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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)

OMB No 1545-0047

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. A For the 2013 calendar year, or tax year beginning JUL 1 2013

Open to Public Inspection

_		uic Z	713 Calendar year, or tax year beginning 0	on 1, 2013 and	rending c	JON 30, 2014		
В	Checl applic	k ıf cable	C Name of organization			D Employer ide	ntifica	tion number
	jch	ldress ange	DUKE GIFT PROPERTIES, INC.					
	Na	ime ange	Doing Business As			57-	12110	78
	In:	tial urn	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone nu	mber	
		rmın- ed	324 BLACKWELL ST., WASHINGTON BLI	•	850		9-684-	2006
	- An	nended urn	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		2,720,733.
	—Jtıo		DURHAM, NC 27701			H(a) Is this a gro	up retu	irn
	pe	nding '	F Name and address of principal officer: JEFF	REY H. POTTER		for subordir	-	Yes X No
			324 BLACKWELL ST, STE 850, DURHAM,			H(b) Are all subordin	ates incli	
T	Tax-	exemi	ot status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	-1 ''		t. (see instructions)
			N/A	, , <u> </u>		H(c) Group exen		
				ssociation Other	L Year	of formation: 2004		State of legal domicile: NC
_	art	_	ummary		1 - 1			
_	1	Bri	efly describe the organization's mission or mos	t significant activities: SEE SC	HEDULE O	FOR		
Governance			GANIZATION'S MISSION STATEMENT					<u> </u>
Ē	2	Ch	eck this box 🕨 🔲 if the organization disco	entinued its operations or dispo	sed of mor	è than 25% of its r	et asse	ets
š	3	Nu	mber of voting members of the governing body	(Part VI line 1/a)	Caraca Language		3	3
Ğ	4	Nu	mber of independent voting members of the go	overning body (Part VI. iline, 1b).		<i>်</i> ဂ	4	0
S.	5	Tot	al number of individuals employed in calendar	vear 2013 (Part-V-line 2a)	2015	 0	5	0
itie	6		al number of volunteers (estimate if necessary)	· V			6	0
Activities &			al unrelated business revenue from Part VIII, c	olumn (C) line 12 OGD	EN, UY	. ``	7a	0.
Ā			t unrelated business taxable income from Form	The same of the sa			7b	0.
_	┢	2	annotation business taxable intestine trem i on			Prior Year		Current Year
Revenue	8	Co	ntributions and grants (Part VIII, line 1h)		-	1,932,0	00.	200,000.
	9		egram service revenue (Part VIII, line 2g)		<u> </u>	_,,-	0.	0.
	10		estment income (Part VIII, column (A), lines 3, 4	<u> </u>	15,9	46	212,860.	
æ	11		ner revenue (Part VIII, column (A), lines 5, 6d, 80	·	<u> </u> -	15.3	_	0.
	12		al revenue - add lines 8 through 11 (must equa		<u> </u>	1,963,3		412,860.
_	13		ants and similar amounts paid (Part IX, column			61,946.		2,282,842.
	14		nefits paid to or for members (Part IX, column (-		0.	0.
	١		•	**	-		0.	0.
Expenses	15		aries, other compensation, employee benefits (• • • • • • •			0.	0.
en	16		fessional fundraising fees (Part IX, column (A),	· _	o. 🔯		, & A	
Ä	۱.,		al fundraising expenses (Part IX, column (D), lir	· —	— <u> </u>	43,1		***
	17		ner expenses (Part IX, column (A), lines 11a-11c	·	-	105.0	\rightarrow	150,673. 2,433,515.
	18		al expenses. Add lines 13-17 (must equal Part			1,858,2	_	-2,020,655.
10 S	19	Rev	venue less expenses. Subtract line 18 from line	12				
ots o		· ~	al accets (Part V. line 16)		B	eginning of Current Y	$\overline{}$	End of Year 1,976,029.
Net Assets	20		al assets (Part X, line 16)		<u> </u>	3,990,0	0.	
et/	21		al liabilities (Part X, line 26)			2 006 6		0.
	<u>22</u> art		assets or fund balances. Subtract line 21 from signature Block	iline 20		3,996,6	04.	1,976,029.
				unaludina aaaamnanuna aabadul			a.f	and also and balled it is
			s of perjury, I declare that I have examined this return nd complete. Declaration of preparaty other than office				or my ki	nowleage and belief, it is
Hue	,	Tect, at	id complete. Declaration of preparaty (other man office	er) is based on all illiorniation of w	ilicii preparei	nas any knowledge.	_	1
۵.			Signature of officer -			Date	<u>' </u>	/ 13
Sig						Date		
He	re		JEFFREY H. POTTER, PRESIDENT Type or print name and title					
		- <u>*</u>		T		Dafa I a		II brin
D-'		Pri	nt/Type preparer's name	Preparer's signature	[]	Date Cher	.к	PTIN
Pai		_		L		self-	employed	
	pare		m's name			Firm's EIN	<u> </u>	
USE	Only	y Fir	m's address 📂					
						Phone no		.,-,
Ma	y the	RS o	discuss this return with the preparer shown abo	ove? (see instructions)				Yes X No

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2013)



Form	1 990 (2013) DUKE GIFT PROPERTIES, INC.	57-1211078	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
-	SUPPORTING DUKE UNIVERSITY BY RECEIVING GIFTS, ACQUIRING, RETAINING		
	AND ADMINISTERING FUNDS TO BE HELD, INVESTED AND USED EXCLUSIVELY FOR		
	THE BENEFIT OF DUKE UNIVERSITY AND RELATED ENTITIES.		· · · · · · · · · · · · · · · · · · ·
	THE BENEFIT OF DORE UNIVERSITY AND RELATED ENTITIES.		
			
2	Did the organization undertake any significant program services during the year which were not listed on	,	
	the prior Form 990 or 990-EZ?	l	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?	, [Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	e messured by	vnoncoc
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	· · · · · · · · · · · · · · · · · · ·	
		ers, trie total ex	penses, and
	revenue, if any, for each program service reported		010 060
4a	(Code) (Expenses \$ 2,433,515. including grants of \$ 2,282,842.) (Rever	nue \$	212,860.
	ACQUIRE AND RETAIN REAL OR PERSONAL PROPERTY EXCLUSIVELY FOR THE		
	BENEFIT OF DUKE UNIVERSITY.		
			_
		-	-
		•	
4b	(Code) (Expenses \$	nue \$)
			
			
4c	(Code) (Expenses \$ Including grants of \$) (Reven	iue \$)
			 ′
		•	
			
74	Other program services (Describe in Schedule O.)		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 2,433,515.		

332002 10-29-13

Form 990 (2013)

DUKE GIFT PROPERTIES, INC.

Part IV Checklist of Required Schedules

1 is the organization described in section SOT(c)(3) or 4947(k)(1) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributors 3 Did the organization inegage in direct or inflect political campage and text or inflect political campage in a complete Schedule C, Part I 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? I **0°s*, complete Schedule C, Part II 5 Is the organization is section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reverue Procedule S-19 II *If **2s*, complete Schedule C, Part II 6 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 advice 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 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 for which donors have the right to provide advise or an account in a fund or the second or amounts for provide account liability; serve as a custodian for amounts not listed in Part X, for provide ordit counseling, debt management, credit repair, or debt negations services? If **Yes*, complete Schedule D, Part VII If the organization is provide in Part X, line 10 and the provide schedule D, Part VII If the organization report an amount for land, buildings, and equipment in Part X, line 10 funds of the total assets reported in Part X, line 10 full **If **Yes*, complete Schedule D, Part VIII Did the organization report an amount for other lassets in Part X, line 10 funds assets are provided in Part X, lin	1`	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II Section 501(6)(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 Is the organization assection 501(e)(h), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6) Did the organization navelina any donor advated funds or any similar funds or accounts for which disons have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report on the dia conservation easement, including easements to preserve open space, the environment, historical large and the environment, historical large and the such as the environment, thistorical large and the environment, large and areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or oustodial account liability, serve as a custodate for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization is served to through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasisendowments? If "Yes," complete Schedule D, Part VI If the organization is a served to reform a manual for investments - program related in Part X, line 1911 If "Yes," complete Schedule D, Part VIII Did the organization is a particular to report an experiment of the part X, line 1911 If "Yes," complete Schedule D, Part XIII Did the organization is a particular to organize schedule D, Part X X and XIII is ported			1		
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during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 50 (5(4), 50 10(5)), or 5010(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part III 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? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fand areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, III, VIII, IVI, VII, VIII, VII, VII	3		3		х
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8	7				
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Form 990 (2013)

DUKE GIFT PROPERTIES, INC.

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			
	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			۱.,
	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		
С	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		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	238		
D	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		x
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			١
	If "Yes," complete Schedule N, Part I	31		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	32	-	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
24	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	33		-
34	Part V, line 1	24	х	
353	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	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		x
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	х	L .
		C	990	(0010)

Form **990** (2013)

	990 (2013) DUKE GIFT PROPERTIES, INC. 57-1211078		P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			х
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b. 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	X	
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			
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)			
За	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," to line 3b, provide an explanation in Schedule O	3b	х	
	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		х
b	If "Yes," enter the name of the foreign country:			. 3
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	~ 254.5	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		
	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).			Lä
а	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		X
b	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
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	ai		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
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			-43
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	à	- 1
а	Did the organization make any taxable distributions under section 4966?	9a	L	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	, š.	1	5
а	Initiation fees and capital contributions included on Part VIII, line 12	, ś`		
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	À		778
	amounts due or received from them)		k.	ŀ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	.	**
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	,	1 ^	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	, , , , , , , , , , , , , , , , , , ,	٧	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	3,7,500
	Note. See the instructions for additional information the organization must report on Schedule O.	۱, ٬		🥙
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	√ ′		3
	Enter the amount of reserves on hand) ⁽⁰⁾	*
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Ь	Х

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2013)

DUKE GIFT PROPERTIES, INC.

57-1211078

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 or note to any line in this Part VI			х
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			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	-	х
	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	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	121		
a	The governing body?	8a	X X	
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		х
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
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u>.</u>
12a	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 to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-77	, x	; (a
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	, ,,	x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			^ 3
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	a. Ù	* .	·
	exempt status with respect to such arrangements?	16b	A00. 1	
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)	avaılab	le	
	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	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
. =	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.	tion:	•	
-	DUKE UNIVERSITY - (919)684-2006			
	324 BLACKWELL STREET, SUITE 850, DURHAM, NC 27701			
33200	5 10-29-13	Form	990	(2013)

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

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			Pos	C) ition	 1		(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per	box	not c	heck ss pe	more	than	h an	compensation	compensation	amount of
	week	-	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			Highest compensated employee		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	Itrust	直		oyee	E E				and related
	below	ıvıqna	Institutional trustee	Officer	Key employee	hest c	Former			organizations
(4) WIGHT TO THE STREET	line)	르	E	8	Æ	울통	횬		•	
(1) VICTORIA L NEVOIS	0.40 49.60	-		x				0.	220 541	42 201
TREASURER/DIRECTOR (2) JEFFREY H POTTER	49.80	 ^	⊢	_	├─	├	├	· · · · · · · · · · · · · · · · · · ·	228,541.	42,291
PRESIDENT/DIRECTOR	44.00	x		x				0.	74,242.	24,483
(3) SCOTT F SELIG	2.00	 ^		<u> </u>	 		-	· · · · · · · · · · · · · · · · · · ·	74,242.	24,403
VICE PRESIDENT/DIRECTOR		x		x				0.	319,048.	50,702
(4) DAVID G SINGLETON JR	1.00	۱	 	Ε-	\vdash	H	\vdash	<u> </u>		
SECRETARY	43.00	1		x				0.	208,545.	39,783
		_								<u>-</u>
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Part VIII Sect	tion A. Officers, Directors, Trus		ploy	ees/	•		ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
•	Name and title Average		Position (do not check more than one						Reportable	e Estimated			ed	
		hours per	box	, unle	ss pe	erson	is bot	h an	compensation	on		nount		
		week	├	cer ar	10 a 0	in ect	or/trus	(66)	from	from relate			other	
		(list any	recto						the	organization			pensa	
		hours for related	or d	88	1	Ī	sated	Ī	organization	(W-2/1099-MI	SC)		om th	
		organizations	rustee	l trust		88	npen		(W-2/1099-MISC)			_	anızat d relat	
		below	dual t	thona.	_	l go	st cor	<u>_</u>					anızatı	
		line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former						
			Ι_	Ι_	Ť	Ť	-"	广						
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	-	-			Г									
		·												
					L		L_{-}							
			L			L								
1b Sub-total									0.	830	376.		157	,259.
c Total from	continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add	lines 1b and 1c)							<u> </u>	0.	830	376.		157	,259.
	per of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportat	ole			
compensa	tion from the organization													0
													Yes	No
3 Did the org	anization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	, or l	highest compensated e	mployee on				ļ
line 1a? If	"Yes," complete Schedule J for s	uch individual										3		х
4 For any inc	lividual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d oth	her compensation from	the organization				
and related	d organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	<u> </u>
	rson listed on line 1a receive or a	•				-		elat	ed organization or indiv	dual for services	5			
	o the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son					5		Х
	pendent Contractors													
•	this table for your five highest co	•	•							•	npens	ation	from	
the organiz	ation Report compensation for t	the calendar y	ear (endı	ng v	vith	or w	ıthır		year.				
	(A)								(B)		_) t	
	Name and business	address	NO	NE				_	Description of s	ervices		ompe	risatio) I
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			_											
	· · · · · · · · · · · · · · · · · · ·							\dashv						
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	per of independent contractors (ii	•	OT III	mite	a to		se lis 0	sted	a above) who received h	iore than				
\$100,000 (of compensation from the organiz	zation -					<u>.</u>							

332008 10-29-13 Form **990** (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b Membership dues 1c c Fundraising events 200,000. 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 200,000 Total. Add lines 1a-1f Business Code Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 2,520,733 assets other than inventory b Less: cost or other basis 2,307,873 and sales expenses 212,860. c Gain or (loss) 212,860 212,860 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a All other revenue Total. Add lines 11a-11d 212,860. Total revenue. See instructions. 412,860

HDD0011

332009 10-29-13

Form 990 (2013) DUKE GIFT PROPERTIES Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con			ompiete column (A).	-·
	Check if Schedule O contains a respon	nse or note to any line in	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	2,282,842.	2,282,842.		
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				
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
_					
7	Other salaries 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	56,593.	56,593.		
C	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,				
J	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
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		-		-
22	Depreciation, depletion, and amortization				
23	Insurance	5 20 3 20 2 3 2 3 2 3 3	2 / 10 00 00 10	· · · · · · · · · · · · · · · · · · ·	
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)			l. i.e.	
	amount, list line 24e expenses on Schedule 0.)	<u>.</u>			
а	CONTRACT WORK - REPAIRS	59,995.	59,995.		
b	PROPERTY TAXES AND DUES	28,133.	28,133.		
C	INVESTMENT MAINTENANCE	5,952.	5,952.		· <u> </u>
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,433,515.	2,433,515.	0.	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 following SOP 98-2 (ASC 958-720)				
	- In tollowing 501 50-2 (AGC 538-720)				5 000 (2040)

Form 990 (2013)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
		Officer if Schedule O Contains a response of the	is to any mic in this t are x	(A)		(B)
				Beginning of year		End of year
	1	Cash · non-interest-bearing		141,834.	1	278,539.
	2	Savings and temporary cash investments		·	2	,
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo			'	
		trustees, key employees, and highest compensations			· ·	
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section		. *		;
		employers and sponsoring organizations of sect				`, *
ts		employees' beneficiary organizations (see instr)	Complete Part II of Sch L	A The second supplies to party A The second supplies and	6	
Assets	7	Notes and loans receivable, net	·		7	
ď	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				· 1 100
		basis. Complete Part VI of Schedule D	1,696,990.			
	b	Less: accumulated depreciation	10b 0.	3,854,350.	10c	1,696,990.
	11	Investments - publicly traded securities		500.	11	500.
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	3,996,684.	16	1,976,029.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
ies	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee	es, and disqualified persons.			II. s
Lial		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	'		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines	•			
		Schedule D	17-24) Complete Part X of		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here			
တ္သ		complete lines 27 through 29, and lines 33 an	"			
nce	27	Unrestricted net assets		3,996,684.	27	1,976,029.
ala	28	Temporanly restricted net assets			28	
Вρ	29	Permanently restricted net assets			29	
F		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶	****	**	
ъ.		and complete lines 30 through 34.			Ž.	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	
let,	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		3,996,684.	33	1,976,029.
	34	Total liabilities and net assets/fund balances		3,996,684.	34	1,976,029.

Form **990** (2013)

Form	1990 (2013) DUKE GIFT PROPERTIES, INC.	57-1211078		Pa	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		412	,860.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,433	515.
3	Revenue less expenses Subtract line 2 from line 1	3	- 2	,020	655.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,996	684.
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	1	,976	,029.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
1	Accounting method used to prepare the Form 990. Cash X Accrual Other Other			Yes	No
20	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	U	2a		ží. X
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	28		<u> </u>
•	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	on a	01-	x	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	8.3
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Separate basis Separate basis Both consolidated and separate basis	e basis,	:		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	ž dá.	٠	
	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.	X-3995		
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	i in .	· .	
	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	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2013)

332012 10-29-13

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

			PROPERTIES, INC.				_		5	7-1211078
Part I	Reason	for Public Cha	rity Status (All organiz	ations mu	st complet	te this part	t.) See ins	tructions.		
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)			
1 🗀	A church, co	nvention of churche	es, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i).		
2 🗀	A school des	scribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🗔	A hospital or	a cooperative hosp	oital service organization	described	ın section	170(b)(1)	(A)(iii).			
4 🔲	A medical re	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,
	city, and stat	te								
5 🗀	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or or	perated by	a govern	mental uni	t describ	ped in
	section 170	(b)(1)(A)(iv). (Comp	lete Part II)							
6 🗀	A federal, sta	ate, or local governn	nent or governmental uni	t describe	d ın sectio	n 170(b)(1)(A)(v).			
7 🗀	An organizat	on that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public described in
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)							
в 🗀	A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗀	An organizat	on that normally red	ceives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	nd gross receipts from
	activities rela	ited to its exempt fu	inctions - subject to certa	aın excepti	ons, and (2) no more	than 33 ⁻	1/3% of its	suppor	from gross investment
	income and i	unrelated business	taxable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 30, 1975
	See section	509(a)(2). (Complet	e Part III)							
10	An organizat	ion organized and o	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).		
11 X	An organizat	ion organized and o	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of	or to carr	y out the	purposes of one or
	more publicly	y supported organiz	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2) See se	ction 509(a)(3). Ch	eck the box that
	describes the	e type of sup <u>porti</u> ng	organization and compl	ete lines 1	1e through	n 11h.				
	a 🗓 Type	ı b ∟∐T	ype II c T	ype III - Fu	nctionally	ıntegrated	c	ј 📖 Тур	e III - No	n-functionally integrated
e X	By checking	this box, I certify th	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons other than
	foundation m	nanagers and other	than one or more publicly	y supporte	ed organiza	ations des	cnbed in s	ection 509	9(a)(1) or	section 509(a)(2).
f	f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III									
	supporting organization, check this box									
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pers	sons?	
	(ı) A perso	n who directly or inc	directly controls, either al	lone or tog	ether with	persons o	described	ın (ıi) and (ııı) below	, Yes No
	the gov	erning body of the s	supported organization?							11g(ı) X
	(ii) A family	member of a perso	n described in (i) above?	•						11g(II) X
	(iii) A 35%	controlled entity of a	a person described in (i) o	or (II) abov	e?					11g(ui) X
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).					
			Ţ···	, 		,				
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization		и поtify the	(vi) Is organizatio	the	(vii) Amount of monetary
orga	anızatıon		/ 4400011204 011 111100 1 0		sted in your document?			(i) organız	ed in the	support
			above or IRC section (see instructions))					U.S		
			(000	Yes	No	Yes	No	Yes	No	
								l		
DUKE UNI	IVERSITY	56-0532129	SCHOOL	х		Х		х	<u> </u>	2,282,842.
	•									
				 	 			ļ	 	
				ļ				<u> </u>	 	
				ļ		 	ļ ——	ļ		
						s più				2 222 242
Total	1	<u> </u>	<u> </u>	L		L	l	L	L	2,282,842.
LHA For F	aperwork Re	eauction Act Notice	e, see the Instructions f	or				Schedul	e A (For	m 990 or 990-EZ) 2013

332021 09-25-13

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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ızatıon's benefit and either paid to								
	or expended on its behalf				<u> </u>				
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3					<u> </u>			
5	The portion of total contributions				1				
	by each person (other than a					l			
	governmental unit or publicly				1				
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)				<u> </u>	(*) ²	<u> </u>		
	Public support. Subtract line 5 from line 4				j.		<u> </u>		
_	ction B. Total Support			1	1	1			
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	Amounts from line 4			 	 	-	<u> </u>		
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				<u> </u>	1			
10	Other income. Do not include gain						!		
	or loss from the sale of capital				ľ	1			
	assets (Explain in Part IV.)			1					
	Total support. Add lines 7 through 10		ł. <u>.</u>	"	<u></u>	10	<u> </u>		
	2 Gross receipts from related activities, etc. (see instructions) 2 Street Gross receipts from related activities, etc. (see instructions)								
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	tion C. Computation of Publ		rcentage						
_	Public support percentage for 2013 (_	column (fl)		14	%		
	Public support percentage from 2012			\"		15	%		
	33 1/3% support test - 2013. If the			on line 13, and line	14 is 33 1/3% or	more, check this b	ox and		
	stop here. The organization qualifies	-					▶□		
b	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box		
	and stop here. The organization qual	ifies as a publicly	supported organi	zation			▶ □		
17a	10% -facts-and-circumstances tes	t - 2013. If the orc	janization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,		
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"		•				▶□		
ь	10% -facts-and-circumstances tes	t - 2012. If the orç	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, d	check this box and	l stop here. Explai	n in Part IV how th	е		
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	licly supported org	janization	▶Щ		
18	Private foundation. If the organization	<u>n did not check a</u>	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨		
					Sch	edule A (Form 990	or 990-EZ) 2013		

Page 3

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

Se	ction A. Public Support	ciow, picase com	piete i uit ii.j		·		
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, 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 bus-				1		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf	ļ		ļ			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				ļ		
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
Ľ	from 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			<u> </u>			
	Public support (Subtract line 7c from line 6)		l	<u>. </u>		I	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	9 Amounts from line 6						
	a Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						-
	activities not included in line 10b,				ŀ		
	whether or not the business is regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)				1		
13	Total support. (Add lines 9, 10c, 11, and 12)					I	
14	First five years. If the Form 990 is for	the organization'	s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						<u></u>
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (column (f))		15	%
	Public support percentage from 2012			_	<u></u>	16	
	ction D. Computation of Inves					147	
	Investment income percentage for 20	•	-	ne 13, column (f))		17	
	Investment income percentage from 2	•	*	on line 14 and line	0 15 is mare the	18	% 17 is not
198	33 1/3% support tests - 2013. If the	-					I IS HUE
1-	more than 33 1/3%, check this box a 33 1/3% support tests - 2012. If the		-				and
	line 18 is not more than 33 1/3%, che	-			•		
20	Private foundation. If the organization						
	ato rounidation in the organizatio	ald not offect a	20x 01 iii 6 14, 13	a, or rob, oricon t	IIIO DON GITO GOO III		

Schedule A	(Form 990 or 990-EZ) 2013 DUKE GIFT PROPERTIES, INC.	57-1211078	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; and Part III, lin	
	Also complete this part for any additional information. (See instructions).		
-			
		 	
-			
			_
		1	
			-
	 		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

DURK CIET PROPERTIES INC

Employer identification number 57-1211078

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	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 v	writing that the assets held in donor advise	ed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
	for charitable purposes and not for the benefit of the donor of	ŭ ŭ	•
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	led historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form o	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	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	he organization's accounting for
	conservation easements.		
<u>P</u> aı	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic 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 treatment		gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$ > \$
b	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2013 DUKE GIFT I						57-12110		Page 2
Par	t III Organizations Maintaining C	ollections	of Art, Hist	orical Tr	easures, or Otl	ner Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other i	records, check	any of the	following that are a	significant	use of its	collection	items
•	(check all that apply):								
а	Public exhibition		a u	oan or exc	hange programs				
þ	Scholarly research		e L(Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and	explain how th	ey further t	he organization's ex	empt purp	ose ın Par	t XIII.	
5	During the year, did the organization solicit of	r receive dona	tions of art, his	storical trea	sures, or other simi	lar assets			
	to be sold to raise funds rather than to be ma	aintained as pa	art of the organ	nization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal		omplete if the	organizatio	on answered "Yes" t	o Form 990), Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	an or other inte	ermediary for o	contribution	ns or other assets ne	ot included			
	on Form 990, Part X?		,					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete	the following t	able.					
	in roo, explain the arrangement are all	and complete	and removing t	abio.			l	Amount	
С	Beginning balance					1c		7	
	Additions during the year					1d			
_	Distributions during the year					1e		_ · · · · · · -	
Ţ	Ending balance	000 5 1				1f	<u>'</u>	- · · · ·	1 1
	Did the organization include an amount on Fo							J Yes	No
	If "Yes," explain the arrangement in Part XIII								
Par	t V: Endowment Funds. Complete r							4 > 5	
		(a) Current y	ear (b) Pi	rior year	(c) Two years back	(d) Inree	years back	(e) Four	years back
1a	Beginning of year balance					ļ			
þ	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance				1				
2	Provide the estimated percentage of the curr	rent year end b	alance (line 1	g, column (a	a)) held as	•			
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%							
	Temporarily restricted endowment ▶		%						
_	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%	_						
За	Are there endowment funds not in the posse	•		t are held a	and administered for	the organi	zation		
Ou	by:		garnzanorrana	i aro mora o	and deministrated to	uno organi	Lution	Г	Yes No
	(i) unrelated organizations							3a(i)	100 110
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h	• •	hotod oo rogu	urad an Sahad	ulo P2					
	If "Yes" to 3a(ii), are the related organizations							3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		endowment i	unas.					
Fai			000 D IV	l 44 - O	F 000 B4 \	/ lun = 40			
	Complete if the organization answered						.		
	Description of property		st or other		1 ' '	Accumulate		(d) Book	value
		pasis (ir	vestment)	pasis	·	epreciation	<u> </u>		
1a	Land		846,990.	_		<u> </u>			846,990.
b	Buildings		850,000.						850,000.
С	Leasehold improvements					_			
d	Equipment								
е	Other								
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990	. Part X. colum	nn (B). line 1	10(c))			1.	696,990.

2) Closely held equity interests 2) Closely held equity interests 3) Other (A) (B) (C) (C) (D) (E) (E) (F) (G) (G) (H) (E) (F) (G) (G) (H) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or e	end-of-year market value
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Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013	DUKE GIFT PROPERTIES,			57-1211078	Page 4
Par	t XI Reconciliation of	Revenue per Audited	Financial Stateme	ents With Revenue pe	er Return.	
	Complete if the organi	zation answered "Yes" to For	m 990, Part IV, line 12a.	· · <u>- · · · · · · · · · · · · · · · · ·</u>		
ì	Total revenue, gains, and other	er support per audited financi	al statements		1	
2	Amounts included on line 1 b	ut not on Form 990, Part VIII,	line 12:			
а	Net unrealized gains on inves	tments		2a		
Ь	Donated services and use of			2b		
С	Recovenes of prior year grant	s		2c		
ď	Other (Describe in Part XIII.)			2d		
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1	00 D 4100 L 40 L 40 L			3	
4	Amounts included on Form 99			1451		
a	Investment expenses not incl	uded on Form 990, Part VIII, I	ine /b	4a 4b	 	
b	Other (Describe in Part XIII) Add lines 4a and 4b			40	4c	
C	Total revenue. Add lines 3 and	d Ac (This must equal Form 9	90 Part I line 12)		5	
5 Pai	t XII Reconciliation of	Expenses per Audited	Financial Statem	ents With Expenses		
		zation answered "Yes" to For			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Total expenses and losses pe				1 1	
2	Amounts included on line 1 b					
-	Donated services and use of			2a		
ь	Prior year adjustments			2b		
c	Other losses			2c		
d	Other (Describe in Part XIII.)			2d		
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	.=-
4	Amounts included on Form 99	90, Part IX, line 25, but not on	line 1:			
а	Investment expenses not incl	uded on Form 990, Part VIII, I	ine 7b	4a		
b	Other (Describe in Part XIII)			4b		
C	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 a		990, Part I, line 18.)		5	
	t XIII Supplemental Inf					
	de the descriptions required fo				line 4, Part X, line 2; Pa	art XI,
iines	2d and 4b; and Part XII, lines 2	2a ana 4b. Also complete this	part to provide any add	monai mormation.		
						
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SCHEDULE

Department of the Treasury internal Revenue Service (Form 990)

DUKE GIFT PROPERTIES, INC. General Information on Grants and Assistance

Name of the organization

Parti

criteria used to award the grants or assistance?

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

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

OMB No 1545-0047

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

Employer identification number Open to Public Inspection 57-1211078 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Attach to Form 990.

ջ

 Z Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 21, for any 	Governments ar	intoring the use of grant of Organizations in the	tunds in the United Purited United States. C	d States.	anization answered ")	es" to Form 990, Part	IV. line 21, for any	
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II ca	n be duplicated if addit	ional space is neec	jed				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
DUKE UNIVERSITY 324 BLACKWELL STREET, SUITE 850 DURHAM, NC 27701	56-0532129	501(C)(3)	2,282,842.	0			GENERAL SUPPORT	
l	and government c	organizations listed in th	ne line 1 table					-i ·
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					A	•
LHA For Paperwork Reduction Act Notice, see the Instructions for I	e, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2013)	2013)

Page 2 Schedule I (Form 990) (2013) (f) Description of non-cash assistance 57-1211078 (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 Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance 26 (c) Amount of cash grant AWARDED GRANTS OR ASSISTANCE MAINTAINS DOCUMENTATION OF ALL EXPENDITURES IN DIRECTORS FOR DUKE GIFT PROPERTIES, INC. REVIEWS THE FINANCIAL INFORMATION AND APPROVES TO GRANT FUNDS TO DUKE UNIVERSITY, OR ANY OTHER ORGANIZATION IN FUTHERANCE OF ITS SUPPORT TO DUKE UNIVERSITY, DUKE THE BOARD OF DURING THE BOARD MEETING. DUKE UNIVERSITY AND ANY OTHER ORGANIZATION (b) Number of recipients INC. IS A SUPPORTING ORGANIZATION TO INC. GRANTS FUNDING TO DUKE UNIVERSITY. DUKE GIFT PROPERTIES, INC. (a) Type of grant or assistance THE ORDINARY COURSE OF BUSINESS. 332102 10-29-13 Schedule I (Form 990) (2013) DUKE GIFT PROPERTIES, DUKE UNIVERSITY. GIFT PROPERTIES, PART I, LINE 2: Part III

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.us.gov/form990 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

DUKE GIFT PROPERTIES, INC.

Employer identification number

57-1211078

P	art 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		1	
	Travel for companions Payments for business use of personal residence			İ .
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		1	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		2		
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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		, š	-X-
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		-265-2
			ő	. ,
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	i.		;
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to	,		
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			\$.
	Form 990 of other organizations Approval by the board or compensation committee			
			·	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		1	
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
			ا،	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	1		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		İ '	
	contingent on the revenues of:	3		
а	The organization?	5a		х
ь	Any related organization?	5b		х
	If "Yes" to line 5a or 5b, describe in Part III.		*	K -
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
	contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	i E	33	. .
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		,	ب السيام ال
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			. 1
	Regulations section 53.4958-6(c)?	9		
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	J (For	n 990	2013

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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

57-1211078

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-MI	-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(O)-(i)(B)	reported as deferred in prior Form 990
(1) VICTORIA L NEVOIS	€	0	0.	0	0.	0	0	0
TREASURER/DIRECTOR	E	211,041.	0.	17,500.	28,702.	14,301.	271,544.	0
(2) SCOTT F SELIG	Ξ	0	0.	0	0	0	0	0
VICE PRESIDENT/DIRECTOR	(ii)	319,048.	0.	0	31,276.	20,538.	370,862.	0
(3) DAVID G SINGLETON JR	Ξ	0.	0	0	.0	0	0	0
SECRETARY	(ii)	192,245.	10,000.	9 300.	24,069.	16,357.	248,971.	0
	Ξ							
	(ii)							
] (i)							
	(ii)							
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Schedule J (Form 990) 2013

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization DUKE GIFT PROPERTIES, INC.	Employer identification number 57-1211078
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION:	
SUPPORTING DUKE UNIVERSITY BY RECEIVING GIFTS, ACQUIRING,	
RETAINING AND ADMINISTERING FUNDS TO BE HELD, INVESTED AND USED	
EXCLUSIVELY FOR THE BENEFIT OF DUKE UNIVERSITY AND RELATED ENTITIES.	
FORM 990, PART V, LINE 3B:	
THE ORGANIZATION DID NOT MEET THE UNRELATED BUSINESS GROSS	
INCOME THRESHOLD OF \$1000 DURING THE FISCAL YEAR ENDED JUNE 30, 2014.	
HOWEVER, THE ORGANIZATION HAS FILED FORM 990-T FOR THE FISCAL YEAR ENDED	
JUNE 30, 2014 IN ORDER TO CARRY FORWARD THE NET OPERATING LOSS.	
	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE MEMBERS OF THE BOARD OF DIRECTORS OF DUKE GIFT PROPERTIES,	
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:	
DUKE GIFT PROPERTIES, INC. (DGP, INC.), PROVIDES THE MEMBERS	
OF THE GOVERNING BODY WITH A DRAFT OF FORM 990 FOR INDIVIDUAL REVIEW AND	
COMMENT PRIOR TO FILING.	

FORM 990, PART VI, SECTION C, LINE 18:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

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

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization DUKE GIFT PROPERTIES, INC.	Employer identification number 57-1211078
DUKE GIFT PROPERTIES, INC.'S FORM 990 IS AVAILABLE TO THE	
PUBLIC ON WWW.GUIDESTAR.ORG, GUIDESTAR INDEPENDENTLY POSTS TAX-EXEMPT	
ORGANIZATIONS' FORM 990'S ON THEIR WEBSITE, OBTAINED FROM THE INTERNAL	
REVENUE SERVICE.	
FORM 990, PART VI, SECTION C, LINE 19:	
DUKE GIFT PROPERTIES, INC. GOVERNING DOCUMENTS (ARTICLES OF	
INCORPORATION AND ANY SUBSEQUENT AMENDMENTS OR RESTATEMENT) ARE AVAILABLE	
TO THE PUBLIC ON THE NORTH CAROLINA SECRETARY OF STATE WEBSITE. THE	
ORGANIZATION DOES NOT HAVE A CONFLICT OF INTEREST POLICY. DUKE GIFT	
PROPERTIES, 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.	
	
- 	
	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047
2013
Open to Public Inspection

Employer identification number 57-1211078

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www irs gov/form990. ▶ See separate instructions. ▶ Attach to Form 990. DUKE GIFT PROPERTIES, INC. Name of the organization Department of the Treasury Internal Revenue Service

Part 1 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Direct controlling 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. End-of-year assets **e** Total income 包 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) ŝ × × × controlled entity? Yes Direct controlling DUKE UNIVERSITY DUKE UNIVERSITY DUKE UNIVERSITY DUKE UNIVERSITY HEALTH SYSTEM, INC. status (if section Public charity 501(c)(3)) 11 TYPE 1 11 TYPE 1 11 TYPE 1 11 TYPE Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) € Legal domicile (state or foreign country) NORTH CAROLINA NORTH CAROLINA WORTH CAROLINA NORTH CAROLINA Primary activity 9 INVESTMENTS HEALTHCARE SUPPORT SUPPORT AMER ASSOC FOR GIFTED CHILDREN - 56-1686219 56-1465177 DUKE ALUMNI ASSOCIATION, INC. - 56-1594088 ASSOCIATED HEALTH SVCS, INC. - 56-1845329 Name, address, and EIN of related organization INC. 324 BLACKWELL STREET, STE 850 615 DOUGLAS STREET, SUITE 700 280 S. MANGUM STREET, STE 210 DU SPECIAL VENTURES FUND, 27705 DURHAM, NC 27701 DURHAM, NC 27701 614 CHAPEL DRIVE DURHAM, NC DURHAM, NC

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

Schedule R (Form 990) 2013

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(0)	(P)	(0)	£	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(D)(13)
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 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				<u> </u>	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)	h1 TYPE 1	INC.	×
DUKE UNIV HEALTH SYSTEM, INC 56-2070036						
615 DOUGLAS STREET, SUITE 700	7					
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	×
DUKE UNIVERSITY - 56-0532129						
324 BLACKWELL STREET, STE 850						
DURHAM, NC 27701	EDUCATION	NORTH CAROLINA	501(C)(3)	LINE 2	N/A	×
DUMAC, INC 90-0754895						
280 S. MANGUM STREET, STE 210						_
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(a)	(0)	(p)	(e)	€	(b)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	īg
DUBHAM ASSET MGMT COMPANY INC - 56-1757238				X-X-X-		Les Les
, , , ,						
ACKWELL STREET, STE 850						
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×
DURHAM REALTY, INC 56-1917936						
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., 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	×
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	×
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						
324 BLACKWELL STREET, STE 850						
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY	×

DUKE GIFT PROPERTIES, INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled organization?	1) 12(b)(13) olled atlon?
		(famoo afoo)		501(c)(3))		Yes	2
DUKE UNIVERSITY FEDERAL CREDIT UNION - 56-1632379, 2200 WEST MAIN ST STE L100					DUKE UNIVERSITY HEALTH SYSTEM		
27705	BANKING	NORTH CAROLINA	501(C)(1)		INC.		×
332222 05-01-13		35					

Schedule R (Form 990) 2013 DUKE GIFT PROPERTIES, INC.

part ill ldentification 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

V-1		. [\$	3			:	[;
(a)	(a)	<u> </u>	()	(a)	Ξ	6)	<u> </u>	€	3	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		2000	Yes No		Yes No	
AVENUE BLUE TC FD 27-4011571										
PARK AVENUE									-	
NEW YORK, NY 10022	INVESTMENTS	DE	N/A	N/A	•		<u>×</u>	N/A	*	
BLACKWELL PTR LLC 20-8075455										
280 S. MANGUM STREET, STE 210							-			
DURHAM, NC 27701	INVESTMENTS	ВA	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	ТX	N/A	N/A			×	N/A	×	
		ľ	1			1 4 4 4				

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

(a)	(q)	(0)	(p)	(e)	(t)	(6)	(h)	E	
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 trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contro	(13) /2
		,,,						Yes	2
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 CE (SEA) PRIVATE LIMITED									
1 RAFFLES PLACE, TOWER 2	<u></u>								
SINGAPORE, SINGAPORE 048616	SUPPORT	SINGAPOREN/A	N/A	c corp					×
DUKE CORP EDU INDIA PRIVATE - 42-1672476									
ACADEMIC BLOCK, NEW CAMPUS			-						
VASTRAPUR, AHMEDABAD, INDIA 380015	CONSULTING	INDIA	N/A	C CORP					×
332162 09-12-13		36				Sche	Schedule R (Form 990) 2013	2 (ספפ ר	2013

Schedule R (Form 990) DUKE GIFT PROPERTIES, INC.

[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) Disproportion- ate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) (k) General or Percentage managing ownership partner? Yes No	(k) Percentage ownership
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	×	ļ
LYRICAL-BLUE RGNT 45-3626577 32 N. DEAN ST. ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A			×	N/A	×	
MANGUM, LLC - 46-1275587 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	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			×	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	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				37						

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

(a)	(q)	(0)	(Q)	(e)	(£)	(6)	(F)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (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		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	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								
PITTSBURGH, PA 15230-0185	INVESTMENTS	PA	N/A	TRUST				×
								i

57-1211078

Schedule R (Form 990)

DUKE GIFT PROPERTIES, INC.

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

	•			•	•			
(a)	(q)	<u> </u>		(e)	£	(6)	£	()
Name, address, and EIN of related organization	Primary activity	Legal domicile (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	2 2 2 H
								res No
MARATHON BLUE CAYMAN FUND								
89 NEXUS WAY, PO BOX 31106		CAYMAN						_
	LNVESTMENTS	Ø	N/A	C CORP				×
MAURITIUS								
9TH FL ORANGE TOWER CYBERCITY								
EBENE MAURITIUS	INVESTMENTS	MAURITHISN/A	W/W	CORP				×
CHI RRD L'III								:
מות ו								
EBENE, MAURITIUS	INVESTMENTS	MAURITIUSN/A		c corp				×
GHI HSP LTD								
9TH FL, ORANGE TOWER CYBERCITY								
EBENE, MAURITIUS	INVESTMENTS	MAURITIUSN/A		C CORP				×
СНІ ЈВО ГЛО								<u> </u>
9TH FL, ORANGE TOWER CYBERCITY	, - -			•				
EBENE MAURITIUS	INVESTMENTS	MAURITIUSN/A		C CORP				×
GHI LTP LTD								-
9TH FL ORANGE TOWER CYBERCITY					•			
MATTOTATES	TARRESTA	MATTE TELETIC		9000				>
EDENE, MAUKITUS	LNVESIMENTS	MAURITIONA	N/A	CORF				v
LIMITED								
- 1		CAYMAN						
GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INVESTMENTS	ISLANDS	N/A	CORP				×
MCP PRIVATE CAPITAL (FEEDER) FUND I LP								
6 RUE GABRIEL LIPPMAN		_		_				
LUXEMBORG, LUXEMBOURG L-5365	INVESTMENTS	LUXEMBOURN/A	N/A	CORP				×
DUKE INDIA SERVICES PRIVATE LIMITED								
#302, PRIDE ELITE, #10 MUSEUM ROAD					-			
BANGALORE, KARNATAKA, INDIA 560001	MEDICAL RESEARCH	INDIA	N/A	CORP				×
	.							
								-
								
								+
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05-01-13		<u>ה</u>						

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Schedule R (Form 990) 2013 DUKE GIFT PROPERTIES, INC.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	ered "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	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	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 x	
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan quarantees to or for related organization(s)				1d	×
				1e	×
					- >
f Dividends from related organization(s)				=	<u> ا</u>
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				ŧ	×
i Exchange of assets with related organization(s)				;=	×
j Lease of facilities, equipment, or other assets to related organization(s)				÷	×
k Lease of facilities, equipment, or other assets from related organization(s)				*	 ×
	nization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			£	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n X	
o Sharing of paid employees with related organization(s)				6	1
n Rembursement paid to related organization(s) for expenses				9	×
				- 12	×
q neiliduseireik pald dy reiated dygainzation(s) for expenses				2	
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				1s	×
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.	ho must complete t	ns line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Involved	
(1)					
(2)					
(3)					
(4)					
(5)					
Ŷ,					
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Part VI; Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

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-	al or Per	<u>်နူ ခွ</u>			-			+			 <u> </u>	 	 L					 					
(Genera manag	yes No						1		_													֖֖֖֖֖֡֝֝֝֝֝֡֝
5	Code V-UBI General or Percentage amount in box 20 managing	of Schedule K-1 (Form 1065)																				Copy Octobring D (Egypp 000)	ocuerni
[Dispropor- tionate	allocations?				_		1														_	
F	SQ =	<u> 위</u>			-			+			_		\vdash			 	 	 _		 H		-	
17	(9) Share of	end-or-year assets																					
	()	local																					
-	all S sec	e g	_					$^{+}$	 		 <u> </u>	 											
ر ا	Are all partners sec 501(c)(3)	Xes (1															
edinerality partiters in the	(u) Predominant income (related, unrelated,	excluded from tax ords? under section 512-514) Yes No																					
Sion for certain line	(c) Legal domicile	(state or foreign country)					-							•					•				
ructions regarding excid	(b) Primary activity																						
triat was not a related organization used instructions regalding exclusion for certain investment partiers inpo	(a) Name, address, and EIN	ol entity																					

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 ·

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, con					<u> </u>
If you are filing for an Additional (Not Automatic) 3-Mont					
Oo not complete Part II unless you have already been gran	ted an automa	tic 3-month extension on a previous	ly filed For	m 8868.	
Electronic filing (e-file). You can electronically file Form 886					
equired to file Form 990-T), or an additional (not automatic) 3					
f time to file any of the forms listed in Part I or Part II with th					
Personal Benefit Contracts, which must be sent to the IRS in	paper format	(see instructions). For more details	on the elec	tronic filing of	this form,
isit www irs gov/efile and click on e-file for Charities & Nonpr				<u> </u>	
Part I' Automatic 3-Month Extension of T		· · · · · · · · · · · · · · · · · · ·			
a corporation required to file Form 990-T and requesting an a Part I only	utomatic 6-mo	onth extension - check this box and	complete		
All other corporations (including 1120-C filers), partnerships, i	REMICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time	
o file income tax returns.			Enter file	r's identifyin	g number
ype or Name of exempt organization or other filer, see in	structions.		Employer	ıdentıfication	number (EIN) or
print			, ,		
DUKE GIFT PROPERTIES, INC.				57-121107	/8
le by the ue date for Number, street, and room or suite no. If a P.O bo	ox, see instruc	tions	Social sec	curity number	(SSN)
lingyour 324 BLACKWELL ST. WASHINGTON BLDG.				•	
estum See City, town or post office, state, and ZIP code Fo	r a foreign add	ress, see instructions.	-		
DURHAM, NC 27701	•				
nter the Return code for the return that this application is fo	r (file a separa	te application for each return)			0 1
		,			
pplication	Return	Application			Return
s For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)		·	07
Form 990-BL	02	Form 1041-A		 	08
orm 4720 (individual)	03	Form 4720 (other than individual)			09
		Form 5227			10
orm 990-PF	04	FO(111 5227			
· · · · · · · · · · · · · · · · · · ·	05	Form 6069			11
orm 990-T (sec 401(a) or 408(a) trust)		· · · · · · · · · · · · · · · · · · ·			···
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Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) DUKE UNIVERSITY	05 06	Form 6069 Form 8870			11
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orm 990-T (sec 401(a) or 408(a) trust) form 990-T (trust other than above) DUKE UNIVERSITY The books are in the care of (919)684-2006	05 06 ET, SUITE 8	Form 6069 Form 8870 50 - DURHAM, NC 27701 Fax No (919)681-1799			11
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Form 8868 (Rev. 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 323841 12-31-13

Form 886	68 (Rev. 1-2014)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check this	s box		▶ X
Note. Or	lly complete Part II if you have already been granted an	automatic	3-month extension on a previously f	iled Form	8868	
If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).			
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies needed)
Enter filer's ide					entifying number, see instructions	
Type or	or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN)	
print						
File by the					57-1211078	
due date for filing your return See	Number, street, and footh or suite no. It a P.O. box, see instructions			Social se	Social security number (SSN)	
instructions	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	ication		
Is For		Code	Is For			
Form 990 or Form 990-EZ		01				
Form 990-BL		02	Form 1041-A			
Form 4720 (Individual)		03	Form 4720 (other than individual)			08
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! D	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	ed Form 8868.	
	DUKE UNIVERSITY					
• The be	ooks are in the care of > 324 BLACKWELL STREET,	SUITE 8	50., DURHAM, NC 27701			
Teleph	none No. (919)684-2006		Fax No. ► (919)681-1799			
• If the	organization does not have an office or place of busines	s in the Ui	nited States, check this box]	▶ □
• if this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole group	p, check this
box 🕨	If it is for part of the group, check this box 🕨	and atta	ach a list with the names and EINs of	f all memb	ers the extension	n is for
4 Ire	quest an additional 3-month extension of time until	MAY 15	, 2015		-	
5 For	For calendar year, or other tax year beginning, and ending, and ending, and ending, and ending, and ending, and ending					
6 If th	If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return					
	Change in accounting period					
	State in detail why you need the extension ADDITIONAL TIME IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN					
8a If th	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
nor	nonrefundable credits. See instructions 8a \$					N/A
b If th	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					-
	payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid	100]	
	eviously with Form 8868			8b	\$	N/A
	lance due. Subtract line 8b from line 8a Include your pa		th this form, if required, by using			
EF	PS (Electronic Federal Tax Payment System) See instri	uctions.		8c	\$	N/A

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Date 1 23 2615

N/A.