56-1917936	Page 5
Part VII	(Form 990) 2012 Supplemental Infor	mation		
	Complete this part to pro	vide additional information for responses to questions on Schedule R (see instru	ictions)	
	Complete this part to pre	wide additional information for responses to questions on our education (see institu		
				
				_
				
				
			- -	
				
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	 -			
				

	8 (Rev. 1·2013) are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check the	s box		Page 2		
•	ly complete Part II if you have already been granted an a	-	•		8868.			
	are filing for an Automatic 3-Month Extension, complete		The state of the s					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	opies needed).			
			Enter filer's	identıfyir	ng number, see ins	tructions		
Type or	Name of exempt organization or other filer, see instru-	ctions		Employer	r identification numb	er (EIN) or		
print								
File by the	DURHAM REALTY, INC.		<u> </u>		56-1917936			
due date for filing your	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.	Social se	curity number (SSN)		
return See	324 BLACKWELL ST., WASHINGTON BLDG., STE.	850						
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	iress, see instructions.					
	DURHAM, NC 27701							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)		-	0 1		
Applicati	on	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	the same of the sa	<u> </u>	16年1月7次的時代	THE STATE OF		
Form 990	I-BL	02	Form 1041-A			08		
Form 472	O (individual)	03	Form 4720			09		
	orm 990-PF 04 Form 5227 10 orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 orm 990-T (trust other than above) 06 Form 8870 12							
	form 990-PF 04 Form 5227 10 form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 form 990-T (trust other than above) 06 Form 8870 12 FTOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. 12							
	Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) The string of the str							
STOP! D		an autor	natic 3-month extension on a prev	iously file	ed Form 8868.			
		- -						
	poks are in the care of 324 BLACKWELL ST., STE	8 850 , D						
	none No. ► (919)684-2006		FAX No ► (919)681-1799					
	organization does not have an office or place of business				•			
	is for a Group Return, enter the organization's four digit	7	· · · · · · · · · · · · · · · · · · ·					
box 🕨	. If it is for part of the group, check this box			f all memb	ers the extension is	for		
	quest an additional 3-month extension of time until	MAY 15	04.0	71757	20 2012			
	,,	JUL 1, 2	,	-	30, 2013			
6 If th	ne tax year entered in line 5 is for less than 12 months, c	neck reas	on: L Initial return L	— Fınalı	return			
	☐ Change in accounting period							
	te in detail why you need the extension	A COMP	LETE AND ACCURATE		·			
_	FURN.	11 (0111	and the field that th					
								
8a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tay less any		Γ			
	nrefundable credits. See instructions.	0, 0000, 0	The till terrative tax, legs arry	8a	\$	N/A.		
_	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and estimated		*			
	payments made. Include any prior year overpayment all	•		Action of the state of the stat				
	eviously with Form 8868.		a oroan and any amount paid	8b	† _{\$}	N/A.		
	lance due. Subtract line 8b from line 8a. Include your pa	vment wi	th this form, if required, by using		-			
	TPS (Electronic Federal Tax Payment System) See instru	-		8c	s	N/A.		
			st be completed for Part II		I *			
Under pen	•			-	of my knowledge and h	elief.		
Under pen	alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	or m.	panying schedules and statements, and t		of my knowledge and b	·		

223842 01-21-13 Form 8868 (Rev. 1-2013)

Form 8868 (Rev January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

● If you a	tre filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			×		
•	re filing for an Additional (Not Automatic) 3-Month Ex	-		nis form).	-	•		
	implete Part II unless you have already been granted				rm 8868.			
	c filing (e-file). You can electronically file Form 8868 if y					r a corporation		
	o file Form 990-T), or an additional (not automatic) 3-mo							
•	file any of the forms listed in Part I or Part II with the exi		•		•			
	Benefit Contracts, which must be sent to the IRS in pap							
	urs.gov/efile and click on e-file for Charities & Nonprofits		, · · · · · · · · · · · · · · · · · · ·			,		
Part I.			ubmit original (no copies need	ded).				
A corpora	tion required to file Form 990-T and requesting an autor							
art I only				•				
All other c	corporations (including 1120-C filers), partnerships, REM	IICs, and ti	rusts must use Form 7004 to request	an exter	sion of time)		
o file inco	ome tax returns.		·					
Type or	ype or Name of exempt organization or other filer, see instructions.					Employer identification number (EIN) or		
orint				' '	, , , , , , , , , , , , , , , , , , , ,			
	DURHAM REALTY, INC.				56-1917936			
le by the fue date for				Social se	ocial security number (SSN)			
ling your	324 BLACKWELL ST. WASHINGTON BLDG. STE. 850							
eturn See nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions							
	DURHAM, NC 27701							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
		·	-					
Application		Return	Application	Application				
s For		Code	Is For			Return Code		
Form 990 or Form 990-EZ			Form 990-T (corporation)			07		
Form 990-BL			Form 1041-A			08		
Form 4720 (individual)		02	Form 4720			09		
Form 990-PF		04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11		
Form 990-T (trust other than above)		06	Form 8870			12		
01111000	DUKE UNIVERSITY	- 00	1011110070	-				
• The ho	ooks are in the care of > 324 BLACKWELL ST., WAS	HINGTON	BLDG, STE, 850 DURHAM NO	27701				
	one No ► (919)684-2006		FAX No. ▶ (919)681-1799					
	organization does not have an office or place of business	e in the l lr						
	s for a Group Return, enter the organization's four digit			this is fo	r the whole	group, check this		
oox ▶ [. If it is for part of the group, check this box	7				- '		
	quest an automatic 3-month (6 months for a corporation				ers the exte	#151011 IS 101.		
	•	•	tion return for the organization name		The extens	100		
	or the organization's return for:	i organiza	non return for the organization harner	a above.	THE EXTERIS	1011		
IS 10	一 ...							
	calendar year or X tax year beginning JUL 1, 2012		d ending JUN 30, 2013					
	tax year beginning	, an	a ending out so, 2015		- ·			
0 14 16	on tour years and and in line 1 to favolence them 10 months.							
2 If th	ne tax year entered in line 1 is for less than 12 months, o	neck reas	on. Lil Initial return Lil F	inal retur	n			
<u> </u>	L Change in accounting period							
20 1641	on ambiention in for Form 000 PL 000 PE 000 T 4700	6000		1				
	us application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			N7 / N		
	nrefundable credits. See instructions.			3a	\$	N/A		
	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	mated tax payments made. Include any prior year overp			3b	\$	N/A		
	ance due. Subtract line 3b from line 3a. Include your pa	-						
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	N/A		
	If you are going to make an electronic fund withdrawal v			m 8879-				
_HA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form	8868 (Rev. 1-2013)		

223841 01-21-13