

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

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

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

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
DUKE UNIVERSITY HEALTH SYSTEM INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
324 BLACKWELL ST WASHIN BLDG NO 850

City or town, state or province, country, and ZIP or foreign postal code  
DURHAM, NC 27701

**D** Employer identification number  
56-2070036

**E** Telephone number  
(919) 668-8910

**G** Gross receipts \$ 5,708,935,214

**F** Name and address of principal officer:  
A EUGENE WASHINGTON MD  
615 DOUGLAS ST STE 700  
DURHAM, NC 27705

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.DUKEHEALTH.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1998

**M** State of legal domicile: NC

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
SEE SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	21,069
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,345
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,923,576
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-212,525

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	4,064,813	5,259,309
<b>9</b> Program service revenue (Part VIII, line 2g)	3,332,141,722	3,566,485,727
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	158,638,074	126,093,393
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,606,317	78,944,553
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,576,450,926	3,776,782,982
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,817,270	1,312,254
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,455,535,843	1,558,291,299
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶172,793		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,669,040,569	1,787,073,189
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,126,393,682	3,346,676,742
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	450,057,244	430,106,240
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	5,904,321,303	6,281,178,620
<b>21</b> Total liabilities (Part X, line 26)	2,509,540,735	2,743,496,381
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,394,780,568	3,537,682,239

## Part II Signature Block

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2020-04-06  
Type or print name and title: KENNETH C MORRIS SVP, CFO, TREASURER

**Paid Preparer Use Only**  
Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Check  if self-employed PTIN: \_\_\_\_\_  
Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

**Part III Statement of Program Service Accomplishments**

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

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

SEE SCHEDULE O

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 2,588,487,775 including grants of \$ 1,312,254 ) (Revenue \$ 3,618,375,075 )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses ▶ 2,588,487,775

**Part IV Checklist of Required Schedules**

	Yes	No	
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
<b>10</b> 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	10	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23 Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b>	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	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29 Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30 Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33 Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34 Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38 Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	1a 533	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	21,069			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<b>2b</b>		Yes		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<b>3a</b>		Yes		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<b>3b</b>		Yes		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>	<b>4a</b>		Yes		
<p><b>b</b> If "Yes," enter the name of the foreign country: <b>▶</b>SW , DA , NO , MY , PL , UK , EI , PO , GR , BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<b>5a</b>			No	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<b>5b</b>			No	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<b>5c</b>				
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>	<b>6a</b>			No	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<b>7a</b>		Yes		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<b>7b</b>		Yes		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<b>7c</b>			No	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<b>7e</b>			No	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<b>7f</b>			No	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<b>7g</b>				
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<b>8</b>				
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<b>9a</b>				
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter:					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter:					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>	<b>13a</b>				
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<b>14a</b>			No	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<b>14b</b>				
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>	<b>15</b>		Yes		
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>	<b>16</b>			No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NY, ND, OR, PA, SC, TN, UT, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [X] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶BETSY CASSIDY DUHS INC 615 DOUGLAS STREET SUITE DURHAM, NC 27705 (919) 668-8910





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	63,222			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	1,067,494			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	4,128,593			
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ _____		115,676			
	<b>h Total.</b> Add lines 1a-1f . . . . .		5,259,309			
<b>Program Service Revenue</b>	<b>2a</b> PATIENT REVENUE	Business Code				
		621990	3,532,004,737	3,532,004,737		
	<b>b</b> ANCILLARY MEDICAL SVCS	621990	34,139,501	34,139,501		
	<b>c</b> MEDICAL SERVICES	621990	341,489	341,489		
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue.					
<b>g Total.</b> Add lines 2a-2f . . . . .		3,566,485,727				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		34,680,750		1,923,576	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .		10,195,392		10,195,392	
	<b>6a</b> Gross rents	(i) Real				
		12,194,696				
		<b>b</b> Less: rental expenses	10,749,245			
		<b>c</b> Rental income or (loss)	1,445,451			
	<b>d</b> Net rental income or (loss) . . . . .		1,445,451		1,445,451	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		2,012,716,506				
		<b>b</b> Less: cost or other basis and sales expenses	1,920,136,166	1,167,697		
		<b>c</b> Gain or (loss)	92,580,340	-1,167,697		
	<b>d</b> Net gain or (loss) . . . . .		91,412,643		91,412,643	
	<b>8a</b> Gross income from fundraising events (not including \$ 63,222 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
		109,739				
<b>b</b> Less: direct expenses . . . . .		99,124				
<b>c</b> Net income or (loss) from fundraising events . . . . .		10,615		10,615		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less: cost of goods sold . . . . .					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code					
<b>11a</b> BILLING FEES	621990	44,690,032	44,690,032			
<b>b</b> DEEMED DIVIDEND	900003	6,635,025		6,635,025		
<b>c</b> LAB SERVICES	621990	3,754,975	3,754,975			
<b>d</b> All other revenue . . . . .		12,213,063	3,444,341		8,768,722	
<b>e Total.</b> Add lines 11a-11d . . . . .		67,293,095				
<b>12 Total revenue.</b> See Instructions. . . . .		3,776,782,982	3,618,375,075	1,923,576	151,225,022	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,172,799	1,172,799		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	44,336	44,336		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	95,119	95,119		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	7,565,047	431,005	7,134,042	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	336,322	75,887	260,435	
<b>7</b> Other salaries and wages	1,243,451,059	840,018,547	403,347,130	85,382
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	73,565,204	47,634,746	25,924,576	5,882
<b>9</b> Other employee benefits . . . . .	141,690,356	89,090,362	52,588,422	11,572
<b>10</b> Payroll taxes . . . . .	91,683,311	61,597,387	30,079,667	6,257
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	12,939,314	12,270,893	668,421	
<b>b</b> Legal . . . . .	4,154,925	202,557	3,952,368	
<b>c</b> Accounting . . . . .	565,500		565,500	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	4,441,235		4,441,235	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	279,002,325	166,167,445	112,821,272	13,608
<b>12</b> Advertising and promotion . . . . .	3,815,755	80,862	3,734,893	
<b>13</b> Office expenses . . . . .	37,165,194	22,752,806	14,382,271	30,117
<b>14</b> Information technology . . . . .	59,510,315	5,144,773	54,365,542	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	70,311,663	46,618,815	23,692,848	
<b>17</b> Travel . . . . .	9,070,406	5,716,098	3,354,308	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	7,571,623	1,319,966	6,251,657	
<b>20</b> Interest . . . . .	54,546,119	54,546,119		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	157,985,483	118,222,469	39,763,014	
<b>23</b> Insurance . . . . .	9,764,116	9,764,116		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	912,899,239	912,899,239		
<b>b</b> EQUIPMENT RENTAL & MAIN	89,319,441	72,036,966	17,282,475	
<b>c</b> MEDICAID ASSESSMENT	80,887,646	80,887,646		
<b>d</b> LAUNDRY	8,595,594	8,595,594		
<b>e</b> All other expenses	-15,472,704	31,101,223	-46,593,902	19,975
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,346,676,742	2,588,487,775	758,016,174	172,793
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	92,406	<b>1</b>	101,882
	<b>2</b> Savings and temporary cash investments . . . . .	319,923,765	<b>2</b>	784,143,999
	<b>3</b> Pledges and grants receivable, net . . . . .	907,192	<b>3</b>	1,423,731
	<b>4</b> Accounts receivable, net . . . . .	443,472,764	<b>4</b>	482,629,639
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	429,050	<b>7</b>	287,432
	<b>8</b> Inventories for sale or use . . . . .	91,549,857	<b>8</b>	99,753,991
	<b>9</b> Prepaid expenses and deferred charges . . . . .	27,120,344	<b>9</b>	36,336,639
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,644,430,837		
	<b>b</b> Less: accumulated depreciation	1,950,742,484		
	<b>11</b> Investments—publicly traded securities . . . . .	859,604,561	<b>11</b>	621,244,236
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	2,588,062,243	<b>12</b>	2,512,783,200
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	21,465,755	<b>14</b>	21,465,755
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	23,730,962	<b>15</b>	27,319,763
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,904,321,303	<b>16</b>	6,281,178,620	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	351,954,045	<b>17</b>	384,650,750
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	6,837,076	<b>19</b>	8,314,062
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,040,985,793	<b>20</b>	1,012,051,763
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .	1,109,763,821	<b>25</b>	1,338,479,806
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,509,540,735	<b>26</b>	2,743,496,381
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	3,336,152,781	<b>27</b>	3,477,033,339
	<b>28</b> Temporarily restricted net assets . . . . .	44,593,461	<b>28</b>	46,102,670
	<b>29</b> Permanently restricted net assets	14,034,326	<b>29</b>	14,546,230
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	3,394,780,568	<b>33</b>	3,537,682,239	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	5,904,321,303	<b>34</b>	6,281,178,620	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,776,782,982
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,346,676,742
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	430,106,240
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,394,780,568
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	53,558,079
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-340,762,648
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,537,682,239

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 56-2070036

**Name:** DUKE UNIVERSITY HEALTH SYSTEM INC

Form 990 (2018)

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

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LESLIE E BAINS ..... DIRECTOR	4.00 ..... 0.00	X						0	0	0
GAIL BELVETT ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
JACK O BOVENDER JR ..... DIRECTOR	3.00 ..... 8.10	X						0	0	0
WILLIAM HAWKINS ..... DIRECTOR	8.00 ..... 6.00	X						0	0	0
BARBARA M HENDRIX ..... DIRECTOR	1.00 ..... 0.10	X						0	0	0
MARY E KLOTMAN MD ..... DIRECTOR	25.00 ..... 40.50	X						0	1,065,975	47,861
MICHAEL MARSICANO ..... DIRECTOR	1.00 ..... 4.00	X						0	0	0
LLOYD B MORGAN ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
VINCENT E PRICE ..... DIRECTOR	3.00 ..... 40.20	X						0	1,339,428	50,100
ANN M REED ..... DIRECTOR	11.00 ..... 40.10	X						23,513	324,811	39,049



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM J FULKERSON MD ..... EXECUTIVE VP, DUHS	60.00 ..... 0.70			X				1,852,249	0	38,933
KENNETH C MORRIS ..... SVP, CFO, TREASURER	40.00 ..... 1.00			X				1,385,444	0	44,047
MARY ANN FUCHS ..... VP-PATIENT CARE/CHIEF NURSE EXEC	60.00 ..... 0.10				X			593,971	0	40,799
KATHLEEN B GALBRAITH ..... PRESIDENT, DUKE REGIONAL HOSPITAL	60.00 ..... 1.00				X			697,926	0	51,134
THOMAS A OWENS MD ..... PRESIDENT, DUH AND SVP, DUHS	60.00 ..... 0.20				X			1,147,835	0	45,084
DAVID ZAAS MD ..... PRESIDENT, DUKE RALEIGH HOSPITAL	60.00 ..... 0.00				X			687,715	0	51,535
RHONDA BRANDON ..... CHIEF HUMAN RESOURCES OFFICER, DUHS	40.00 ..... 0.00					X		662,176	0	60,738
JEFFREY M FERRANTI ..... CIO/VP FOR MEDICAL INFORMATICS	40.00 ..... 0.00					X		780,801	113,761	56,906
JULIE SEEL ..... CLINICAL PSYCHOLOGIST	40.00 ..... 0.00					X		633,898	0	38,858
JOHN S SMITH ..... DUHS ASSOCIATE VP	40.00 ..... 0.00					X		594,428	0	52,922



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization**  
DUKE UNIVERSITY HEALTH SYSTEM INC

**Employer identification number**  
56-2070036

**Employer identification number**  
56-2070036

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

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

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
<b>6 Total.</b> Add lines 1 through 5 . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
<b>c</b> Add lines 7a and 7b. . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . .						

**Section B. Total Support**

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

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . .

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

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

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

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

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 56-2070036

**Name:** DUKE UNIVERSITY HEALTH SYSTEM INC

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

**Facts And Circumstances Test**

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

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

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

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

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

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

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

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

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

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM INC	Employer identification number 56-2070036
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

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

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		138,337
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		112,368
<b>j</b>	Total. Add lines 1c through 1i .....			250,705
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>	<b>2a</b>	
<b>a</b>	Current year .....	<b>2b</b>	
<b>b</b>	Carryover from last year .....	<b>2c</b>	
<b>c</b>	Total .....	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>4</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....		

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	DUKE UNIVERSITY HEALTH SYSTEM, INC. EMPLOYS STAFF WHO PERFORM SOME LOBBYING ACTIVITIES AS PART OF THEIR JOB RESPONSIBILITIES. THESE SAME EMPLOYEES HAVE AND SOME SENIOR LEADERS MAY HAVE DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, AND GOVERNMENT OFFICIALS. DUKE UNIVERSITY HEALTH SYSTEM, INC. PAYS MEMBERSHIP DUES TO OTHER ORGANIZATIONS. PER THE MEMBERSHIP DUES INVOICES, SOME OF THESE ORGANIZATIONS PROVIDE A DISCLOSURE OF LOBBYING PERCENTAGE OF THE DUES RECEIVED.

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

# Supplemental Financial Statements

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

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Name of the organization**  
DUKE UNIVERSITY HEALTH SYSTEM INC

**Employer identification number**  
56-2070036

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	58,627,787	57,177,730	57,816,285	57,578,816	59,083,195
<b>b</b> Contributions . . . . .	5,694,239	3,880,934	2,312,345	7,276,856	4,849,436
<b>c</b> Net investment earnings, gains, and losses	681,288	2,052,778	1,810,497	-1,590,780	-29,888
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	4,354,414	4,483,655	4,761,397	5,448,607	6,323,927
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	60,648,900	58,627,787	57,177,730	57,816,285	57,578,816

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ 48.380 %
  - c** Temporarily restricted endowment ▶ 51.620 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No  |
|--|---------------|-----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No  |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | Yes |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		65,300,166		65,300,166
<b>b</b> Buildings . . . . .		2,090,962,130	943,698,206	1,147,263,924
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		1,008,051,420	645,101,932	362,949,488
<b>e</b> Other . . . . .		480,117,121	361,942,346	118,174,775
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,693,688,353

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) OTHER INVESTMENTS	103,188,804	F
(B) FIXED INCOME	104	F
(C) PRIVATE CAPITAL	731,803,326	F
(D) CASH & CASH EQUIVALENTS	253,326,515	F
(E) COMMODITIES	4,176,820	F
(F) HEDGE FUNDS	1,052,516,244	F
(G) REAL ESTATE	145,261,390	F
(H) NATURAL RESOURCES	222,509,997	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,512,783,200	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
INTEREST PAYABLE	12,095,290
PROFESSIONAL LIABILITY COSTS	6,275,943
POST RETIREMENT BENEFIT OBLIGATION	477,568,000
CAPITAL LEASE OBLIGATION	132,622,500
DERIVATIVE INSTRUMENTS	76,448,323
TAXABLE BOND LIABILITY	587,265,265
OTHER NON-CURRENT LIABILITIES	46,204,485
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,338,479,806

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 56-2070036

**Name:** DUKE UNIVERSITY HEALTH SYSTEM INC

### Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(A) OTHER INVESTMENTS	103,188,804	F
(A) FIXED INCOME	104	F
(B) PRIVATE CAPITAL	731,803,326	F
(C) CASH & CASH EQUIVALENTS	253,326,515	F
(D) COMMODITIES	4,176,820	F
(E) HEDGE FUNDS	1,052,516,244	F
(F) REAL ESTATE	145,261,390	F
(G) NATURAL RESOURCES	222,509,997	F

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE INTENDED USE FOR THE ORGANIZATION'S ENDOWMENT: FUNDS SUPPORT CAPITAL PURCHASES, OFFSET OPERATING COSTS, IMPROVE PATIENT SAFETY, AND SUPPORT THE NEEDS OF PATIENTS AND FAMILIES.

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	DUKE UNIVERSITY HEALTH SYSTEM, INC. ADOPTED THE REQUIREMENTS OF FIN 48 AND CONSIDERED ITS TAX POSITIONS. BASED ON THAT ANALYSIS, THE PROVISIONS OF FIN 48 ARE DEEMED IMMATERIAL TO THE DUKE UNIVERSITY HEALTH SYSTEM, INC. FINANCIAL STATEMENTS AND THEREFORE NO FIN 48 SPECIFIC DISCLOSURES ARE MADE IN THE AUDITED FINANCIAL STATEMENTS OF DUKE UNIVERSITY HEALTH SYSTEM, INC. AND ITS AFFILIATES FOR FISCAL YEAR ENDED JUNE 30, 2019.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

## 2018

**Open to Public Inspection**

Name of the organization  
DUKE UNIVERSITY HEALTH SYSTEM INC

**Employer identification number**  
56-2070036

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	0			70,000
<b>b</b> Total from continuation sheets to Part I . . . . .					239,558,000
<b>c Totals</b> (add lines 3a and 3b)	0	0			239,628,000

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT			10,900	MEDICAL EQUIPMENT	FMV
		SUB-SAHARAN AFRICA	GENERAL SUPPORT			84,219	MEDICAL EQUIPMENT	FMV

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 0
- 3 Enter total number of other organizations or entities . . . . . ▶ 2



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 2:	DUKE UNIVERSITY HEALTH SYSTEM, INC. PERIODICALLY APPROVES NONCASH ASSISTANCE AND TRANSFERS MEDICAL EQUIPMENT AND SUPPLIES TO ORGANIZATIONS OUTSIDE THE UNITED STATES, USUALLY IN RESPONSE TO NATURAL DISASTERS. THE ORGANIZATIONS AWARDED THE ASSISTANCE MUST MONITOR THE APPROPRIATE USE OF THE ASSISTANCE IN THE ORDINARY COURSE OF BUSINESS.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 56-2070036

**Name:** DUKE UNIVERSITY HEALTH SYSTEM INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	EDUCATION	3,000
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	STUDY ABROAD	5,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	SEMINAR		11,000
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	SEMINAR		13,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	EDUCATION	10,000
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	SEMINAR		20,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	SEMINAR		2,000
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	EDUCATION	6,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	STUDY ABROAD	7,000
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	SEMINAR		11,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	EDUCATION	1,000
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	SEMINAR		3,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	SEMINAR		9,000
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATION	3,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		239,429,000
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		11,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		84,000

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number

56-2070036

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>GALA</b> (event type)	(event type)	(total number)	Total events (add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	172,961			172,961
<b>2</b>	Less: Contributions . . . . .	63,222			63,222
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	109,739			109,739
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	37,076			37,076
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	37,747			37,747
	<b>8</b> Entertainment . . . . .	8,044			8,044
	<b>9</b> Other direct expenses . . . . .	16,257			16,257
	<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				10,615

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
<b>7</b>	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:
- Name ▶ .....
- Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
FORM 990, SCHEDULE G, PART I, LINE 2B	DUKE UNIVERSITY HEALTH SYSTEM, INC. SUPPORTS THE FUNDRAISING ACTIVITIES PERFORMED BY EMPLOYEES OF DUKE UNIVERSITY. SUCH ACTIVITIES ARE DESIGNED TO DEVELOP SUPPORT FOR BOTH THE UNIVERSITY AND THE DUKE UNIVERSITY HEALTH SYSTEM, INC.'S EDUCATIONAL, RESEARCH AND HEALTHCARE PURPOSES. DUKE UNIVERSITY RECEIVES AND DIRECTS THE CONTRIBUTIONS AS APPROPRIATE TO DUKE UNIVERSITY HEALTH SYSTEM, INC. DUKE UNIVERSITY HEALTH SYSTEM, INC. HAS NOT ENTERED INTO ANY ARRANGEMENTS WITH FUNDRAISERS UNDER WHICH THE ORGANIZATION MADE PAYMENTS EXCLUSIVELY FOR SUCH EXPENSES BUT NOT FOR PROFESSIONAL FUNDRAISING SERVICES.

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 DUKE UNIVERSITY HEALTH SYSTEM INC

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Employer identification number**  
 56-2070036

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b> Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	<b>5c</b>	No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b> Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			118,460,903		118,460,903	3.540 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			94,944,909		94,944,909	2.840 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			213,405,812		213,405,812	6.380 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4).						
<b>f</b> Health professions education (from Worksheet 5) . . . . .			87,324,619	16,545,744	70,778,875	2.110 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			12,236,868		12,236,868	0.370 %
<b>j Total.</b> Other Benefits . . . . .			99,561,487	16,545,744	83,015,743	2.480 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			312,967,299	16,545,744	296,421,555	8.860 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 0		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 0		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)	5 603,133,241
6 Enter Medicare allowable costs of care relating to payments on line 5	6 741,553,108
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -138,419,867
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year?	9a Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b Yes

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 DUKE UNIVERSITYDUKE REGIONAL HOSPITALS

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://CORPORATE.DUKEHEALTH.ORG/COMMUNITY</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url): <u>HTTP://WWW.HEALTHYDURHAM.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

DUKE UNIVERSITYDUKE REGIONAL HOSPITALS

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

DUKE UNIVERSITYDUKE REGIONAL HOSPITALS

**Name of hospital facility or letter of facility reporting group**

		Yes	No	
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
<b>a</b>	<input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	21	Yes	
	If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

DUKE UNIVERSITYDUKE REGIONAL HOSPITALS

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		No
<b>24</b>	Yes	

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
DUKE RALEIGH HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 2 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://CORPORATE.DUKEHEALTH.ORG/COMMUNITY</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url): <u>HTTP://WWW.ADVANCECHC-ORG/COMMUNITY/HEALTH-NEEDS-ASSESSMENT</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

DUKE RALEIGH HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

DUKE RALEIGH HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
<b>a</b>	<input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	21	Yes	
	If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

DUKE RALEIGH HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		No
<b>24</b>	Yes	



**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address	Type of Facility (describe)
<b>1</b> 1 - DUKE HEALTH HERITAGE 3000 ROGERS ROAD WAKE FOREST, NC 27587	SPECIALTY
<b>2</b> 2 - DUKE HEALTH HOLLY SPRINGS 401 IRVING PARKWAY HOLLY SPRINGS, NC 27540	SPECIALTY
<b>3</b> 3 - BRIER CREEK MEDICAL PAVILION 10207 CERNY STREET RALEIGH, NC 27617	SPECIALTY
<b>4</b> 4 - DUKE IMAGING SERVICES 3700 NW CARY PARKWAY SUITE 120 CARY, NC 27513	INDEPENDENT DIAGNOSTIC TESTING FACILITY
<b>5</b> 5 - HOCK FAMILY PAVILION 4023 NORTH ROXBORO ROAD DURHAM, NC 27704	HOSPICE
<b>6</b> 6 - HOSPICE OF MEADOWLANDS 1001 CORPORATE DRIVE HILLSBOROUGH, NC 27278	HOSPICE
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C:	<p>NOT APPLICABLEPART I, LINE 6A:NOT APPLICABLEPART I, LINE 7, COLUMN F:TOTAL GROSS COMMUNITY BENEFIT EXPENSE AS A PERCENT OF TOTAL EXPENSES IS 9.4%.PART I, LINE 7:CHARITY CARE AT COST IS DETERMINED USING THE COST-TO-CHARGE CALCULATION FROM WORKSHEET 2, IN ORDER TO CALCULATE THE AMOUNTS REPORTED ON THE TABLE. UNREIMBURSED MEDICAID IS DETERMINED USING A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS.PART II, COMMUNITY BUILDING ACTIVITIES:THESE ACTIVITIES ARE INCLUDED IN DUKE UNIVERSITY HEALTH SYSTEM, INC.'S (DUHS) OPERATING EXPENSES AND ARE NOT TRACKED SEPARATELY FOR COMMUNITY BENEFIT REPORTING PURPOSES.PART III, LINE 1 AND LINE 2:THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) REVISED ITS ACCOUNTING GUIDANCE RELATED TO UNCOMPENSATED CARE IN JUNE 2019 TO REFLECT CHANGES IN BAD DEBT REPORTING RESULTING FROM FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS UPDATE 2014-09, "REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606)" (ASU 2014-09). DUHS ADOPTED ASU 2014-09 ON JULY 1, 2018. UPON ADOPTION OF ASU 2014-09 AND CONSISTENT WITH THE REVISED HFMA STATEMENT NO. 15, THE ESTIMATED UNCOLLECTIBLE AMOUNTS FROM SELF-PAY PATIENTS THAT WERE PREVIOUSLY REPORTED AS BAD DEBT EXPENSE PRIOR TO ADOPTION OF ASU 2014-09 ARE NOW CONSIDERED IMPLICIT PRICE CONCESSIONS DIRECTLY REDUCING NET PATIENT SERVICE REVENUE.DUHS PROVIDED UNCOMPENSATED CARE AT ESTIMATED COSTS IN THE FORM OF IMPLICIT PRICE CONCESSIONS (FORMERLY CONSIDERED BAD DEBT EXPENSE) ASSOCIATED WITH UNCOLLECTIBLE PATIENT ACCOUNTS AT AN ESTIMATED COST OF \$23,801,000 IN FISCAL YEAR 2019. DUHS USED THE COST-TO-CHARGE RATIO FROM WORKSHEET 2 TO ESTIMATE COST.PART III, LINE 3:A PORTION OF IMPLICIT PRICE CONCESSIONS (FORMERLY CONSIDERED BAD DEBT EXPENSE) SHOULD BE INCLUDED AS A COMMUNITY BENEFIT, BUT THE PORTION THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY IS INDETERMINABLE BECAUSE THOSE PATIENTS FAIL TO APPLY FOR OR PROVIDE INFORMATION NEEDED TO DETERMINE THEIR ELIGIBILITY UNDER THE DUHS FAP. DUHS, INC. FOLLOWS ITS MISSION TO THE COMMUNITY AND PROVIDES EMERGENT SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. PATIENTS WHO MAY QUALIFY FOR CHARITY CARE ARE REPORTED AS AN IMPLICIT PRICE CONCESSION INSTEAD BECAUSE OF THOSE PATIENTS' INABILITY OR UNWILLINGNESS TO PROVIDE THE NECESSARY DOCUMENTATION REQUIRED TO DETERMINE CHARITY CARE CLASSIFICATION.PART III, LINE 4:PAGES 17-20 IN THE FY2019 AUDITED FINANCIAL STATEMENT FOOTNOTES DESCRIBE IMPLICIT PRICE CONCESSIONS RELATED TO UNINSURED PATIENTS.PART III, LINE 7:TOTAL UNREIMBURSED COSTS ATTRIBUTABLE TO PROVIDING SERVICES UNDER MEDICARE AS REPORTED IN THE JUNE 30, 2019 DUHS CONSOLIDATED FINANCIAL STATEMENTS ARE \$277,157,000 AS COMPARED TO \$138,419,867 AS REPORTED IN SECTION B, LINE 7 OF SCHEDULE H. THE DUHS TOTAL MEDICARE SHORTFALL OF \$277,157,000 IS DERIVED FROM THE COST ACCOUNTING SYSTEM WHICH INCLUDES ALL PAYMENTS AND COSTS ASSOCIATED WITH MEDICARE PATIENTS, WHEREAS THE AMOUNT REPORTED IN SECTION B OF SCHEDULE H IS DERIVED BASED ON IRS INSTRUCTIONS. IRS INSTRUCTIONS SPECIFY THAT ONLY A PORTION OF COSTS ASSOCIATED WITH MEDICARE BENEFICIARIES BE REPORTED ON SCHEDULE H. SIGNIFICANT MEDICARE COSTS EXCLUDED FROM SCHEDULE H DATA INCLUDE THOSE ASSOCIATED WITH MEDICARE PATIENTS COVERED UNDER MANAGED CARE PLANS AND COSTS REIMBURSED THROUGH MEANS NOT REPORTED ON THE COST REPORT.PART III, LINE 8:MEDICARE RATES AND THE NUMBER OF MEDICARE PATIENTS DUHS TREAT ARE NOT NEGOTIATED. MEDICARE DOES NOT FULLY COMPENSATE DUHS FOR THE COST OF PROVIDING CARE TO MEDICARE BENEFICIARIES. DUHS CONTINUES TO SERVE THE MEDICARE POPULATION AS MEDICARE REIMBURSEMENT RATES DECLINE RELATIVE TO THE COST OF CARE. THEREFORE, ANY LOSS RELATED TO PROVIDING CARE FOR MEDICARE PATIENTS SHOULD BE CLASSIFIED AS A COMMUNITY BENEFIT. DUHS FOLLOWED THE MEDICARE COST REPORT RULES AND GUIDELINES IN DETERMINING THE COSTS REPORTED ON LINE 6. THESE RULES USE A VARIETY OF DIFFERENT METHODOLOGIES BASED ON THE TYPE OF SERVICE.PART III, LINE 9B:COLLECTION EFFORTS ARE IMMEDIATELY STOPPED FOR PATIENTS WHO SUBMIT A FINANCIAL ASSISTANCE APPLICATION. PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE ARE NOT PURSUED USING ANY DEBT COLLECTION PRACTICES.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
NEEDS ASSESSMENT:	<p>PART VI, LINE 2:DUHS USES SEVERAL MECHANISMS TO ASSESS AND ADDRESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. IN DURHAM COUNTY, DUHS AND THE DUKE UNIVERSITY SCHOOL OF MEDICINE FACULTY ARE ACTIVELY INVOLVED IN THE PARTNERSHIP FOR A HEALTHY DURHAM. THE PARTNERSHIP IS A COALITION OF LOCAL ORGANIZATIONS AND COMMUNITY MEMBERS WITH THE GOAL OF COLLABORATIVELY IMPROVING THE PHYSICAL, MENTAL, SOCIAL, HEALTH, AND WELL-BEING OF DURHAM COUNTY'S RESIDENTS. THE NETWORK IS A CERTIFIED HEALTHY CAROLINIANS WORKGROUP. THE PARTNERSHIP EVALUATES COMMUNITY HEALTH CARE INFORMATION, THEN IDENTIFIES AND PRIORITIZES COMMUNITY-IDENTIFIED HEALTH CARE NEEDS AMONG SUBCOMMITTEES THAT FOCUS ON A DURHAM COUNTY HEALTH PRIORITY. SINCE 2002, DUHS' OFFICE OF COMMUNITY RELATIONS HAS PLAYED A CENTRAL ROLE IN CONDUCTING A DURHAM HEALTH SUMMIT. THIS IS AN EVENT THAT ATTRACTS HUNDREDS OF COMMUNITY MEMBERS, HEALTH OFFICIALS, ELECTED OFFICIALS, AND DUHS EXECUTIVES AND PHYSICIANS TO RAISE AWARENESS OF KEY HEALTH ISSUES IN THE COMMUNITY AND SEEK COLLABORATIVE SOLUTIONS TO THESE ISSUES. THE SUMMIT HAS PRODUCED A NUMBER OF COMMUNITY-DRIVEN HEALTH CARE PROGRAMS AND INITIATIVES, INCLUDING SPECIALTY PROJECT ACCESS, IN WHICH PHYSICIANS WHO PRACTICE AT DUHS FACILITIES AND OTHER DURHAM COUNTY PHYSICIANS OFFER FREE SPECIALTY CARE SERVICES TO RESIDENTS WHO OTHERWISE COULD NOT AFFORD SPECIALTY CARE. DUHS ALSO PLAYS A CENTRAL ROLE IN REGIONAL AND STATE HEALTH CARE SUMMITS USING THE SUMMITTS' INFORMATION AND DATA TO ADDRESS THE HEALTH CARE NEEDS OF THOSE BROADER COMMUNITIES.PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:PART VI, LINE 3:DUHS EMPLOYS NUMEROUS MEANS TO EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE DUHS CHARITY CARE POLICY. DETAILED INFORMATION IS POSTED ON WWW.DUKEHEALTH.ORG (DUHS' WEBSITE) ALONG WITH HARDCOPY BROCHURES THAT ARE AVAILABLE IN ENGLISH OR SPANISH AT ALL OF OUR PATIENT REGISTRATION LOCATIONS. ALL INPATIENTS AND EMERGENCY DEPARTMENT PATIENTS ARE ALSO PROVIDED WITH A HARDCOPY, ONE-PAGE SUMMARY OF THE WAYS DUHS CAN ASSIST PATIENTS FINANCIALLY. FOR OUTPATIENTS, THIS SAME ONE-PAGE SUMMARY IS PROVIDED ON THEIR FIRST VISIT TO THE INSTITUTION. IN ADDITION, DUHS EMPLOYS FINANCIAL CARE COUNSELORS WHO MEET INDIVIDUALLY WITH PATIENTS WHO HAVE QUESTIONS REGARDING PAYMENT FOR THEIR CARE. DUHS ALSO EMPLOYS MEDICAID ASSISTANCE COUNSELORS WHO SPECIALIZE IN ASSISTING PATIENTS TO APPLY FOR MEDICAID, DISABILITY, AND OTHER FEDERAL, STATE, AND LOCAL PROGRAMS. DUHS ASSISTS BETWEEN 12,000-15,000 PATIENTS IN APPLYING AND BECOMING ELIGIBLE FOR THESE PROGRAMS ANNUALLY. FINALLY, PATIENTS MAY ALWAYS CONTACT DUHS' TOLL FREE CUSTOMER SERVICE SERVICE NUMBER TO REQUEST INFORMATION ABOUT THEIR BILL OR OBTAIN A CHARITY CARE APPLICATION.</p>

Form and Line Reference	Explanation
COMMUNITY INFORMATION:	<p>PART VI, LINE 4:DUHS SERVES A BROAD, CULTURALLY, RACIALLY AND SOCIALLY DIVERSE GEOGRAPHIC AND DEMOGRAPHIC REGION. DUHS' HOME CITY OF DURHAM IS THE CORE, BUT DUHS' REACH EXTENDS INTO THE SURROUNDING RESEARCH TRIANGLE AREA OF NORTH CAROLINA AND THE STATE'S LARGER NORTHERN PIEDMONT REGION, AS WELL AS STATEWIDE, NATIONALLY AND GLOBALLY. DUHS' PRIMARY SERVICE AREA IS A 7-COUNTY REGION IN NC THAT INCLUDES ALAMANCE, DURHAM, GRANVILLE, ORANGE, PERSON, VA NCE AND WAKE COUNTIES. THIS 7-COUNTY REGION REPRESENTS APPROXIMATELY 18% OF NC'S POPULATION BASED ON FEDERAL FISCAL YEAR (FFY) 2018 DATA. APPROXIMATELY 67% OF INPATIENT DISCHARGES FROM DUHS FACILITIES IN FFY 2018 WERE PATIENTS FROM ITS PRIMARY SERVICE AREA. DUHS' SECONDARY SERVICE AREA COVERS 15 COUNTIES IN NORTH CAROLINA AND SOUTHERN VIRGINIA WITH A POPULATION OF APPROXIMATELY 2 MILLION. PROMOTION OF COMMUNITY HEALTH:PART VI, LINE 5:DUHS PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES THROUGH A NUMBER OF COMMUNITY BUILDING ACTIVITIES. CENTRAL TO MANY OF THE EFFORTS IS DUHS' OFFICE OF COMMUNITY RELATIONS, WHOSE ASSOCIATE VICE PRESIDENT REPORTS DIRECTLY TO DUHS' CEO AND SERVES AS A FULL-TIME LIAISON WITH THE DURHAM COMMUNITY. THE OFFICE SPONSORS AND FACILITATES COMMUNITY EVENTS SUCH AS THE ANNUAL DURHAM HEALTH SUMMIT AND SIMILAR REGIONAL AND STATE HEALTH SUMMITS THAT RAISE AWARENESS OF COMMUNITY HEALTH NEEDS, PROMOTE PREVENTION AND WELLNESS, AND CHART A COURSE FOR SOLVING HEALTH ISSUES AND DISPARITIES. IN ADDITION, THE OFFICE PROVIDES A POINT OF DIRECT CONTACT FOR COMMUNITY MEMBERS WHO HAVE QUESTIONS OR CONCERNS ABOUT COMMUNITY ISSUES OR ABOUT ACCESS TO HEALTH CARE SERVICES. THE OFFICE ALSO PROVIDES DIRECT FINANCIAL SUPPORT TO A VARIETY OF COMMUNITY GROUPS THROUGH THE BUILDING HEALTHY COMMUNITIES GRANTS PROGRAM. THE ASSOCIATE VICE-PRESIDENT AND STAFF SERVE ON A NUMBER OF HEALTH CARE-RELATED COMMUNITY BOARDS AND HEALTH-RELATED COMMITTEES. STAFF FROM THE OFFICE OF COMMUNITY RELATIONS AND MEMBERS OF THE DUHS COMMUNITY HEALTH PLANNING GROUP CREATED A FORMAL PRINCIPLES OF COMMUNITY ENGAGEMENT POLICY THAT COMMITS DUHS AND ITS COMMUNITY PARTNERS TO DEVELOPING PROPOSED PROJECTS AND INITIATIVES ON TRUST, RESPECT, DIVERSITY, SAFETY AND COMMUNITY-IDENTIFIED NEEDS. THESE PRINCIPLES HAVE BEEN INCORPORATED INTO COMMUNITY-BASED HEALTH CARE PROJECTS SUCH AS THE DEVELOPMENT OF THE HOLTON WELLNESS CENTER AND DURHAM HEALTH INNOVATIONS, A MULTIDISCIPLINARY COMMUNITY BASED JOINT EFFORT BETWEEN DUHS AND THE DURHAM COMMUNITY THAT FOCUSES ON IMPROVING HEALTH OUTCOMES THROUGH NEW AND CREATIVE APPROACHES TO HEALTH CARE DELIVERY. IN ADDITION TO COMMUNITY BUILDING ACTIVITIES, DUHS PROMOTES THE HEALTH OF ITS COMMUNITIES IN A NUMBER OF IMPORTANT WAYS. ONE OF DUHS' THREE CONSTITUENT HOSPITALS, DUKE REGIONAL, HAS AN OPEN MEDICAL STAFF AND A HOSPITAL CORPORATION BOARD, WHICH IS A COUNTY APPOINTED BOARD RESPONSIBLE FOR HOSPITAL OVERSIGHT. IN ADDITION, APPROXIMATELY 50 LOCAL LEADERS IN THE DURHAM FAITH COMMUNITY ARE WORKING WITH DUKE HEALTH TO LOOK AT HOW TO ADDRESS THE NEEDS OF THEIR CONGREGATIONS AND COMMUNITIES BY COMBINING THE TRADITIONS OF THE FAITH COMMUNITY WITH THE KNOWLEDGE OF MODERN MEDICINE. MEETINGS ARE HELD TO DETERMINE HOW DUKE HEALTH CAN ASSIST THE FAITH COMMUNITY TO SUPPORT HEALTH MINISTRY ACTIVITIES IN THEIR COMMUNITY AND PLACES OF WORSHIP. DUHS' CEO ALSO HAS A CHANCELLOR'S COMMUNITY HEALTH ADVISORY BOARD TO PROVIDE FEEDBACK ON A VARIETY OF ISSUES, INCLUDING USE OF DUHS RESOURCES, HEALTH SERVICE DELIVERY SYSTEMS AND LONG-RANGE GOALS TO REDUCE HEALTH RISKS AND DISPARITIES IN DURHAM COUNTY. THE BOARD INCLUDES STATE AND LOCAL ELECTED OFFICIALS, NEIGHBORHOOD COUNCILS AND OTHER GRASSROOTS ORGANIZATIONS, POLITICAL GROUPS, LOCAL PHYSICIANS, THE DURHAM PUBLIC SCHOOLS, AMONG OTHERS. DUHS MAINTAINS A BUILDING HEALTHY COMMUNITIES GRANTS COMMITTEE TO REVIEW COMMUNITY REQUESTS FOR PHILANTHROPIC ASSISTANCE THAT PROMOTE HEALTH AND WELLNESS. DUKE HEALTH PROVIDES VARIOUS OPPORTUNITIES FOR STUDENTS TO INTERACT WITH DIFFERENT HEALTH CARE PROFESSIONALS ACROSS THE SYSTEM. THE OFFICE OF COMMUNITY RELATIONS, DRH, AND OTHER KEY COMMUNITY PARTICIPANTS ARE ACTIVE IN A WORKFORCE DEVELOPMENT PROJECT CALLED PROJECT SEARCH. THIS PROGRAM, MODELED AFTER THE PROGRAM AT CINCINNATI CHILDREN'S HOSPITAL, PROVIDES YOUTH WITH DISABILITIES EMPLOYMENT TRAINING AND CAREER OPPORTUNITIES IN THE HEALTHCARE FIELD. THE OFFICE OF COMMUNITY RELATIONS WORKS WITH THE DURHAM-ORANGE MEDICAL SOCIETY AND THE DURHAM ACADEMY OF MEDICINE, DENTISTRY AND PHARMACY (AN ASSOCIATION FOR AFRICAN-AMERICAN MEDICAL PROFESSIONALS) TO PROMOTE THE SUCCESS OF THE CITY OF MEDICINE ACADEMY (CMA). THE CMA IS A PUBLIC MAGNET HIGH SCHOOL DESIGNED FOR STUDENTS INTERESTED IN HEALTH CARE CAREERS. FACULTY ARE INVOLVED WITH MENTORING STUDENTS AND CLASSROOM LECTURES. IN ADDITION, THE HEALTH SYSTEM CEO IS WORKING TO HELP THE CMA BECOME THE PREMIER HEALTH SCIENCE HIGH SCHOOL IN NORTH CAROLINA. DUHS IS A KEY PARTICIPANT IN THE ANNUAL BULL CITY FRESH START EVENT. STAFF F</p>

Form and Line Reference	Explanation
COMMUNITY INFORMATION:	<p>FROM THE DUKE SCHOOL OF NURSING, DUKE EYE CENTER, AND STAFF AFFILIATED WITH LINCOLN COMMUNITY HEALTH CENTER HEALTHCARE FOR THE HOMELESS CLINIC VOLUNTEER TIME AND RESOURCES AT THIS IMPORTANT EVENT. STUDENTS FROM THE DUKE SCHOOLS OF MEDICINE AND NURSING ENGAGE COMMUNITIES IN DURHAM AND BEYOND IN ACTIVITIES THAT INCLUDE FREE BLOOD PRESSURE SCREENINGS FOR THE HOMELESS, AND IDENTIFYING THE HEALTH CARE NEEDS OF A LOW WEALTH COMMUNITY SCHOOL AND DEVELOPING A CURRICULUM FOR STUDENTS AND PARENTS THAT ADDRESSES THOSE NEEDS.</p> <p>AFFILIATED HEALTH CARE SYSTEM ROLES: PART VI, LINE 6: DUHS PROVIDES VIRTUALLY ALL LEVELS OF CARE BEGINNING WITH DUKE UNIVERSITY AFFILIATED PHYSICIANS (DBA DUKE PRIMARY CARE) (DPC). THE HOSPITALS PROVIDE ROUTINE INPATIENT AND OUTPATIENT CARE. IN DURHAM COUNTY, DUH AND DRH WORK TOGETHER TO MAXIMIZE FACILITY UTILIZATION PROVIDING ROUTINE AND ADVANCED LEVELS OF CARE. DUH ALSO OPERATES A TRAUMA CENTER WITH AIR AMBULANCE SERVICE. DRAH SERVES THE WAKE COUNTY AREA AS A COMMUNITY HOSPITAL. THE DRAH CAMPUS HAS SEVERAL MEDICAL OFFICE BUILDINGS ENHANCING CONVENIENCE FOR THE PATIENT IN NON-EMERGENCY CASES AND PROVIDES STREAMLINED ACCESS TO HIGH-DEMAND PROCEDURES SUCH AS CARDIAC CATHETERIZATION AND RADIOLOGY PROCEDURES. DUHS ALSO OPERATES HOME HEALTH AND HOME INFUSION SERVICES TO TREAT AND CARE FOR PATIENTS IN THE COMFORT OF THEIR HOME. THIS IS OBVIOUSLY PRACTICAL FOR PATIENTS NOT REQUIRING AN INPATIENT STAY BUT IN NEED OF ONGOING CARE AT A SUB-ACUTE LEVEL. FINALLY, HOSPICE PROVIDES PALLIATIVE CARE FOR PATIENTS NOT RESPONDING TO CURATIVE CARE. PAIN MANAGEMENT, SYMPTOM MANAGEMENT, AND PSYCHOLOGICAL AND SPIRITUAL SUPPORT PROVIDE A ROUNDED APPROACH TO COMPASSIONATELY ASSIST TERMINAL PATIENTS AND THEIR FAMILIES WITH THE PROCESS OF DYING. ALL OF THE OPERATING UNITS OF DUHS WORK TOGETHER TO PROVIDE THE RIGHT LEVEL OF CARE FOR THE PATIENT IN THE MOST BENEFICIAL MANNER. IN ADDITION TO THE REACTIVE ACTIVITIES OF DIAGNOSTIC CARE, DUHS ALSO SUPPORTS AND PROMOTES HEALTHY LIFESTYLES IN THE DIET &amp; FITNESS CENTER, CENTER FOR LIVING, AND DUKE INTEGRATIVE MEDICINE. THESE OPERATIONS FOCUS LARGELY ON PREVENTION AND EDUCATION TO AVOID OR MITIGATE THE POTENTIAL FOR FUTURE ILLNESS.</p> <p>LIST OF ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT: PART VI, LINE 7: NORTH CAROLINA</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 56-2070036  
**Name:** DUKE UNIVERSITY HEALTH SYSTEM INC

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>3</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	DUKE UNIVERSITY HOSPITAL 2301 ERWIN ROAD PRIMARY CAMPUS DURHAM, NC 27710 HTTP://WWW.DUKEHEALTH.ORG H0015	X	X	X	X		X	X			A
2	DUKE RALEIGH HOSPITAL 3400 WAKE FOREST ROAD PRIMARY CAMPUS RALEIGH, NC 27609 HTTP://WWW.DUKEHEALTH.ORG H0238	X	X					X			
3	DUKE REGIONAL HOSPITAL 3643 ROXBORO ROAD DURHAM, NC 27704 HTTP://WWW.DUKEHEALTH.ORG H0233	X	X					X			A

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>NOTE: THIS SCHEDULE H CONTAINS REFERENCES TO DUKE AND DUKE HEALTH WHICH ARE</p>	<p>MEANT TO ENCOMPASS FOR THE PURPOSES OF THIS SCHEDULE DUKE UNIVERSITY HEALTH SYSTEM (DUHS), DUKE UNIVERSITY SCHOOL OF MEDICINE, AND DUKE UNIVERSITY SCHOOL OF NURSING. PART V, SECTION B: GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITALPART V, SECTION B, LINE 5: DUKE UNIVERSITY HOSPITAL ("DUH") DUH COLLABORATES WITH THE PARTNERSHIP FOR A HEALTHY DURHAM (THE STATE CERTIFIED HEALTHY CAROLINIANS GROUP) AND THE DURHAM COUNTY HEALTH DEPARTMENT TO CONDUCT THE DURHAM COUNTY COMMUNITY HEALTH ASSESSMENT AND DEVELOPS STRATEGIES TO ADDRESS IDENTIFIED NEEDS. FACULTY AND STAFF OF THE DUKE DIVISION OF COMMUNITY HEALTH AND APPOINTED MEMBERS OF THE DUH SENIOR LEADERSHIP TEAM OFFICIALLY SERVE ON THE PARTNERSHIP FOR A HEALTHY DURHAM COMMITTEES. THE MOST RECENT ASSESSMENT PROCESS CONDUCTED IN CALENDAR YEAR 2017 COMPILED VALID AND RELIABLE INFORMATION ABOUT THE HEALTH OF DURHAM. IT INCLUDED 358 CITIZEN SURVEYS FROM RANDOMLY SELECTED HOUSEHOLDS AND 3 COMMUNITY LISTENING SESSIONS WITH 42 COMMUNITY MEMBERS. THE SURVEY WAS ALSO CONDUCTED IN PERSON AT GROCERY STORES, LIBRARIES, DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH CLINICS, AND BUS STATIONS. THE COMMUNITY HEALTH ASSESSMENT TEAM - COMPRISED OF MEMBERS REPRESENTING, DUKE UNIVERSITY HEALTH SYSTEM, UNIVERSITIES, LOCAL GOVERNMENT, SCHOOLS, NON-PROFIT ORGANIZATIONS AND BUSINESSES - WORKED TO DIRECT THE ACTIVITIES OF THE ASSESSMENT AND PROVIDE WRITTEN CONTENT AND EXPERTISE ON ISSUES OF INTEREST. THIS JOINT CHINA AND RELATED IMPLEMENTATION PLAN WAS ADOPTED BY THE DUHS BOARD OF DIRECTORS AND PUBLISHED ON THE DUKE HEALTH WEBSITE IN FISCAL YEAR 2019 (TAX YEAR 2018). GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITALPART V, SECTION B, LINE 6A: DUKE REGIONAL HOSPITAL ("DRH") GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITALPART V, SECTION B, LINE 6B: THE PARTNERSHIP FOR A HEALTHY DURHAM AND THE DURHAM COUNTY HEALTH DEPARTMENT GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITALPART V, SECTION B, LINE 11: THE ASSESSMENT IDENTIFIED FIVE HEALTH PRIORITIES FOR 2018 - 2020: 1. AFFORDABLE HOUSING 2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE 3. POVERTY 4. MENTAL HEALTH 5. OBESITY, DIABETES AND FOOD ACCESS ALL OF THE PROGRAMS DESCRIBED IN THE FOLLOWING IMPLEMENTATION PLAN ARE ALIGNED WITH THE FIVE HEALTH PRIORITIES WITH MANY OF THE PROGRAMS ADDRESSING COMBINATIONS OF THE FIVE HEALTH PRIORITIES. A BRIEF EXCERPT FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT DESCRIBING EACH PRIORITY IS INCLUDED IN THIS IMPLEMENTATION PLAN. DUH CONSIDERS THIS DOCUMENT TO BE A "WORKING PLAN" THAT WILL CONTINUE TO EVOLVE OVER THIS THREE YEAR PERIOD IN ORDER TO ENSURE THE EFFICACY OF STRATEGIES INTENDED TO MEET EXPRESSED COMMUNITY HEALTH NEEDS. THIS IMPLEMENTATION PLAN MAY NOTE, BUT DOES NOT CONTAIN DETAILED DESCRIPTIONS OF THE COMMUNITY HEALTH IMPROVEMENT WORK CARRIED OUT BY OTHER COMPONENTS OF THE LARGER DUKE HEALTH SYSTEM OR DUKE UNIVERSITY. THIS IMPLEMENTATION PLAN IS INTENDED TO HIGHLIGHT DUKE HOSPITAL'S CONTINUALLY EVOLVING ACTIVITIES AND SUPPORT TO IMPROVE HEALTH WITH THE DURHAM</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>NOTE: THIS SCHEDULE H CONTAINS REFERENCES TO DUKE AND DUKE HEALTH WHICH ARE</p>	<p>M COMMUNITY.TOGETHER, WITH ITS PARTNERS, DUH ASKS ABOUT AND LISTENS TO CONCERNS, EXPLORES BARRIERS TO CARE, ANALYZES HEALTHCARE UTILIZATION AND COSTS, IDENTIFIES PARTNER NEEDS AND RESOURCES, PLANS/REDESIGNS SERVICES, TRACKS OUTCOMES, AND SHARES ACCOUNTABILITY IN ORDER T O DEVELOP EFFECTIVE PROGRAMS TO IMPROVE THE HEALTH OF THE DURHAM COMMUNITY. AS SUCH THIS I MPLEMENTATION PLAN INCLUDES NEW AND LONG-STANDING PROGRAMS. 1. AFFORDABLE HOUSINGAFFORDABL E HOUSING, AS DEFINED BY HUD (U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT), REQUIRES NO MORE THAN 30% OF A FAMILY'S MONTHLY INCOME. IF A FAMILY SPENDS MORE THAN 30% OF INCOME ON HOUSING, THEY ARE LESS ABLE TO PAY FOR OTHER EXPENSES, SUCH AS FOOD AND HEALTHCARE. THE INCREASED COST BURDEN OF UNAFFORDABLE HOUSING ADDS TO PSYCHOSOCIAL STRESSORS THAT CAN NEG ATIVELY IMPACT A FAMILY. RENTERS MAKE UP 40% OF HOUSEHOLDS IN DURHAM, AND ALMOST HALF OF T HEM ARE DEFINED AS COST-BURDENED (I.E. PAYING MORE THAN 30% OF THEIR MONTHLY INCOME FOR HO USING).WHILE DUH HAS PARTNERED WITH HABITAT FOR HUMANITY OF DURHAM ON A NUMBER OF HOME BUI LDS, AFFORDABLE HOUSING IS A FOCUS OF THE LARGER DUKE UNIVERSITY. IN 2018, FUNDING FROM DU KE UNIVERSITY AND THE AJ FLETCHER FOUNDATION PROVIDED THE OPPORTUNITY TO DEVELOP TWO ACRES OF PRIME DOWNTOWN DURHAM LAND INTO MULTI-UNIT AFFORDABLE HOUSING. DUKE UNIVERSITY IS ALSO WORKING WITH THE CITY OF DURHAM TO DEVELOP AN AFFORDABLE HOUSING TRUST FUND. 2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE:ACCESS TO HEALTHCARE IN A COMMUNITY REFERS TO THE ABILITY OF RESIDENTS TO FIND A CONSISTENT MEDICAL PROVIDER FOR THEIR PRIMARY CARE NEEDS, TO FIND A SPECIALTY PROVIDER WHEN NEEDED AND TO BE ABLE TO RECEIVE THAT CARE WITHOUT ENCOUNTERING SIGNIFICANT BARRIERS. ALTHOUGH THERE ARE MANY MEDICAL PROVIDERS, WHICH INCLUDES A NUMBER O F LOW COST AND FREE CLINICS IN DURHAM COUNTY, THERE ARE STILL MANY DURHAM RESIDENTS WHO HA VE TROUBLE ACCESSING CARE WHEN THEY NEED IT. BARRIERS TO OBTAINING HEALTHCARE CAN RANGE IN ISSUES WITH TRANSPORTATION, LANGUAGE BARRIERS, OR DISTRUST OF THE HEALTHCARE SYSTEM. ACCO RDNIG TO THE COMMUNITY HEALTH ASSESSMENT SURVEY, THE TOP REASONS IDENTIFIED BY DURHAM COUN TY RESIDENTS FOR WHY THEY OR SOMEONE IN THEIR HOUSEHOLD COULD NOT ACCESS NECESSARY HEALTHC ARE INCLUDED INSURANCE DIDN'T COVER SERVICE, COPAY WAS TOO HIGH, LACK OF INSURANCE, COULDN 'T GET AN APPOINTMENT, DIDN'T KNOW WHERE TO GO OR PROVIDER DIDN'T TAKE THEIR INSURANCE.A N UMBER OF PROGRAMS SUPPORTED BY DUH SEEK TO INCREASE ACCESS TO CARE FOR UNINSURED, UNDERINS URED, AND/OR VULNERABLE INDIVIDUALS AND FAMILIES. THOSE PROGRAMS INCLUDE:PROJECT ACCESS OF DURHAM COUNTY (PADC): LINKS ELIGIBLE LOW-INCOME, UNINSURED, DURHAM COUNTY RESIDENTS TO SP ECIALTY MEDICAL CARE FULLY DONATED TO THE PATIENTS BY THE PHYSICIANS, HOSPITALS INCLUDING DUH, LABS, CLINICS AND OTHER PROVIDERS PARTICIPATING IN THE PADC NETWORK.PLAN S FOR FY19: C ONTINUE TO WORK WITH PADC TO PROVIDE LOW-INCOME, UNINSURED DURHAM COUNTY RESIDENTS DONATED SPECIALTY SERVICES AND CONTIN</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>NOTE: THIS SCHEDULE H CONTAINS REFERENCES TO DUKE AND DUKE HEALTH WHICH ARE</p>	<p>UE TO ASSIST IN SUPPORTING THE GROWTH OF THE MEDICAL RESPITE PROGRAM. THE MEDICAL RESPITE PROGRAM BENEFITS PARTICIPANTS BY PROVIDING CONNECTIONS TO PRIMARY CARE SERVICES, MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES, AND ASSISTANCE IN TRANSITIONING TO STABLE HOUSING. PROGRESS IN FY19: PADC CELEBRATED ITS 10TH ANNIVERSARY IN APRIL 2019 AND CONTINUED TO MEET ITS ANNUAL GOAL OF PROVIDING SPECIALTY CARE TO 2,000 INDIVIDUALS. WITH THE ADDED SUPPORT SERVICES, THE EPISODES OF CARE TOTAL APPROXIMATELY 3,000. PADC'S MEDICAL RESPITE PROGRAM, NOW NAMED THE DURHAM HOMELESS CARE TRANSITIONS PROGRAM, SERVES AN AVERAGE CENSUS OF 40 INDIVIDUALS. IN ADDITION, PADC HAS A LOAN PROGRAM FOR DURABLE MEDICAL EQUIPMENT. ON AVERAGE, THE HEALTH EQUIPMENT LOAN PROGRAM (HELP) LOANS 1,000 PIECES OF DURABLE MEDICAL EQUIPMENT EACH YEAR TO INDIVIDUALS WHO CANNOT AFFORD THESE NECESSARY RESOURCES. LOCAL ACCESS TO COORDINATED HEALTHCARE (LATCH): WAS INITIATED IN 2002 WITH HEALTHY COMMUNITIES ACCESS PROGRAM (HCA P) FUNDING FROM THE US HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TO DUKE'S DIVISION OF COMMUNITY HEALTH, DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE. THE FOUNDING AND SUSTAINING LATCH PARTNERSHIP INCLUDES DUH (WHICH NOW PROVIDES THE MAJORITY OF OPERATING FUNDS), LINCOLN COMMUNITY HEALTH CENTER, THE DURHAM COUNTY DEPARTMENTS OF HEALTH AND SOCIAL SERVICES, EL CENTRO HISPANO, AND A NUMBER OF COMMUNITY-BASED ORGANIZATIONS (CBOS). THROUGH COMMUNITY-BASED, LINGUISTICALLY AND CULTURALLY-RELEVANT CARE MANAGEMENT, LATCH AIMS TO IMPROVE HEALTH KNOWLEDGE AND SELF-CARE, ACCESS TO HEALTH CARE AND HEALTH SERVICES UTILIZATION OUTCOMES AMONG DURHAM COUNTY'S UNINSURED. CARE MANAGEMENT SERVICES INCLUDE: HEALTH SERVICES COORDINATION AND NAVIGATION (MEDICAL, SOCIAL, BEHAVIORAL); POST-HOSPITALIZATION FOLLOW-UP; PATIENT EDUCATION; CHRONIC DISEASE MANAGEMENT; PSYCHO-SOCIAL SUPPORT; ACCESS TO BENEFITS (MEDICAID/SSI/SSDI); BILLS ASSISTANCE; INTERPRETATION/TRANSLATION; AND, TRANSPORTATION COORDINATION. IN PARTNERSHIP WITH OTHER COMMUNITY STAKEHOLDERS-HEALTHCARE AND SOCIAL SERVICE PROVIDERS, LOCAL GOVERNMENT AND COMMUNITY-BASED ORGANIZATIONS-LATCH MONITORS HEALTHCARE TRENDS, IDENTIFIES BARRIERS FACING UNINSURED PATIENTS, AND, WORKING AS A CONSORTIUM, ADDRESSES AND ELIMINATES BARRIERS. PLANS FOR FY2019: LATCH ANTICIPATES SERVING AT LEAST 2,500 INDIVIDUALS IN 2019.</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>PROGRESS IN FY19: DESPITE A NUMBER OF STAFFING CHANGES IN 2019,</p>	<p>LATCH STILL SERVED APPROXIMATELY 2,100 INDIVIDUALS IN 2019. THE COMPLEX CHILD PROGRAM (CCP): PROVIDES THE COORDINATION OF MEDICAL AND CO-MANAGEMENT OF MEDICAL CARE FOR CHILDREN WITH MULTIPLE MEDICALLY COMPLEX ISSUES THAT REQUIRE THE INTERACTION WITH MULTIPLE SPECIALISTS. ON AVERAGE THESE CHILDREN WORK WITH 13 SPECIALISTS. BEFORE THE COMPLEX CHILD PROGRAM, CARE COULD SEEM FRAGMENTED AS PATIENTS/FAMILIES HAD NO CENTRAL "QUARTERBACK" HELPING TO OVERSEE THE BIG PICTURE. THROUGH THE CCP PARENTS NOW HAVE DIRECT PHONE ACCESS TO A COMPLEX CARE SERVICE (CCS) PROVIDER OR RN 24/7. THE CCP TEAM WORKS WITH PARENTS TO CREATE A COMPREHENSIVE "COMPLEX CARE PLAN" THAT IS PLACED IN THE CHILD'S MEDICAL RECORD AND GIVEN TO THE PARENTS. IN ADDITION, THE CCP TEAM COORDINATES INPATIENT INTENSIVE CARE TRANSITIONS PRIOR TO DISCHARGE AND CONDUCTS INTENSIVE OUTPATIENT "BETWEEN-VISIT" CONTACTS (PHONE, CLINIC VISITS, AND IN SOME CASES, HOME VISITS). THE SERVICE IS CURRENTLY PROVIDING CARE TO 92 PATIENTS. PLANS FOR FY2019: THE CCP PLANS TO INCREASE STAFF TO SUPPORT UP TO 160 PATIENTS. PROGRESS IN FY2019: CCP HAS SERVED 156 CHILDREN SINCE INCEPTION AND IS CURRENTLY PROVIDING CARE TO 106 PATIENTS. THE VOLUME/CENSUS OF THE PROGRAM DEPENDS UPON THE CHILDREN WHO NEED THE SERVICE, AND STAFFING VOLUME FLEXES TO MEET THE NEEDS OF THE CHILDREN AND THEIR FAMILIES. SOUTHERN HIGH SCHOOL (SHS) WELLNESS CENTER: PROVIDES COMPREHENSIVE PRIMARY CARE AND MENTAL HEALTH SERVICES AT SHS TO STUDENTS AT THE SCHOOL AND IS OPEN TO ALL STUDENTS AND STAFF OF DURHAM PUBLIC SCHOOLS. IT IS OPERATED BY DUKE'S DIVISION OF COMMUNITY HEALTH ON BEHALF OF DUH AND WILL CELEBRATE 23 YEARS OF SERVICE IN 2019.</p>

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Form and Line Reference	Explanation
JUST FOR US (JFU): PROVIDES AN IN-HOME CARE PROGRAM FOR LOW-INCOME,	<p>FRAIL ELDERLY AND DISABLED. JFU WAS LAUNCHED IN 2002 AS A COLLABORATION OF DUKE, LINCOLN COMMUNITY HEALTH CENTER, DURHAM DEPARTMENT OF SOCIAL SERVICES (DSS), THE LOCAL AREA MENTAL HEALTH ENTITY, AND THE DURHAM HOUSING AUTHORITY. DUH PROVIDES THE MAJORITY OF ONGOING SUPPORT FOR THE PROGRAM. THROUGH JFU, AN INTERDISCIPLINARY TEAM OF PROVIDERS SERVES CLIENTS IN THEIR HOMES, PROVIDING MEDICAL CARE, MANAGEMENT OF CHRONIC ILLNESSES, AND CASE MANAGEMENT. EACH PARTICIPANT RECEIVES A HOME VISIT EVERY 5 WEEKS UNLESS THERE IS AN ACUTE EPISODE OR A HOSPITAL DISCHARGE, FOR WHICH A VISIT IS SCHEDULED IMMEDIATELY. VISITS INCLUDE MEDICATION RECONCILIATION, SOCIAL ISSUES, SUPPORT SERVICES, CHRONIC DISEASE MANAGEMENT, AND POST-HOSPITAL CARE. THE HEALTH CARE TEAM CONSISTS OF A CLINICAL PROVIDER (PA, NP OR MD), OCCUPATIONAL THERAPIST, REGISTERED DIETITIAN, SOCIAL WORKER, PHLEBOTOMIST, AND COMMUNITY HEALTH WORKER.</p> <p>NEIGHBORHOOD/COMMUNITY CLINICS: DUH IN PARTNERSHIP WITH LINCOLN COMMUNITY HEALTH CENTER COLLABORATIVELY OPERATES THREE COMMUNITY HEALTH CLINICS; THE LYON PARK COMMUNITY CLINIC, THE WALLTOWN NEIGHBORHOOD CLINIC AND THE HOLTON WELLNESS CENTER. THE CLINICS WERE DESIGNED TO PROVIDE PRIMARY CARE, HEALTH EDUCATION, AND DISEASE PREVENTION TO THE UNDERSERVED POPULATIONS OF DURHAM. THE CLINICS PROVIDE MEDICAL CARE FOR PERSONS WITH AND WITHOUT HEALTH INSURANCE. THOSE WITHOUT INSURANCE ARE SEEN BASED ON A SLIDING FEE SCALE. NO PATIENT IS DENIED CARE BASED ON INABILITY TO PAY FOR SERVICES. THE LYON PARK CLINIC WAS THE FIRST OF THE COLLABORATIVE NEIGHBORHOOD CLINICS, OPENING ITS DOORS FOR PATIENT CARE IN APRIL 2003. THE WALLTOWN CLINIC OPENED IN JANUARY 2005 AND THE HOLTON CLINIC OPENED IN AUGUST 2009. EACH CLINIC RECEIVED START-UP FUNDS THROUGH A DUKE ENDOWMENT GRANT. CLINICS GENERATE REVENUE THROUGH A CONTRACT WITH LINCOLN COMMUNITY HEALTH CENTER AND RECEIVE SIGNIFICANT SUPPORT FROM DUH. THE CLINICS OPERATE AS FAMILY MEDICINE PRACTICES AND ARE OPEN 5 DAYS A WEEK. STAFFING INCLUDES PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS AND FAMILY PHYSICIANS, WHO SERVE AS SUPERVISING DOCTORS. EACH CLINIC IS SUPPORTED BY NURSING STAFF: CERTIFIED NURSING ASSISTANTS, LICENSED PRACTICAL NURSES, OR CERTIFIED MEDICAL ASSISTANTS AND A STAFF ASSISTANT. THE STAFF ASSISTANT PERFORMS ALL ADMINISTRATIVE TASKS FOR THE CLINIC INCLUDING ANSWERING INCOMING PHONE CALLS, REGISTRATION, SCHEDULING, ETC. PLANS FOR FY2019: THE SHS WELLNESS CENTER, JFU, AND THE NEIGHBORHOOD/COMMUNITY CLINICS ANTICIPATE PROVIDING MORE THAN 13,000 CLINICAL ENCOUNTERS IN 2019.</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>PROGRESS IN FY2019: THE SHS WELLNESS CENTER, JFU,</p>	<p>AND THE NEIGHBORHOOD/COMMUNITY CLINICS STRUGGLED WITH PERIODS OF STAFF SHORTAGES. IN SPITE OF PERIODS OF STRETCHED STAFFING, THE CLINICAL ENCOUNTERS FOR 2019 TOTALLED 11,753.3. POVERTY HAS A STRONG IMPACT ON HEALTH AND IS AN IMPORTANT CONCERN FOR DURHAM RESIDENTS. RESEARCH NOW SHOWS THAT EVEN THE RISK OF AN ADVERSE CHANGE IN MATERIAL CONDITIONS, ECONOMIC AND HOUSING INSECURITY, AS WELL AS UNINSURED OR UNDERINSURED HEALTH INSURANCE COVERAGE, AFFECT HEALTH OUTCOMES. REASONS FOR THE ASSOCIATION BETWEEN ECONOMIC INSECURITY AND HEALTH INCLUDE THE HEALTH EFFECTS OF STRESS RESULTING FROM ECONOMIC INSECURITY, EFFECTS OF STRESS AND SPENDING LIMITATIONS ON FOOD CONSUMPTION, AND RESTRICTED USE OF HEALTH SERVICES. IN CALENDAR YEAR 2019, DUKE UNIVERSITY AND HEALTH SYSTEM PLANNED TO INCREASE THE MINIMUM WAGE TO \$15 DOLLARS PER HOUR FOR ALL EMPLOYEES AND EXPECTS ALL CONTRACTORS WITH EMPLOYEES WORKING FULL-TIME ON CAMPUS TO DO THE SAME. EFFECTIVE JULY 1, 2018, THE MINIMUM WAGE WAS INCREASED TO \$14 PER HOUR FOR ALL ELIGIBLE STAFF, AND EFFECTIVE JULY 1, 2019, THE MINIMUM WAGE AT DUKE INCREASED TO \$15 PER HOUR FOR ALL ELIGIBLE STAFF. IN ADDITION, DUKE STOPPED REQUIRING JOB APPLICANTS TO DISCLOSE CRIMINAL HISTORY DURING THE APPLICATION PROCESS AS OF SEPTEMBER 2018. THE FOLLOWING PROGRAMS ALSO HELP ADDRESS THE COMMUNITY HEALTH NEED OF POVERTY: SSI/SSDI OUTREACH, ACCESS AND RECOVERY (SOAR): HELPS PATIENTS WHO ARE CHRONICALLY HOMELESS, OR AT RISK OF HOMELESSNESS ACCESS HEALTH INSURANCE, A STABLE INCOME, AND MEDICAL CARE BY ASSISTING THESE INDIVIDUALS IN APPLYING FOR SUPPLEMENTAL SECURITY INCOME (SSI) AND SOCIAL SECURITY DISABILITY INSURANCE (SSDI). THE HOMELESS POPULATION AND THOSE REENTERING THE COMMUNITY FROM AN INSTITUTION FACE NUMEROUS CHALLENGES IN ACCESSING SERVICES. APPROVAL ON INITIAL SSI AND SSDI APPLICATIONS FOR THESE AT-RISK POPULATIONS, WHO HAVE NO ONE TO ASSIST, IS ABOUT 10-15 PERCENT. FOR THOSE WITH MENTAL ILLNESS, SUBSTANCE ABUSE ISSUES, AND/OR CO-COGNITIVE IMPAIRMENT, THE APPLICATION PROCESS IS EVEN MORE DIFFICULT. EVEN WITH ASSISTANCE, THE APPLICATION PROCESS CAN TAKE UP TO SIX MONTHS. THROUGH SOAR, THESE INDIVIDUALS WITH COMPLEX NEEDS ARE PROVIDED CASE MANAGEMENT FOR HOME, HOSPITAL, AND CLINIC VISITS; PROVIDED WITH A STEP BY STEP EXPLANATION AND COMPLETION OF ALL APPLICATIONS FOR FEDERAL DISABILITY BENEFITS; RECEIVE EXPEDITED APPLICATIONS FOR MONTHLY INCOME AND MEDICAID/MEDICARE; AND LINKED TO COMMUNITY RESOURCES. DUH CURRENTLY FUNDS TWO SOAR CASE MANAGERS WHO HAVE SUCCESSFULLY HELPED MORE THAN 100 PATIENTS IN THE LAST THREE YEARS. PLANS FOR FY19: CONTINUE SOAR PROGRAM AND COMPLETE AT LEAST 200 REFERRALS</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
PROGRESS IN FY19: UNFORTUNATELY, ONE OF THE SOAR PROGRAMS'S CASE MANAGERS	<p>LEFT THE PROGRAM IN FY 2019 AND REFERRALS DIPPED TO 97. HOWEVER, EVEN WITH REDUCED STAFFING, THE SOAR PROGRAM INCREASED ITS APPROVAL RATE TO 95%. BENEFITS ENROLLMENT COUNSELING (BEC): IN FY 16 THE DUKE DIVISION OF COMMUNITY HEALTH LAUNCHED THE BENEFITS ENROLLMENT COUNSELING PROGRAM (BEC) WITH GRANT FUNDING THROUGH THE NATIONAL COUNCIL ON AGING TO HELP SENIORS AND THOSE WITH DISABILITIES AND A LIMITED INCOME, FIND AND ENROLL IN ALL THE BENEFITS PROGRAMS FOR WHICH THEY ARE ELIGIBLE. THE GOAL OF THE SERVICE IS TO ENABLE OLDER ADULTS TO ENJOY LIFE AND LIVE INDEPENDENTLY IN THEIR HOMES AND COMMUNITIES FOR AS LONG AS POSSIBLE. FOR THOSE WITH LIMITED INCOME AND RESOURCES, ADDITIONAL SUPPORT CAN BE CRITICAL IN MAINTAINING THEIR HEALTH AND AVOIDING COSTLY HOSPITALIZATIONS. THE BENEFITS PROVIDE CLIENTS SERVED WITH ACCESS TO HEALTHY FOOD, NEEDED MEDICAL CARE AND PRESCRIPTIONS, AS WELL AS OTHER SUPPORTIVE SERVICES. THE BENEFITS ALSO PROVIDE A COMMUNITY ECONOMIC STIMULUS, AS BENEFITS ARE SPENT LOCALLY IN PHARMACIES, GROCERY STORES, UTILITY COMPANIES, AND HEALTH CARE PROVIDERS. TO INCREASE THE REACH OF THE PROGRAM BEYOND GRANT FUNDING, BEC STAFF TRAIN VOLUNTEERS (FROM PARTNER COMMUNITY BASED ORGANIZATIONS AND DUKE) TO ASSIST CLIENTS IN DURHAM, GRANVILLE, AND PERSON COUNTIES. BEC CURRENTLY WORKS WITH 26 DUKE UNDERGRADUATES AND MEDICAL STUDENTS TO ENGAGE IN SERVICE, OUTREACH, AND ADVOCACY EFFORTS AS WELL AS BUILD MEANINGFUL INTERGENERATIONAL RELATIONSHIPS. PLANS FOR FY19: PROJECTS IN DEVELOPMENT ARE COPE (COMMUNITY OUTREACH, PREVENTION, AND EDUCATION) WHICH OFFERS HEALTH SCREENING AND EDUCATION IN THE COMMUNITY, AND INITIATIVES THAT DIRECTLY ADDRESS GAPS IN SENIOR HUNGER PREVENTION THROUGH SELF-SUFFICIENT, SUSTAINABLE GARDENING PRACTICES AND THE PROVISION OF COOKING CLASSES AT SENIOR CENTERS. PROGRESS IN FY19: IN 2019 BEC ASSISTED 894 INDIVIDUALS WITH A TOTAL OF 2,553 APPLICATIONS FOR BENEFIT PROGRAMS. THE TOTAL VALUE OF BENEFITS WAS \$5,799,848. IN ADDITION, BEC ORGANIZED THE PLANNING AND HAS RECRUITED THE VOLUNTEER POWER TO INSTALL A TWO ACRE ROOFTOP GARDEN IN DOWNTOWN DURHAM THAT WILL GROW FRUITS AND VEGETABLES FOR CLIENTS SERVED BY BEC. 4. MENTAL HEALTHMENTAL HEALTH AND SUBSTANCE USE DISORDERS HAVE DIRECT COSTS SUCH AS PREVENTION, TREATMENT, AND RECOVERY SUPPORTS. BUT, THERE ARE ALSO INDIRECT COSTS SUCH AS MOTOR VEHICLE ACCIDENTS, PREMATURE DEATH, COMORBID HEALTH CONDITIONS, DISABILITY, LOST PRODUCTIVITY, UNEMPLOYMENT, POVERTY, SCHOOL DIFFICULTIES, ENGAGEMENT WITH SOCIAL SERVICE, JUVENILE JUSTICE, CRIMINAL JUSTICE SYSTEMS, AND HOMELESSNESS, AMONG OTHER PROBLEMS. DUH PARTNERS WITH AND SUPPORTS A NUMBER OF COLLABORATIVE INITIATIVES TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES AND REDUCE SUBSTANCE ABUSE.</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PLANS FOR FY19: DUH WILL CONTINUE TO SERVE AS A KEY PARTNER	IN THE FOLLOWING ACTIVITIES: * COMMUNITY COALITIONS: DURHAM CRISIS COLLABORATIVE; PARTNERSHIP FOR A HEALTHY DURHAM SUBSTANCE USE AND MENTAL HEALTH COMMITTEE AND DURHAM TOGETHER FOR RESILIENT YOUTH; DURHAM COUNTY LEADERSHIP FORUM ON SUBSTANCE ABUSE AND MENTAL HEALTH. * NALOXONE OUTREACH: PHARMACIES (DUKE SOUTH, CLINIC PHARMACY, MAIN STREET, GURLEY'S, JOSEF'S, & DUKE CANCER SPECIALTY); DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH; DURHAM MOBILE CRISIS UNIT. * PROVIDER EDUCATION: PROVIDER TOOLKITS AND CME EDUCATION; USE OF PAIN AGREEMENTS; USE OF CONTROLLED SUBSTANCE REPORTING SYSTEM (CSRS); CHRONIC PAIN PROVIDER CONSULTATION CALLS. * DIVERSION CONTROL: PERMANENT DROP BOXES IN 5 OF 6 COUNTIES (DURHAM, FRANKLIN, PERSON, GRANVILLE, & VANCE). * CHRONIC PAIN PATIENT SUPPORT: CHRONIC PAIN SELF-MANAGEMENT WORKSHOPS AT LINCOLN COMMUNITY HEALTH CENTER; CHRONIC PAIN MANAGEMENT RESOURCES; KEY COMMUNITY PRESENTATIONS. * COUNTY-WIDE ADVERSE CHILDHOOD EXPERIENCES (ACES) AND COMMUNITY RESILIENCY MODEL (CRM): ACTIVITIES AND TRAINING. PROGRESS IN FY19: PARTNERSHIP IN THE ACTIVITIES LISTED ABOVE YIELDED A NUMBER OF ACCOMPLISHMENTS INCLUDING: HIRING PEER SUPPORT SPECIALISTS FOR THE DUH EMERGENCY DEPARTMENT; UPLOADING THE MENTAL HEALTH AND SUBSTANCE MISUSE RESOURCE GUIDE TO DUKE'S ELECTRONIC HEALTH RECORD FOR EASY ACCESS BY PROVIDERS; AND THE LAUNCH OF A MEDICATION ASSISTED THERAPY PROGRAM IN THE DURHAM COUNTY JAIL. IN ADDITION, CHRONIC PAIN SELF-MANAGEMENT WORKSHOPS CONTINUED AT LINCOLN COMMUNITY HEALTH CENTER AND THE ACTIVITIES AND TRAINING IN ACES AND CRM CONTINUED ACROSS THE COUNTY.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
DUHS SAFE OPIOID TASK FORCE: WAS CREATED TO IMPROVE THE SAFETY OF PAIN	MANAGEMENT BY ENCOURAGING CLINICAL PRACTICE STANDARDIZATION, WHERE CLINICALLY APPROPRIATE, WHEN OPIOID THERAPY IS DESIGNATED FOR TREATMENT. THE OPIOID SAFETY TASK FORCE PROVIDES RECOMMENDATIONS FOR THE INITIATION AND MANAGEMENT OF OPIOID THERAPY ACROSS DUKE UNIVERSITY HEALTH SYSTEM (DUHS) TO IMPROVE PERSONAL AND COMMUNITY SAFETY AND REDUCE HARM ASSOCIATED WITH THE HIGH RISK TREATMENTS WHILE ENGAGING PATIENTS IN THEIR OWN CARE. DUH ALONG WITH DUKE REGIONAL AND DUKE RALEIGH HOSPITALS SERVES AS A PIVOTAL PLAYER IN ALL ASPECTS OF THE WORK OF THE TASK FORCE. PLANS FOR FY19: PROVIDE PROVIDER TRAINING IN MEDICATION ASSISTED THERAPY. PROGRESS IN FY19: 29 PROVIDERS ACROSS DUKE WERE TRAINED IN MEDICATION ASSISTED THERAPY. 5. OBESITY, DIABETES, AND FOOD ACCESS AS OF 2016, 65% OF ADULTS IN THE PIEDMONT REGION, WHICH INCLUDES DURHAM, WERE OVERWEIGHT OR OBESE. ADDITIONALLY, 12% OF DURHAM HIGH SCHOOLERS WERE OBESE AS OF 2014. OBESITY IS A STRONG CONTRIBUTOR TO DIABETES. IN 2015, 14.1% OF DURHAM COUNTY RESIDENTS AGED 18 YEARS OR OLDER WHO RECEIVED SOME LEVEL OF CARE FROM DUKE HEALTH AND/OR LINCOLN COMMUNITY HEALTH CENTER HAD DIABETES. MANY DISEASES ARE LINKED TO NUTRITION, INCLUDING OBESITY, HYPERTENSION, HIGH CHOLESTEROL, DIABETES, AND SOME CANCERS. FOOD INSECURITY, THE STATE OF BEING WITHOUT RELIABLE ACCESS TO A SUFFICIENT QUANTITY OF AFFORDABLE, NUTRITIOUS FOOD, HAS A LARGE IMPACT ON A PERSON'S DIET. IT IS ESTIMATED THAT 17.9% OF DURHAM RESIDENTS (51,710 PEOPLE) HAVE FOOD INSECURITY.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BULL CITY FIT: IS A COMMUNITY-BASED WELLNESS PROGRAM AND IS PART OF THE	THE LARGER DUKE CHILDREN'S HEALTHY LIFESTYLES PROGRAM. THE HEALTHY LIFESTYLES PROGRAM SEEKS TO ADDRESS WEIGHT-RELATED HEALTH PROBLEMS FOR CHILDREN BY OFFERING CARING PROVIDERS, FAMILY-CENTERED TREATMENT PROGRAMS, HIGHLY TRAINED EDUCATORS AND RESEARCHERS, AND STRONG COMMUNITY PARTNERSHIPS. BULL CITY FIT HELPS IN THIS EFFORT BY OFFERING FREE EVENING AND WEEKEND ACTIVITY SESSIONS FOR THE LARGER COMMUNITY. THESE SESSIONS COVER VARIOUS THEMES THAT ENCOURAGE AND PROMOTE ACTIVE LIVING, SUCH AS FITNESS GAMES, SPORT LESSONS, EXERCISE ROUTINES, SWIMMING, COOKING, AND GARDENING. EACH ACTIVITY IS FACILITATED WITH THE SUPPORT OF ENERGETIC STAFF AND VOLUNTEERS TO CREATE A POSITIVE AND FUN ENVIRONMENT FOR ALL. BULL CITY FIT EMPOWERS THE WHOLE FAMILY TO INCREASE KNOWLEDGE AND PRACTICE OF PHYSICAL ACTIVITY AND HEALTHY EATING; ADDRESS CURRENT WEIGHT-RELATED ILLNESS AND PREVENT CHRONIC DISEASE THROUGH INCREASED ACTIVITY LEVELS; IMPROVE QUALITY OF LIFE BY PROMOTING HEALTHY BEHAVIORS; INCREASE CONFIDENCE, SUPPORT POSITIVE CHANGE, AND BUILD A LIFELONG COMMITMENT TO A HEALTHY LIFESTYLE. PARTNERS INCLUDE: DURHAM PARKS AND RECREATION; DURHAM CITY GOVERNMENT; DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH; EAST DURHAM CHILDREN'S INITIATIVE; LINCOLN COMMUNITY HEALTH CENTER; COMMUNITY NUTRITION PARTNERSHIP; VEGGIE VAN; BLUE POINTE YOGA; DURHAM PUBLIC SCHOOLS; PARTNERSHIP FOR A HEALTHY DURHAM; DUKE SERVICE LEARNING; DUKE FAMILY MEDICINE; DUKE CHILDREN'S HOSPITAL AND THE UNC SCHOOL OF SOCIAL WORK. PLANS FOR FY19: EXPAND THE BULL CITY FIT PROGRAM BY PLANNING FOR ADDITIONAL SITES. PROGRESS IN FY19: BULL CITY FIT SECURED EXTERNAL FUNDING IN 2019 TO EXPAND STAFFING AND BEGAN WORK TO MOVE FORWARD WITH EXPANSION TO ADDITIONAL SITES.

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL	<p>PART V, SECTION B, LINE 16J: AS PART OF DUHS, DUKE UNIVERSITY HOSPITAL PROVIDES A BROCHURE TO ALL ADMISSIONS THAT INCLUDES A BRIEF SUMMARY OF DUHS FINANCIAL ASSISTANCE POLICIES. DU HS ALSO COMMENTS ON THE BACK OF ITS BILLING INVOICES THAT PATIENTS SHOULD CONTACT PATIENT ACCOUNT REPRESENTATIVES TO HELP THEM IF THEY CANNOT PAY THEIR BILL IN FULL. THIS COMMENT R EFERENCES GOVERNMENT-SPONSORED PROGRAMS, MONTHLY PAYMENT PROGRAMS, AND OTHER FINANCIAL ASS ISTANCE PROGRAMS AVAILABLE FOR PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA. DUHS ALSO PUB LICIZED ITS FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE COUNSELORS. PA RT V, SECTION B, LINE 24: CERTAIN ELECTIVE COSMETIC/AESTHETIC SERVICES, AND OTHER ELECTIVE SERVICES, WILL BE BILLED AT AN AMOUNT EQUAL TO GROSS CHARGES. DUKE RALEIGH HOSPITAL: PART V , SECTION B, LINE 5: DUKE RALEIGH HOSPITAL COLLABORATED WITH WAKE COUNTY HUMAN SERVICES, W AKEMED HEALTH AND HOSPITALS, UNC REX HEALTHCARE, ADVANCE COMMUNITY HEALTH, UNITED WAY OF T HE GREATER TRIANGLE, AND THE WAKE COUNTY MEDICAL SOCIETY COMMUNITY HEALTH FOUNDATION IN CO NDUCTING THE 2016 WAKE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE PROCESS OF DET ERMINING THE PRIORITY HEALTH NEEDS FOR THE 2016 WAKE COUNTY CHNA BEGAN WITH THE COLLECTION AND ANALYSIS OF HUNDREDS OF DATA POINTS. ALL INDIVIDUAL DATA MEASURES FROM BOTH PRIMARY ( NEW) AND SECONDARY (EXISTING) SOURCES WERE GATHERED, ANALYZED, AND INTERPRETED. IN ORDER T O COMBINE DATA POINTS INTO MORE EASILY DISCUSSABLE CATEGORIES, DATA MEASURES WERE SORTED B Y COMMON THEMES AND DEVELOPED INTO TWENTY-ONE DATA CATEGORIES. PRIMARY (NEW) DATA COLLECTI ON: COMMUNITY MEMBERS PROVIDED INPUT FOR THE STUDY THROUGH INTERNET-BASED AND TELEPHONE SU RVEYS, FOCUS GROUPS, AND PRIORITIZATION MEETINGS THAT WERE HELD THROUGHOUT THE COUNTY. ADD ITIONALLY, KEY LEADERS OF ORGANIZATIONS REPRESENTING BROAD INTERESTS OF THE COMMUNITY PROV IDED INPUT THROUGH AN INTERNET-BASED SURVEY, PARTICIPATION ON THE STEERING COMMITTEE, AND A PRIORITIZATION SURVEY. THE PROCESS ALSO HAD SIGNIFICANT INPUT AND DIRECTION FROM THE COM MUNITY HEALTH ASSESSMENT TEAM. CONSIDERING ALL OF THESE SOURCES, INPUT FROM MORE THAN 1,50 0 WAKE COUNTY RESIDENTS AND ORGANIZATIONAL LEADERS IS INCLUDED IN THIS COMMUNITY HEALTH NE EDS ASSESSMENT. SECONDARY (EXISTING) DATA: KEY SOURCES FOR EXISTING DATA ON WAKE COUNTY IN CLUDED NUMEROUS PUBLIC DATA SOURCES RELATED TO DEMOGRAPHICS, SOCIAL AND ECONOMIC DETERMINA NTS OF HEALTH, ENVIRONMENTAL HEALTH, HEALTH STATUS AND DISEASE TRENDS, MENTAL/BEHAVIORAL H EALTH TRENDS, AND MODIFIABLE HEALTH RISKS. FURTHER, SOME LOCAL ORGANIZATIONS PROVIDED INTE RNAL DATA THAT WERE ALSO INCORPORATED INTO THE ANALYSIS PROCESS. IN AN EFFORT TO IDENTIFY T HE TOP PRIORITIES FOR THE COUNTY, A PRIORITIZATION MATRIX WAS DEVELOPED. THE PRIORITIZATIO N MATRIX INCLUDED THE FINDINGS FROM THE ANALYSIS OF THE PRIMARY (NEW) AND SECONDARY (EXIST ING) DATA, WHICH WERE PRESENTED TO THE STEERING COMMITTEE IN FEBRUARY 2016 AND TO COMMUNIT Y MEMBERS DURING THE PRIORITIZ</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL	<p>ATION MEETINGS HELD ON MARCH 8, 2016. ADDITIONALLY, STEERING COMMITTEE MEMBERS WERE PROVIDED THE OPPORTUNITY TO COMPLETE AN INTERNET-BASED SURVEY IN WHICH THEY WERE ASKED TO IDENTIFY THE SIGNIFICANCE OF THE NEED FOR EACH OF THE TWENTY-ONE CATEGORIES AS HIGH, MEDIUM, OR LOW. COMMUNITY MEMBERS WERE ASKED TO PROVIDE THE SAME INFORMATION AT THE COMMUNITY PRIORITIZATION MEETINGS. THESE VARIOUS DATA COMPONENTS WERE THEN ANALYZED AND THE RESULTS WERE WEIGHTE D AS FOLLOWS: SECONDARY (EXISTING) DATA - WEIGHTED 50 PERCENT; PRIMARY (NEW) DATA - W EIGHTED 50 PERCENT IN TOTAL, AS FOLLOWS: FOCUS GROUP FINDINGS, TELEPHONE SURVEY RESULTS, A ND INTERNET-BASED COMMUNITY SURVEY RESULTS - WEIGHTED 20 PERCENT; COMMUNITY PRIORITIZATION MEETING RESULTS - WEIGHTED 20 PERCENT; AND, STEERING COMMITTEE PRIORITIZATION SURVEY RESU LTS - WEIGHTED 10 PERCENT. THIS JOINT CHNA AND RELATED IMPLEMENTATION PLAN WERE ADOPTED BY THE DUHS BOARD OF DIRECTORS AND PUBLISHED ON THE DUKE HEALTH WEBSITE IN FISCAL YEAR 2017 (TAX YEAR 2016). DUKE RALEIGH HOSPITAL:PART V, SECTION B, LINE 6A: UNC REX HEALTHCARE, WAK EMED HEALTH AND HOSPITALS.DUKE RALEIGH HOSPITAL:PART V, SECTION B, LINE 6B: UNITED WAY OF THE GREATER TRIANGLE, WAKE COUNTY HUMAN SERVICES, ADVANCE COMMUNITY HEALTH AND THE WAKE CO UNTY MEDICAL SOCIETY COMMUNITY HEALTH FOUNDATION. DUKE RALEIGH HOSPITAL:PART V, SECTION B, LINE 11:THE FOLLOWING CATEGORIES WERE IDENTIFIED AS THE FOUR PRIORITY AREAS FOR WAKE COUN TY THAT WILL BE ADDRESSED FOR 2017-2019:1. HEALTH INSURANCE COVERAGE2. TRANSPORTATION3. AC CESS TO HEALTH SERVICES4. MENTAL HEALTH AND SUBSTANCE USE</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
1. HEALTH INSURANCE COVERAGE	<p>ACCESS TO HEALTH INSURANCE COVERAGE WAS IDENTIFIED AS ONE OF THE MOST IMPORTANT ISSUES IMPACTING THE QUALITY OF LIFE OF WAKE COUNTY RESIDENTS. THIS ISSUE NOT ONLY ENCOMPASSES THOSE WHO LACK INSURANCE, BUT ALSO THOSE THAT ARE UNDERINSURED AS WELL AS THOSE UNDER GOVERNMENT PROGRAMS SUCH AS MEDICARE AND MEDICAID. CONCERNS WERE ALSO EXPRESSED REGARDING THE COMPLEXITY OF THE HEALTH CARE SYSTEM AND CONFUSION REGARDING HOW HEALTH INSURANCE WORKS. TO ADDRESS THIS PRIORITY DUKE RALEIGH WILL EMPLOY THE FOLLOWING STRATEGY ALONG WITH OUTLINED ACTION ITEMS: * CONTINUE TO PROVIDE FINANCIAL ASSISTANCE VIA DUKE UNIVERSITY HEALTH SYSTEM'S CHARITY AND DISCOUNTED CARE POLICIES. THESE POLICIES PROVIDE ELIGIBLE CARE AT A DISCOUNT OR WITHOUT CHARGE TO ALL QUALIFYING PATIENTS WHO DO NOT HAVE HEALTH INSURANCE, OR BECAUSE OF FINANCIAL HARDSHIP CANNOT PAY FOR THE CARE THEY RECEIVE FOR MEDICALLY NECESSARY SERVICES. * CONTINUE TO UTILIZE FINANCIAL CARE COUNSELORS TO HELP PATIENTS UNDERSTAND THEIR FINANCIAL RESPONSIBILITIES AND CONNECT PATIENTS WITH COMMUNITY RESOURCES. * CONTINUE TO HELP PATIENTS NAVIGATE THROUGH GOVERNMENT SPONSORED FINANCIAL ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY. * CONTINUE TO PROVIDE SUPPORT TO ORGANIZATIONS SUCH AS ALLIANCE MEDICAL MINISTRY AND URBAN MINISTRIES OF WAKE COUNTY OPEN DOOR CLINIC, WHICH PROVIDES AFFORDABLE HEALTHCARE TO UNINSURED ADULTS IN WAKE COUNTY. IN FY19, DUKE RALEIGH HOSPITAL PERFORMED 7,706 LAB TESTS IN-KIND FOR URBAN MINISTRIES OF WAKE COUNTY OPEN DOOR CLINIC AND PROVIDED \$17,500 IN FUNDING TO ALLIANCE MEDICAL MINISTRY. * CONTINUE TO PROVIDE IN KIND SUPPORT TO PROJECT ACCESS OF WAKE COUNTY, A PRIVATE, NONPROFIT PROGRAM THAT CONNECTS ELIGIBLE UNINSURED CLIENTS TO HIGH QUALITY MEDICAL SERVICES DONATED BY PHYSICIANS. IN FY2019, DUKE RALEIGH HOSPITAL PROVIDED OVER \$13M OF IN KIND SUPPORT TO PROJECT ACCESS OF WAKE COUNTY CLIENTS. * IN FY19, DUKE RALEIGH HOSPITAL PROVIDED \$7,500 TO NC MED ASSIST, A NONPROFIT PHARMACY THAT PROVIDES ACCESS TO LIFESAVING PRESCRIPTION MEDICATIONS TO UNINSURED NC RESIDENTS. * CONTINUE TO PROVIDE HEALTH LITERACY COURSE THROUGH OUR CLINICAL EDUCATION DEPARTMENT WHICH EDUCATED OVER 64 CLINICIANS IN FY19.2. TRANSPORTATION ACCESS TO AND COST OF TRANSPORTATION HAS IMPLICATIONS ON ONE'S HEALTH AS LACK OF TIMELY TRANSPORTATION CAN IMPACT THE ABILITY TO MAKE PHYSICIAN APPOINTMENTS AND OBTAIN PRESCRIPTIONS PARTICULARLY FOR OUR ELDERLY AND MOST DISADVANTAGED RESIDENTS. TO ADDRESS THIS PRIORITY DUKE RALEIGH WILL EMPLOY THE FOLLOWING STRATEGY ALONG WITH THE OUTLINED ACTION ITEMS: * CONTINUE TO EMPLOY MULTIDISCIPLINARY APPROACHES WITHIN THE CANCER CENTER TO FACILITATE MULTIPLE APPOINTMENTS IN THE SAME DAY THEREBY REDUCING TRANSPORTATION NEEDS. * CONTINUE TO SUPPORT ORGANIZATIONS SUCH AS THE GREATER RALEIGH CHAMBER OF COMMERCE AND MIDTOWN RALEIGH ALLIANCE, WHICH ADVOCATES FOR AN ENHANCED TRANSIT AND TRANSPORTATION SYSTEM FOR ALL RESIDENTS. THIS INCLUDES INVESTING IN THE GREATER RALEIGH CHAMBER EDGE 5 INITIATIVE WHICH SUP</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
1. HEALTH INSURANCE COVERAGE	PORTS ECONOMIC DEVELOPMENT, TALENT RECRUITMENT, AND QUALITY OF LIFE INITIATIVES. IN FY19, DRAH FULFILLED ITS YEAR 5 OF ITS 5 YEAR COMMITMENT TO THIS INITIATIVE IN THE AMOUNT OF \$25 ,000.* CONTINUE TO SUPPORT ORGANIZATIONS SUCH AS THE LUNG CANCER INITIATIVE OF NC, WHICH FUNDS A GAS CARD PROGRAM TO LESSEN THE FINANCIAL BURDEN OF LUNG CANCER PATIENTS SEEKING TREATMENT WHO NEED ASSISTANCE. IN FY19, DRAH DONATED \$10,000 TO THE LUNG CANCER INITIATIVE OF NC.

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
3. ACCESS TO HEALTH SERVICES	<p>ACCESS TO HEALTH SERVICES IS KEY TO IMPROVING COMMUNITY HEALTH AND RESIDENTS HEALTH STATUS . THIS PRIORITY RELATES TO THE UTILIZATION OF EXISTING HEALTH FACILITIES, THE EASE OF ACCE SSING HEALTH RESOURCES, AND PRIMARY AND PREVENTIVE CARE/SCREENINGS. THIS WAS IDENTIFIED AS A TOP PRIORITY BASED ON FEEDBACK FROM FOCUS GROUPS AND SURVEYS AS WELL AS THE RATE OF PRE VENTABLE HOSPITAL STAYS FOR CONDITIONS SUCH AS DIABETES, COPD, ASTHMA, HEART FAILURE, BACT ERIAL PNEUMONIA, UTI, AND DEHYDRATION. ALSO, THE COMPLEXITY OF NAVIGATING THE HEALTH CARE SYSTEM, AFFORDABILITY OF HEALTH SERVICES, AND PROVIDER AVAILABILITY AROSE AS KEY CONCERNS RELATED TO ACCESS TO HEALTH SERVICES. DUKE RALEIGH AS WELL AS DUKE HEALTH IS ACTIVELY ENGA GED IN IMPROVING ACCESS TO HEALTH SERVICES FOR ALL RESIDENTS THROUGH STRATEGIC INITIATIVES AS WELL AS THROUGH STRATEGIC COMMUNITY PARTNERSHIPS.CONTINUE TO IMPROVE THE DISCHARGE PRO CESS TO ENSURE THAT DISCHARGED PATIENTS ARE CONNECTED WITH PRIMARY CARE RESOURCES. CONTINU E PARTNERSHIP WITH WAKE EMS AND AREA HOSPITALS ON TRIAGE AND DESTINATION PLAN FOR STROKE P ATIENTS.AS DESCRIBED PREVIOUSLY, DUKE RALEIGH HOSPITAL CONTINUED TO PROVIDE IN-KIND LAB SE RVICES TO URBAN MINISTRIES OF WAKE COUNTY OPEN DOOR CLINIC TO FACILITATE THE CARE FOR THOS E WHO LACK ADEQUATE INCOME, INSURANCE COVERAGE, AND OTHER MEANS TO HEALTH SERVICES.STRENGT HEN SUPPORT OF ALLIANCE MEDICAL MINISTRY AND URBAN MINISTRIES OF WAKE COUNTY THROUGH INCRE ASED EMPLOYEE VOLUNTEERISM IN EFFORTS TO EXPAND THEIR CAPACITY AND ABILITY TO SERVE PATIEN TS. BETWEEN FY17-19, DUKE RALEIGH HOSPITAL DONATED AND PACKED OVER 3,000 POUNDS OF RICE AN D BEANS FOR URBAN MINISTRIES OF WAKE COUNTY'S CLIENT CHOICE PANTRY, WHICH ENGAGED APPROXIM ATELY 50 EMPLOYEES.CONTINUE PROGRAMS THROUGH THE DUKE SPECIALTY REHAB SERVICES MIDTOWN, WH ICH OFFERS A VARIETY OF PROGRAMS DESIGNED TO HELP PEOPLE LOSE WEIGHT AND MAKE HEALTHY LIFE STYLE CHANGES. SERVICES OFFERED INCLUDE PULMONARY REHABILITATION PROGRAMS, PERSONALIZED DI ABETES MANAGEMENT PLANS, MULTIDISCIPLINARY THERAPY FOR NEUROLOGICAL DISORDERS, PHYSICAL TH ERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY AS WELL AS CARDIOVASCULAR AND STRENGTH TRAININ G EQUIPMENT.DUKE RALEIGH HOSPITAL SUPPORTED THE BOYS AND GIRLS CLUB WITH AN IN KIND DONATI ON OF \$20,000 IN FY19 TO SUPPORT HEALTHY FAMILIES AND CHILD DEVELOPMENT PROGRAMS. CONTINUE COMMUNITY EDUCATION, HEALTHY FOCUS SEMINARS WITH EFFORTS TO EXPAND ATTENDANCE TO INCLUDE POPULATIONS THROUGHOUT WAKE COUNTY AS WELL AS A FOCUS ON TOPICS ALIGNED WITH THE NEEDS ASS ESSMENT. IN APRIL 2019, DUKE RALEIGH PROVIDED HANDS-ONLY CPR EDUCATION AND CONNECTIONS TO THE DUKE BENEFIT ENROLLMENT CENTER AT THE SOUTHEAST RALEIGH HEALTH TRUCK RODEO LED BY THE RALEIGH ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.DUKE RALEIGH HOSPITAL PROVIDED A \$30,000 DONATION TO INTERACT OF WAKE COUNTY TO SUPPORT THE SOLACE CENTER, A COMMUNITY BA SED SEXUAL ASSAULT FORENSIC EXAMINATION CENTER (THE FIRST IN NC). THIS IS A MULTI-YEAR COM MITMENT. EXPAND AND STRENGTHEN</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
3. ACCESS TO HEALTH SERVICES	<p>COMMUNITY OUTREACH EFFORTS AROUND STROKE, CARDIOVASCULAR DISEASE, DIABETES, CANCER, ORTHO PEDICS AND SPORTS MEDICINE ALONG WITH OUR COMMUNITY PARTNERS. DUKE RALEIGH DEVELOPED PROGR AMMING AND PROVIDED FINANCIAL SUPPORT TO INCREASE CHILDREN'S ACCESS TO NUTRITIOUS FOOD. TH IS EFFORT INCLUDED SERVING APPROXIMATELY 700 MEALS IN THE SUMMER OF 2019 AS A NORTH CAROLI NA SUMMER NUTRITION PROGRAM SPONSOR AND PROVIDING \$25,000 IN FINANCIAL SUPPORT TO THE INTE R-FAITH FOOD SHUTTLE IN FY2019 TO SUPPORT THEIR CHILD HUNGER HUB.4. MENTAL HEALTH AND SUBS TANCE USEWAKE COUNTY HAS EXPERIENCED AN INCREASE IN THE PREVALENCE AND SEVERITY OF MENTAL HEALTH AND SUBSTANCE USE PROBLEMS. THIS PRIORITY RELATES TO TOBACCO USE/EXPOSURE, ILLEGAL DRUG USE, EXCESSIVE DRINKING, ALCOHOL-IMPAIRED DRIVING DEATHS, SUICIDE RATES, MENTAL HEALT H EMERGENCY DEPARTMENT UTILIZATION AND THE AVAILABILITY OF RESOURCES TO MEET THIS GROWING DEMAND. DUE TO THE SCOPE AND COMPLEXITY OF MENTAL HEALTH AND SUBSTANCE USE ISSUES, A COLLE CTIVE AND COLLABORATIVE APPROACH IS NEEDED. BELOW IS A LISTING OF A NUMBER OF INITIATIVES AND COLLABORATIONS THAT DUKE RALEIGH HOSPITAL IS ENGAGED WITH TO HAVE THE GREATEST IMPACT TO ADDRESS THIS ISSUE:* CONTINUE TO PARTICIPATE IN THE WAKE COUNTY CRISIS HOSPITAL COLLABO RATIVE, WHICH INCLUDES ALL WAKE COUNTY HOSPITALS, REPRESENTATIVES FROM MENTAL HEALTH, LAW ENFORCEMENT AND OTHER STAKEHOLDERS IN CRISIS RESPONSE IN WAKE COUNTY.* CONTINUE TO CONVENE TREATMENT TEAM MEETINGS FOR INPATIENTS WHO ALSO HAVE SUBSTANCE USE AND CHRONIC PERSISTENT MENTAL ILLNESS WITH COMPLEX NEEDS. THE TREATMENT TEAM INCLUDES CARE COORDINATORS FROM MEN TAL HEALTH AGENCIES, ALLIANCE BEHAVIORAL HEALTH AND OTHER PROVIDERS INVOLVED IN THE PATIEN T'S CARE. * CONTINUE REGULAR MEETINGS WITH DUKE RALEIGH HOSPITAL CASE MANAGEMENT, ALLIANCE BEHAVIORAL HEALTH, CASE MANAGER WITH COMMUNITY CARE OF WAKE AND JOHNSTON COUNTIES (CCWJC) , AND EMS TO ADDRESS BARRIERS TO CARE FOR HIGH RISK PATIENTS AND REDUCE NON-EMERGENT VISIT S TO HOSPITALS. * CONTINUE TO UTILIZE COMMUNITY CARE OF JOHNSTON &amp; WAKE COUNTIES PORTAL AN D THE NORTH CAROLINA CONTROLLED SUBSTANCES REPORTING SYSTEM (CSRS) TO REDUCE NARCOTIC DEPE NDENCY AND PREVENT OVERPRESCRIBING.* CONTINUE SUPPORT OF ORGANIZATIONS SUCH AS NATIONAL AL LIANCE ON MENTAL ILLNESS (NAMI) WAKE COUNTY, WHICH PROVIDES SUPPORT, EDUCATION, AND ADVOCA CY FOR PEOPLE WITH MENTAL ILLNESS ALONG WITH THEIR FAMILIES AND FRIENDS.* STRENGTHEN SUPPO RT OF TRIANGLE FAMILY SERVICES, WHICH FOCUSES ON BUILDING A STRONGER COMMUNITY BY STRENGTH ENING THE FAMILY THROUGH FAMILY SAFETY, FINANCIAL STABILITY, AND MENTAL HEALTH. IN FY19, D UKE RALEIGH HOSPITAL PROVIDED \$5,000 IN FUNDING TO TRIANGLE FAMILY SERVICES.* CONTINUE TOB ACCO CESSATION SUPPORT FOR EMPLOYEES THROUGH THE DUKE LIVE FOR LIFE'S TOBACCO CESSATION PR OGRAM. THIS 12-MONTH COACHING PROGRAM INVOLVES AN INITIAL CONSULTATION TO DEVELOP A QUIT P LAN, THEN FOLLOW-UP CALLS AT ONE, THREE, SIX, AND TWELVE MONTHS. COACHES PROVIDE ADDITIONA L RESOURCES AND MOTIVATION TO</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
3. ACCESS TO HEALTH SERVICES	<p>HELP PARTICIPANTS QUIT. ENROLLMENT ALSO INCLUDES ACCESS TO THREE MONTHS OF LOW-COST TREATMENT AT PARTICIPATING DUKE HOSPITAL OUTPATIENT PHARMACIES. DURING FY19, DUKE RALEIGH ALSO BEGAN THE FOLLOWING INITIATIVES TO ADDRESS MENTAL HEALTH AND SUBSTANCE ABUSE: * PROVIDED SUPPORT FOR THE ADVERSE CHILDHOOD EXPERIENCES (ACES) RESILIENCE IN WAKE COUNTY INITIATIVE. THIS INITIATIVE IS A MULTI-SECTOR, COMMUNITY DRIVEN MOVEMENT TO ADDRESS AND PREVENT ACES AND BUILD RESILIENCE IN WAKE COUNTY (FY18-FY19). * IN FY19 CREATED A BEHAVIORAL SERVICE LINE DIRECTOR POSITION TO PROVIDE OVERSIGHT AND LEADERSHIP FOR BEHAVIORAL HEALTH SERVICES AT DUKE RALEIGH HOSPITAL. * PARTICIPATED IN THE FOLLOWING COMMUNITY COALITIONS/WORKGROUPS: NORTH CAROLINA HEALTH CARE ASSOCIATION (NCHA) BEHAVIORAL HEALTH WORKGROUP; WAKE COUNTY DRUG OVERDOSE PREVENTION COALITION; AND WAKEBROOK COMMUNITY PARTNERSHIP. * PARTICIPATED IN THE DUKE UNIVERSITY HEALTH SYSTEM SAFE OPIOID TASK FORCE, WHICH WAS CREATED TO IMPROVE THE SAFETY OF PAIN MANAGEMENT BY ENCOURAGING CLINICAL PRACTICE STANDARDIZATION, WHERE CLINICALLY APPROPRIATE, WHEN OPIOID THERAPY IS DESIGNATED FOR TREATMENT. DUKE RALEIGH HOSPITAL: PART V, SECTION B, LINE 16J: AS PART OF DUHS, DUKE RALEIGH HOSPITAL PROVIDES A BROCHURE TO ALL ADMISSIONS THAT INCLUDES A BRIEF SUMMARY OF DUHS FINANCIAL ASSISTANCE POLICIES. DUHS ALSO COMMENTS ON THE BACK OF ITS BILLING INVOICES THAT PATIENTS SHOULD CONTACT PATIENT ACCOUNT REPRESENTATIVES TO HELP THEM IF THEY CANNOT PAY THEIR BILL IN FULL. THIS COMMENT REFERENCES GOVERNMENT-SPONSORED PROGRAMS, MONTHLY PAYMENT PROGRAMS, AND OTHER FINANCIAL ASSISTANCE PROGRAMS AVAILABLE FOR PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA. DUHS ALSO PUBLICIZED ITS FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE COUNSELORS. DUKE RALEIGH HOSPITAL: PART V, SECTION B, LINE 24: CERTAIN ELECTIVE COSMETIC/AESTHETIC SERVICES, AND OTHER ELECTIVE SERVICES, WILL BE BILLED AT AN AMOUNT EQUAL TO GROSS CHARGES.</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:	<p>PART V, SECTION B, LINE 5: DUKE REGIONAL HOSPITAL ("DRH") WAS A PARTICIPANT IN THE 2017 DURHAM COMMUNITY HEALTH ASSESSMENT, LED BY PARTNERSHIP FOR A HEALTHY DURHAM. THE ASSESSMENT PROCESS INCLUDED 358 CITIZEN SURVEYS FROM RANDOMLY SELECTED HOUSEHOLDS AND THREE COMMUNITY LISTENING SESSIONS WITH 42 COMMUNITY MEMBERS. THE SURVEY WAS ALSO CONDUCTED IN PERSON AT GROCERY STORES, LIBRARIES, DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH CLINICS AND BUS STATIONS. THE COMMUNITY HEALTH ASSESSMENT TEAM COMPRISED OF REPRESENTATIVES FROM DUKE UNIVERSITY HEALTH SYSTEM, UNIVERSITIES, LOCAL GOVERNMENT, SCHOOLS, NON-PROFIT ORGANIZATIONS, AND BUSINESSES - WORKED TO DIRECT THE ACTIVITIES OF THE ASSESSMENT AND PROVIDE WRITTEN CONTENT AND EXPERTISE ON ISSUES OF INTEREST. THIS JOINT CHINA AND RELATED IMPLEMENTATION PLAN WAS ADOPTED BY THE DURHAM BOARD OF DIRECTORS AND PUBLISHED ON THE DUKE HEALTH WEBSITE IN FISCAL YEAR 2019 (TAX YEAR 2018).</p> <p>GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL: PART V, SECTION B, LINE 6A: DUKE UNIVERSITY HOSPITAL</p> <p>GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL: PART V, SECTION B, LINE 6B: THE PARTNERSHIP FOR A HEALTHY DURHAM AND THE DURHAM COUNTY HEALTH DEPARTMENT</p> <p>GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL: PART V, SECTION B, LINE 11: THE ASSESSMENT IDENTIFIED FIVE HEALTH PRIORITIES FOR 2018-2020: 1. AFFORDABLE HOUSING 2. ACCESS TO HEALTH CARE AND HEALTH INSURANCE 3. POVERTY 4. MENTAL HEALTH 5. OBESITY, DIABETES AND FOOD ACCESS</p> <p>DUKE REGIONAL HOSPITAL CONSIDERS THE DRH COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN DOCUMENT TO BE A "WORKING PLAN" THAT WILL CONTINUE TO EVOLVE OVER THIS THREE-YEAR PERIOD IN ORDER TO ENSURE THE EFFICACY OF STRATEGIES INTENDED TO MEET EXPRESSED COMMUNITY HEALTH NEEDS. THIS IMPLEMENTATION PLAN DOES NOT CONTAIN DESCRIPTIONS OF THE COMMUNITY HEALTH IMPROVEMENT WORK CARRIED OUT BY OTHER COMPONENTS OF DUKE HEALTH OR DUKE UNIVERSITY. THIS IMPLEMENTATION PLAN REPRESENTS ONLY DUKE REGIONAL HOSPITAL'S CONTINUALLY EVOLVING VARIETY OF PROGRAMS AND ACTIVITIES IN THE FIVE PRIORITY AREAS TO IMPROVE HEALTH WITH THE DURHAM COMMUNITY. 1 AND 3. AFFORDABLE HOUSING AND POVERTY</p> <p>MINIMUM WAGE: DUKE UNIVERSITY HEALTH SYSTEM WILL INCREASE THE MINIMUM WAGE TO \$15 PER HOUR FOR ALL EMPLOYEES. EFFECTIVE JULY 1, 2018, DUKE INCREASED THE MINIMUM WAGE TO \$14 PER HOUR FOR ALL ELIGIBLE STAFF, AND EFFECTIVE JULY 1, 2019, THE MINIMUM WAGE AT DUKE INCREASED TO \$15 PER HOUR FOR ALL ELIGIBLE STAFF.</p> <p>FILL T HAT BUS: EMPLOYEES DONATE BINS OF SCHOOL SUPPLIES TO FILL THAT BUS TO SUPPORT DURHAM PUBLIC SCHOOLS. TEACHERS FROM THE HIGHEST POVERTY SCHOOLS WERE INVITED TO PICK OUT SUPPLIES NEEDED IN THEIR CLASSROOMS.</p> <p>SALVATION ARMY ANGEL TREE: EACH DECEMBER, EMPLOYEES "ADOPT" 100 CHILDREN FROM DUKE REGIONAL'S SALVATION ARMY ANGEL TREE. CHILDREN IN DURHAM HAVE RECEIVED BIKES, CLOTHING, DOLLS AND TOYS THANKS TO THE GENEROUS DONATIONS. EXTRA GIFTS ARE ALSO DONATED TO THE SALVATION ARMY FOR OTHER NEEDY FAMILIES IN THE AREA.</p> <p>2019 GOAL: DUKE REGIONAL WILL AGAIN HOST AT LEAST ONE DRIVE</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:</p>	<p>E TO BENEFIT UNDERSERVED CHILDREN OR FAMILIES IN OUR COMMUNITY.2019 PROGRESS: DUKE REGIONAL SUPPORTED CRAYONS2CALCULATOR DRIVE, SALVATION ARMY TREE GIFT DRIVE AND DONATED 600 POUNDS OF FOOD TO THE NORTH CAROLINA FOOD BANK OF CENTRAL AND EASTERN NC IN 2019.EDUCATION: DUKE REGIONAL HAS IDENTIFIED EDUCATION AS A PRIORITY OF ITS COMMUNITY STRATEGY TO HELP PREVENT POVERTY. DUKE REGIONAL IS COMMITTED TO HELP TRAIN THE HEALTHCARE WORKERS OF THE FUTURE. IN FY2018, DRH INVESTED \$3.4 MILLION IN TEACHING AND TRAINING HEALTHCARE PROFESSIONALS, AND PROVIDED OPPORTUNITIES FOR 70 PRE-HEALTH UNDERGRADUATE STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES TO SHADOW AND VOLUNTEER ALONGSIDE CLINICAL AND CUSTOMER SERVICE STAFF AS AMBASSADORS IN THE EMERGENCY DEPARTMENT. DRH ALSO PROVIDED AN EIGHT-WEEK JUNIOR VOLUNTEER PROGRAM FOR AREA HIGH SCHOOL STUDENTS TO GAIN CLERICAL AND CUSTOMER SERVICE WORK EXPERIENCES IN A HEALTH CARE SETTING.FY2019 GOAL: DRH WILL CONTINUE THE SAME LEVEL OF SUPPORT IN FY2019 .FY2019 PROGRESS: DRH INVESTED \$4 MILLION IN TEACHING AND TRAINING HEALTHCARE PROFESSIONALS, AND PROVIDED OPPORTUNITIES FOR 70 PRE-HEALTH UNDERGRADUATE STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES TO SHADOW AND VOLUNTEER ALONGSIDE CLINICAL AND CUSTOMER SERVICE STAFF AS AMBASSADORS IN THE EMERGENCY DEPARTMENT. DRH ALSO PROVIDED AN EIGHT-WEEK JUNIOR VOLUNTEER PROGRAM FOR AREA HIGH SCHOOL STUDENTS TO GAIN CLERICAL AND CUSTOMER SERVICE WORK EXPERIENCES IN A HEALTH CARE SETTING.CITY OF MEDICINE ACADEMY: DUKE REGIONAL HAS BEEN A PARTNER WITH CITY OF MEDICINE ACADEMY (CMA) AND DURHAM PUBLIC SCHOOLS SINCE THE PROGRAM'S INCEPTION AT SOUTHERN HIGH SCHOOL IN THE 1990S. IN AUGUST 2011, CMA MOVED TO A NEW FACILITY LOCATED ON THE DUKE REGIONAL CAMPUS. AS PART OF OUR PARTNERSHIP, DUKE REGIONAL HOSTS STUDENTS FOR CLINICAL ROTATIONS AND INTERNSHIPS, PROVIDES CPR TRAINING AND HOSTS THE ANNUAL SENIOR AWARD S NIGHT.2019 GOAL: DUKE REGIONAL WILL CONTINUE ITS PARTNERSHIP WITH CMA IN FY2019.2019 PROGRESS: DUKE REGIONAL CONTINUED TO PARTNER WITH CMA, PROVIDING VARIOUS LEARNING EXPERIENCES FOR STUDENTS THROUGHOUT THE YEAR.PROJECT SEARCH: DUKE REGIONAL WAS THE FIRST HOST HOSPITAL IN THE STATE TO HOST PROJECT SEARCH, A PARTNERSHIP WITH DURHAM PUBLIC SCHOOLS, OPEN ENTERPRISES, NORTH CAROLINA VOCATIONAL REHABILITATION AND ALLIANCE BEHAVIORAL HEALTH THAT PROVIDES CAREER DEVELOPMENT EXPERIENCES TO SENIOR HIGH SCHOOL STUDENTS WITH DEVELOPMENTAL DISABILITIES. 2019 GOAL: DUKE REGIONAL WILL CONTINUE TO SERVE AS A HOST SITE FOR PROJECT SEARCH .2019 PROGRESS: DUKE REGIONAL CONTINUED TO SERVE AS A HOST SITE FOR PROJECT SEARCH ADDING 8 NEW GRADUATES BRINGING THE TOTAL NUMBER OF GRADUATES TO 62 SINCE 2011.</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE	<p>LINCOLN COMMUNITY HEALTH CENTER (LCHC): IS A FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER THAT PROVIDES PRIMARY CARE SERVICES FOR ABOUT 40,000 PATIENTS EACH YEAR. APPROXIMATELY 45 PERCENT OF LCHC PATIENTS ARE UNINSURED AND 84% ARE LIVING AT OR BELOW THE POVERTY LEVEL. IN ADDITION TO GENEROUS FINANCIAL SUPPORT, DUKE REGIONAL PROVIDES ENGINEERING, ENVIRONMENTAL, LABORATORY, PHARMACY AND RADIOLOGY SERVICES. THE TOTAL DUKE REGIONAL HOSPITAL CONTRIBUTION TO LCHC IN FY 2019, INCLUDING MONETARY AND IN-KIND SERVICES, WAS \$8.4 MILLION. DURHAM COUNTY EMERGENCY MEDICAL SERVICES (EMS): SERVES AS THE PRIMARY PROVIDER OF EMERGENCY AMBULANCE SERVICES AND ALTERNATIVE MEDICAL TRANSPORTATION IN DURHAM COUNTY. IN FY 2019, DUKE REGIONAL PAID THE COUNTY \$2.5 MILLION TO SUPPORT DURHAM EMS. PROJECT ACCESS OF DURHAM COUNTY (PADC): COORDINATES SPECIALTY CARE AT NO CHARGE TO UNINSURED AND UNDERINSURED DURHAM RESIDENTS LIVING AT OR BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. THESE RESIDENTS HAVE ACCESS TO PRIMARY HEALTH CARE THROUGH LINCOLN COMMUNITY HEALTH CENTER. DRH HAS PROVIDED OFFICE SPACE AS WELL AS TECHNOLOGICAL SUPPORT FOR PADC SINCE IT WAS ESTABLISHED. 2019 GOAL: DUKE REGIONAL WILL CONTINUE TO PROVIDE OFFICE AND TECHNOLOGICAL SUPPORT TO PROJECT ACCESS DURHAM COUNTY. 2019 PROGRESS: DUKE REGIONAL PROVIDED OFFICE SPACE AND TECH SUPPORT TO PADC IN FY19. CHARITY CARE: EACH YEAR DUKE REGIONAL PROVIDES NO-COST OR DISCOUNTED URGENT OR EMERGENCY HEALTH CARE SERVICES TO PATIENTS WHO WERE UNABLE TO PAY. IN FY 2019 DUKE REGIONAL PROVIDED \$27.5 MILLION (AT ESTIMATED COST) IN CHARITY CARE. 4. MENTAL HEALTH IN 2018, DRH RECEIVED APPROVAL TO BUILD A NEW BEHAVIORAL HEALTH FACILITY WHICH WILL MOVE ALL DUKE HEALTH SYSTEM MENTAL HEALTH SERVICES TO DUKE REGIONAL'S CAMPUS INCLUDING INPATIENT AND OUTPATIENT CARE. THE EXPANSION IS A \$102.4 MILLION INVESTMENT BY DUKE UNIVERSITY HEALTH SYSTEM, AND WILL PROVIDE BETTER COORDINATION OF CARE FOR PSYCHIATRIC PATIENTS IN DURHAM AND REGIONALLY. THE GROUNDBREAKING OCCURRED DURING FISCAL YEAR 2019. 5. OBESITY, DIABETES, AND FOOD ACCESS BEYOND ITS CLINICAL SERVICE LINES IN THE HOSPITAL, DRH COLLABORATES WITH NUMEROUS DURHAM NON-PROFITS AND OTHER ENTITIES WITHIN THE DUKE HEALTH SYSTEM THAT ARE SPECIFICALLY FOCUSED ON COMMUNITY-BASED MECHANISMS FOR THE PREVENTION AND TREATMENT OF OBESITY AND DIABETES AND ON ISSUES OF FOOD ACCESS.</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL	PART V, SECTION B, LINE 16J: AS PART OF DUHS, DUKE REGIONAL HOSPITAL PROVIDES A BROCHURE TO ALL ADMISSIONS THAT INCLUDES A BRIEF SUMMARY OF DUHS FINANCIAL ASSISTANCE POLICIES. DUHS ALSO COMMENTS ON THE BACK OF ITS BILLING INVOICES THAT PATIENTS SHOULD CONTACT PATIENT ACCOUNT REPRESENTATIVES TO HELP THEM IF THEY CANNOT PAY THEIR BILL IN FULL. THIS COMMENT REFERENCES GOVERNMENT-SPONSORED PROGRAMS, MONTHLY PAYMENT PROGRAMS, AND OTHER FINANCIAL ASSISTANCE PROGRAMS AVAILABLE FOR PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA. DUHS ALSO PUBLICIZED ITS FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE COUNSELORS. GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL PART V, SECTION B, LINE 24: CERTAIN ELECTIVE COSMETIC/AESTHETIC SERVICES, AND OTHER ELECTIVE SERVICES, WILL BE BILLED AT AN AMOUNT EQUAL TO GROSS CHARGES.

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number 56-2070036

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 43
3 Enter total number of other organizations listed in the line 1 table 7

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FINANCIAL ASSISTANCE	29	25,674			
(2) PRIZES AND AWARDS	20	18,662			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DUKE UNIVERSITY HEALTH SYSTEM, INC. PROVIDES GENERAL SUPPORT TO LOCAL ORGANIZATIONS BASED ON OUR AWARENESS OF THEIR ACTIVITIES WITHIN THE LOCAL COMMUNITY. DUKE UNIVERSITY HEALTH SYSTEM, INC. ALSO MAINTAINS A BUILDING HEALTHY COMMUNITIES GRANTS PROGRAM THAT REVIEWS COMMUNITY REQUESTS FOR PHILANTHROPIC ASSISTANCE THAT PROMOTE HEALTH AND WELLNESS.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 56-2070036  
**Name:** DUKE UNIVERSITY HEALTH SYSTEM INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLIANCE MEDICAL MINISTRY INC 101 DONALD ROSS DR RALEIGH, NC 27610	56-2168673	501(C)(3)	37,500				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 3131 RDU CENTER DR SUITE 100 MORRISVILLE, NC 27560	13-5613797	501(C)(3)	6,260				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 4737 UNIVERSITY DR DURHAM, NC 27707	53-0196605	501(C)(3)	15,000				SPONSORSHIP
BAND TOGETHER PO BOX 6445 RALEIGH, NC 276286445	56-2273756	501(C)(3)	25,000				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER DURHAM 808 E PETTIGREW ST DURHAM, NC 27701	56-6001906	501(C)(3)	10,000				GENERAL SUPPORT
BOYS CLUB OF WAKE COUNTY INC 701 N RALEIGH BLVD RALEIGH, NC 27610	56-0863051	501(C)(3)	20,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAPSTONE EVENT GROUP LLC 3803-B COMPUTER DR SUITE 205 RALEIGH, NC 27609	46-4157559		12,500				SPONSORSHIP
CARING COMMUNITY FOUNDATION INC PO BOX 1364 CARY, NC 27512	20-0036976	501(C)(3)	10,000				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CEO ROUNDTABLE ON CANCER INC 100 SAS CAMPUS DR CARY, NC 27513	65-1230448	501(C)(3)	10,000				GENERAL SUPPORT
CITY OF MEDICINE ACADEMY 301 CRUTCHFIELD ST DURHAM, NC 27704	56-6001021	GOV'T ENTITY	26,037				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM, NC 27703	47-5567396	501(C)(3)	20,000				GENERAL SUPPORT
DUKE SCHOOL FOR CHILDREN 3716 OLD ERWIN RD DURHAM, NC 27705	58-1521494	501(C)(3)	25,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DURHAM ALUMNAE DELTA HOUSE INC 65 TW ALEXANDER DR POB 12319 DURHAM, NC 27709	58-1621884	501(C)(3)	7,500				SPONSORSHIP
DURHAM COUNTY PO BOX 810 DURHAM, NC 27702	56-6000297	GOV'T ENTITY	10,650				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST DURHAM CHILDRENS INITIATIVE 2101 ANGIER AVE 3RD FLOOR DURHAM, NC 27703	32-0263133	501(C)(3)	10,000				GENERAL SUPPORT
ECONOMIC DEVELOPMENT PARTNERSHIP 15000 WESTON PKY CARY, NC 27513	46-4840814	501(C)(3)	20,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EL CENTRO HISPANO INC 2000 CHAPEL HILL RD 26A DURHAM, NC 27707	56-2011661	501(C)(3)	11,000				GENERAL SUPPORT
EL FUTURO INC 2020 E CHAPEL HILL ROAD SUITE DURHAM, NC 27707	80-0122334	501(C)(3)	16,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY VIOLENCE PREVENTION CTR 1012 OBERLINE RD SUITE 100 RALEIGH, NC 27605	58-1320613	501(C)(3)	30,000				GENERAL SUPPORT
GREAT 100 INC PO BOX 4875 GREENSBORO, NC 274044875	56-1705456	501(C)(3)	15,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER RALEIGH CHAMBER OF COMMERCE PO BOX 2978 RALEIGH, NC 276022978	56-0370850	501(C)(6)	13,417				SPONSORSHIP
HABITAT FOR HUMANITY OF DURHAM 215 N CHURCH ST DURHAM, NC 27701	58-1674794	501(C)(3)	75,000				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF WAKE COUNTY 2420 RALEIGH BLVD RALEIGH, NC 27604	56-1492703	501(C)(3)	10,000				SPONSORSHIP
HUMAN RIGHTS CAMPAIGN INC 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1243457	501(C)(4)	15,000				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MADE IN DURHAM 359 BLACKWELL ST SUITE 200 DURHAM, NC 27701	47-2262963	501(C)(3)	15,000				SPONSORSHIP
MARCH OF DIMES FOUNDATION 6504 FALLS OF NEUSE RD STE 100 RALEIGH, NC 27615	13-1846366	501(C)(3)	7,500				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEDASSIST OF MECKLENBURG 4428 TAGGART CREEK RD STE 101 CHARLOTTE, NC 28208	56-2018957	501(C)(3)	7,500				SPONSORSHIP
MEDICAL FOUNDATION OF NC INC SUITE 4100 BONDURANT HALL CB 7 CHAPEL HILL, NC 275997145	56-6057494	501(C)(3)	50,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIDTOWN EVENTS LLC PO BOX 19107 RALEIGH, NC 27619	27-1832351		50,000				SPONSORSHIP
MIDTOWN RALEIGH ALLIANCE 1110 NAVAHO DR SUITE 100 RALEIGH, NC 27609	45-2559048	501(C)(6)	12,000				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIRACLE LEAGUE OF THE TRIANGLE PO BOX 4193 CARY, NC 27519	20-2696836	501(C)(3)	30,000				SPONSORSHIP
NC LUNG CANCER PARTNERSHIP 4000 BLUE RIDGE RD SUITE 170 RALEIGH, NC 27612	26-2300885	501(C)(3)	10,000				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NC PHYSICIANS HEALTH PROGRAM INC 220 HORIZON DRIVE 201 RALEIGH, NC 27615	56-1846599	501(C)(3)	16,000				GENERAL SUPPORT
NORTH CAROLINA INSTITUTE OF MEDICINE 630 DAVIS DR STE 100 MORRISVILLE, NC 27560	56-1506066	GOV'T ENTITY	7,500				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH CAROLINA SYMPHONY SOCIETY 3700 GLENWOOD AVE SUITE 130 RALEIGH, NC 27612	56-0556755	501(C)(3)	25,000				GENERAL SUPPORT
NURSES ON BOARDS COALITION PO BOX 14535 MADISON, WI 53708	82-1962611	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
POLKA DOT MAMA MELANOMA FOUNDATION 925 ALDEN BRIDGE DR CARY, NC 27519	47-4543960	501(C)(3)	20,000				SPONSORSHIP
PROJECT ACCESS OF DURHAM COUNTY PO BOX 15339 DURHAM, NC 27704	26-1925378	501(C)(3)	20,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RADIO ONE INC 8001-1001 CREEDMOOR ROAD RALEIGH, NC 27613	52-1166660		25,000				SPONSORSHIP
REX HEALTHCARE INC 211 FRIDAY CENTER DR SUITE 201 CHAPEL HILL, NC 27517	56-1509260	501(C)(3)	34,675				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SENIOR PHARMASSIST INC 406 RIGSBEE AVE STE 201 DURHAM, NC 277012186	56-2084639	501(C)(3)	18,500				SPONSORSHIP
SUSAN G KOMEN FOR THE CURE NC 600 AIRPORT BLVD SUITE 100 MORRISVILLE, NC 27560	75-2845066	501(C)(3)	60,000				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRIANGLE FAMILY SERVICES INC 3937 WESTERN BLVD RALEIGH, NC 27606	56-0547491	501(C)(3)	10,000				SPONSORSHIP
UNITED NEGRO COLLEGE FUND INC 309 E MOREHEAD ST SUITE 260 CHARLOTTE, NC 28202	13-1624241	501(C)(3)	8,250				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMETER PARK DR 150 MORRISVILLE, NC 27560	56-1949103	501(C)(3)	133,104				GENERAL SUPPORT
URBAN MINISTRIES OF DURHAM 410 LIBERTY ST DURHAM, NC 27701	58-1505891	501(C)(3)	25,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIDEO DIALOG INC 2725 SEVIER ST DURHAM, NC 27705	56-1624853		10,000				GENERAL SUPPORT
WAKE TECH COMM COLL FOUNDATION INC 9101 FAYETTEVILLE RD RALEIGH, NC 276035696	23-7017752	501(C)(3)	16,600				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTERN THEOLOGICAL SEMINARY 101 EAST 13TH STREET HOLLAND, MI 49423	38-2009204	501(C)(3)	13,208				GENERAL SUPPORT
YMCA OF THE TRIANGLE AREA INC 801 CORPORATE CENTER DR STE 20 RALEIGH, NC 27606	56-0591307	501(C)(3)	10,500				SPONSORSHIP

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number  
56-2070036

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input checked="" type="checkbox"/>	Tax idemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
<b>b</b>	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	No
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	No
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/>	Compensation committee	<input checked="" type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization?	<b>5a</b>	No
<b>b</b>	Any related organization?	<b>5b</b>	No
	If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization?	<b>6a</b>	No
<b>b</b>	Any related organization?	<b>6b</b>	No
	If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	<p>TAX INDEMNIFICATION: THOMAS OWENS, MD RECEIVED A BENEFIT THAT WAS GROSSED UP TO COMPENSATE FOR WITHHOLDING OF TAXES. SCHEDULE J, PART I, LINE 1B THE BOXES CHECKED ON LINE 1A ARE BASED ON CONTRACTUAL OBLIGATIONS APPROVED BY THE DUHS COMPENSATION COMMITTEE, NOT A RECURRING POLICY OF THE ORGANIZATION AND HENCE SUBSTANTIATION WAS NOT REQUIRED. SCHEDULE J, PART I, LINE 7 NON-FIXED PAYMENTS: DUHS MAINTAINS AN EXECUTIVE INCENTIVE COMPENSATION PLAN. PAYMENTS UNDER THE PLAN ARE BASED ON PRE-ESTABLISHED PERFORMANCE METRICS AND A FIXED CALCULATION METHODOLOGY APPROVED BY THE DUHS COMPENSATION COMMITTEE WITH ASSISTANCE AND INPUT FROM AN EXECUTIVE COMPENSATION CONSULTING FIRM ASSURING COMPARABILITY WITH SIMILAR SYSTEMS. THE PLAN ALLOWS FOR A MODIFICATION TO AN INDIVIDUAL'S INCENTIVE PAYMENT BASED ON LEADERSHIP COMPETENCIES AND OTHER FACTORS WITH PAYOUTS (AND MODIFICATIONS, IF ANY) APPROVED BY THE DUHS COMPENSATION COMMITTEE.</p>

2019 Schedule J (Form 990) 2018



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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number

56-2070036

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402		04-24-2018	273,320,000	SEE PART VI		X		X		X
<b>B</b>	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402		05-30-2012	214,598,930	SEE PART VI		X		X		X
<b>C</b>	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402		03-19-2015	128,325,000	SEE PART VI		X		X		X
<b>D</b>	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DLJ8	06-28-2012	326,853,753	SEE PART VI		X		X		X

**Part II Proceeds**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Amount of bonds retired . . . . .		13,850,000		189,035,000		6,705,000		23,725,000
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .		273,320,000		214,760,000		128,325,000		326,995,394
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								14,871,185
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .								2,737,864
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .								309,386,345
<b>11</b>	Other spent proceeds . . . . .		273,320,000		214,760,000		128,325,000		
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .					2009		2013	
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X			X
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %		0 %				
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		0 %		0 %				
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .	X			X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .		0.070 %						
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .	X							
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X	X			X
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X		X			X	X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X		X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
<p>SCHEDULE K, PART I, COLUMN F</p>	<p>BOND ISSUE A: THE PURPOSE OF THE BONDS ISSUED 04/24/18 WAS TO CONVERT THE 2005A REVENUE RE FUNDING BONDS TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE. THE PURPOSE OF TH E BONDS ISSUED 03/22/2012 WAS TO REFUND THE 2005ABC BONDS ISSUED ON 08/21/2009, WHICH REFU NDED THE ORIGINAL 2005ABC BONDS ISSUED ON 5/19/2005. THE PURPOSE OF THE BONDS ISSUED 05/19 /2005 WAS TO PARTIALLY REFUND THE 1996C BONDS ISSUED ON 10/24/1996, 1998A BONDS ISSUED ON 08/27/1998, AND THE 1998B BONDS ISSUED ON 10/13/1998. THE BONDS ISSUED 04/24/18 WERE ALSO ISSUED TO CONVERT THE 2016 (B) AND 2016(C) BONDS TO BEAR INTEREST AT A NEW BANK-BOUGHT INDE X FLOATING RATE. SEE ALSO BOND ISSUE B(2) BELOW. BOND ISSUE B: THE PURPOSE OF THE BONDS IS SUED 05/30/2012 WAS TO PARTIALLY REFUND THE 2005ABC BONDS ISSUED ON 03/22/12, WHICH REFUND ED THE 2005ABC BONDS ISSUED ON 08/21/2009, WHICH REFUNDED THE ORIGINAL 2005ABC BONDS ISSUE D ON 5/19/2005. THE PURPOSE OF THE BONDS ISSUED 05/19/2005 WAS TO PARTIALLY REFUND THE 199 6C BONDS ISSUED ON 10/24/1996, 1998A BONDS ISSUED ON 08/27/1998, AND THE 1998B BONDS ISSUE D ON 10/13/1998. BOND ISSUE C: THE PURPOSE OF THE BONDS ISSUED 03/19/2015 WAS TO REFUND TH E 2006ABC BONDS ISSUED ON 10/06/2011, WHICH REFUNDED THE BONDS ISSUED 11/15/2006 FOR HOSPI TAL IMPROVEMENTS INCLUDING: ROUTINE INFRASTRUCTURE, RENOVATION AND IMPROVEMENT PROJECTS AT DUKE UNIVERSITY HOSPITAL AND DUKE RALEIGH HOSPITAL, IMPROVEMENTS TO INFORMATION SYSTEMS, RENOVATION AND EXPANSION OF EMERGENCY DEPARTMENT AT DUKE UNIVERSITY HOSPITAL, HELIPORT AND NEW ROOF IMPROVEMENTS AT DUKE UNIVERSITY HOSPITAL, AND PHASES 1 AND 2 OF AN OPERATING ROO M SUITE RENOVATION AND EXPANSION AT DUKE UNIVERSITY HOSPITAL. BOND ISSUE D: THE PURPOSE OF THE BONDS ISSUED 06/28/12 WAS TO FINANCE PART OF THE COST OF HOSPITAL CAPITAL IMPROVEMENT S INCLUDING: THE CONSTRUCTION OF A MAJOR TERTIARY CARE ADDITION TO DUKE UNIVERSITY HOSPITA L REFERRED TO AS THE DUKE MEDICINE PAVILION (DMP) WHICH INCLUDED A NEW 609,000 SQUARE FOOT TERTIARY CARE ADDITION INCLUDING FOUR 24-BED INTENSIVE CARE UNITS, TWO 32 BED INTERMEDIAT E/STEP-DOWN UNITS, 16 OPERATING ROOMS, EXPANDED IMAGING FACILITIES, AND PATIENT AND FAMILY ORIENTED AMENITIES; A 9,000 SQUARE FOOT SOUTH CONCOURSE CONNECTOR CORRIDOR BETWEEN THE EX ISTING CANCER CENTER AND DUKE CLINICS AND THE DMP; A 46,000 SQUARE FOOT NORTH CONCOURSE CO NNECTOR CORRIDOR BETWEEN THE DMP AND DUKE UNIVERSITY HOSPITAL-NORTH; RENOVATION OF APPROXI MATELY 29,000 SQUARE FEET IN DUKE UNIVERSITY HOSPITAL AND ROAD IMPROVEMENT AND VEHICLE PAR KING PROJECTS REQUIRED TO COMPLETE AND OPERATE THE NEW ADDITION. BOND ISSUE A (2): THE ISS UANCE OF THE BONDS ON 7/25/2018 WAS A DEEMED CURRENT REFUNDING OF THE 2012B BONDS DUE TO T HE CONVERSION OF THE 2012B BONDS TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE . THE PURPOSE OF THE BONDS ISSUED 08/28/2012 WAS TO REFUND THE ORIGINAL 1985B BONDS ISSUED ON 10/02/1985 FOR THE ACQUISITION OF A MAINTENANCE BUILDING, PARKING, AND A DEBT SERVICE FUND, AND TO REFUND THE ORIGIN</p>

Return Reference	Explanation
<p>SCHEDULE K, PART I, COLUMN F</p>	<p>AL 1993A BONDS ISSUED ON 08/12/1993. THE PURPOSE OF THE BONDS ISSUED 08/12/1993 WAS TO PARTIALLY REFUND THE 1991D BONDS ISSUED ON 7/1/1991 AND THE 1985A BONDS ISSUED ON 10/02/1985. THE 2012C BONDS WERE PAID OFF EFFECTIVE JUNE 1, 2015. BOND ISSUE B (2): THE 2016B AND 2016C REVENUE REFUNDING BONDS WERE CONVERTED TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE ON 04/24/18. THE PURPOSE OF THE BONDS ISSUED 05/26/16 WAS TO REFUND THE ORIGINAL 2009A BONDS ISSUED ON 10/22/09 TO FINANCE HOSPITAL IMPROVEMENTS INCLUDING THE AMBULATORY CANCER CENTER AT DUKE UNIVERSITY HOSPITAL AND OTHER RENOVATION AND IMPROVEMENT PROJECTS AT DUKE RALEIGH HOSPITAL, AND TO REFUND THE 2005C BONDS ISSUED ON 05/30/12 AND TO PARTIALLY REFUND THE 2005B BONDS ISSUED ON 05/30/12. THE PURPOSE OF THE BONDS ISSUED ON 05/30/2012 WAS TO PARTIALLY REFUND THE 2005ABC BONDS ISSUED ON 03/22/12, WHICH REFUNDED THE 2005ABC BONDS ISSUED ON 08/21/2009, WHICH REFUNDED THE ORIGINAL 2005ABC BONDS ISSUED ON 5/19/2005. THE PURPOSE OF THE BONDS ISSUED 05/19/2005 WAS TO PARTIALLY REFUND THE 1996C BONDS ISSUED ON 10/24/1996, 1998A BONDS ISSUED ON 08/27/1998, AND THE 1998B BONDS ISSUED ON 10/13/1998. BOND ISSUE C (2): THE PURPOSE OF THE BONDS ISSUED 08/11/16 WAS TO REFUND THE ORIGINAL 2010 A BONDS ISSUED ON 04/2/10 TO FINANCE HOSPITAL CAPITAL IMPROVEMENTS INCLUDING: THE CONSTRUCTION OF A MAJOR TERTIARY CARE ADDITION TO DUKE UNIVERSITY HOSPITAL REFERRED TO AS THE DUKE MEDICINE PAVILION (DMP) WHICH INCLUDED A NEW 582,000 SQUARE FOOT TERTIARY CARE ADDITION INCLUDING FOUR 24-BED INTENSIVE CARE UNITS, TWO 32 BED INTERMEDIATE /STEP-DOWN UNITS, 16 OPERATING ROOMS, EXPANDED IMAGING FACILITIES, AND PATIENT AND FAMILY ORIENTED AMENITIES; A 9,000 SQUARE FOOT SOUTH CONCOURSE CONNECTOR CORRIDOR BETWEEN THE EXISTING CANCER CENTER AND DUKE CLINICS AND THE DMP; A 46,000 SQUARE FOOT NORTH CONCOURSE CONNECTOR CORRIDOR BETWEEN THE DMP AND DUKE UNIVERSITY HOSPITAL-NORTH; RENOVATION OF APPROXIMATELY 29,000 SQUARE FEET IN DUKE UNIVERSITY HOSPITAL AND ROAD IMPROVEMENT AND VEHICLE PARKING PROJECTS REQUIRED TO COMPLETE AND OPERATE THE NEW ADDITION. BOND ISSUE D (2): DRAW-DOWN FINANCING LEASE PROGRAM WITH SUNTRUST EQUIPMENT FINANCE &amp; LEASING CORP. IN THE MAXIMUM PRINCIPAL AMOUNT OF \$40,000,000 TO FINANCE MEDICAL, COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. BOND ISSUE A (3): SCHEDULE NO. 1 OF THE FINANCING LEASE PROGRAM WITH TD EQUIPMENT FINANCE IN THE PRINCIPAL AMOUNT OF \$1,937,324 TO FINANCE MEDICAL, COMPUTER, OFFICE, AND CAPITAL EQUIPMENT ISSUE PRICE DIFFERS FROM THAT SHOWN ON FORM 8038 BECAUSE FORM 8038 ASSUMED ALL SCHEDULES UNDER THE PROGRAM WOULD BE DRAWN DOWN AS ONE (\$40,000,000) ISSUE, BUT NOW SCHEDULE NO. 1 IS SINGLE ISSUE. BOND ISSUE B (3): DRAW-DOWN FINANCING LEASE PROGRAM WITH TD EQUIPMENT FINANCE, OTHER THAN SCHEDULE 1, IN THE MAXIMUM PRINCIPAL AMOUNT OF \$38,062,676 TO FINANCE MEDICAL, COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. SCHEDULE K, PART II, LINE 3, BOND ISSUE (B): PROCEEDS INCLUDE ISSUE PRICE PLUS ORIGINAL</p>

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	<p>             ISSUE DISCOUNT / UPFRONT FEE PAID DIRECTLY BY DUHS TO THE BANK UPON ISSUANCE. SCHEDULE K, PART II, LINE 3, BOND ISSUE (D): PROCEEDS INCLUDE INVESTMENT EARNINGS. SCHEDULE K, PART II , LINE 3, BOND ISSUES D (2), A (3), AND B (3): PROCEEDS REFLECT ACTUAL PRINCIPAL DRAWN DOWN UNDER DRAW DOWN FINANCING LEASE PROGRAM. SCHEDULE K, PART III, B (2), LINES 4-6: RESPONSES REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE ALLOCABLE TO THE REFUNDING OF THE 2 009A BONDS. SCHEDULE K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2), B (2), AND C ( 2): BOND ISSUE (A) COMPLETED 06/01/19; (B) COMPLETED 05/30/17; (D) COMPLETED 05/31/17; A(2 ) COMPLETED 07/25/18; B(2) COMPLETED 06/01/19; AND C (2) COMPLETED 08/01/17. AS TO D(2), A( 3), AND B(3), NO ARBITRAGE COMPUTATION WAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED. BOND ISSUES (A), (B), (C), AND A (2): THESE PROCEEDS WERE DISBURSED OR DEEMED DISBURSED UP ON ISSUANCE TO CURRENTLY REFUND THE PRIOR BONDS. BOND ISSUES D (2), A (3), AND B (3): SALES PROCEEDS ALLOCATED UPON ISSUANCE AND NOT INVESTED. SCHEDULE K, PART III, LINE 8C, BOND I SSUE (C) : DISPOSITION WAS THE SUBJECT OF A CLOSING AGREEMENT ACCEPTED AND CLOSED WITH THE IRS IN OCTOBER 2014 THROUGH THE TAX EXEMPT BONDS VOLUNTARY CLOSING AGREEMENT PROGRAM.           </p>

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number

56-2070036

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402		07-25-2018	28,650,000	SEE PART VI		X		X		X
<b>B</b>	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DUD1	05-26-2016	383,990,154	SEE PART VI		X		X		X
<b>C</b>	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DVK4	08-11-2016	140,200,389	SEE PART VI		X		X		X
<b>D</b>	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402		04-21-2015	40,000,000	SEE PART VI		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	5,160,000		212,930,000				7,444,099	
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	28,650,000		383,990,154		140,200,389		19,035,078	
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .			201,888,819		139,008,505			
<b>7</b>	Issuance costs from proceeds . . . . .			2,101,335		1,191,884			
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .							19,035,078	
<b>11</b>	Other spent proceeds . . . . .	28,650,000		180,000,000					
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .							2017	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X			X		X
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X		X			X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶				0 %		0 %		
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶				0 %		0 %		
<b>6</b> Total of lines 4 and 5 . . . . .				0 %		0 %		
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X			X		X	X	
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .		X	X		X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X			X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number  
56-2070036

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402		10-26-2017	1,937,324	SEE PART VI		X		X		X
<b>B</b>	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402		05-10-2018	38,062,676	SEE PART VI		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	627,549		1,015,870					
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	1,937,324		9,262,883					
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .								
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .	1,937,324		9,262,883					
<b>11</b>	Other spent proceeds . . . . .								
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2018							
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .		X		X				
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X				
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X			X				
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %		0 %				
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		0 %		0 %				
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X		X					
<b>b</b> Exception to rebate? . . . . .		X		X				
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number 56-2070036

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BIOVENTUS LLC	SEE PART V	582,574	SEE PART V		No
(2) DANIEL J SCOTT MD	SEE PART V	65,748	SEE PART V		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:	(A) NAME OF INTERESTED PERSON: BIOVENTUS, LLC(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BIOVENTUS, LLC DIRECTORS ARE DUHS, INC. DIRECTORS(C) AMOUNT OF TRANSACTION: \$582,574(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR GOODS OR SERVICES(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON: DANIEL J. SCOTT, MD(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: DANIEL J. SCOTT, MD IS A FAMILY MEMBER OF A DUHS, INC. DIRECTOR(C) AMOUNT OF TRANSACTION: \$65,748(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number  
56-2070036

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	2	2	ESTIMATE
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		15,658	FMV
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	7	51,906	MARKET QUOTE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	2	300	FMV
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	1	24,000	FMV
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ENTERTAINMENT ) . . . . .	X	51	19,648	VARIOUS
26 Other ▶ ( SPORTS ) . . . . .	X	15	4,162	VARIOUS
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B:	DUKE UNIVERSITY HEALTH SYSTEM, INC. USES INVESTMENT BROKERS TO SELL INVESTMENTS. DUKE UNIVERSITY HEALTH SYSTEM, INC. MAY OCCASIONALLY USE THIRD PARTIES TO SELL OTHER TYPES OF NON-CASH CONTRIBUTIONS, AS THE NEED ARISES.

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number

56-2070036

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1, & PART III, DESCRIPTION OF ORGANIZATION MISSION:	DUHS, AS PART OF DUKE HEALTH, IS COMMITTED TO ADVANCING HEALTH TOGETHER BY DELIVERING TOMORROW'S HEALTH CARE TODAY, ACCELERATING DISCOVERY AND ITS TRANSLATION, CREATING EDUCATION THAT IS TRANSFORMING, BUILDING HEALTHY COMMUNITIES, AND CONNECTING WITH THE WORLD TO IMPROVE HEALTH GLOBALLY.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS HISTORY AND ORGANIZATION IN 1925, JAMES B. DUKE WILLED \$4 MILLION TO ESTABLISH DUKE UNIVERSITY HOSPITAL AND ITS MEDICAL SCHOOL TO IMPROVE HEALTH CARE IN THE CAROLINAS, THEN A POOR REGION LACKING HOSPITALS AND HEALTH CARE PROVIDERS. DUKE UNIVERSITY HOSPITAL HAS GROWN TO BE RECOGNIZED AS ONE OF THE WORLD'S GREAT HEALTH CARE PROVIDERS. IN 1998 AND CONCURRENT WITH ACQUIRING CONTROL OF TWO LOCAL COMMUNITY HOSPITALS, THE DUKE UNIVERSITY BOARD OF TRUSTEES ESTABLISHED DUKE UNIVERSITY HOSPITAL AS THE FLAGSHIP OF THE NEWLY INCORPORATED DUKE UNIVERSITY HEALTH SYSTEM, INC. (DUHS) TO MANAGE A WIDE RANGE OF HEALTH CARE PROGRAMS AT THE SAME HIGH LEVEL OF QUALITY THAT HAS TRADITIONALLY MADE DUKE UNIVERSITY HOSPITAL A WORLD LEADER. THIS NETWORK OF REGIONAL HEALTH CARE ORGANIZATIONS IS DEDICATED TO EMPLOYING DUKE'S STRENGTHS IN PATIENT CARE, EDUCATION, AND RESEARCH. DUHS IS A COMPONENT OF DUKE HEALTH WHICH CONCEPTUALLY INTEGRATES THE DUKE UNIVERSITY SCHOOL OF MEDICINE, DUKE-NUS MEDICAL SCHOOL, DUKE UNIVERSITY SCHOOL OF NURSING, DUKE UNIVERSITY HEALTH SYSTEM, PRIVATE DIAGNOSTIC CLINIC (DUKE PHYSICIANS PRACTICE), AND INCORPORATES THE HEALTH AND HEALTH RESEARCH PROGRAMS WITHIN THE DUKE GLOBAL HEALTH INSTITUTE AS WELL AS THOSE IN SCHOOLS AND CENTERS ACROSS DUKE UNIVERSITY, INCLUDING THE DUKE ROBERT J. MARGOLIS CENTER FOR HEALTH POLICY. THE DUKE HEALTH CLINICAL ENTERPRISE IS INTENDED TO FUNCTION AS A FULLY ALIGNED AND UNIFIED ORGANIZATION FOCUSED ON IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE, DELIVERING ADVANCED TREATMENT FOR THOSE WHO NEED IT, AND EXTENDING NEW KNOWLEDGE BEYOND OUR SYSTEMS TO THE BENEFIT OF OTHERS. LEVERAGING THE DEPTH AND BREADTH OF CAPABILITIES THAT EXIST ACROSS DUKE HEALTH AND THE ENTIRE UNIVERSITY, WE PLAN TO ACHIEVE THE VISION TO DELIVER TOMORROW'S HEALTH CARE TODAY BY LEADING IN THE DELIVERY OF HIGHEST-QUALITY, PATIENT CENTERED CARE, INTEGRATING TO OPTIMIZE COORDINATION OF CARE, GROWING AND EXTENDING OUR REACH LOCALLY, REGIONALLY, AND NATIONALLY, INVESTING IN INNOVATION TO CREATE SUSTAINABLE DIFFERENTIATION AND VALUE AND DELIVERING ON THE PROMISE OF POPULATION HEALTH. MANY PROGRAM SERVICE ACCOMPLISHMENTS ARE INCLUDED IN SCHEDULE H OF THIS FORM INCLUDING THE FINANCIAL COMMITMENT MADE TO THE COMMUNITY BY DUHS IN TERMS OF CHARITY CARE AND OTHER DIRECT AND MEASURABLE INVESTMENTS. FURTHER DETAIL OF DUHS' COMMITMENT TO PROMOTING HEALTH, WELLNESS, AND ACCESS TO QUALITY CARE FOR THE PEOPLE AND COMMUNITIES IT SERVES IS REPORTED IN DUHS' ANNUAL COMMUNITY BENEFIT REPORT. THE 2020 REPORT WHICH CONTAINS FY2019 FINANCIAL DATA IS AVAILABLE ONLINE AT <a href="https://corporate.dukehealth.org/community">HTTPS://CORPORATE.DUKEHEALTH.ORG/COMMUNITY</a></p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DIRECTORS JACK O. BOVENDER, JR., WILLIAM HAWKINS, MICHAEL MARSICANO, VINCENT E. PRICE, CAR MICHAEL ROBERTS, NANCY M. SCHLICHTING, AND STEVEN M. SCOTT, MD ARE TRUSTEES OF DUKE UNIVERSITY. DIRECTOR AND PRESIDENT/CEO, A. EUGENE WASHINGTON, MD, IS AN OFFICER OF DUKE UNIVERSITY. DIRECTOR MARY E. KLOTMAN, MD IS A KEY EMPLOYEE OF DUKE UNIVERSITY. THE FOLLOWING INDIVIDUALS ARE EMPLOYEES OF DUKE UNIVERSITY: ANN M. REED AND JOHN H. SAMPSON, MD. DIRECTOR AND PRESIDENT/CEO, A. EUGENE WASHINGTON, MD, AND OFFICERS WILLIAM J. FULKERSON, MD, AND KENNETH C. MORRIS ARE DIRECTORS OF DURHAM CASUALTY COMPANY, LTD. DIRECTOR AND PRESIDENT/CEO, A. EUGENE WASHINGTON, MD, AND OFFICERS WILLIAM J. FULKERSON, MD, ANN M. REED, AND JOHN H. SAMPSON, MD ARE BOARD MEMBERS OF PRIVATE DIAGNOSTIC CLINIC, PLLC. OFFICERS WILLIAM J. FULKERSON, MD AND KENNETH C. MORRIS ARE BOTH DIRECTORS AND OFFICERS OF HEALTH SYSTEM MEDICAL STRATEGIES, INC. WILLIAM HAWKINS AND SUSAN STALNECKER ARE BOTH DIRECTORS OF BIOVENTUS, LLC.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 3	DUHS DELEGATES CONTROL TO A SUPPORTING ORGANIZATION FOR THE MANAGEMENT OF INVESTMENTS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE BOARD OF DIRECTORS OF DUHS, OTHER THAN THE EX OFFICIO MEMBERS, WILL BE NOMINATED BY THE BOARD OF DIRECTORS OF DUHS, AND WILL BE APPOINTED BY THE BOARD OF TRUSTEES OF DUKE UNIVERSITY. MEMBERS OF THE BOARD OF DIRECTORS OF DUHS WILL BE SUBJECT TO REMOVAL AT THE DISCRETION OF THE BOARD OF TRUSTEES OF DUKE UNIVERSITY IN ACCORDANCE WITH THE BYLAWS OF DUHS.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE DUHS BYLAWS PROVIDE THAT DUHS MUST OBTAIN DUKE UNIVERSITY BOARD OF TRUSTEES APPROVAL FOR CERTAIN SIGNIFICANT TRANSACTIONS REGARDING DEBT ISSUANCES, CAPITAL ACQUISITIONS AND TANGIBLE PERSONAL AND REAL PROPERTY SALES.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	AFTER STAFF PREPARATION AND MANAGEMENT REVIEW, THE DUHS FORM 990 IS PRESENTED TO THE DUHS COMPLIANCE/AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION. DUHS BOARD LEVEL COMMENT AND DISCUSSION ARE INCORPORATED INTO THE FORM AS APPROPRIATE PRIOR TO FILING. A FINAL VERSION OF THE FORM IS MADE AVAILABLE TO THE DUHS BOARD OF DIRECTORS FOR FURTHER REVIEW AND COMMENT BEFORE FILING.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	DUHS MONITORS AND ENFORCES COMPLIANCE RELATED TO CONFLICT OF INTEREST VIA AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, RELYING ON SELF DISCLOSURE OF ALL THOSE SUBJECT TO THE COI POLICY.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	<p>THE DUHS COMPENSATION COMMITTEE, COMPRISED OF MEMBERS OF THE DUHS BOARD OF DIRECTORS, REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION FOR CERTAIN DISQUALIFIED PERSONS AND OTHER KEY EMPLOYEES. THE DUHS COMPENSATION COMMITTEE REVIEWS AND RECOMMENDS TO THE DUKE UNIVERSITY COMPENSATION COMMITTEE THE COMPENSATION FOR THE PRESIDENT AND CEO OF DUHS WHO IS ALSO AN OFFICER OF DUKE UNIVERSITY. DUHS HAS ADOPTED A STATEMENT OF COMPENSATION PHILOSOPHY THAT ARTICULATES BROAD OBJECTIVES TO HELP GUIDE THE DUHS COMPENSATION COMMITTEE IN ITS MISSION. THE DUHS COMPENSATION COMMITTEE ENGAGES THE SERVICES OF AN OUTSIDE EXECUTIVE COMPENSATION CONSULTING FIRM TO ESTABLISH COMPARABILITY DATA OF OTHER HEALTH CARE SYSTEMS OF SIMILAR SIZE AND COMPLEXITY AS DUHS. THE DUHS COMPENSATION COMMITTEE REVIEWS THE MARKET ANALYSIS THEN DETERMINES THE REASONABLENESS AND APPROPRIATENESS OF ALL ASPECTS OF EXECUTIVE COMPENSATION. THE DUHS COMPENSATION COMMITTEE ALSO SETS THE METRICS AND APPROVES THE PAYOUTS FOR THE DUHS INCENTIVE COMPENSATION PLANS FOR THESE INDIVIDUALS. THE DELIBERATIONS AND CONCLUSIONS OF THE DUHS COMPENSATION COMMITTEE ARE KEPT BY A RECORDING SECRETARY WHO RECORDS THE MINUTES OF THE COMMITTEE MEETINGS.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	DUKE UNIVERSITY HEALTH SYSTEM, 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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	DUKE UNIVERSITY HEALTH SYSTEM, INC.'S GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND ANY SUBSEQUENT AMENDMENTS OR RESTATEMENTS) ARE AVAILABLE TO THE PUBLIC ON THE NORTH CAROLINA SECRETARY OF STATE WEBSITE. DUKE UNIVERSITY HEALTH SYSTEM, INC. MAKES ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. INDEPENDENTLY AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT: <a href="https://corporate.dukehealth.org/financial-information">HTTPS://CORPORATE.DUKEHEALTH.ORG/FINANCIAL-INFORMATION</a>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	NONPERIODIC CHANGES IN DEFINED BENEFIT PLANS: -179,438,870. NET TRANSFERS TO THE UNIVERSIT Y AND AFFILIATES: -134,300,921. CHANGE IN MARKET VALUE OF DERIVATIVES: -20,387,832. DEEMED DIVIDEND -6,635,025.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DUKE UNIVERSITY HEALTH SYSTEM INC

**Employer identification number**

56-2070036

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> DUKE PRMO LLC 615 DOUGLAS STREET SUITE 700 DURHAM, NC 27705	MEDICAL BILLING	NC	157,257,279	2,197,599	DUKE UNIVERSITY HEALTH SYSTEM INC
<b>(2)</b> DUHS GLOBAL LLC 310 BLACKWELL STREET 4TH FLOOR BOX DURHAM, NC 27710	SUPPORT	NC	0	0	DUKE UNIVERSITY HEALTH SYSTEM INC
<b>(3)</b> SAME DAY SURGERY CENTER FRANKLIN LLC 310 BLACKWELL STREET 4TH FLOOR BOX DURHAM, NC 27710	SUPPORT	NC	0	0	DUKE UNIVERSITY HEALTH SYSTEM INC

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		<b>No</b>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		<b>No</b>
<b>f</b> Dividends from related organization(s) . . . . .		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .		<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .		<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .		<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<b>No</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		<b>No</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		<b>No</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		<b>No</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>Yes</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>Yes</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		<b>No</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		<b>No</b>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>Yes</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>Yes</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

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



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

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

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 56-2070036  
**Name:** DUKE UNIVERSITY HEALTH SYSTEM INC

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1845329	HEALTHCARE	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1465177	INVESTMENTS	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1594088	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
310 BLACKWELL ST DURHAM, NC 27701 42-1672476	EDUCATION	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211078	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 61-1588319	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
PO BOX 2895 DURHAM, NC 27710 56-1825604	SUPPORT	NC	501(C)(3)	12 TYPE III-O	N/A		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 46-3129771	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 46-1340679	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1701245	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1902501	HEALTHCARE	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211099	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-0532129	EDUCATION	NC	501(C)(3)	LINE 2	N/A		No
280 S MANGUM STREET STE 210 DURHAM, NC 27701 90-0754895	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1757238	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917936	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1776668	INVESTMENTS	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
280 S MANGUM STREET STE 210 DURHAM, NC 27701 27-1325761	INVESTMENTS	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917939	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 32-0358709	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 65-0045051	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
1317 PETTIGREW STREET DURHAM, NC 27705 56-1655039	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1415423	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1150667	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1143245	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1133466	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-5555092	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 81-1309454	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
324 BLACKWELL STREET STE 850 DURHAM, NC 27701 81-2623775	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
310 BLACKWELL STREET 4TH FLOOR DURHAM, NC 27701 81-5328550	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		No
2200 WEST MAIN STREET DURHAM, NC 27705 56-1632379	BANKING	NC	501(C)(1)		N/A		No
324 BLACKWELL STEET STE 850 DURHAM, NC 27701 83-3076664	SUPPORT	NC	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BLACKWELL PARTNERS LLC - SERIES A - 20-8075455  280 S MANGUM ST STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				No			No	
(1) CANYON BLUE INV FD 27- 0186996  AVE OF STARS LA, CA 90067	INVESTMENTS	DE	N/A	N/A				No			No	
(2) CD FUND LP - 27-0130641  MCKINNEY AVE DALLAS, TX 75201	INVESTMENTS	TX	N/A	N/A				No			No	
(3) LIQUID REALTY PTR 05-0537755  LINDA MESA DANVILLE, CA 94526	INVESTMENTS	DE	N/A	N/A				No			No	
(4) LYRICAL BLUE RL PT 27-2994514  32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(5) LYRICAL-BLUE RGNT 45- 3626577  32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(6) SBER LUCKY STRIKE 20- 3891303  310 BLACKWELL ST DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				No			No	
(7) MANGUM II LLC - 46-5135858  280 S MANGUM STREET STE 210 DURHAM, NC 27701	INVESTMENTS	NC	N/A	N/A				No			No	
(8) LS INVESTOR LLC 20-3891381  310 BLACKWELL ST DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				No			No	
(9) DILWEG BLUE PF LP 47-1225569  5310 S ALSTON AVE STE 210 DURHAM, NC 27713	INVESTMENTS	DE	N/A	N/A				No			No	
(10) LYRICAL BLUE RL PT IV 47- 2172270  32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(11) LYRICAL BLUE CHP PT 35- 2503856  32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(12) LIQUID RLT PTR II TE - 20- 4362819  10 MARKET ST 769 CAMANA BAY GRAND CAYMAN KY1-9006 CJ	INVESTMENTS	DE	N/A	N/A				No			No	
(13) STRATUS CAPITAL PARTNERS C LP  50 LOTHIAN ROAD FESTIVAL SQUARE EDINBURGH EH3 9WJ UK	INVESTMENTS	UK	N/A	N/A				No			No	
(14) ALTOS HYBRID D LLC  2882 SAND HILL ROAD SUITE 100 MENLO PARK, CA 94025 47-3996176	INVESTMENTS	DE	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) GPE HOLDCO LLC  2000 AVE OF THE STARS 11TH FL LOS ANGELES, CA 90067 47-5652832	INVESTMENTS	DE	N/A	N/A				No			No	
(1) BLACKWELL PARTNERS LLC - SERIES C  280 S MANGUM ST STE 210 DURHAM, NC 27701 81-1264533	INVESTMENTS	DE	N/A	N/A				No			No	
(2) BLACKWELL PARTNERS LLC - SERIES B  280 S MANGUM ST STE 210 DURHAM, NC 27701 47-2530719	INVESTMENTS	DE	N/A	N/A				No			No	
(3) BLACKWELL PARTNERS LLC - SERIES D  280 S MANGUM ST STE 210 DURHAM, NC 27701 81-3385353	INVESTMENTS	DE	N/A	N/A				No			No	
(4) BLACKWELL PARTNERS LLC - SERIES E  280 S MANGUM ST STE 210 DURHAM, NC 27701 81-1511048	INVESTMENTS	DE	N/A	N/A				No			No	
(5) ALTOS HYBRID 2D LLC - 81-5176567  2882 SAND HILL ROAD STE 100 MENLO PARK, CA 94025	INVESTMENTS	DE	N/A	N/A				No			No	
(6) GILEAD CAPITAL PARTNERS LP  157 COLUMBUS AVE SUITE 403 NEW YORK, NY 10023 32-0520146	INVESTMENTS	DE	N/A	N/A				No			No	
(7) TOWER VIEW LIMITED  89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9007 CJ	INVESTMENTS	CJ	N/A	N/A				No			No	
(8) ENIAC SPECIAL GAMMA LLC  604 MISSION STREET 10TH FL SAN FRANCISCO, CA 94105 85-5033123	INVESTMENTS	DE	N/A	N/A				No			No	
(9) FOURPOINT HOLDINGS LLC  100 ST PAUL STREET STE 400 DENVER, CO 80206 46-4275257	INVESTMENTS	DE	N/A	N/A				No			No	
(10) LYRICAL-BLUE 100 KINGSHIGHWAY PARTNERS LP  32 N DEAN ST ENGLEWOOD, NJ 07631 82-3708328	INVESTMENTS	DE	N/A	N/A				No			No	
(11) LYRICAL-BLUE SOTP PARTNERS LP  32 N DEAN ST ENGLEWOOD, NJ 07631 81-4468378	INVESTMENTS	DE	N/A	N/A				No			No	
(12) WASHINGTON GOTHIC LP  593 WASHINGTON STREET WELLESLEY, MA 02482 83-4516893	INVESTMENTS	DE	N/A	N/A				No			No	
(13) DUKE TRIANGLE ENDOSCOPY CENTER LLC  1A BURTON HILLS BLVD NASHVILLE, TN 37215 20-4257024	HEALTHCARE	NC	N/A	N/A				No			No	
(14) COLONY INVESTORS III LP  515 S FLOWER ST 44TH FL LOS ANGELES, CA 90071 95-4665622	INVESTMENTS	DE	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) DWELLWORKS CO-INVESTMENT LLC  7 TIMES SQUARE STE 4307 NEW YORK, NY 10036 83-2165945	INVESTMENTS	DE	N/A	N/A				No			No	
(1) BEP LEGACY 1C LLC  1001 FANNIN ST STE 800 HOUSTON, TX 77002 27-3871932	INVESTMENTS	DE	N/A	N/A				No			No	
(2) WELLINGTON TRUST CO NA - CTF OPP FIXED INC ALLOC II POR  280 CONGRESS STREET BOSTON, MA 02210 83-1264831	INVESTMENTS	DE	N/A	N/A				No			No	
(3) INNOVEX CO-INVEST FUND LP  1221 MCKINNEY ST STE 4100 HOUSTON, TX 77010 84-1799796	INVESTMENTS	DE	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) DUKE CE LS INC 310 BLACKWELL STREET DURHAM, NC 27701 20-2004016	REAL ESTATE	NC	N/A	C					No
(1) DUKE CE (SEA) PRIVATE LIMITED 1 RAFFLES PLACE TOWER 2 SINGAPORE 048616 SN	SUPPORT	SN	N/A	C					No
(2) DUKE CORP EDU INDIA PRIVATE ACADEMIC BLOCK NEW CAMPUS VASTRAPUR, AHMEDABAD 380015 IN 42-1672476	CONSULTING	IN	N/A	C					No
(3) DUKE CORPORATE EDUCATION LIM 165 FLEET STREET LONDON EC4A 2DY UK 42-1672476	EDUCATION CONSULTING	UK	N/A	C					No
(4) DUKE CORPORATE EDUCATION RSA GROUND FLOOR TWICKEHNHAM BLDG BRYANSTON, JOHANNESBURG 02021 SF 42-1672476	CONSULTING	SF	N/A	C					No
(5) DUKE GLOBAL CONSULTING (KUNSHAN) 1666 WEI CHEN NAN RD KUNSHAN PR, KUNSHAN 215300 CH	CONSULTING	CH	N/A	C					No
(6) DUKE MEDICAL STRATEGIES INC 2200 WEST MAIN STREET STE 920 DURHAM, NC 27705 56-1993799	HEALTHCARE	NC	N/A	C					No
(7) DUKE MEDICINE ASIA PTE LTD 5 SHENTON WAY 07-00 UIC BLD SING 0688 SN	MEDICAL RESEARCH	SN	N/A	C					No
(8) DURHAM CASUALTY COMPANY LTD AON HOUSE 30 WOODBOURNE AVE PEMBROKE HM 08 BD 98-0113277	INSURANCE	BD	DUHS INC	C	21,378,856	239,429,176	100.000 %	Yes	
(9) DUSVF EUROPEAN LP 7 CAVENDISH SQUARE LONDON W1G 0PE UK 98-0346042	INVESTMENTS	UK	N/A	C					No
(10) GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET QUEENSGATE HOU GRAND CAYMAN KY1-1108 CJ	INVESTMENTS	CJ	N/A	C					No
(11) HEALTH SYSTEM MEDICAL STRATEGIES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-2222444	HEALTH CARE	NC	DUHS INC	C	11,573	-4,737	100.000 %	Yes	
(12) MARATHON BLUE CAYMAN FUND 89 NEXUS WAY PO BOX 31106 GRAND CAYMAN KY1-1205 CJ	INVESTMENTS	CJ	N/A	C					No
(13) GHI HOLDINGS MAURITIUS 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
(14) GHI ERP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) GHI HSP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
(1) GHI JBD LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
(2) GHI LTP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
(3) MCP PRIVATE CAPITAL (FEEDER) FUND I LP 6 RUE GABRIEL LIPPMANN LUXEMBOURG L-5365 LU	INVESTMENTS	LU	N/A	C					No
(4) DUKE INDIA SERVICES PRIVATE LIMITED 302 PRIDE ELITE 10 MUSEUM ROAD BANGALORE, KARNATAKA 560001 IN	MEDICAL RESEARCH	IN	N/A	C					No
(5) CPP OFFICE PORTFOLIO (FEEDER) LP 50 LOTHIAN ROAD FESTIVAL SQUARE EDINBURGH EH3 9WJ UK 98-1152490	REAL ESTATE	UK	N/A	C					No

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

(a)	Name of related organization	(b)	Transaction type(a-s)	(c)	Amount Involved	(d)	Method of determining amount involved
(1)	DUKE UNIVERSITY AFFILIATED PHYSICIANS INC		R		36,528,830		FMV
(1)	ASSOCIATED HEALTH SERVICES INC		S		5,309,724		FMV
(2)	ASSOCIATED HEALTH SERVICES INC		O		5,148,516		FMV
(3)	DURHAM CASUALTY COMPANY INC		R		10,937,586		FMV
(4)	DURHAM CASUALTY COMPANY INC		S		9,279,222		FMV
(5)	DUKE AFFILIATIONS NETWORK INC		S		105,993		FMV
(6)	DUKE INTEGRATED NETWORK INC		E		6,822,385		FMV
(7)	GOTHIC HSP CORPORATION		B		513,182,352		FMV
(8)	GOTHIC HSP CORPORATION		C		453,691,252		FMV