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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.urs.gov/form990

Open to Public Inspection

Α	For th	e 2013 calendar year, or tax year beginning JU	L 1, 2013an	d ending J	UN 30, 2014	
В	Check if	C Name of organization		-	D Employer identif	ication number
	Addr chan	ge DURHAM ASSET MANAGEMENT COMPANY, I	INC.			
	Nam chan	Doing Business As			56-175	57238
	Initia returi		vered to street address)	Room/suite	E Telephone numbe	
	Term	324 BLACKWELL ST., WASHINGTON BLDG	· ·	850		34-2006
	Amer	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$	4,798,776.
	Appli tion pend	DORHAM, NC 27701			H(a) is this a group r	eturn
	perio	F Name and address of principal officer:VICTO			for subordinates	s? Yes X No
		324 BLACKWELL ST, STE.850, DURHAM,			H(b) Are all subordinates i	ncluded? Yes No
			(insert no.) 4947(a)(1	1) or 527	· · · · · · · · · · · · · · · · · · ·	ı lıst (see ınstructions)
		te: N/A		·	H(c) Group exemption	
		<u> </u>	ociation Other	<u>L</u> Year	of formation: 1990	M State of legal domicile; NC
LP	art I				TOD 671 771 771 07	
Revenue VOE Activities & Governance	1	Briefly describe the organization's mission or most organization's MISSION	significant activities: SEE S	CHEDULE O	FOR STATEMENT OF	
nar	2	Check this box If the organization discon	tinued its appretions or disp	ocad of mare	than 25% of its not a	ocoto
Ver	3	Number of voting members of the governing body (osea or more		55et5. 7
ၒၟ	4	Number of voting members of the governing body (•	١	3 4	0
ళ	4		• •)	5	0
tie:	5	Total number of individuals employed in calendar ye	ear 2013 (Part V, line 2a)	_		
ξį	-	Total number of volunteers (estimate if necessary)	(0) line 10	1150	6	242,005.
Ā	/ a	Total unrelated business revenue from Part VIII, col	` ''		7a	
\approx	 	Net unrelated business taxable income from Form 9	990-T, line 34 140 L		7b	127,329.
×	_	Contribution and small (Bart VIII by a 41-)	$\int \frac{\partial f}{\partial x} dx$	MAY 9	Prior Year /	Current Year 1,215,185.
 100	8	Contributions and grants (Part VIII, line 1h)	[14]	"I'AI 2	$\frac{1}{2915}$ 1,989,799.	1,215,185.
Ž.	9	Program service revenue (Part VIII, line 2g)			64 741.	40,000.
4	10	Investment income (Part VIII, column (A), lines 3, 4,	1 Many		/3,419,000.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				3,543,591.
=	12	Total revenue - add lines 8 through 11 (must equal I			5,473,540.	4,798,776.
-4	13	Grants and similar amounts paid (Part IX, column (A			3,003,956.	2,927,512.
:0	14	Benefits paid to or for members (Part IX, column (A)			0.	0.
Ses	15	Salaries, other compensation, employee benefits (P		"	0.	0.
e e	16a	Professional fundraising fees (Part IX, column (A), lii		<u>,</u> ⊢	0.	0.
ت ۱۳۷۶ ت Expenses	b	Total fundraising expenses (Part IX, column (D), line	· -	<u> </u>	4 000 055	0.446.480
_	''	Other expenses (Part IX, column (A), lines 11a-11d,	•	<u> </u>	1,980,066.	2,116,470.
		Total expenses. Add lines 13-17 (must equal Part IX			4,984,022.	5,043,982.
or l	19_	Revenue less expenses Subtract line 18 from line 1	2		489,518.	-245,206.
ts o				Be	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		_	4,327,574.	3,802,836.
Net Assets	21	Total liabilities (Part X, line 26)			3,687,408.	3,407,876.
	22 art II	Net assets or fund balances. Subtract line 21 from l	ine 20		640,166.	394,960.
		alties of perjury, I declare that I have examined this return, i	noludina accompaniuna cohodu	lon and statem	anta and to the heat of m	u knowledge and helief it in
		ct, and complete Declaration of preparer (other than officer				y knowledge and belief, it is
	, 60116			willich preparer		,, , , , , , , , , , , , , , , , , , ,
۰: ~	_	Signature of officer	<u> </u>		Date	11, 2015
Sig		[']			•	
Hei	re	VICTORIA L. NEVOIS, PRESIDENT Type or print name and title				
		<u> </u>	Dranavaria algostura	1	Date Check	TT PTIN
Pai	ď	Print/Type preparer's name	Preparer's signature	1	If .	
_	u parer	Firm's name			self-employ	eo
	Only	Firm's address			Firm's EIN	
436	. Omy	1 IIII 2 addi 655			Phone no	
N / = :	·	DC dispusa this votium with the man area above.	102 (non inntmintment)		Phone no.	Yes X No
ivia	у пт <u>е</u> Г	<u>RS discuss this return with the preparer shown above</u>	e: (See matructions)			162 TT 140

Page 3

Form 990 (2013) DURHAM ASSET MANAG Part IV | Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 947(a)(1) (other than a private foundation)? 1	s No
2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activates on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(e/3) organizations. Did the organization engage in lobbying activates, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization assection 501(e/3), 501(e/3), 501(e/3), 501(e/3) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19 If "Yes," complete Schedule C, Part II 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 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 oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 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 XIII Did the organization report an amount for other assets 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 XIII Did the organization separate or consolidat	
3 Did the organization engage in direct for indirect political campsign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(a)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 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives immbership dues, assessments, or similar amounts as defined in Revenue Procedure 84.197 If "Yes," complete Schedule C, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment is much funds or accounts for which donors have the right to provide advise on the distribution or investment is much funds or accounts for which donors have the right to provide advise on the distribution or investment is auch funds or accounts for which donors have the right to provide advise on the distribution or investment is much funds or accounts for which donors have the right to provide advise on the distribution or investment is much funds or accounts for which donors have the right to provide advise on the distribution or investment is much funds or accounts for the schedule D, Part II 7 the organization report an amount in Part X, line 12 for escribed part X, line 12 for the organization report an amount for investments or separate in Part X, line 12 for funds or a special many funds assets reported in Part X, line 16 for funds or provide schedule D, Part X 11a 1a 1a 1a 1a 1a 1a	+-
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endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X III d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d 11d 11d 11d 11d 11d 11d 1	x
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	х
recording to the control of the cont	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	x
1c and 8a? If "Yes," complete Schedule G, Part II	x _
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	T
complete Schedule G, Part III	х
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	1

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Form 990 (2013)

DURHAM ASSET MANAGEMENT COM
Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	l		!
	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 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		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	[;		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
04	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ا ہے ا		х
33	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	20		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
J	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J.	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x]	
		Form	990 (2013

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section The number reported in Box 3 of Form 1088. Enter 0-if not applicable 1s		Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
b Enter the number of Forms W-2G included in line 1a. Enter or of indicapplicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winner? 1c X 2a	,			Yes	No
c Det the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming with convinges to prize with a converse to the converse to the calendar year ending with or within the year covered by this return. If let for the calendar year ending with or within the year covered by this return. If let let not be reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3 bit the organization have unreated business gross income of \$1,000 or more during the year? 3 bit 1''es, "has if filed a Form 990T for this year? If "No," to file 3b, provide an explanation in Schedule O. 3 bit 1''es, "has if filed a Form 990T for this year? If "No," to file 3b, provide an explanation in Schedule O. 4 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)? 4 bit 1''es," the side of foreign country (such as a bank account, securities account, or other financial account)? 5 bit 1''es," the organization are provided to foreign country, securities and a party to a prohibed tax shelter transaction of the file provided tax shelter transaction and any time during the tax year? 5 bit and travable party notify the organization that it was or is a party to a prohibed tax wheter transaction? 5 bit 1''es, "that the organization have an unall gross receives that are normally greater than \$100,000, and did the organization solicities any contributions with ware not tax deductible? 6 bit 1''es, a file the organization have an unall gross receives that are normally greater than \$100,000, and did the organization solicities were not tax deductible? 6 bit 1''es, a file the organization that may receive deductible contributions under section \$100,000, and did the organization	1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable			
Gambling) winnings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
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332005 10-29-13 Form 990 (2013)

DURHAM ASSET MANAGEMENT COMPANY, INC.

Solvernance, 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 or note to any line in this Part VI

Section A. Governing Body and Management

٠.	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7		!
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		х
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 approximation of the power to elect or	ppoint	one or			
	more members of the governing body?			7a	Х	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	olders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			_8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	Х	
	Describe in Schedule O 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		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You	es," de	escribe			
	ın Schedule O how this was done			12c		
	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		_ <u>x</u>
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		<u> </u>
b	Other officers or key employees of the organization			15b		X
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			v
	taxable entity during the year?			16a	—-	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				l	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatioi	n's	ا ا	ŀ	
200	exempt status with respect to such arrangements? ion C. Disclosure			16b	1	
	List the states with which a copy of this form cools required to be med.	· /C = - *:	on FO1(a)(0)! \			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	Oecti	on out (c)(3)s only)	avallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request X Other (explain	10 Co5	odulo Ol			
40				- سناء اس	oue!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	INTIICT C	i interest policy, ar	id tinan	icial	
00	statements available to the public during the tax year.		unda af the average -	.	_	
	State the name, physical address, and telephone number of the person who possesses the books ar DUKE_UNIVERSITY - (919)684-2006	ia reco	orus or the organiza	uon: ▶		
	324 BLACKWELL ST, STE 850, DURHAM, NC 27701		· · · · · · · · · · · · · · · · · · ·	_		

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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.

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

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

(A)	(B)	Ī			C)			(D)	(E)	(F)
Name and Title	Average	(da	not c	heck	itior more	than	one	Reportable	Reportable	Estimated
	hours per	kod	c, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week (list any	\vdash	1		1	Г	Γ	from the	from related organizations	other compensation
	hours for	direc				8		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	E E	naltr		loyee	duo:				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANN BOTHWELL	line)	Ë	Ë	₹	5	불등	횬			
TREASURER/DIRECTOR	40.00	x		x		ļ		0.	107,379.	11 9/5
(2) JAMES SCOTT GIBSON	0.40	 	┢	屵	-	 	_	- 0.	107,373.	11,845.
VP-TANZANIA/DIRECTOR	61.60	l _x		x				0.	553,885.	52,947.
(3) AMANDA T KELSO	1.00	H	-	Ë	\vdash		\vdash			32,327,
VP-MADRID/DIRECTOR	50.00	x		х			ļ	0.	74,283.	19,465.
(4) NINA E KING	0.50	Т					一		, ,	
VP-ATHLETICS/DIRECTOR	40.00	x		х				0.	159,475.	27,653.
(5) TODD E MESIBOV	5.00	Π								
SECRETARY/DIRECTOR	40.00	х		х	İ			0.	80,567.	12,367.
(6) VICTORIA L NEVOIS	0.40									
PRESIDENT/DIRECTOR	49.60	х		X				0.	228,541.	42,291.
(7) JANE PLEASANTS	0.10									
DIRECTOR	60.00	х			L			0.	229,313.	42,858.
(8) MARGARET RILEY	1.00									
VP-MADRID/DIRECTOR	40.00	Х		Х	L.			0.	100,709.	19,204.
(9) STAN WILCOX	2.00				1					
VP-ATHLETICS/DIRECTOR	70.00	х		х		_		0.	220,350.	39,050.
(10) MELISSA SEGAL	2.00									
VP-LAW & BIOSCIENCES	38.00		ļ.,	Х				0.	53,436.	17,781.
(11) JIM WILKERSON	1.00									
VP-TRADEMARK LICENSING (12) TIMOTHY W WALSH	45.00	.		х		_	_	0.	135,438.	32,627.
FORMER OFFICER	65.00						х	0.	375 (01	44 411
(13) DAVID G SINGLETON JR	0.00	H		_				· · · · · · · · · · · · · · · · · · ·	375,681.	44,411.
FORMER OFFICER	44.00						х	0.	208,545.	39,783.
- Oldish Gillesi	44.00						А		200,343.	
			\vdash			\vdash		-		-
				\neg			_			
200007 40 00 40										E 000 (0010)

Part VII Section A. Officers,			loyee			ighe	st C	ompensated Employe	es (continued)				
(A) Name and title	(l) Ave hour we (list hou rela organi be	rage rs per eek	Individual trustee or director open control of trustee	Pos check less po and a d	C) sition more erson directo	than	one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensati from relate organizatior (W-2/1099-MI	on d ns	com fro organo	(F) timate nount other pensa om the anizat d relat	of ition e ion ed
							_						
1b Sub-total								0.	2,527	602		402	282
c Total from continuation sh d Total (add lines 1b and 1c) 2 Total number of individuals) (including but not limit		se lis	ted a	bove	e) wh	o re	0.	2,527	0. ,602.		402,	0 .
3 Did the organization list any line 1a? If "Yes," complete 5 4 For any individual listed on line and related organizations gifting 5 5 Did any person listed on line.	former officer, director Schedule J for such inc line 1a, is the sum of re reater than \$150,000?	<i>lividual</i> eportable <i>lf</i> "Yes," (comp	oens:	ation S <i>che</i>	n and	oth	ner compensation from for such individual	the organization	Ĺ	3 4	Yes x	No
rendered to the organization Section B. Independent Contra 1 Complete this table for your	n? If "Yes," complete S octors r five highest compens	chedule dated inde	J for s	ent c	pers contr	on acto	rs tl	hat received more than	\$100,000 of cor		5 ation f	rom	х
the organization. Report coi	mpensation for the cale (A) e and business addres		ar end	ding v	vith (or wi	thin	n the organization's tax i (B) Description of s		Co	(Comper	s) nsation	
								·					
					_								
Total number of independer \$100,000 of compensation	•	-	t limit	ed to	thos	se lis 0	ted	above) who received m	ore than		orm S	990 c	2013)

332008 10-29-13

		(MENT COMPANY,	INC.		56-1757238	Page 9
Pa	rt VI	III Statement of Reve	nue				·	
		Check if Schedule O con	tains a response	or note to any lin				x
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ŀ	Membership dues	1b					
Arr	c	Fundraising events	1c					
lar lar	C	d Related organizations	1d	1,215,185.				
imi	•	Government grants (contribu	tions) 1e					
rio r	f	All other contributions, gifts, grain	nts, and					
효숙		similar amounts not included abo	ove 1f					
dat	ç	Noncash contributions included in line	s 1a-1f \$					
<u>ම්</u>	ŀ	Total. Add lines 1a-1f		>	1,215,185.			
				Business Code				
8	2 a	a						
ة چ	t)						
Sugar	c							
e a	c	d						
Program Service Revenue	e	·						
ا ته	f	All other program service rev	enue					
	ç	Total. Add lines 2a-2f		>				
i	3	Investment income (including	g dıvıdends, ınter	est, and				
- [other similar amounts)		▶				
	4	Income from investment of ta	ax-exempt bond	proceeds 🕨				
	5	Royalties		<u> </u>	3,544,000.		242,005.	3,301,995.
			(ı) Real	(ıı) Personal				
	6 a	a Gross rents		<u> </u>	į	Į		
	b	Less: rental expenses						
	c	Rental income or (loss)						
	c	Net rental income or (loss)		<u>▶</u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		<u> </u>				
	b	Less: cost or other basis						
l		and sales expenses						
Į	C	Gain or (loss)				ĺ		
	d	Net gain or (loss)			40,000.			40,000.
e l	8 a	 Gross income from fundraisir 	ng events (not					
ij		including \$	of					
اچ		contributions reported on line	e 1c) See	Į į		Į		
Other Revenue		Part IV, line 18	а					
됩		Less: direct expenses	b					
		Net income or (loss) from fun		<u> </u>				
l	9 a	Gross income from gaming a		[[
l		Part IV, line 19	а					
		Less direct expenses	b					
		: Net income or (loss) from gar	=	•				
l	10 a	Gross sales of inventory, less	returns	!!				
i		and allowances	а					
ŀ		Less: cost of goods sold	b	L				
ļ	<u> </u>	Net income or (loss) from sale					· · · · · · · · · · · · · · · · · · ·	
- }		Miscellaneous Revenu		Business Code			:	
)		FOREIGN CURRENCY EXCHA		900099	-409.			-409.
- 1	b							
	C							
	d			<u> </u>				
1		Total. Add lines 11a-11d		>	-409.		2.2 225	2 244 505
332009	12	Total revenue. See instructions.		<u> </u>	4,798,776.	0.	242,005.	3,341,586.
332009 10-29-	13							Form 990 (2013)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) (D)Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2,927,512 2,927,512 Grants and other assistance to individuals in the United States, See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 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 salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees): Management **b** Legal 38,236 38,236. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 32,760 32,760 13 Office expenses 5,356. 5,356 Information technology 14 15 Royalties 68,298 68,298 16 Occupancy 112,070 112,070 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 847. 847 19 Conferences, conventions, and meetings 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 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.) TAXES AND LICENSES 47,500. 47,500 CONTRACT WORK 581,928, 581,928, b ASSIGNED EMPLOYEE EXP. 541,001. 541,001 С 256,433, LOSSES & DAMAGES 256,433 432,041 432,041 All other expenses е Total functional expenses. Add lines 1 through 24e 5,043,982. 5,043,982 0. 0. 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here I if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 4,307,562. 3,794,917. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 20,012. 7,919. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets, See Part IV, line 11 15 4,327,574. 3,802,836. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,687,408. 3,407,876. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 3,687,408. 3,407,876. 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 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ٥. 0. 30 Capital stock or trust principal, or current funds 30 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 640 166. 394,960. 32 Retained earnings, endowment, accumulated income, or other funds 32 394,960. 33 Total net assets or fund balances 640 166. 33 4,327,574. 3,802,836. Total liabilities and net assets/fund balances

Form	990 (2013) DURHAM ASSET MANAGEMENT COMPANY, INC.	56-1757238		Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,798,	776.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,043,	982.
3	Revenue less expenses. Subtract line 2 from line 1	3		-245,	206.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		640	,166.
5	Net unrealized gains (losses) on investments	5			
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		394,	960.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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 reviewed	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	Ĺ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			ĺ
	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	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 OMB No 1545-0047

Inspection

Name of the organization

DURHAM ASSET MANAGEMENT COMPANY INC.

Employer identification number

				SET MANAGEMENT COMP						5	6-1757238		
Pa	rt l	Reason	for Public Cha	rity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
	organ	ization is not	a private foundation	n because it is: (For lines	1 through	11, check	only one b	oox.)					
1	Ħ			es, or association of chui			ection 1/C	(D)(T)(A)(I	}.				
2	H			70(b)(1)(A)(ii). (Attach So	•								
3	=	•	•	oital service organization									
4				operated in conjunction	with a hos	spital desc	ribed in s e	ection 170	(b)(1)(A)(i	ii). Enter	the hospital	i's name,	
		city, and sta			 .								
5		=	tion operated for the D(b)(1)(A)(iv). (Comp	e benefit of a college or u dete Part II.)	niversity o	wned or o	perated by	a govern	mental un	ıt descrit	ed in		
6		A federal, st	ate, or local governi	ment or governmental un	ıt describe	d in sectio	on 170(b)(1)(A)(v).					
7		An organizat	tion that normally re	ceives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public desc	ribed in	
		-	(b)(1)(A)(vi). (Compl		• •		•			-			
8				section 170(b)(1)(A)(vi).	(Complete	Part II)							
9			-	ceives: (1) more than 33		•	rom contr	butions, n	nembershi	in fees, a	and aross re	ceipts fro	m
				unctions - subject to certa									
			•	taxable income (less sec									
			509(a)(2). (Comple	•		,			, and onge		u	,	
10				pperated exclusively to te	est for nubl	lic safety :	See sectio	n 509(a)(a	1).				
11	x	-	•	perated exclusively for the	•	-		• • • •	•	v out the	nurnoses (of one or	
••				zations described in secti									
				g organization and compl		•		-). Oce 3C	Jeoc 110115	(4)(0). On	CON THE DOX	triat	
		a X Type			ype III - Fu	-			TVE	e III - No	n-functional	ly intears	ted
_	Х			at the organization is not	• •	•	•		• •			-	
·		-	•	than one or more publicl		-	-	•		•	•		
f				itten determination from		-				3(a)(1) 01	36011011 300	/(α/(Σ)	
•		=			the ind th	atitis a ij	he i, Type	ii, oi Typ	B III			Г	
_			organization, check		n aift a. a		- fu	af tha fall					
g		_		organization accepted a					• •			Vaa I	
		•	•	directly controls, either a	ione or tog	jetner with	persons o	rescribed	ın (II) and ((III) Delow			<u>K</u>
		•	• •	supported organization?	,						11g(ı)		<u>.</u> —
			·	on described in (i) above?		•					11g(ii)		
			-	a person described in (i)							11g(iii)	<u> </u>	<u> </u>
h	_	Provide the f	following information	about the supported or	ganızatıon	(s). 		_					
(i)	Name	of supported	(ii) EIN	(iii) Type of organization			(v) Did yo		(vi) İs organizati	the	(vii) Amount	of monet	ary
• •		inization	, ,	(described on lines 1-9		sted in your	organizat	ion in col.	l (i) organiz	ed in the		port	Ť
				above or IRC section (see instructions))	governing	document?	(i) of your	support?	U.S	5.?			
				(see manuchons))	Yes	No	Yes	No	Yes	No			
			56 0533133]]			_
		VERSITY	56-0532129	SCHOOL	Х		X		х		2	297,51	<u> </u>
		VERSITY			ľ								
IEAI	TH S	SYSTEM, INC	56-2070036	HOSPITAL	x		x		X		ļ		<u>0.</u>
					1	1			[
			· · · · · · · · · · · · · · · · · · ·		1						 		
													
						l			!		 -		
ota Tota	1	2				1		!	1		2	297.51	L2.

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 DURHAM ASSET MANAGEMENT COMPANY, INC. Part II | Support Schedule for Organizations Described in Sections 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									
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and						1.			
	membership fees received. (Do not]				
	ınclude any "unusual grants.")					1				
2	Tax revenues levied for the organ-	-								
	ızatıon's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to			i						
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly			1						
	supported organization) included			l						
	on line 1 that exceeds 2% of the	1								
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4									
Se	ction B. Total Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties						·			
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10									
	Gross receipts from related activities,	•	•			12				
13	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	r -			
<u> </u>	organization, check this box and stor	here					<u>▶</u> ∟			
	ction C. Computation of Publ					Γ 1				
	Public support percentage for 2013 (I		•	column (f))		14	%			
	Public support percentage from 2012					15	%			
16a	33 1/3% support test - 2013. If the c				14 is 33 1/3% or n	nore, check this bo	x and			
	b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
D					l line 15 is 33 1/3%	or more, check th	is box			
4-	and stop here. The organization qual	· -	• •							
1/a	10% -facts-and-circumstances test									
	and if the organization meets the "fac					τ IV how the organ	ization			
L.	meets the "facts-and-circumstances"					1711	100/			
a	10% -facts-and-circumstances test									
	more, and if the organization meets the		·		•					
10	organization meets the "facts-and-circ									
10	Private foundation. If the organization	т ию поселеска т	box on line 13, 16	a, 100, 1/a, 0r 1/b			· · · ·			
					JUILE	dule A (Form 990	O. 330-EZ] ZU IO			

Schedule A (Form 990 or 990 EZ) 2013 DURHAM ASSET MANAGEMENT COMPANY, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

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Part IV	(Form 990 or 990-EZ) 2013 DURHAM ASSET MANAGEMENT COMPANY, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1	17b: and Part III. line 12.
	Also complete this part for any additional information (Cos instructions)	ir a, and i are m, mo is
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** DURHAM ASSET MANAGEMENT COMPANY, INC. 56-1757238 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers, Does the organization maintain records to substantiate the amount of its grants and other assistance. Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (e) If activity listed in (d) (f) Total (a) Region (d) Activities conducted in region employees, expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors of service(s) in region recipients located in the region) in region in region SUB-SAHARAN AFRICA PROGRAM SERVICES RESEARCH 355,633. STUDY ABROAD EUROPE 3 PROGRAM SERVICES 904,649. SUB-SAHARAN AFRICA PROGRAM SERVICES EDUCATION 19,636. 1,279,918. 6 3 a Sub-total b Total from continuation

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

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Schedule F (Form 990) 2013

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1 279 918.

sheets to Part I c Totals (add lines 3a

and 3b)

Schedule F (Form 990) 2013 DURHAM ASSET MANAGEMENT COMPANY, INC.

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

(i) Method of valuation (book, FMV, appraisal, other)					1
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance					xempt by
(f) Manner of cash disbursement					recognized as tax-e
(e) Amount of cash grant					foreign country,
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region					ns listed above that are r
(b) IRS code section and EIN (if applicable)					recipient organization
1 (a) Name of organization					2 Enter total number of

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

Schedule F (Form 990) 2013

INC.
COMPANY,
MANAGEMENT
ASSET
DURHAM
13

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Schedule F (Form 990) 201:

Page 3

56-1757238

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

SCHEDULE 1 (Form 990)

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

Open to Public Inspection

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Attach to Form 000

Department of the Treasury				▶ Attach to Form 990.	ո 990.			Open to Public
Internal Revenue Service		► Informati	Information about Schedule I (Form 990) and its instructions is at yowy irs gov/form990.	Form 990) and its	instructions is at	www.irs.gov/form990	,	Inspection
Name of the organization	uo							Employer identification number
	DURHAM ASSET MANAGEMENT COMPANY	TANAGEMENT COM	IPANY, INC.				,	56-1757238
Part I General In	General Information on Grants and Assistance	nd Assistance			,			
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	I
criteria used to a	criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the L	cedures for monit	toring the use of grant	use of grant funds in the United States	States			
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.			
1 (a) Name and ado	1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 324 BLACKWELL ST, DURHAM, NC 27701	STE, 850	56-0532129	501(C)(3)	2,927,512.	.0			GENERAL SUPPORT

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

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Schedule I (Form 990) (2013)

_]	T COMPANY, IN	īc.			56-1757238 Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	ited States. Com	plete if the organiza	ation answered "Yes"	to Form 990, Part IV, Ime 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required	quired in Part I, lin	e 2, Part III, column	ın Part I, line 2, Part III, column (b), and any other additional information	iditional information	
PART I, LINE 2:					
DURHAM ASSET MANAGEMENT COMPANY, INC. IS A SUPPORTING	ING	į			
ORGANIZATION TO DUKE UNIVERSITY. IN FURTHERANCE OF	ITS	SUPPORT TO DUKE			
UNIVERSITY, DURHAM ASSET MANAGEMENT COMPANY, INC. G	GRANTS FUNDING TO DUKE	3 TO DUKE			
UNIVERSITY, THE BOARD OF DIRECTORS FOR DURHAM ASSET MANAGEMENT COMPANY	ET MANAGEMENT	COMPANY,			
INC, REVIEWS THE FINANCIAL INFORMATION AND APPROVES TO		GRANT FUNDS TO DUKE			
UNIVERSITY DURING THE BOARD MEETING,	I		:		
	· !				

Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

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

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

Schedule J (Form 990) 2013

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

DURHAM ASSET MANAGEMENT COMPANY INC.

Employer identification number 56-1757238

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax 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 reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a a Receive a severance payment or change-of-control payment? Х 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? x c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 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: 5a a The organization? Х 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the х 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

56-1757238

Page 2

Schedule J (Form 990) 2013

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

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

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

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(O)-(I)(B)	reported as deferred in prior Form 990
			compensation	compensation				
(1) JAMES SCOTT GIBSON	ε	0	0	0	0	0	0	0
VP-TANZANIA/DIRECTOR	Ξ	380,609.	155,776.	17,500.	31,276.	23,012.	608,173.	0
(2) NINA E KING	Ξ	0	0	0	0	0	0	0
VP-ATHLETICS/DIRECTOR	(E)	137,993.	14,607.	6,875.	18,271.	9,905	187,651.	0
(3) VICTORIA L NEVOIS	Ξ	0	0	0	0	0	0	0
PRESIDENT/DIRECTOR	(<u>ii</u>)	211,041.	0	17,500.	28,702.	14,301.	271,544.	0
(4) JANE PLEASANTS	ε	0	0	0	0	0	0	0
DIRECTOR	Ξ	229,313.	0	0	28,801.	14,879.	272,993.	0
(5) STAN WILCOX	Θ	.0	.0	0	0	.0	0	0
VP-ATHLETICS/DIRECTOR	(ii)	180,543.	21,453.	18,354.	25,912.	13,759.	260,021.	0
(6) JIM WILKERSON	(1)	0	0	0	0	0	0	0
VP-TRADEMARK LICENSING	E	125,438.	10,000.	0	16,353.	16,698.	168,489.	0
(7) TIMOTHY W WALSH	Ξ	0	0	0	0	0	0	0
FORMER OFFICER	(II)	346,073.	29,608.	0	31,276.	18,535.	425,492.	0
(8) DAVID G SINGLETON JR	Ξ	0	0	0	0	0	0	0
FORMER OFFICER	(E)	192,245.	10,000.	.008,3	24,069.	16,357.	248,971.	0
	(i)							
	(ii)							
	3		- I					
	(ii)			:				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(1)							
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332113 09-13-13

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

DURHAM ASSET MANAGEMENT COMPANY, INC.	56-1757238
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
TO PROVIDE SUPPORT TO DUKE UNIVERSITY'S PROGRAMS THROUGH	
MANAGEMENT/ASSISTANCE/OVERSIGHT OF RELATED ACTIVITIES.	
FORM 990, PART VI, SECTION A, LINE 2:	
JAMES SCOTT GIBSON IS A KEY EMPLOYEE OF DUKE UNIVERSITY. THE	
FOLLOWING DIRECTORS AND OFFICERS OF DURHAM ASSET MANAGEMENT COMPANY, INC.	
ARE ALSO EMPLOYEES OF DUKE UNIVERSITY: TODD E. MESIBOV, VICTORIA L.	
NEVOIS, MARGARET RILEY PHD, STAN WILCOX, ANN BOTHWELL, JANE PLEASANTS, JIM	
WILKERSON, AMANDA T. KELSO, NINA E. KING, AND MELISSA SEGAL.	·
FORM 990, PART VI, SECTION A, LINE 7A:	
THE MEMBERS OF THE BOARD OF DIRECTORS OF DURHAM ASSET	
MANAGEMENT COMPANY, 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 ASSET MANAGEMENT COMPANY, INC. (DAMCO, INC.), PROVIDES	
THE MEMBERS OF THE GOVERNING BODY WITH A DRAFT OF THE FORM 990 FOR	
INDIVIDUAL REVIEW. DAMCO, INC. SENDS THE FINAL DRAFT OF THE FORM 990 TO	
ALL THE MEMBERS PRIOR TO FILING.	

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

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

➤ See separate instructions.

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Open to Public Inspection

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

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

DURHAM ASSET MANAGEMENT COMPANY, INC.

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Employer identification number 56-1757238

Schedule R (Form 990) 2013 (g) Section 512(b)(13) No × × × × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling DUKE UNIVERSITY DUKE UNIVERSITY DUKE UNIVERSITY DUKE UNIVERSITY HEALTH SYSTEM, End-of-year assets INC. status (if section (e) Public charity 501(c)(3)) 11 TYPE 1 11 TYPE 1 11 TYPE 1 11 TYPE 1 Total income Exempt Code ਉ section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) WORTH CAROLINA WORTH CAROLINA NORTH CAROLINA NORTH CAROLINA Primary activity Primary activity INVESTMENTS HEALTHCARE SUPPORT SUPPORT - 56-1465177 - 56-1686219 56-1594088 56-1845329 Name, address, and EIN (if applicable) Name, address, and EIN of related organization AMER ASSOC FOR GIFTED CHILDREN ASSOCIATED HEALTH SVCS, INC. -DU SPECIAL VENTURES FUND, INC. of disregarded entity 280 S. MANGUM STREET, STE 210 DUKE ALUMNI ASSOCIATION, INC. 324 BLACKWELL STREET, STE 850 615 DOUGLAS STREET, SUITE 700 DURHAM, NC 27708 DURHAM, NC 27701 DURHAM, NC 27705 DURHAM, NC 27701 614 CHAPEL DRIVE Part II

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

332161 09-12-13 LHA

DURHAM ASSET MANAGEMENT COMPANY, INC.

56-1757238

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations	kempt Organizations					
(a)	(9)	(3)	(p)	(e)	€	(a)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?
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 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	X
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 UNIVERSITY	
615 DOUGLAS STREET, SUITE 700					HEALTH SYSTEM,	
	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			i			
KWEI						
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×
DUKE UNIVERSITY - 56-0532129						
324 BLACKWELL STREET, STE 850						
DURHAM, NC 27701	EDUCATION	NORTH CAROLINA	501(C)(3)	LINE 2	N/A	X
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 REALTY, INC 56-1917936						
KWEL				,		
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×

DURHAM ASSET MANAGEMENT COMPANY, INC.

56-1757238

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(c)	(p)	(e)	(£)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b) controlled	(2)
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	ves No	on ₂
GOTHIC CORPORATION - 56-1776668							[
280 S. MANGUM STREET, STE 210							
DURHAM, NC 27701	INVESTMENTS	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×	ł
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., INC 56-1917939							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×	
IPIHD, INC 32-0358709							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	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							
1317 PETTIGREW STREET							
DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×	1
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	×	ſ
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 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 JANJUN SERVICES, INC 47-1150667							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×	
DUKE JULDEC SERVICES, INC 47-1143245							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×]
DUKE ALLMO SERVICES, INC 47-1133466		ı					
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×	

DURHAM ASSET MANAGEMENT COMPANY, INC. Schedule R (Form 990)

56-1757238

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(p)	(c)		(e)	1	Section 5)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Status (if section	Direct controlling entity	controlled organization?	olled ation?
DUKE UNIVERSITY PEDERAL CREDIT UNION -				((5)(5):55	OTTER TRITTED STAN	Yes	8
379, 2200 WEST MAIN ST, STE LI					HEALTH SYSTEM		
27705	BANKING	NORTH CAROLINA	501(C)(1)		INC.		×
							{
							ł
							}
332222 05-01-13		36					

Schedule R (Form 990) 2013 DURHAM ASSET MANAGEMENT COMPANY, INC.

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

Page 2

56-1757238

(a)	(q)	(0)	(p)	(e)	€	(6)	(F)	ε	3	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?
AVENUE BLUE TC FD 27-4011571 PARK AVENUE NEW YORK, NY 10022	INVESTMENTS	DE	//A	N/A			×	4/N	×	
BLACKWELL PTR LLC 20-8075455° 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	GA	N/A	N/A			×	N/A	×	
CANYON BLUE INV FD 27-0186996 AVE OF STARS L.A., CA 90067	INVESTMENTS	DE	N/A	N/A			×	N/A	×	
CD FUND, LP - 27-0130641 MCKINNEY AVE DALLAS, TX 75201	INVESTMENTS	ŢX	N/A	N/A			×	N/A	×	

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

(a)	(q)	(3)	(p)	(a)	(j)	(6)	ε	Ξ,
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or frust)	Share of total income	of /ear	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		600		22252		Yes No
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								
DURHAM, NC 27701	REAL ESTATE	NC	N/A	C CORP			_	×
DUKE CORP EDU INDIA PRIVATE - 42-1672476								-
ACADEMIC BLOCK, NEW CAMPUS	ī							
VASTRAPUR, AHMEDABAD, INDIA 380015	CONSULTING	INDIA	N/A	C CORP				<u>×</u>
DUKE CORPORATE EDUCATION LIM - 42-1672476								-
165 FLEET STREET	1	UNITED						
LONDON, UNITED KINGDOM EC4A 2DY	EDUCATION CONSULTING	KINGDOM N/A	N/A	C CORP				×
332162 09-12-13		37				Sche	Schedule R (Form 990) 2013	990) 20

DURHAM ASSET MANAGEMENT COMPANY, INC.

Schedule R (Form 990)

56-1757238

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
LIQUID REALTY PTR 05-0537755 LINDA MESA DANVILLE, CA 94526	INVESTMENTS	1	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			ж	N/A	ж	
LYRICAL-BLUE RGNT 45-3626577 32 N. DEAN ST. ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A			×	N/A	ж	
OCTAVIAN BLUE FD 27-2408711 5TH AVENUE NY, NY 10151	INVESTMENTS	DE	N/A	N/A			ж	N/A	×	
SBER LUCKY STRIKE 20-3891303 310 BLACKWELL ST. DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A			ж	N/A	×	
TAIYO BLUE FUND LP 80-0613746 5300 CARILLON POINT KIRKLAND, WA 98033	INVESTMENTS	DE	N/A	N/A			ж.	N/A	×	
MANGUM, LLC - 46-1275587 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A			ж	N/A	×	
TVV CAPITAL III-A 90-0909850 4TH AVE NASHVILLE, TN 37219	INVESTMENTS	DE	N/A	N/A			×	N/A	×	
MANGUM II LLC - 46-5135858 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	NC	N/A	N/A			×	N/A	×	

332223 05-01-13

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

(a)	(q)	(2)	(p)	(e)	(j)	(a)	3	(E)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	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
		foreign country)		or trust)		assets		Yes No
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	т							
SING, SINGAPORE 0688	MEDICAL RESEARCH	SINGAPOREN/A		C CORP				×
DUKE UNIV QUADRANGLE FUND - 56-6218971								-
PO BOX 185	,		-					
PITTSBURGH, PA 15230-0185	INVESTMENTS	PA	N/A	TRUST				×
DUKE UNIVERSITY TOWER FUND - 56-6147362								-
PO BOX 185	, -							
PITTSBURGH, PA 15230-0185	INVESTMENTS	PA	N/A	rrust				×
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	Т	UNITED			-			
LONDON, UNITED KINGDOM WIG OPE	INVESTMENTS	KINGDOM	N/A	C CORP				×
GOTHIC INTERNATIONAL LTD								-
113 S CHURCH STREET, QUEENSGATE HOUSE	1	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	T							
PITTSBURGH, PA 15230-0185	INVESTMENTS	PA	N/A	rrust				×
MARATHON BLUE CAYMAN FUND								
89 NEXUS WAY, PO BOX 31106	T	CAYMAN						
GRAND CAYMAN, CAYMAN ISLANDS KY1-1205	INVESTMENTS	ISLANDS	N/A	CCORP				×

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

1-7								
(a)	(a)	<u>ပ</u>		(e)	€	(6)	€	(E)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled
		country)		or trust)		assets		Yes No
GHI HOLDINGS MAURITIUS								
9TH FL, ORANGE TOWER CYBERCITY								-
EBENE, MAURITIUS	INVESTMENTS	MAURITIUSN/A		C CORP				×
GHI ERP LTD								-
9TH FL, ORANGE TOWER CYBERCITY				-				
EBENE, MAURITIUS	INVESTMENTS	MAURITIUSN/A		C CORP				×
GHI HSP LTD								-
9TH FL, ORANGE TOWER CYBERCITY								_
EBENE, MAURITIUS	INVESTMENTS	MAURITIUSN/A		C CORP				×
сні лвр ілр								-
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				×
QUORUM FUND LIMITED								-
PO BOX 1043, GEORGE TOWN	•	CAYMAN						
GRAND CAYMAN, CAYMAN ISLANDS KY-1102	INVESTMENTS	ISLANDS	N/A	c corp				×
DUKE CE (SEA) PRIVATE LIMITED								-
1 RAFFLES PLACE, TOWER 2	·							
SINGAPORE, SINGAPORE 048616	SUPPORT	SINGAPOREN/A	1/A	CORP				×
MCP PRIVATE CAPITAL (FEEDER) FUND I LP								
6 RUE GABRIEL LIPPMAN	1							
LUXEMBORG, LUXEMBOURG L-5365	INVESTMENTS	LUXEMBOURN/A		C CORP				×
DUKE INDIA SERVICES PRIVATE LIMITED								
#302, PRIDE ELITE, #10 MUSEUM ROAD				-				
BANGALORE, KARNATAKA, INDIA 560001	MEDICAL RESEARCH	INDIA	N/A	C CORP				×
								1
				•				

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					_	Yes No	ĝ
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 re	lated organizations listed	in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					1a		×
b Gift, grant, or capital contribution to related organization(s)					1b	×	
c Gift, grant, or capital contribution from related organization(s)	,				10	×	
d Loans or loan guarantees to or for related organization(s)			,		1d		×
e Loans or loan guarantees by related organization(s)		,			1e		×
f Dividends from related organization(s)	,				=		×
g Sale of assets to related organization(s)				;	1g		×
h Purchase of assets from related organization(s)					무	-	×
i Exchange of assets with related organization(s)			;		=		×
j Lease of facilities, equipment, or other assets to related organization(s)					÷	-	×
					 	i	:
K Lease of facilities, equipment, or other assets from related organization(s)			•		¥	1	٠,
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)				=	ŀ	۰,
	ınızatıon(s)	,			Ē	1,	×
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 	ion(s)				=	×	
 Sharing of paid employees with related organization(s) 	,	,	,		9	×	1
and Descriptions to the second					ţ		*
First industrial paid to related organization(s) for expenses					2 5	1	×
			•		2	T	
r Other transfer of cash or property to related organization(s)					<u>+</u>		×
s Other transfer of cash or property from related organization(s)					18		×
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 the	ns line, including covered	relationships and transaction thres	sholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	ig amount inv	olved	' 	
(1)							
(6)					i I		
(3)				}		}	
(4)						1	1
(5)					}	{	{
(9)							
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Schedule R (Form 990) 2013 DURHAM ASSET MANAGEMENT COMPANY, INC.

Page 4

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

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

(k) centage nership						0) 2013
o Per	ļ		 		 	66 E
(j) General or managing partner?		 	 	 	 	F. F.
(i) Code V-UB! Imount in box 20 of Schedule K-1 (Form 1065)						Schedule R (Form 990) 2013
Osproportonate allocations?						
S a let b	<u>'</u>	 	 		 	
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Are all 501(c)(3) orgs 3 4) Yes No			 			
domicile Predominant income parties sec (related, unrelated, sociolaed from tax under section 512-514) (ves. No						
(c) domicile or foreign						
(b) Primary activity Legal (state co						
(a) Name, address, and EIN of entity						

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Schedule R (Form 990) 2013 DURHAM ASSET MANAGEMENT COMPANY, INC.	56-1757238	Page 5
Schedule R (Form 990) 2013 DURHAM ASSET MANAGEMENT COMPANY, INC. Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
Provide additional information for responses to questions on Schedule in (see instructions).		
		
		
		
		
		
		
 		
		
		
		
-		
		

Form **8868**

(Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 •

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

OMB No. 1545-1709

▶ X

Electro	complete Part II unless you have already been granted onic filing (e-file). You can electronically file Form 8868 if y d to file Form 990-T), or an additional (not automatic) 3-mo	you need a	a 3-month automatic extension of tim	ne to file (6	6 months for a c	
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 1	Transfers A	Associated With	Certain
Person	al Benefit Contracts, which must be sent to the IRS in pag	er format	(see instructions). For more details of	n the elec	tronic filing of th	nis form,
visit <u>w</u> i	ww.irs gov/efile and click on e-file for Charities & Nonprofits	S		_		
Part	I Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).		
A corp	oration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I c				•		
All othe	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	IICs, and t	rusts must use Form 7004 to reques		sion of time er's identifying	numher
Туре о	r Name of exempt organization or other filer, see instru	ictions			identification n	
print	i varie of exempt organization of other mer, see institu	otions.	j	Linployer	dentineation	ambor (Ent) or
print	DURHAM ASSET MANAGEMENT COMPANY, INC.				56-1757238	
File by th	e	oo instrue	tions	Social so	curity number (S	28/1/
due date filing you			tions.	Social Se	curity number (c	3014)
return. Se Instructio			trong and instructions			
1134 0040	City, town or post office, state, and ZIP code. For a for DURHAM, NC 27701	oreign add	itess, see itistructions.			
						
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Annlia	otion	Return	Application			Return
Applic	ation	Code	Is For			Code
Is For	90 or Form 990·EZ	01	Form 990-T (corporation)			07
Form 9		02	Form 1041-A			08
		03				09
	720 (individual)	03	Form 4720 (other than individual)			
Form 9			Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above) DUKE UNIVERSITY	06	Form 8870			12
	books are in the care of > 324 BLACKWELL ST, STE	850 - TO	NIDHAM NC 27701			
	phone No. (919)684-2006		Fax No. ▶ 919 681-1799		 	
		ما المطاحب				. \Box
	e organization does not have an office or place of busines			£ 41=1= 1= £=		· · · · · · · · · · · · · · · · · · ·
	is is for a Group Return, enter the organization's four digit	7			-	
box ▶					ers the extension	on is for.
1 1	request an automatic 3-month (6 months for a corporation FEBRUARY 16, 2015, to file the exemp	-			The systems as	
-	s for the organization's return for:	n organiza	tion return for the organization name	ed above.	The extension	
	➤ ☐ calendar year or ➤ X tax year beginning JUL 1, 2013		d ending JUN 30, 2014			
•	tax year beginning	, an	a ending	····	<u> </u>	
2 (f the tax year entered in line 1 is for less than 12 months, o	hook roop	on: Initial return	Final retur	.a	
2 1	Change in accounting period	ileck reas	on. La initiarretutti	rinarietui	11	
20 1	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6060	anter the tentative tax, less any			
	onrefundable credits. See instructions.	, 01 0009,	enter the tentative tax, less any	2.	۽ ا	NONE
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	onter an	y refundable credits and	3a	\$	
	rtnis application is for Forms 990-PF, 990-1, 4720, or 6008 estimated tax payments made. Include any prior year overp			26	ا و	NONE
_				3b	\$	
	Balance due. Subtract line 3b from line 3a. Include your pa by using EFTPS (Electronic Federal Tax Payment System).	-		3c	s	NONE
	n. If you are going to make an electronic funds withdrawal					
nstruc		(direct de	big with this Form 6000, see Politic	ai	1011110013-E	o for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instri	uctions.		Form 8868	3 (Rev. 1-2014)

5 - 0000 (D - 4 004 I)					Daga 2
Form 8868 (Rev. 1-2014) If you are filing for an Additional (Not Automatic) 3-Mont Note. Only complete Part II if you have already been granted If you are filing for an Automatic 3-Month Extension, cor	l an automatic	3-month extension on a previously fil		8868.	Page 2 X X
Part II Additional (Not Automatic) 3-Mont			al (no c	opies needed).	
				ng number, see ir	structions
Type or Name of exempt organization or other filer, see in print	nstructions.			r identification nur	
File by the DURHAM ASSET MANAGEMENT COMPANY, INC.				56~1757238	
due date for Number, street, and room or suite no. If a P.O b filing your return See 324 BLACKWELL ST., WASHINGTON BLDG., S	•	tions.	Social se	ecurity number (SS	N)
City, town or post office, state, and ZIP code. For DURHAM, NC 27701	or a foreign add	ress, see instructions.			
Enter the Return code for the return that this application is fo	or (file a separa	te application for each return)			0 1
Application	Return	Application		 	Return
ls For	Code	is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (ındividual)	03	Form 4720 (other than individual)			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
STOP! Do not complete Part II if you were not already gra	inted an auton	natic 3-month extension on a previ	ously file	ed Form 8868.	
• The books are in the care of DUKE UNIVERSITY 324 BLACKWELL ST, Telephone No. (919)684-2006					
If the organization does not have an office or place of bus					_ 🗀
If this is for a Group Return, enter the organization's four	digit Group Exe	emption Number (GEN) If			
box If it is for part of the group, check this box		ch a list with the names and EINs of	all memb	ers the extension	is for.
4 I request an additional 3-month extension of time until					
5 For calendar year, or other tax year beginning			JUN	30, 2014	
6 If the tax year entered in line 5 is for less than 12 mont Change in accounting period	hs, check reas	on: L_J Initial return L	_ Final i	return	
7 State in detail why you need the extension <u>ADDITIO</u> RETURN	NAL TIME IS	REQUIRED IN ORDER TO FILE A	A COMPL	ETE AND ACCURA	ATE
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4 nonrefundable credits. See instructions.	1720, or 6069,	enter the tentative tax, less any	8a	s	N/A
b If this application is for Forms 990 PF, 990-T, 4720, or	6069 enter an	v refundable credits and estimated	- Joan	 	
tax payments made. Include any prior year overpayme				1	
previously with Form 8868		a state and any amount paid	8b	s	N/A
			,	, - -	

EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification must be completed for Part II only.

N/A.

8c \$

Under penalties of perjury,	, i declare that I have	examined this form, i	ncluding accompanyı	ng schedules and s	tatements, and to	the best of my l	knowledge and belief	í,
it is true, correct, and com	inlete and that I am a	uthorized to prepare t	his form	_	-	-	_	
11.10 11.00, 0011 pou, grid 00111	poto, and that rain t	amojizaa to propara t						

c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using

Signature Signature Senior Director, Corporate TAX

Date 123/2015

Form 8868 (Rev. 1-2014)