

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

**2017**Open to Public  
Inspection**A** For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018****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)

324 BLACKWELL ST., WASHIN. BLDG.

Room/suite

850

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

DURHAM, NC 27701

**F** Name and address of principal officer: A. EUGENE WASHINGTON, MD

615 DOUGLAS ST., STE. 700, DURHAM, NC 27705

**D** Employer identification number

56-2070036

**E** Telephone number

(919) 668-8910

**G** Gross receipts \$ 6,366,932,563.**H(a)** Is this a group returnfor 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**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT		
	<b>2</b>	Check this box <input type="checkbox"/> 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>	20
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	20101
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	1303
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	5,973,368.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-5,489,732.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	2,882,117.	4,064,813.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,118,023,960.	3,332,141,722.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	136,108,446.	158,638,074.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,659,951.	81,606,317.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,331,674,474.	3,576,450,926.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	1,615,585.	1,817,270.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	1,392,576,407.	1,455,535,843.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 155,114.	0.	0.
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,544,991,410.	1,669,040,569.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,939,183,402.	3,126,393,682.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	392,491,072.	450,057,244.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	5,374,830,842.	5,904,321,303.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	2,654,271,874.	2,509,540,735.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	KENNETH C. MORRIS, SVP, CFO, TREASURER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	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 ☒ **X****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 \$ 2,342,840,459. including grants of \$ 1,817,270. ) (Revenue \$ 3,383,485,755. )

SEE SCHEDULE O

**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 **2,342,840,459.**Form **990** (2017)

**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)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<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? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>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? <i>If "Yes," complete Schedule C, Part II</i>	X	
<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? <i>If "Yes," complete Schedule C, Part III</i>		X
<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? <i>If "Yes," complete Schedule D, Part I</i>		X
<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? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<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? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
<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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<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? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<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)? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
<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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
<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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<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? <i>If "Yes," complete Schedule G, Part I</i>		X
<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? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
<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	X	
<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	X	
<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? If "Yes," complete Schedule J	X	
<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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<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?		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<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? If "Yes," complete Schedule L, Part I		X
<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? If "Yes," complete Schedule L, Part I		X
<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? If "Yes," complete Schedule L, Part II		X
<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? If "Yes," complete Schedule L, Part III		X
<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? If "Yes," complete Schedule L, Part IV	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
<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? If "Yes," complete Schedule L, Part IV	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<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? If "Yes," complete Schedule R, Part I	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<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)? If "Yes," complete Schedule R, Part V, line 2	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<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? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule OForm **990** (2017)

**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

☒ X

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</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)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<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)?	X	
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</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?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 13		
<b>2</b> 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? ..... <b>2</b>	X	
<b>3</b> 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? ..... <b>3</b>	X	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> 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? ..... <b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> 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 ..... <b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</b> 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? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> 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? ..... <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☒ 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 - (919) 668-8910  
 DUHS, INC., 615 DOUGLAS STREET, SUITE 700, DURHAM, NC 27705

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) FARAD ALI DIRECTOR	1.00 0.00	X						0.	0.	0.
(2) LESLIE E BAINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(3) GAIL BELVETT DIRECTOR	1.00 0.00	X						0.	0.	0.
(4) JACK O BOVENDER JR DIRECTOR	3.00 8.10	X						0.	0.	0.
(5) THOMAS M GORRIE DIRECTOR	3.00 9.00	X						0.	0.	0.
(6) WILLIAM HAWKINS DIRECTOR	8.00 6.00	X						0.	0.	0.
(7) MARY E KLOTMAN MD DIRECTOR	25.00 40.50	X						0.	612,547.	46,707.
(8) MICHAEL MARSICANO DIRECTOR	1.00 4.00	X						0.	0.	0.
(9) LLOYD B MORGAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) MARK F NEWMAN MD DIRECTOR	1.00 50.10	X						0.	133,251.	32,564.
(11) VINCENT E PRICE DIRECTOR	3.00 40.30	X						0.	992,232.	46,239.
(12) ANN REED DIRECTOR	1.00 40.00	X						0.	334,000.	38,351.
(13) CARMICHAEL S ROBERTS DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) SEPIDEH SAIDI DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) NANCY M SCHLICHTING DIRECTOR	6.00 2.00	X						0.	0.	0.
(16) STEVEN M SCOTT MD DIRECTOR	4.00 2.00	X						0.	0.	0.
(17) SUSAN STALNECKER DIRECTOR	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) GEORGE RICHARD WAGONER JR DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) A EUGENE WASHINGTON MD DIRECTOR/PRESIDENT & CEO	33.00 33.10	X		X				0.	2,385,493.	145,527.
(20) JAMES WHITEHURST DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) MONTE D BROWN MD VP FOR ADMINISTRATION/SECRETARY	60.00 0.10			X				855,056.	0.	49,850.
(22) WILLIAM J FULKERSON MD EXECUTIVE VP, DUHS	60.00 0.60			X				1,626,611.	0.	38,235.
(23) KENNETH C MORRIS SVP, CFO, TREASURER	40.00 0.90			X				1,416,787.	0.	43,017.
(24) MARY ANN FUCHS VP-PATIENT CARE/CHIEF NURSE EXEC	60.00 0.00				X			518,878.	0.	39,851.
(25) KATHLEEN GALBRAITH PRESIDENT, DUKE REGIONAL HOSPITAL	60.00 1.00				X			665,676.	0.	51,212.
(26) KEVIN SOWERS PRESIDENT, DUKE UNIVERSITY HOSPITAL	64.00 0.00				X			846,602.	0.	44,839.
<b>1b Sub-total</b>								5,929,610.	4,457,523.	576,392.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,685,648.	107,815.	280,962.
<b>d Total (add lines 1b and 1c)</b>								9,615,258.	4,565,338.	857,354.

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

1,987

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRIVATE DIAGNOSTIC CLINIC PLLC 4101 ROXBORO RD, DURHAM, NC 27710	MEDICAL SERVICES	136,240,960.
KILPATRICK TOWNSEND & STOCKTON LLP 1100 PEACHTREE ST, ATLANTA, GA 30309	CONSULTING SERVICES	23,800,742.
ROBINS & MORTON GROUP 400 SHADES CREEK PKW, BIRMINGHAM, AL 35209	CONSTRUCTION SERVICES	22,217,961.
ARAMARK SERVICES LLC, 1101 MARKET ST, STE 450, PHILADELPHIA, PA 19107	FOOD SERVICES	11,191,941.
METRO TITLE COMPANY LLC 726 N BLOUNT ST, RALEIGH, NC 27604	TITLE SERVICES	10,961,160.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		344

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)



**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>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	53,434.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	434,232.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,577,147.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		91,944.				
	<b>h Total.</b> Add lines 1a-1f .....		4,064,813.				
<b>Program Service Revenue</b>	<b>2 a</b> PATIENT REVENUE .....	<b>Business Code</b>	621990	3,300,148,044.	3,300,148,044.		
	<b>b</b> ANCILLARY MEDICAL SVCS .....		621990	31,655,439.	31,655,439.		
	<b>c</b> MEDICAL SERVICES .....		621990	338,239.	338,239.		
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		3,332,141,722.				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			22,971,106.		5,973,368.
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....				10,784,541.			10,784,541.
<b>6 a</b> Gross rents .....		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses .....							
<b>c</b> Rental income or (loss) .....							
<b>d</b> Net rental income or (loss) .....				1,771,507.			1,771,507.
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....							
<b>c</b> Gain or (loss) .....							
<b>d</b> Net gain or (loss) .....				135,666,968.			135,666,968.
<b>8 a</b> Gross income from fundraising events (not including \$ 53,434. of contributions reported on line 1c). See Part IV, line 18 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from fundraising events .....				-12,159.			-12,159.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....							
<b>b</b> Less: cost of goods sold .....							
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> BILLING FEES .....		621990	40,881,108.	40,881,108.			
<b>b</b> DEEMED DIVIDEND .....		900003	9,084,890.			9,084,890.	
<b>c</b> LAB SERVICES .....		621990	3,604,708.	3,604,708.			
<b>d</b> All other revenue .....		621990	15,491,722.	6,858,217.		8,633,505.	
<b>e Total.</b> Add lines 11a-11d .....			69,062,428.				
<b>12 Total revenue.</b> See instructions. ....			3,576,450,926.	3,383,485,755.	5,973,368.	182,926,990.	

**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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,560,879.	1,560,879.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	72,361.	72,361.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	184,030.	184,030.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	6,867,355.	621,737.	6,204,434.	41,184.
<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)	71,809.	71,809.		
<b>7</b> Other salaries and wages	1,153,870,795.	783,204,063.	370,606,233.	60,499.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,597,415.	36,433,645.	22,159,591.	4,179.
<b>9</b> Other employee benefits	150,756,990.	94,999,639.	55,752,604.	4,747.
<b>10</b> Payroll taxes	85,371,479.	57,662,911.	27,704,118.	4,450.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	11,306,503.	10,645,962.	660,541.	
<b>b</b> Legal	3,288,370.	51,276.	3,237,094.	
<b>c</b> Accounting	542,000.		542,000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	4,288,623.		4,288,623.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	260,742,027.	156,917,479.	103,820,735.	3,813.
<b>12</b> Advertising and promotion	4,808,364.	121,466.	4,686,558.	340.
<b>13</b> Office expenses	34,136,526.	20,609,580.	13,492,075.	34,871.
<b>14</b> Information technology	54,348,973.	4,286,240.	50,062,733.	
<b>15</b> Royalties				
<b>16</b> Occupancy	65,594,343.	42,100,043.	23,494,298.	2.
<b>17</b> Travel	8,673,418.	5,372,326.	3,300,443.	649.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,823,204.	724,757.	6,098,447.	
<b>20</b> Interest	57,939,696.	304,410.	57,635,286.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	157,728,685.	117,844,021.	39,884,664.	
<b>23</b> Insurance	6,124,730.	6,124,730.		
<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	829,082,185.	829,082,185.		
<b>b</b> EQUIPMENT RENTAL & MAIN	81,446,340.	50,420,300.	31,026,040.	
<b>c</b> MEDICAID ASSESSMENT	81,215,149.	81,215,149.		
<b>d</b> LAUNDRY	9,119,962.	9,119,962.		
<b>e</b> All other expenses	-8,168,529.	33,089,499.	-41,258,408.	380.
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,126,393,682.	2,342,840,459.	783,398,109.	155,114.
<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 ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	89,587.	<b>1</b>	92,406.
	<b>2</b> Savings and temporary cash investments .....	224,797,612.	<b>2</b>	319,923,765.
	<b>3</b> Pledges and grants receivable, net .....	1,036,024.	<b>3</b>	907,192.
	<b>4</b> Accounts receivable, net .....	382,630,005.	<b>4</b>	443,472,764.
	<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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	569,286.	<b>7</b>	429,050.
	<b>8</b> Inventories for sale or use .....	84,835,939.	<b>8</b>	91,549,857.
	<b>9</b> Prepaid expenses and deferred charges .....	23,117,570.	<b>9</b>	27,120,344.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,339,403,811.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,811,441,407.		
	<b>11</b> Investments - publicly traded securities .....	1,450,925,146.	<b>10c</b>	1,527,962,404.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	660,358,948.	<b>11</b>	859,604,561.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,505,806,356.	<b>12</b>	2,588,062,243.
	<b>14</b> Intangible assets .....	21,109,823.	<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	19,554,546.	<b>14</b>	21,465,755.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,374,830,842.	<b>15</b>	23,730,962.	
<b>17</b> Accounts payable and accrued expenses .....	303,899,724.	<b>16</b>	5,904,321,303.	
<b>18</b> Grants payable .....		<b>17</b>	351,954,045.	
<b>19</b> Deferred revenue .....	6,965,255.	<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....	1,069,719,707.	<b>19</b>	6,837,076.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	1,040,985,793.	
<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>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</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 .....	1,273,687,188.	<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,654,271,874.	<b>25</b>	1,109,763,821.	
<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		<b>26</b>	2,509,540,735.	
<b>28</b> Unrestricted net assets .....	2,663,381,238.	<b>27</b>	3,336,152,781.	
<b>29</b> Temporarily restricted net assets .....	43,472,884.	<b>28</b>	44,593,461.	
<b>30</b> Permanently restricted net assets .....	13,704,846.	<b>29</b>	14,034,326.	
<b>31</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>32</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
<b>33</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
<b>34</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>35</b> Total net assets or fund balances .....	2,720,558,968.	<b>33</b>	3,394,780,568.	
<b>36</b> Total liabilities and net assets/fund balances .....	5,374,830,842.	<b>34</b>	5,904,321,303.	

Form **990** (2017)

**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>	3,576,450,926.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,126,393,682.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	450,057,244.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,720,558,968.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	161,439,834.
<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>	62,724,522.
<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>	3,394,780,568.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> 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?		X
<b>b</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		

Form **990** (2017)

**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 instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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 **section 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) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<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 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990 or 990-EZ) 2017

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.)						
<b>14 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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 in line 12 on 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<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))? If "Yes," provide detail in <b>Part VI</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? If "Yes," provide detail in <b>Part VI</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? If "Yes," provide detail in <b>Part VI</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)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**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? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**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>1</b>		
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**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 (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 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. Answer (a) and (b) below.			
<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? If "Yes," then in <b>Part VI</b> 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.		Yes	No
<b>2a</b>			
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<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? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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.

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

**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</b>	<b>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 2017 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-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b>	Distributable amount for 2017 from Section C, line 6		
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.		
<b>3</b>	Excess distributions carryover, if any, to 2017		
<b>a</b>			
<b>b</b>	From 2013		
<b>c</b>	From 2014		
<b>d</b>	From 2015		
<b>e</b>	From 2016		
<b>f</b>	<b>Total</b> of lines 3a through e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2017 distributable amount		
<b>i</b>	Carryover from 2012 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
<b>4</b>	Distributions for 2017 from Section D, line 7: \$		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2017 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b>	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>6</b>	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		
<b>a</b>	Excess from 2013		
<b>b</b>	Excess from 2014		
<b>c</b>	Excess from 2015		
<b>d</b>	Excess from 2016		
<b>e</b>	Excess from 2017		

Schedule A (Form 990 or 990-EZ) 2017

**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.)

PUBLIC INSPECTION COPY

**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

**2017**

**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 organization <b>DUKE UNIVERSITY HEALTH SYSTEM, INC.</b>	Employer identification number <b>56-2070036</b>
--	---

**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.
- 2 Political campaign activity expenditures ..... ▶ \$
- 3 Volunteer hours for political campaign activities .....

**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-.

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

**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.

Limits on Lobbying Expenditures (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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

Schedule C (Form 990 or 990-EZ) 2017

**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?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		206,421.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		157,984.
<b>j</b> Total. Add lines 1c through 1i			364,405.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<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?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

**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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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.

**Part IV** Supplemental Information (continued)

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.

PUBLIC INSPECTION COPY

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **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 instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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 .....

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

Schedule D (Form 990) 2017

**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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 on 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
1a Beginning of year balance	57,177,730.	57,816,285.	57,578,816.	59,083,195.	46,947,089.
b Contributions	3,880,934.	2,312,345.	7,276,856.	4,849,436.	13,413,723.
c Net investment earnings, gains, and losses	2,052,778.	1,810,497.	-1,590,780.	-29,888.	2,988,057.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,483,655.	4,761,397.	5,448,607.	6,323,927.	4,265,674.
f Administrative expenses					
g End of year balance	58,627,787.	57,177,730.	57,816,285.	57,578,816.	59,083,195.

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 ☐ 50.05 %  
 c Temporarily restricted endowment ☐ 49.95 %

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:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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
1a Land		65,023,854.		65,023,854.
b Buildings		1,999,674,382.	877,426,521.	1,122,247,861.
c Leasehold improvements				
d Equipment		806,205,018.	598,087,064.	208,117,954.
e Other		468,500,557.	335,927,822.	132,572,735.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,527,962,404.

Schedule D (Form 990) 2017

**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) HEDGED STRATEGIES	929,691,162.	END-OF-YEAR MARKET VALUE
(B) SHORT-TERM INVESTMENTS	353,533,727.	END-OF-YEAR MARKET VALUE
(C) PRIVATE CAPITAL	586,197,946.	END-OF-YEAR MARKET VALUE
(D) REAL ASSETS	371,327,736.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME	90,333,327.	END-OF-YEAR MARKET VALUE
(F) EQUITIES	181,385,618.	END-OF-YEAR MARKET VALUE
(G) OTHER INVESTMENTS	75,592,727.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,588,062,243.	

**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> (Col. (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.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) INTEREST PAYABLE	12,335,077.	
(3) PROFESSIONAL LIABILITY COSTS	6,999,770.	
(4) POST RETIREMENT BENEFIT OBLIGATION	282,168,000.	
(5) CAPITAL LEASE OBLIGATION	130,661,711.	
(6) DERIVATIVE INSTRUMENTS	56,060,491.	
(7) TAXABLE BOND LIABILITY	586,808,941.	
(8) OTHER NON-CURRENT LIABILITIES	34,729,831.	
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,109,763,821.	

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 ☐

Schedule D (Form 990) 2017

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

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.

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, 2018.

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

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**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017****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" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	EDUCATION	7,000.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	SEMINAR		6,000.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	SEMINAR		6,000.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	EDUCATION	11,000.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	SEMINAR		23,000.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATION	5,000.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTMAKING		10,000.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	EDUCATION	4,000.
<b>3 a</b> Sub-total .....	0	0			72,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			223,000,000.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			223,072,000.

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

Schedule F (Form 990) 2017

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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	SEMINAR		13,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION	1,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		174,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATION	2,000.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		222,810,000.
<b>Totals</b> .....					223,000,000.

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

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	0.		166,675.	MEDICAL EQUIPMENT	FMV
		NORTH AMERICA	GENERAL SUPPORT	10,000.	WIRE	0.		

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

6

Schedule F (Form 990) 2017

Part III can be duplicated if additional space is needed.

[illegible]

**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

Schedule F (Form 990) 2017

**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.

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.

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Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

# 2017

**Open to Public Inspection**

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 <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |  |
- 2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

- 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) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts .....	121,136.			121,136.
	2 Less: Contributions .....	53,434.			53,434.
	3 Gross income (line 1 minus line 2) .....	67,702.			67,702.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....	33,515.			33,515.
	6 Rent/facility costs .....				
	7 Food and beverages .....	20,618.			20,618.
	8 Entertainment .....	6,750.			6,750.
	9 Other direct expenses .....	18,978.			18,978.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				79,861.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-12,159.	

**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))
Revenue	1 Gross revenue .....				
	2 Cash prizes .....				
Direct Expenses	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
Revenue	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

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

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

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

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

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

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

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. THE AGREEMENT BETWEEN DUKE  
UNIVERSITY AND DUKE UNIVERSITY HEALTH SYSTEM, INC. DOES NOT DISTINGUISH

**Part IV** Supplemental Information (continued)

BETWEEN PAYMENTS FOR PROFESSIONAL FUNDRAISING SERVICES AND EXPENSE

PAYMENTS OR REIMBURSEMENTS.

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**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
► **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

**2017**

**Open to Public  
Inspection**

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

**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	X	
<b>b</b> If "Yes," was it a written policy?	X	
<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 _____ %	X	
<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 _____ %	X	
<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"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<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?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			97,699,603.		97,699,603.	3.12%
<b>b</b> Medicaid (from Worksheet 3, column a)			95,186,488.		95,186,488.	3.04%
<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			192,886,091.		192,886,091.	6.16%
<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)			84,027,196.	14,825,214.	69,201,982.	2.21%
<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)			12,355,154.		12,355,154.	.40%
<b>j Total.</b> Other Benefits			96,382,350.	14,825,214.	81,557,136.	2.61%
<b>k Total.</b> Add lines 7d and 7j			289,268,441.	14,825,214.	274,443,227.	8.77%

	(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						
10 Total						

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1	X	
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	22,125,328.	
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		
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.			
<b>Section B. Medicare</b>				
5	Enter total revenue received from Medicare (including DSH and IME) .....	5	567,105,760.	
6	Enter Medicare allowable costs of care relating to payments on line 5 .....	6	692,349,175.	
7	Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-125,243,415.	
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			
<b>Section C. Collection Practices</b>				
9a	Did the organization have a written debt collection policy during the tax year? .....	9a	X	
9b	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	X	

[illegible]



**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)

Name of hospital facility or letter of facility reporting group DUKE UNIVERSITY/DUKE REGIONAL HOSPITALS

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1, 3

	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? .....		X
<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 .....		X
<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 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<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: <u>20 15</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 .....	X	
<b>6a</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 .....	X	
<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 .....	X	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</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 .....	X	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 15</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
<b>a</b> If "Yes," (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>		
<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)? .....		X
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b> If "Yes" to 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)**Name of hospital facility or letter of facility reporting group DUKE UNIVERSITY/DUKE REGIONAL HOSPITALS

	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? .....	<b>13</b>	X
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</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 status		
<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? .....	<b>14</b>	X
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b>	X
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):		
<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? .....	<b>16</b>	X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<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)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group DUKE UNIVERSITY/DUKE REGIONAL HOSPITALS

	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? .....	<b>17</b>	X	
<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:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <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			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <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? .....	<b>19</b>		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <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			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <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):			
a <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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			
<b>Policy Relating to Emergency Medical Care</b>			
<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? .....	<b>21</b>	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group DUKE UNIVERSITY/DUKE REGIONAL HOSPITALS**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>		X
<b>24</b>	X	

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**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)

Name of hospital facility or letter of facility reporting group DUKE RALEIGH HOSPITALLine 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? .....		X
<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 .....		X
<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 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<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: <u>20 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 .....	X	
<b>6a</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 .....	X	
<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 .....	X	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</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 .....	X	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
<b>a</b> If "Yes," (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>		
<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)? .....		X
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b> If "Yes" to 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)**Name of hospital facility or letter of facility reporting group DUKE RALEIGH HOSPITAL

	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? .....	<b>13</b>	X
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b>	X
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b>	X
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):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c <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		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b>	X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>		
c <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>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <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)		
f <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)		
g <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		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <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		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group DUKE RALEIGH HOSPITAL

	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? .....	<b>17</b>	X	
<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:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <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			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <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? .....	<b>19</b>		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <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			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <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):			
a <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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			
<b>Policy Relating to Emergency Medical Care</b>			
<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? .....	<b>21</b>	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group DUKE RALEIGH HOSPITAL**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>		X
<b>24</b>	X	

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**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NOTE: THIS SCHEDULE H CONTAINS REFERENCES TO DUKE AND DUKE HEALTH WHICH ARE

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 HOSPITAL

PART 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 PARTNERSHIP FOR A HEALTHY

DURHAM COMMITTEES.

THE MOST RECENT ASSESSMENT PROCESS CONDUCTED IN CALENDAR YEAR 2014

COMPILED VALID AND RELIABLE INFORMATION ABOUT THE HEALTH OF DURHAM. IT

INCLUDED 354 CITIZEN SURVEYS FROM RANDOMLY SELECTED HOUSEHOLDS AND 8

COMMUNITY LISTENING SESSIONS WITH 205 COMMUNITY MEMBERS. THE COMMUNITY

HEALTH ASSESSMENT TEAM - COMPRISED OF MORE THAN 89 MEMBERS

REPRESENTING, DUKE UNIVERSITY HOSPITAL, DUKE REGIONAL HOSPITAL,

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

CHNA AND RELATED IMPLEMENTATION PLAN WAS ADOPTED BY THE DUHS BOARD OF

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DIRECTORS AND PUBLISHED ON THE DUKE HEALTH WEBSITE IN FISCAL YEAR 2016

(TAX YEAR 2015).

GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL

PART V, SECTION B, LINE 6A: DUKE REGIONAL HOSPITAL ("DRH")

GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL

PART V, SECTION B, LINE 6B: THE PARTNERSHIP FOR A HEALTHY DURHAM AND

THE DURHAM COUNTY HEALTH DEPARTMENT

GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL

PART V, SECTION B, LINE 11: THE ASSESSMENT IDENTIFIED SIX HEALTH

PRIORITIES FOR 2015 - 2017:

1. ACCESS TO MEDICAL AND DENTAL CARE

2. MENTAL HEALTH AND SUBSTANCE ABUSE

3. OBESITY AND CHRONIC ILLNESS

4. HIV AND SEXUALLY TRANSMITTED INFECTIONS

5. POVERTY

6. EDUCATION

ALL OF THE PROGRAMS DESCRIBED IN THE FOLLOWING IMPLEMENTATION PLAN ARE

ALIGNED WITH THE SIX HEALTH PRIORITIES WITH MANY OF THE PROGRAMS

ADDRESSING COMBINATIONS OF THE SIX 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

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EXPRESSED COMMUNITY HEALTH NEEDS. THIS IMPLEMENTATION PLAN DOES NOT

CONTAIN DESCRIPTIONS OF THE COMMUNITY HEALTH IMPROVEMENT WORK CARRIED

OUT BY OTHER COMPONENTS OF THE LARGER DUKE HEALTH SYSTEM OR DUKE

UNIVERSITY. THIS IMPLEMENTATION PLAN ONLY REPRESENTS DUKE HOSPITAL'S

CONTINUALLY EVOLVING ACTIVITIES AND SUPPORT TO IMPROVE HEALTH WITH THE

DURHAM COMMUNITY.

IMPLEMENTATION PLAN

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 TO DEVELOP

EFFECTIVE PROGRAMS TO IMPROVE THE HEALTH OF THE DURHAM COMMUNITY. AS

SUCH THIS IMPLEMENTATION PLAN INCLUDES NEW AND LONG-STANDING PROGRAMS.

1. ACCESS TO MEDICAL AND DENTAL CARE INITIATIVES:

ACCESS TO HEALTH CARE 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, DURHAM COUNTY IS PARTICULARLY HAMPERED BY A LACK OF

HEALTH INSURANCE COVERAGE (WHETHER PRIVATE OR PUBLIC, SUCH AS MEDICAID)

FOR MANY OF ITS RESIDENTS. IN DURHAM COUNTY, AN ESTIMATED 19% OF ADULTS

LESS THAN 65 YEARS ARE UNINSURED.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROJECT ACCESS OF DURHAM COUNTY (PADC): LINKS ELIGIBLE LOW-INCOME,

UNINSURED, DURHAM COUNTY RESIDENTS TO SPECIALTY MEDICAL CARE FULLY

DONATED TO THE PATIENTS BY THE PHYSICIANS, HOSPITALS INCLUDING DUH,

LABS, CLINICS AND OTHER PROVIDERS PARTICIPATING IN THE PADC NETWORK.

PLANS FOR FY18: CONTINUE TO WORK WITH PADC TO PROVIDE LOW-INCOME,

UNINSURED DURHAM COUNTY RESIDENTS DONATED SPECIALTY SERVICES AND 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 FY18: PADC CONTINUED TO MEET SERVICE GOALS IN FY18. THE

EARLY EVALUATION RESULTS OF THE MEDICAL RESPITE PROGRAM REPORTED IN

FY17 CONTINUED TO HOLD WITH DEMONSTRATED POSITIVE IMPACTS FOR PATIENTS

SERVED INCLUDING A: 37% REDUCTION IN INPATIENT ADMISSIONS, 70%

REDUCTION IN INPATIENT DAYS, AND 192% INCREASE IN OUTPATIENT VISITS.

BENEFITS AND SERVICES OBTAINED FOR PARTICIPANTS THROUGH THE MEDICAL

RESPITE PROGRAM INCLUDED CONNECTIONS TO PRIMARY CARE SERVICES, MENTAL

HEALTH AND/OR SUBSTANCE ABUSE SERVICES, AND ASSISTANCE IN TRANSITIONING

TO STABLE HOUSING. IN ADDITION, PADC IN PARTNERSHIP WITH LATCH

(DESCRIBED BELOW) PROVIDED CARE MANAGEMENT SERVICES FOR 2,876 UNINSURED

INDIVIDUALS.

LOCAL ACCESS TO COORDINATED HEALTHCARE (LATCH): WAS INITIATED IN 2002

WITH HEALTHY COMMUNITIES ACCESS PROGRAM (HCAP) FUNDING FROM THE US

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TO DUKE'S DIVISION

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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-HEALTH CARE AND SOCIAL SERVICE PROVIDERS, LOCAL GOVERNMENT

AND COMMUNITY-BASED ORGANIZATIONS-LATCH MONITORS HEALTH CARE TRENDS,

IDENTIFIES BARRIERS FACING UNINSURED PATIENTS, AND, WORKING AS A

CONSORTIUM, ADDRESSES AND ELIMINATES BARRIERS.

PLANS FOR FY18: CONTINUE PROVIDING DISABILITY, MEDICAID AND CHARITY

CARE ASSISTANCE, TRANSLATION AND INTERPRETATION SERVICES. CONTINUE THE

CONVERSATION WITH LINCOLN COMMUNITY HEALTH CENTER TO INTEGRATE LATCH

STAFF WITH LINCOLN'S PROVIDERS AND THEIR CARE COORDINATION AND CASE

MANAGEMENT TEAMS. CONTINUE THE RIDES TO WELLNESS PROJECT WITH TRAININGS

FOR CASE MANAGERS; AND CONTINUE CASE MANAGEMENT OF UNINSURED AND

UNDERINSURED PATIENTS WHO HAVE AN ED ENCOUNTER.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROGRESS IN FY18: LATCH CONTINUED TO PERFORM AWARENESS OUTREACH IN THE

COMMUNITY REACHING 6,120 UNINSURED INDIVIDUALS TO ENCOURAGE RESIDENTS

TO ENROLL IN THE HEALTH INSURANCE EXCHANGE AND OFFER OTHER LATCH

SUPPORTIVE SERVICES. LATCH PARTICIPATED IN THE RIDES TO WELLNESS

INITIATIVE TO ADDRESS TRANSPORTATION BARRIERS. LATCH PROVIDED

DISABILITY, MEDICAID AND CHARITY CARE ASSISTANCE, TRANSLATION AND

INTERPRETATION SERVICES, AND CONTINUED CASE MANAGEMENT OF UNINSURED AND

UNDERINSURED PATIENTS WHO HAVE AN ED ENCOUNTER. LATCH INCREASED ITS OWN

COMMUNITY OUTREACH EFFORTS, ENROLLING UNINSURED INDIVIDUALS IN NEED OF

ASSISTANCE AT VARIOUS CHURCHES AND COMMUNITY EVENTS. LATCH CONNECTED

2,166 UNINSURED INDIVIDUALS TO A PRIMARY CARE MEDICAL HOME AND 349

UNINSURED INDIVIDUALS TO MENTAL HEALTH SERVICES. LATCH DISABILITY

(SOAR) COMPLETED 205 REFERRALS.

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).

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PLANS FOR FY18: CONTINUE TO REFINE THE CCP PROGRAM AND EXPAND THE  
SERVICE AS NEEDED. INCLUDE NEW PATIENT SERVICES, A MOBILE APP FOR  
COMPLEX CARE PLANS, TELEHEALTH, AND PROGRAM EXPANSION WITH A TARGET OF  
SERVING 100 PATIENTS IN FY18.

PROGRESS IN FY18: THE CCS PROGRAM CONTINUED TO WORK TOWARD BUILDING  
INFRASTRUCTURE TO CARE FOR 100 PATIENTS, DEVELOPING ADDITIONAL  
RESOURCES FOR THE CHILDREN, FAMILIES, AND PROVIDERS SERVED BY THE  
PROGRAM, AND ON EXPANSION PLANS FOR THE PROGRAM. THESE EXPANSION PLANS  
INCLUDED WORKING WITH THE FAMILIES OF 65 CHILDREN TO DEVELOP A MOBILE  
CARE PLAN TO BETTER SUPPORT THEM.

DUKE-DURHAM FOSTER CARE CLINIC PROGRAM: IS A HIGHLY EFFECTIVE  
PARTNERSHIP BETWEEN DUKE AND DURHAM COUNTY. IN SEPTEMBER OF 2013 THE  
DUKE CHILD ABUSE AND NEGLECT MEDICAL EVALUATION CLINIC (CANMEC)  
PARTNERED WITH DURHAM COUNTY DEPARTMENT OF SOCIAL SERVICES (DSS) TO  
FORMALIZE A FOSTER CARE CLINIC. THIS CLINIC PROVIDES THE INITIAL  
SCREENING AND COMPREHENSIVE HEALTH ASSESSMENT ACCORDING TO THE AAP  
STANDARDS FOR CHILDREN IN FOSTER CARE IN DURHAM. CHILDREN RECEIVE A  
COMPREHENSIVE MEDICAL EVALUATION INCLUDING COMPLETE PHYSICAL EXAM,  
MEDICAL RECORD REVIEW AS WELL AS SCREENING FOR DENTAL, DEVELOPMENTAL,  
MENTAL HEALTH, AND SOCIAL CONCERNS. UNMET MEDICAL NEEDS ARE IDENTIFIED  
AND THE CLINIC IDENTIFIES A MEDICAL HOME; ARRANGES MEDICAL, MENTAL  
HEALTH, AND SOCIAL REFERRALS; PROVIDES FOLLOW UP CARE UNTIL A MEDICAL  
HOME IS ESTABLISHED; AND SUPPORTS SOCIAL WORKERS WITH NAVIGATING THE  
COMPLEX HEALTH SYSTEM.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHILDREN IN DURHAM COUNTY FOSTER CARE WHO HAVE COMPLETED A  
COMPREHENSIVE ASSESSMENT AT THE DUKE FOSTER CARE CLINIC ARE CURRENT ON  
IMMUNIZATIONS, ARE ENROLLED IN A MEDICAL HOME, ARE REFERRED FOR MENTAL  
HEALTH TREATMENT IF NEEDED, AND ARE HAVING THEIR ONGOING MEDICAL,  
DEVELOPMENTAL AND SOCIAL NEEDS ADDRESSED. THE DUKE-DURHAM FOSTER CARE  
CLINIC SERVES ALL CHILDREN IN THE FOSTER CARE SYSTEM IN DURHAM COUNTY.  
UNFORTUNATELY, THE NEED FOR THIS CLINIC CONTINUES TO GROW EACH YEAR.

PLANS FOR FY18: CONTINUE THE EFFECTIVE PARTNERSHIP WITH THE DURHAM  
COUNTY DEPARTMENT OF SOCIAL SERVICES TO SERVE CHILDREN AND FAMILIES  
ENGAGED IN THE FOSTER CARE SYSTEM.

PROGRESS IN FY18: CONTINUED TO PROVIDE LINKAGES FOR DURHAM COUNTY  
DEPARTMENT OF SOCIAL SERVICES TO MANAGE HEALTHCARE SERVICES FOR  
CHILDREN IN THE FOSTER CARE SYSTEM.

SOUTHERN HIGH SCHOOL (SHS) WELLNESS CENTER: PROVIDES COMPREHENSIVE  
PRIMARY CARE AND MENTAL HEALTH SERVICES AT SOUTHERN HIGH SCHOOL 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.

PLANS FOR FY18: CONTINUE TO INCREASE THE NUMBER OF DURHAM PUBLIC  
SCHOOLS' STUDENTS, FACULTY AND STAFF SERVED BY THE SHS WELLNESS CENTER.  
SECURE THE PLACEMENT OF A DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH  
REGISTERED DIETICIAN AT THE SHS WELLNESS CENTER.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROGRESS IN FY18: DUE TO STAFFING ISSUES, THE HOURS OF OPERATION

OF THE SOUTHERN HIGH SCHOOL WELLNESS CENTER WERE REDUCED AND ONLY 631

MEDICAL VISITS WERE COMPLETED. HOWEVER, THE CENTER WAS ABLE TO ADD THE

SERVICES OF A REGISTERED DIETICIAN FROM THE DURHAM COUNTY HEALTH

DEPARTMENT AND CONTINUE TO OFFER SPARCS GROUP THERAPY.

HEALTHY FUTURES (FORMERLY DURHAM CHILD HEALTH ASSESSMENT AND PREVENTION

PROGRAM [CHAPP]): WAS CREATED TO CLOSE GAPS IN ACCESS FOR CHILDREN WHO

HAVE MISSED PREVENTIVE VISITS. IN ADDITION, THE PROGRAM SEEKS TO

RECONNECT THESE CHILDREN AND THEIR FAMILIES TO SUPPORTIVE MEDICAL

HOMES.

TOGETHER, DUH THROUGH THE DUKE DIVISION OF COMMUNITY HEALTH, THE DURHAM

COUNTY DEPARTMENT OF PUBLIC HEALTH, AND DURHAM PUBLIC SCHOOLS CONVERTED

THREE DUH ELEMENTARY SCHOOL BASED HEALTH CENTERS AND OPENED TWO

ADDITIONAL ONES UTILIZING ENHANCED ROLE REGISTERED NURSES (ERRNS) TO

DELIVER WELL-CHILD CARE TO CHILDREN WHO ARE OVERDUE FOR THEIR

WELL-CHILD CHECKUPS. THE FIVE SCHOOLS ARE IN AREAS OF THE COUNTY THAT

DEMONSTRATE SIGNIFICANT GAPS IN PEDIATRIC CARE AND THE CLINICS OPERATE

AS SATELLITES OF THE DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH. DUH

CONTINUES TO SUPPORT MENTAL HEALTH SERVICES AT ALL FIVE OF THE SITES

AND PROVIDES MEDICAL BACK UP.

PLANS FOR FY18: CONTINUE TO ASSIST IN THE EVALUATION OF THE HEALTHY

FUTURES MODEL.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROGRESS IN FY18: THE DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH DECIDED

TO CLOSE THE HEALTHY FUTURES CLINICS IN THE SPRING OF FY18 DUE TO

STAFFING AND ENROLLMENT ISSUES.

JUST FOR US (JFU): PROVIDES AN IN-HOME CARE PROGRAM FOR LOW-INCOME,

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 JUST FOR US, 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.

PLANS FOR FY18: JFU EXPERIENCED STAFFING SHORTFALLS AND A LONGER PERIOD

OF TIME TO HIRE A DEDICATED CLINICIAN DURING FY17. THEREFORE, THE PLANS

FOR FY18 WERE TO FULLY STAFF JFU AND RESUME THE GROWTH STRATEGIES BY

IMPLEMENTING A CO-MANAGEMENT PROTOCOL WITH DUKE'S CONGESTIVE HEART

FAILURE CLINIC AND DEVELOP CHRONIC CARE MANAGEMENT AND TRANSITIONAL

CARE MANAGEMENT PROTOCOLS WITH THE JFU REGISTERED NURSE.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROGRESS IN FY18: JFU EXPERIENCED SIGNIFICANT STAFFING SHORTFALLS AS  
RECRUITING AND HIRING A DEDICATED CLINICIAN TOOK MUCH LONGER THAN  
ANTICIPATED IN FY17 AND INTO FY18. DURING FY18, JUST FOR US WAS ABLE TO  
COMPLETE 460 VISITS WITH PATIENTS AND CONTINUES TO WORK ON STRATEGIES  
TO SOLIDIFY STAFFING.

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,

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REGISTRATION, SCHEDULING, ETC.

PLANS FOR FY18: SECURE ADDITIONAL STAFFING FOR CLINICS AND RESUME EFFORTS

TO EXPAND ADOLESCENT AND MENTAL HEALTH SERVICES THAT WERE HINDERED DUE

TO STAFFING SHORTFALLS DURING FY17.

PROGRESS IN FY18: THE CLINICS CONTINUED TO EXPERIENCE STAFFING

SHORTFALLS THROUGHOUT FY18, BUT WERE ABLE TO CONDUCT 10,992 PRIMARY

CARE VISITS. THE STAFFING SHORTFALLS HAMPERED PLANNED EFFORTS TO EXPAND

CLINIC OFFERINGS.

2. MENTAL HEALTH AND SUBSTANCE ABUSE INITIATIVES

AN ESTIMATED 17,000 RESIDENTS OF DURHAM COUNTY NEED MENTAL HEALTH

TREATMENT AND 19,000 NEED SUBSTANCE USE TREATMENT. ALCOHOL IS THE

PRIMARY SUBSTANCE ABUSED BY DURHAM COUNTY RESIDENTS SEEKING CRISIS

DETOXIFICATION SERVICES AND BY ADOLESCENTS IN DURHAM'S MIDDLE AND HIGH

SCHOOLS. RESPONDENTS IN THE COMMUNITY HEALTH OPINION SURVEY IDENTIFIED

ADDICTION TO ALCOHOL, DRUGS OR PRESCRIPTION PILLS AS THE NUMBER ONE

COMMUNITY HEALTH PROBLEM. DUH HAS PARTNERED WITH AND SUPPORTS A NUMBER

OF COLLABORATIVE INITIATIVES TO IMPROVE ACCESS TO MENTAL HEALTH

SERVICES AND REDUCE SUBSTANCE ABUSE.

PROJECT LAZARUS, IN CONJUNCTION WITH COMMUNITY CARE OF NORTH CAROLINA

(CCNC) AND DUH, SEEKS TO REDUCE OPIOID-RELATED OVERDOSES; OPTIMIZE

TREATMENT OF CHRONIC PAIN; AND MANAGE SUBSTANCE ABUSE ISSUES RELATED TO

OPIOIDS. THE CORE COMPONENTS OF THE PROJECT LAZARUS MODEL ARE: 1)

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PUBLIC AWARENESS, 2) COALITION ACTION, AND 3) DATA & EVALUATION.

STRATEGIES OF THE MODEL INCLUDE: COMMUNITY EDUCATION; PROVIDER

EDUCATION; HOSPITAL ED POLICIES; DIVERSION CONTROL; PAIN PATIENT

SUPPORT; HARM REDUCTION; ADDICTION TREATMENT. DUH IS A KEY PARTNER IN

SUPPORTING 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.

\* 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;

CHRONIC PAIN MANAGEMENT RESOURCES; KEY COMMUNITY PRESENTATIONS.

PLANS FOR FY18: CONTINUE ACTIVITIES THAT SUPPORT THE NORTH CAROLINA OPIOID

ACTION PLAN TO REDUCE OPIOID ADDICTION AND OVERDOSE DEATHS. THESE

ACTIVITIES ARE DESCRIBED IN DETAIL IN THE DUH IMPLEMENTATION PLAN ON

THE WWW.DUKEHEALTH.ORG WEBSITE AND INCLUDE NALOXONE DISTRIBUTION

EFFORTS, DISSEMINATION OF PROJECT LAZARUS KITS TO LOCAL PHARMACIES,

CHRONIC PAIN SELF-MANAGEMENT WORKSHOPS, WORK DONE BY THE SUBSTANCE USE

AND MENTAL HEALTH COMMITTEE AND COMMUNITY CARE OF NORTH CAROLINA

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHRONIC PAIN INITIATIVE TASK FORCE, AND CHRONIC PAIN TELEPHONE

CONSULTATIONS WITH A PAIN SPECIALIST.

PROGRESS IN FY18: ASSISTED IN THE ORGANIZATION AND IMPLEMENTATION OF A

DURHAM COUNTY LEADERSHIP FORUM ON SUBSTANCE ABUSE FOR MORE THAN 200

PROVIDERS AND COMMUNITY PARTNERS. AS A RESULT THE DURHAM COUNTY

COMMISSIONERS DEVELOPED A COUNTY WIDE TASK FORCE, AND DUKE PROVIDES

LEADERSHIP ON A NUMBER OF THE TASK FORCE COMMITTEES INCLUDING THE

MENTAL HEALTH TREATMENT COMMITTEE. SIX-WEEK CHRONIC PAIN

SELF-MANAGEMENT COURSES (STANFORD MODEL) AT LINCOLN COMMUNITY HEALTH

CENTER AND MONTHLY CHRONIC PAIN CONSULT CALLS FOR PROVIDERS CONTINUED

IN FY18.

IN ADDITION, DUKE WORKED WITH ALLIANCE BEHAVIORAL HEALTH, THE DURHAM

CRISIS COLLABORATIVE, AND THE DUKE-MARGOLIS CENTER FOR HEALTH POLICY TO

HOST A FULL-DAY SYMPOSIUM WITH A KEYNOTE FROM THE NC ATTORNEY GENERAL

ON FOSTERING COLLABORATION IN THE RESPONSE TO THE OPIOID EPIDEMIC. MORE

THAN 100 HEALTHCARE PROFESSIONALS TOOK PART IN THE SYMPOSIUM.

HOMEBASE: IS AN INTEGRATED MODEL OF PRIMARY CARE AND MENTAL HEALTH

DELIVERED BY A DUALY-TRAINED PA AND SUPPORTED BY THE DUH OUTPATIENT

CLINIC (DOC). THE GOALS OF THE PROGRAM ARE TO IMPROVE CARE AND OUTCOMES

FOR DOC PATIENTS WITH CO-MORBID MENTAL HEALTH CONDITIONS; ENCOURAGE AND

ENABLE PATIENTS TO SEEK SERVICES AT THE DOC FIRST AND NOT THE ED;

REINVENT A CARE TEAM MODEL AT DOC TO INCREASE PATIENT-PROVIDER

CONTINUITY, PROVIDER ACCOUNTABILITY FOR PATIENT OUTCOMES, USE OF BEST

PRACTICE; AND IMPROVE TRANSITIONS OF CARE FROM HOSPITAL AND ED SETTINGS

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO CLINIC AND HOME, PARTICULARLY FOR HIGH UTILIZER (HU) PATIENTS.

PLANS FOR FY18: CONTINUE TO SUPPORT THE HOMEBASE AND HOMEBASE PLUS

PROGRAMS. HOMEBASE PLUS IS AN EXPANSION OF CLINIC-BASED CARE MANAGEMENT

AND INCREASED WALK-IN CAPACITY TO PROVIDE ON-SITE ACUTE ILLNESS AND

OTHER CARE FOR HIGH-NEED PATIENTS WITH CHRONIC ILLNESSES.

PROGRESS IN FY18: IN ADDITION TO CONTINUING SUPPORT FOR THE HOMEBASE

PROGRAM, DUH IS NOW SUPPORTING AN EXPANSION (HOMEBASE PLUS) OF

CLINIC-BASED CARE MANAGEMENT AND INCREASED WALK-IN CAPACITY TO PROVIDE

ON-SITE ACUTE ILLNESS AND OTHER CARE FOR HIGH-NEED PATIENTS WITH

CHRONIC ILLNESSES WHO EXPERIENCE FREQUENT EXACERBATIONS SO THAT THE

CLINIC CAN SERVE AS A CAPABLE AND APPROPRIATE ALTERNATIVE TO THE ED FOR

SOME OF THE MOST COMMON PRESENTING COMPLAINTS.

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 FY18: CONTINUE TO IMPLEMENT STRATEGIES TO SUPPORT PROVIDERS

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN PAIN MANAGEMENT AND SAFE OPIOID PRESCRIBING AND TO SUPPORT THE

IMPLEMENTATION OF THE NC OPIOID ACTION PLAN.

PROGRESS IN FY18: CONTINUED TO WORK WITH THE NC PRESCRIPTION DRUG

MONITORING PROGRAM LEADERSHIP TO INTEGRATE THE SUBSTANCE ABUSE

REPORTING SYSTEM INTO DUKE'S ELECTRONIC HEALTH RECORD. CREATED AND

DISTRIBUTED ROUTINE ELECTRONIC COMMUNICATIONS FROM HOSPITAL LEADERSHIP,

AS WELL AS AN OPIOID SAFETY NEWSLETTER THAT COVERS A RANGE OF TOPICS

FROM REGULATORY ISSUES TO HOW-TO GUIDES FOR INTERPRETING A URINE DRUG

SCREEN AND LOCATING PATIENT EDUCATION RESOURCES. IN ADDITION, THE TASK

FORCE ASSISTED WITH ASSEMBLING AND DISSEMINATING 400 NALOXONE KITS FOR

THE NORTH CAROLINA HARM REDUCTION COALITION.

3. OBESITY AND CHRONIC ILLNESS INITIATIVES

FOUR OF THE 10 LEADING CAUSES OF DEATH IN NORTH CAROLINA ARE RELATED TO

OBESITY: HEART DISEASE, TYPE 2 DIABETES, STROKE AND SOME KINDS OF

CANCER. OVERWEIGHT AND OBESITY WERE THE SECOND LEADING CAUSES OF

PREVENTABLE DEATH IN NORTH CAROLINA IN 2010. OBESITY RATES CONTINUE TO

RISE ACROSS ALL AGES, GENDERS AND RACIAL/ETHNIC GROUPS IN DURHAM

COUNTY. THE MOST RECENT COMBINED OBESITY AND OVERWEIGHT RATES ARE:

ADULTS, 65%; DURHAM PUBLIC SCHOOL HIGH SCHOOL STUDENTS, 32%, AND

ENTERING KINDERGARTENERS, 19%. DIABETES IS THE 7TH LEADING CAUSE OF

DEATH IN DURHAM COUNTY AND 8% OF ADULTS HAVE DIABETES.

BULL CITY FIT: IS A COMMUNITY-BASED WELLNESS PROGRAM AND IS PART OF THE

LARGER DUKE CHILDREN'S HEALTHY LIFESTYLES PROGRAM. THE HEALTHY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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.

DUH ALSO SUPPORTS INITIATIVES THROUGH THE NEIGHBORHOOD CLINICS,

SCHOOL-BASED HEALTH CENTERS, JFU AND THE DUKE OUTPATIENT CLINIC (ALL

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DESCRIBED EARLIER IN THIS DOCUMENT) THAT TARGET CHRONIC ILLNESS.

PLANS FOR FY18: CONTINUE TO GROW THE BULL CITY FIT PROGRAM

AND TEST IMPLEMENTATION AND OUTCOME EFFECTIVENESS.

PROGRESS IN FY18: BULL CITY FIT CONTINUED TO GROW AS AN INTEGRATED

MODEL OF CHILD OBESITY TREATMENT, LEVERAGING THE STRENGTHS OF DUKE'S

HIGH-QUALITY HEALTH CARE AND DURHAM'S EXTENSIVE PARKS SYSTEM AND

RECREATION CENTERS. IN 2018, BULL CITY FIT BEGAN PLANNING FOR EXPANSION

TO ADDITIONAL SITES IN DURHAM AND ANTICIPATES LAUNCHING THE ADDITIONAL

OPPORTUNITIES IN 2019.

4. HIV AND SEXUALLY TRANSMITTED INFECTIONS

SEXUALLY TRANSMITTED INFECTIONS MAY LEAD TO PREMATURE DEATH AND

DISABILITY AND CAN RESULT IN SIGNIFICANT HEALTH CARE COSTS. CHLAMYDIA,

GONORRHEA, AND SYPHILIS ARE THE THREE MOST COMMON SEXUALLY TRANSMITTED

INFECTIONS (STIS) IN NORTH CAROLINA AND DURHAM COUNTY. ALTHOUGH HIV IS

NOT AS COMMON, DURHAM RANKS FOURTH HIGHEST IN NORTH CAROLINA, WITH AN

AVERAGE RATE OF HIV DISEASE (29.9 PER 100,000) WELL ABOVE THE STATE

RATE (16.4 PER 100,000).

WHILE DUH THROUGH THE PROGRAMS DESCRIBED IN THIS DOCUMENT SUPPORTS

MECHANISMS TO ADDRESS HIV AND SEXUALLY TRANSMITTED INFECTIONS, IT DOES

NOT INCLUDE SPECIFIC STRATEGIES IN THIS PLAN TO ADDRESS THE RATE OF HIV

AND SEXUALLY TRANSMITTED INFECTIONS, BECAUSE CONSIDERABLE WORK IS

ALREADY BEING DONE THROUGH ORGANIZATIONS WITHIN THE COMMUNITY. THROUGH

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE PARTNERSHIP FOR A HEALTHY DURHAM, THE HIV/STI ADVISORY COUNCIL

BRINGS TOGETHER COMMUNITY MEMBERS AND AGENCIES TO FOCUS ON STRATEGIES

TO PREVENT THE SPREAD OF SYPHILIS AND HIV/AIDS. IN ADDITION, LINCOLN

COMMUNITY HEALTH CENTER OPERATES AN EARLY INTERVENTION CLINIC FOR

PATIENTS WITH HIV/AIDS AT THE DURHAM COUNTY HEALTH DEPARTMENT.

PLANS FOR FY18: CONTINUE HIV SCREENING IN THE COMMUNITY CLINICS AND

CONTINUE TO SUPPORT THE EFFORTS OF THE DURHAM KNOWS CAMPAIGN.

PROGRESS IN FY18: DUH, THROUGH THE DUKE DIVISION OF COMMUNITY HEALTH,

CONTINUED TO SUPPORT THE COMMUNITY CLINICS AND THE EFFORTS OF THE

DURHAM KNOWS CAMPAIGN.

5. POVERTY

PEOPLE WITH HIGHER INCOMES, MORE YEARS OF EDUCATION, AND A HEALTHY AND

SAFE ENVIRONMENT TO LIVE IN HAVE BETTER HEALTH OUTCOMES AND GENERALLY

HAVE LONGER LIFE EXPECTANCIES. IN DURHAM COUNTY, 16.6% OF INDIVIDUALS

LIVE IN POVERTY. FEMALE SINGLE-PARENT FAMILIES ARE DISPROPORTIONATELY

AT RISK FOR POVERTY THAN MARRIED COUPLE FAMILIES (41.5% TO 8.7%) AND

40.6% OF FEMALE SINGLE-PARENT FAMILIES WITH RELATED CHILDREN UNDER 18

YEARS ARE LIVING IN POVERTY. NEARLY ONE-HALF OF DURHAM'S RENTERS ARE

PAYING 30% OR MORE OF THEIR INCOME FOR HOUSING.

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

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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.

PLANS FOR FY18: CONTINUE SOAR PROGRAM AND SEEK ADDITIONAL FUNDING

OPPORTUNITIES IN ORDER TO MEET DEMAND FOR THOSE DEEMED ELIGIBLE FOR DUH

SOAR SERVICES.

PROGRESS IN FY18: 205 INDIVIDUALS WERE ENROLLED IN THE SOAR PROGRAM AND

SCREENED FOR ELIGIBILITY. THE SOAR TEAM MAINTAINED A 90% APPROVAL RATE

FOR THE YEAR WHICH EXCEEDS THE STATEWIDE SOAR APPROVAL RATE OF 79%.

BENEFITS ENROLLMENT COUNSELING (BEC): IN FY 16 THE 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

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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.

PLANS FOR FY18: CONTINUE TO EXPAND THE BEC PROGRAM BY RECRUITING,

TRAINING, AND PLACING BEC VOLUNTEERS IN ADDITIONAL COMMUNITY SITES.

PROGRESS IN FY18: BEC SCREENED 888 INDIVIDUALS, 720 OF THOSE

INDIVIDUALS WERE ELIGIBLE TO RECEIVE ASSISTANCE FROM BEC TO FIND AND

APPLY TO SUPPORTIVE BENEFITS PROGRAMS. BEC ASSISTED THESE INDIVIDUALS

IN COMPLETING 3,642 BENEFIT APPLICATIONS. THE VALUE OF THE BENEFITS FOR

THE QUALIFYING INDIVIDUALS IS ESTIMATED TO TOTAL \$8,620,362.

THE DURHAM MEDICAL RESPITE PROGRAM DESCRIBED PREVIOUSLY ALSO SERVES TO

ADDRESS THE POVERTY CHNA IDENTIFIED NEED.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

## 6. EDUCATION

QUALITY CHILD CARE AND EARLY EDUCATION PREDICT A CHILD'S FUTURE SUCCESS

AND THE ACADEMIC SUCCESS OF YOUNG ADULTS IS STRONGLY LINKED WITH THEIR

HEALTH THROUGHOUT THEIR LIFETIME. THE IMPORTANCE OF A HIGH SCHOOL

DIPLOMA AND HIGHER EDUCATION CANNOT BE OVERSTATED. COLLEGE GRADUATES

AGE 25 AND OVER EARN NEARLY TWICE AS MUCH AS WORKERS WHO ONLY HAVE A

HIGH SCHOOL DIPLOMA. THE UNEMPLOYMENT RATE FOR WORKERS WHO DROPPED OUT

OF HIGH SCHOOL IS NEARLY FOUR TIMES THE RATE FOR COLLEGE GRADUATES. IN

DURHAM COUNTY, THE FOUR-YEAR HIGH SCHOOL GRADUATION RATE IS 79.6%

COMPARED TO NORTH CAROLINA'S RATE OF 82.5%. THE OVERALL 4-YEAR COHORT

GRADUATION RATE HAS INCREASED BY NEARLY 10% SINCE 2010-11, BUT THERE IS

STILL A DISPARITY IN THE PERCENTAGES OF WHITE VERSUS MINORITY STUDENTS

WHO ARE GRADUATING FROM HIGH SCHOOL. FOR EXAMPLE, 84.7% OF WHITES

GRADUATED IN 2011-2012 COMPARED TO 74.7% OF BLACKS AND 73% OF HISPANIC

STUDENTS.

LEARNING TOGETHER: PROVIDES TRAINING AND OPPORTUNITIES FOR DUKE

STUDENTS (LEARNERS) TO PARTICIPATE IN HEALTH-RELATED COMMUNITY SERVICE

ACTIVITIES. SERVICE OPPORTUNITIES MAY INCLUDE PROVIDING HEALTH

EDUCATION TO ELEMENTARY SCHOOL CHILDREN, HELPING FRAIL SENIORS COMPLETE

THE APPLICATION PROCESS FOR FOOD STAMPS, AND CONDUCTING WORKSHOPS TO

TEACH PATIENTS HOW TO EFFECTIVELY COMMUNICATE WITH THEIR DOCTOR.

THROUGH LEARNING TOGETHER, LEARNERS WORK WITH A VARIETY OF POPULATIONS,

EXPERIENCE THE INTERDISCIPLINARY NATURE OF COMMUNITY WORK, AND DEVELOP

COMPETENCE FOR WORKING WITH DIVERSE COMMUNITIES AND CULTURES. LEARNERS

WHO PARTICIPATE GAIN SKILLS THEY CAN USE TO WORK EFFECTIVELY WITH ANY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY.

PLANS FOR FY18: CONTINUE THE SUCCESSFUL SERVICE-LEARNING PARTNERSHIPS

WITH DURHAM PUBLIC SCHOOLS AND OTHER EDUCATION AND HEALTH AND HUMAN

SERVICE ENTITIES.

PROGRESS IN FY18: THE LEARNING TOGETHER PROGRAM PREPARED AND/OR TRAINED

275 DUKE LEARNERS WHO IN TURN VOLUNTEERED FOR COMMUNITY SERVICE

ACTIVITIES, PROVIDING HEALTH EDUCATION FOR 400 ADULTS AND 1,200

CHILDREN. ADDITIONALLY, LEARNING TOGETHER STAFF CONDUCTED 10

VOCATIONAL/PERSONAL GROWTH SESSIONS FOR DUKE INTERNS AND FACILITATED A

TOTAL OF 52 PSYCHOEDUCATIONAL GROUPS (SELF-ESTEEM, STRESS MANAGEMENT,

AND COMMUNICATING WITH CONFIDENCE) FOR APPROXIMATELY 242 UNDERSERVED

ELEMENTARY AND MIDDLE SCHOOL CHILDREN THROUGHOUT THE DURHAM COMMUNITY.

PART V, SECTION B, LINE 16J: DUHS 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 1 - DUKE UNIVERSITY HOSPITAL

PART V, SECTION B, LINE 24: CERTAIN ELECTIVE COSMETIC/AESTHETIC

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SERVICES, AND OTHER SERVICES NOT COVERED BY INSURANCE, WILL BE BILLED

AT AN AMOUNT EQUAL TO GROSS CHARGES.

DUKE RALEIGH HOSPITAL:

PART V, SECTION B, LINE 5: DUKE RALEIGH HOSPITAL ("DRAH") COLLABORATED

WITH WAKE COUNTY HUMAN SERVICES, WAKEMED HEALTH AND HOSPITALS, UNC REX

HEALTHCARE, ADVANCE COMMUNITY HEALTH, UNITED WAY OF THE GREATER

TRIANGLE, AND THE WAKE COUNTY MEDICAL SOCIETY COMMUNITY HEALTH

FOUNDATION IN CONDUCTING THE 2016 WAKE COUNTY COMMUNITY HEALTH NEEDS

ASSESSMENT (CHNA). THE PROCESS OF DETERMINING 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 TO COMBINE DATA POINTS INTO MORE EASILY

DISCUSSABLE CATEGORIES, DATA MEASURES WERE SORTED BY COMMON THEMES AND

DEVELOPED INTO TWENTY-ONE DATA CATEGORIES.

PRIMARY (NEW) DATA COLLECTION: COMMUNITY MEMBERS PROVIDED INPUT FOR THE

STUDY THROUGH INTERNET-BASED AND TELEPHONE SURVEYS, FOCUS GROUPS, AND

PRIORITIZATION MEETINGS THAT WERE HELD THROUGHOUT THE COUNTY.

ADDITIONALLY, KEY LEADERS OF ORGANIZATIONS REPRESENTING BROAD INTERESTS

OF THE COMMUNITY PROVIDED 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 COMMUNITY

HEALTH ASSESSMENT TEAM. CONSIDERING ALL OF THESE SOURCES, INPUT FROM

MORE THAN 1,500 WAKE COUNTY RESIDENTS AND ORGANIZATIONAL LEADERS IS

**Part V Facility Information** (continued)

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INCLUDED IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT.

SECONDARY (EXISTING) DATA: KEY SOURCES FOR EXISTING DATA ON WAKE COUNTY

INCLUDED NUMEROUS PUBLIC DATA SOURCES RELATED TO DEMOGRAPHICS, SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, HEALTH

STATUS AND DISEASE TRENDS, MENTAL/BEHAVIORAL HEALTH TRENDS, AND

MODIFIABLE HEALTH RISKS. FURTHER, SOME LOCAL ORGANIZATIONS PROVIDED

INTERNAL DATA THAT WERE ALSO INCORPORATED INTO THE ANALYSIS PROCESS.

IN AN EFFORT TO IDENTIFY THE TOP PRIORITIES FOR THE COUNTY, A

PRIORITIZATION MATRIX WAS DEVELOPED. THE PRIORITIZATION MATRIX INCLUDED

THE FINDINGS FROM THE ANALYSIS OF THE PRIMARY (NEW) AND SECONDARY

(EXISTING) DATA, WHICH WERE PRESENTED TO THE STEERING COMMITTEE IN

FEBRUARY 2016 AND TO COMMUNITY MEMBERS DURING THE PRIORITIZATION

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 WEIGHTED AS FOLLOWS: SECONDARY

(EXISTING) DATA - WEIGHTED 50 PERCENT; PRIMARY (NEW) DATA - WEIGHTED 50

PERCENT IN TOTAL, AS FOLLOWS: FOCUS GROUP FINDINGS, TELEPHONE SURVEY

RESULTS, AND INTERNET-BASED COMMUNITY SURVEY RESULTS - WEIGHTED 20

PERCENT; COMMUNITY PRIORITIZATION MEETING RESULTS - WEIGHTED 20

PERCENT; AND, STEERING COMMITTEE PRIORITIZATION SURVEY RESULTS -

WEIGHTED 10 PERCENT.

**Part V Facility Information** (continued)

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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, WAKEMED 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 COUNTY  
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 COUNTY THAT WILL BE ADDRESSED OVER THE NEXT THREE YEARS:

1. HEALTH INSURANCE COVERAGE

2. TRANSPORTATION

3. ACCESS TO HEALTH SERVICES

4. MENTAL HEALTH AND SUBSTANCE USE

1. HEALTH INSURANCE COVERAGE

ACCESS TO HEALTH INSURANCE COVERAGE WAS IDENTIFIED AS ONE OF THE MOST

**Part V Facility Information** (continued)

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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

FY18, DUKE RALEIGH HOSPITAL PERFORMED 9,241 LAB TESTS IN-KIND FOR URBAN

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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 FY2018, DUKE

RALEIGH HOSPITAL PROVIDED \$4.1M OF IN KIND SUPPORT UP FROM \$2.8M IN

FY2017 TO PROJECT ACCESS OF WAKE COUNTY CLIENTS.

CONTINUE TO PROVIDE HEALTH LITERACY COURSE THROUGH OUR CLINICAL

EDUCATION DEPARTMENT WHICH EDUCATED OVER 70 CLINICIANS IN FY18.

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

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ENHANCED TRANSIT AND TRANSPORTATION SYSTEM FOR ALL RESIDENTS. THIS

INCLUDES INVESTING IN THE GREATER RALEIGH CHAMBER EDGE 5 INITIATIVE

WHICH SUPPORTS ECONOMIC DEVELOPMENT, TALENT RECRUITMENT, AND QUALITY OF

LIFE INITIATIVES. IN FY18, DRAH FULFILLED ITS YEAR 4 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 FY18,

DRAH DONATED \$20,000 TO THE LUNG CANCER INITIATIVE OF NC.

3. ACCESS TO HEALTH SERVICES

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 ACCESSING 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 PREVENTABLE HOSPITAL STAYS FOR CONDITIONS SUCH AS DIABETES,

COPD, ASTHMA, HEART FAILURE, BACTERIAL 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 ENGAGED IN IMPROVING ACCESS TO HEALTH

SERVICES FOR ALL RESIDENTS THROUGH STRATEGIC INITIATIVES AS WELL AS

THROUGH STRATEGIC COMMUNITY PARTNERSHIPS.

CONTINUE TO IMPROVE THE DISCHARGE PROCESS TO ENSURE THAT DISCHARGED

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PATIENTS ARE CONNECTED WITH PRIMARY CARE RESOURCES.

CONTINUE PARTNERSHIP WITH WAKE EMS AND AREA HOSPITALS ON TRIAGE AND

DESTINATION PLAN FOR STROKE PATIENTS.

AS DESCRIBED PREVIOUSLY, DUKE RALEIGH HOSPITAL CONTINUED TO PROVIDE

IN-KIND LAB SERVICES TO URBAN MINISTRIES OF WAKE COUNTY OPEN DOOR

CLINIC TO FACILITATE THE CARE FOR THOSE WHO LACK ADEQUATE INCOME,

INSURANCE COVERAGE, AND OTHER MEANS TO HEALTH SERVICES.

STRENGTHEN SUPPORT OF ALLIANCE MEDICAL MINISTRY AND URBAN MINISTRIES OF

WAKE COUNTY THROUGH INCREASED EMPLOYEE VOLUNTEERISM IN EFFORTS TO

EXPAND THEIR CAPACITY AND ABILITY TO SERVE PATIENTS. IN FY18, DUKE

RALEIGH HOSTED A DAY OF SERVICE WHERE OVER 20 EMPLOYEES VOLUNTEERED

THEIR TIME TO PACK 1,000 LBS OF RICE AND BEANS FOR URBAN MINISTRIES'

CLIENT CHOICE FOOD PANTRY. DUKE RALEIGH EMPLOYEES ALSO VOLUNTEERED

THEIR TIME TO PACK 200 FLU KITS TO BENEFIT ALLIANCE MEDICAL MINISTRY.

CONTINUE PROGRAMS THROUGH THE DUKE SPECIALTY REHAB SERVICES MIDTOWN,

WHICH OFFERS A VARIETY OF PROGRAMS DESIGNED TO HELP PEOPLE LOSE WEIGHT

AND MAKE HEALTHY LIFESTYLE CHANGES. SERVICES OFFERED INCLUDE PULMONARY

REHABILITATION PROGRAMS, PERSONALIZED DIABETES MANAGEMENT PLANS,

MULTIDISCIPLINARY THERAPY FOR NEUROLOGICAL DISORDERS, PHYSICAL THERAPY,

OCCUPATIONAL THERAPY, SPEECH THERAPY AS WELL AS CARDIOVASCULAR AND

STRENGTH TRAINING EQUIPMENT.

CONTINUE COMMUNITY EDUCATION, HEALTHY FOCUS SEMINARS WITH EFFORTS TO

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EXPAND ATTENDANCE TO INCLUDE POPULATIONS THROUGHOUT WAKE COUNTY AS WELL

AS A FOCUS ON TOPICS ALIGNED WITH THE NEEDS ASSESSMENT. IN FY18, DUKE

RALEIGH LAUNCHED THE 12TH YEAR OF THE HEALTH FOCUS EDUCATION SERIES

WITH TOPICS INCLUDING, BUT NOT LIMITED TO CANCER, DIABETES, AND STROKE.

IN FY18, DUKE RALEIGH CONTINUED TO SPONSOR MIDTOWN FARMERS MARKET,

WHICH PROMOTES A HEALTHY LIFESTYLE AS WELL AS PROVIDES A VENUE FOR DUKE

RALEIGH TO SHARE HEALTHY EDUCATION. AS PART OF STROKE AWARENESS MONTH,

DUKE RALEIGH'S STROKE CHAMPIONS PROVIDED HEALTH INFORMATION REACHING

250 PATRONS AT THE MIDTOWN FARMERS MARKET IN EARLY MAY 2018.

EXPAND AND STRENGTHEN COMMUNITY OUTREACH EFFORTS AROUND STROKE,

CARDIOVASCULAR DISEASE, DIABETES, CANCER, ORTHOPEDICS AND SPORTS

MEDICINE ALONG WITH OUR COMMUNITY PARTNERS.

#### 4. MENTAL HEALTH AND SUBSTANCE USE

WAKE 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 HEALTH 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 COLLECTIVE 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:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CONTINUE TO PARTICIPATE IN THE WAKE COUNTY CRISIS HOSPITAL

COLLABORATIVE, 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 MENTAL HEALTH

AGENCIES, ALLIANCE BEHAVIORAL HEALTH AND OTHER PROVIDERS INVOLVED IN

THE PATIENT'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 VISITS TO HOSPITALS.

CONTINUE TO UTILIZE THE NORTH CAROLINA CONTROLLED SUBSTANCES REPORTING

SYSTEM (CSRS) TO REDUCE NARCOTIC DEPENDENCY AND PREVENT

OVERPRESCRIBING.

CONTINUE SUPPORT OF ORGANIZATIONS SUCH AS NATIONAL ALLIANCE ON MENTAL

ILLNESS (NAMI) WAKE COUNTY, WHICH PROVIDES SUPPORT, EDUCATION, AND

ADVOCACY FOR PEOPLE WITH MENTAL ILLNESS ALONG WITH THEIR FAMILIES AND

FRIENDS.

STRENGTHEN SUPPORT OF TRIANGLE FAMILY SERVICES, WHICH FOCUSES ON

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BUILDING A STRONGER COMMUNITY BY STRENGTHENING THE FAMILY THROUGH

FAMILY SAFETY, FINANCIAL STABILITY, AND MENTAL HEALTH. IN FY18, DUKE

RALEIGH HOSPITAL COMMITTED AN ADDITIONAL \$25,000 IN FUNDING TO TRIANGLE

FAMILY SERVICES OVER A 3-YEAR PERIOD TO IMPROVE ACCESS TO MENTAL HEALTH

SERVICES IN WAKE COUNTY.

CONTINUE TOBACCO CESSATION SUPPORT FOR EMPLOYEES THROUGH THE DUKE LIVE

FOR LIFE'S TOBACCO CESSATION PROGRAM.

DUKE RALEIGH HOSPITAL:

PART V, SECTION B, LINE 16J: DUHS 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 SERVICES NOT COVERED BY INSURANCE, WILL BE BILLED

AT AN AMOUNT EQUAL TO GROSS CHARGES.

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 5: DUKE REGIONAL HOSPITAL ("DRH") WAS A

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTICIPANT IN THE 2014 DURHAM COMMUNITY HEALTH ASSESSMENT, LED BY

PARTNERSHIP FOR A HEALTHY DURHAM. THE ASSESSMENT PROCESS INCLUDED 354

CITIZEN SURVEYS FROM RANDOMLY SELECTED HOUSEHOLDS AND 8 COMMUNITY

LISTENING SESSIONS WITH 205 COMMUNITY MEMBERS. REPRESENTATIVES FROM DUH

AND DRH PARTICIPATED AS MEMBERS ON THE COMMUNITY HEALTH ASSESSMENT TEAM

ALONG WITH REPRESENTATIVES FROM OTHER UNIVERSITIES, LOCAL GOVERNMENT,

SCHOOLS, NON-PROFIT ORGANIZATIONS, AND BUSINESSES. THE COMMUNITY HEALTH

ASSESSMENT TEAM WORKED TO DIRECT THE ACTIVITIES OF THE ASSESSMENT AND

PROVIDE WRITTEN CONTENT AND EXPERTISE ON ISSUES OF INTEREST. THIS JOINT

CHNA AND RELATED IMPLEMENTATION PLAN WAS ADOPTED BY THE DUHS BOARD OF

DIRECTORS AND PUBLISHED ON THE DUKE HEALTH WEBSITE IN FISCAL YEAR 2016

(TAX YEAR 2015).

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 6A: DUKE UNIVERSITY HOSPITAL

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

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 11:

THE ASSESSMENT IDENTIFIED SIX HEALTH PRIORITIES FOR 2015-2017:

1. OBESITY AND CHRONIC ILLNESS

2. POVERTY

3. EDUCATION

4. ACCESS TO MEDICAL AND DENTAL CARE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

## 5. MENTAL HEALTH AND SUBSTANCE ABUSE

## 6. HIV AND SEXUALLY TRANSMITTED INFECTIONS

DUKE REGIONAL HOSPITAL 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 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 SIX PRIORITY AREAS TO IMPROVE HEALTH WITH THE

DURHAM COMMUNITY.

## 1. OBESITY AND CHRONIC ILLNESS

LOOK GOOD FEEL BETTER: THE AMERICAN CANCER SOCIETY'S LOOK GOOD FEEL

BETTER PROGRAM PROVIDES SUPPORT FOR FEMALE CANCER TREATMENT PATIENTS

WHO HAVE EXPERIENCED HAIR LOSS OR OTHER PHYSICAL APPEARANCE CHANGES DUE

TO CHEMOTHERAPY OR RADIATION TREATMENTS.

2018 GOAL: DUKE REGIONAL WILL CONTINUE TO HOST THE MONTHLY PROGRAM.

2018 PROGRESS: 47 WOMEN PARTICIPATED IN THE LOOK GOOD FEEL BETTER

PROGRAM HOSTED AT DUKE REGIONAL.

STROKE AWARENESS: DUKE REGIONAL OFFERS A MONTHLY STROKE SUPPORT GROUP

TO EDUCATE STROKE SURVIVORS, CARE GIVERS AND PEOPLE IN THE COMMUNITY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ABOUT STROKE PREVENTION AND STROKE DISABILITIES. APPROXIMATELY, 25

PEOPLE ATTEND THE GROUP EACH MONTH.

2018 GOAL: CONTINUE TO OFFER A MONTHLY STROKE SUPPORT GROUP WITH A GOAL

OF 25 PARTICIPANTS.

2018 PROGRESS: DUKE REGIONAL OFFERED A PEER-LED MONTHLY STROKE SUPPORT

GROUP WITH APPROXIMATELY 20-25 PARTICIPANTS EACH MONTH FOR A TOTAL OF

254 PEOPLE PARTICIPATING OVER THE COURSE OF THE YEAR.

2. POVERTY

FILL THAT BUS: EMPLOYEES DONATED 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.

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.

2018 GOAL: DUKE REGIONAL WILL AGAIN HOST AT LEAST ONE DRIVE TO BENEFIT

UNDERSERVED CHILDREN OR FAMILIES IN OUR COMMUNITY.

2018 PROGRESS: DUKE REGIONAL DONATED 41 BINS OF CRAYONS, GLUE STICKS,

MARKERS, PAPER, PENCILS AND MORE TO THE CRAYONS2CALCULATORS FILL THAT

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BUS! CAMPAIGN FOR DURHAM PUBLIC SCHOOLS TEACHERS IN HIGH-NEED AND

HIGH-POVERTY AREAS. THE HOSPITAL ALSO GRANTED 100 HOLIDAY WISHES

THROUGH THE SALVATION ARMY ANGEL TREE PROGRAM.

3. EDUCATION

HEALTH PROFESSIONS EDUCATION: DUKE REGIONAL IS COMMITTED TO HELPING

TRAIN THE HEALTHCARE WORKERS OF THE FUTURE.

2018 GOAL: DUKE REGIONAL WILL CONTINUE THE LEVEL OF SUPPORT PROVIDED IN

PRIOR FISCAL YEARS.

2018 PROGRESS: DRH INVESTED \$3.5 MILLION IN TEACHING AND TRAINING

HEALTHCARE PROFESSIONALS. DRH ALSO 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 SERVICES WORK EXPERIENCES IN A HEALTH CARE

SETTING.

PROJECT SEARCH: DUKE REGIONAL IS THE HOST BUSINESS FOR PROJECT SEARCH,

A PARTNERSHIP WITH DURHAM PUBLIC SCHOOLS, OE ENTERPRISES, VOCATIONAL

REHAB AND DURHAM CENTER ACCESS THAT PROVIDES CAREER DEVELOPMENT

EXPERIENCES TO SENIOR HIGH SCHOOL STUDENTS WITH DEVELOPMENTAL

DISABILITIES. THE STUDENTS, ACCOMPANIED BY A TEACHER, TEACHER'S

ASSISTANT AND JOB COACHES, COMPLETE INTERNSHIPS IN SEVERAL HOSPITAL

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DEPARTMENTS DURING THE ACADEMIC YEAR.

2018 GOAL: DUKE REGIONAL WILL CONTINUE TO SERVE AS A HOST SITE FOR  
PROJECT SEARCH.

2018 PROGRESS: DUKE REGIONAL CONTINUED TO SERVE AS A HOST SITE FOR  
PROJECT SEARCH ADDING 6 NEW GRADUATES BRINGING THE TOTAL NUMBER OF  
GRADUATES TO 54 SINCE 2011.

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 AWARDS NIGHT.

2018 GOAL: DUKE REGIONAL WILL CONTINUE ITS PARTNERSHIP WITH CMA IN  
FY2018.

2018 PROGRESS: DUKE REGIONAL CONTINUED TO PARTNER WITH CMA, PROVIDING  
VARIOUS LEARNING EXPERIENCES FOR STUDENTS THROUGHOUT THE YEAR.

4. ACCESS TO MEDICAL AND DENTAL CARE

LINCOLN COMMUNITY HEALTH CENTER: LINCOLN COMMUNITY HEALTH CENTER (LCHC)  
IS A FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER THAT PROVIDES PRIMARY

**Part V Facility Information** (continued)

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CARE SERVICES FOR ABOUT 40,000 PATIENTS EACH YEAR. APPROXIMATELY 80

PERCENT OF LCHC PATIENTS ARE UNINSURED AND 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

2018, INCLUDING MONETARY AND IN-KIND SERVICES, WAS ALMOST \$8.0 MILLION.

DURHAM COUNTY EMERGENCY MEDICAL SERVICES: DURHAM COUNTY EMERGENCY

MEDICAL SERVICES (EMS) SERVES AS THE PRIMARY PROVIDER OF EMERGENCY

AMBULANCE SERVICES AND ALTERNATIVE MEDICAL TRANSPORTATION IN DURHAM

COUNTY. IN FY 2018, DUKE REGIONAL PAID THE COUNTY MORE THAN \$2.4

MILLION TO SUPPORT DURHAM EMS.

PROJECT ACCESS DURHAM COUNTY: 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.

2018 GOAL: DUKE REGIONAL WILL CONTINUE TO PROVIDE OFFICE AND

TECHNOLOGICAL SUPPORT TO PROJECT ACCESS DURHAM COUNTY.

2018 PROGRESS: DUKE REGIONAL PROVIDED OFFICE SPACE AND TECH SUPPORT TO

PADC IN FY18.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHARITY CARE: EACH YEAR DUKE REGIONAL PROVIDES NO-COST OR DISCOUNTED

URGENT OR EMERGENT HEALTH CARE SERVICES TO PATIENTS WHO WERE UNABLE TO

PAY. IN FY 2018 DUKE REGIONAL PROVIDED \$23.2 MILLION (AT ESTIMATED

COST) IN CHARITY CARE.

5. MENTAL HEALTH AND SUBSTANCE ABUSE

DURHAM CENTER ACCESS (OAKLEIGH): EACH YEAR, INCLUDING FY18, DUKE

REGIONAL PROVIDES \$100,000 TO SUPPORT DURHAM CENTER ACCESS, AN

INPATIENT TREATMENT FACILITY FOR MENTAL HEALTH, DEVELOPMENTAL

DISABILITY AND SUBSTANCE ABUSE SERVICES.

6. HIV AND SEXUALLY TRANSMITTED INFECTIONS

DUKE REGIONAL DOES NOT HAVE A SPECIFIC GOAL TO ADDRESS THE RATE OF HIV

AND SEXUALLY TRANSMITTED INFECTIONS BECAUSE CONSIDERABLE WORK IS

ALREADY BEING DONE THROUGH ORGANIZATIONS WITHIN THE COMMUNITY. THROUGH

THE PARTNERSHIP FOR A HEALTHY DURHAM, THE HIV/STI ADVISORY COUNCIL

BRINGS TOGETHER COMMUNITY MEMBERS AND AGENCIES TO FOCUS ON STRATEGIES

TO PREVENT THE SPREAD OF SYPHILIS AND HIV/AIDS. IN ADDITION, LINCOLN

COMMUNITY HEALTH CENTER, WHICH DUKE REGIONAL SUPPORTS, OPERATES AN

EARLY INTERVENTION CLINIC FOR PATIENTS WITH HIV/AIDS AT THE DURHAM

COUNTY HEALTH DEPARTMENT.

FUNDRAISING AND OUTREACH

IN ADDITION TO THE ACTIVITIES DESCRIBED IN THE PREVIOUS SECTIONS, DUKE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REGIONAL CONDUCTS A NUMBER OF FUNDRAISING AND OUTREACH ACTIVITIES IN

THE DURHAM COMMUNITY AND BEYOND.

2018 GOAL: DUKE REGIONAL WILL RAISE AT LEAST \$35,000 FOR LOCAL

CHARITIES.

2018 PROGRESS: DRH RAISED \$49,831 THROUGH DUKE'S DOING GOOD IN THE

NEIGHBORHOOD CAMPAIGN, WHICH INCLUDES DUKE COMMUNITY GIVING AND UNITED

WAY OF THE GREATER TRIANGLE; THE AMERICAN HEART ASSOCIATION TRIANGLE

HEART WALK; AND THE MARCH OF DIMES MARCH FOR BABIES.

THE HOSPITAL CONTINUES TO PARTNER WITH LOCAL NONPROFITS ON ENDEAVORS

THAT EDUCATE OUR COMMUNITY ON HEALTH INITIATIVES AND DISPARITIES, AND

PROVIDES MEETING SPACE FOR DURHAM AND ORANGE COUNTY'S DOMESTIC VIOLENCE

AND SEXUAL ASSAULT PROGRAM, COMMUNITY HEALTH COALITION, AMERICAN CANCER

SOCIETY'S LOOK GOOD FEEL BETTER PROGRAM, AND PROJECT ACCESS.

IN ADDITION, THE HOSPITAL PARTNERED WITH THE AMERICAN RED CROSS TO HOST

BLOOD DRIVES, COLLECTING 129 UNITS OF BLOOD.

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL

PART V, SECTION B, LINE 16J: DUHS 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

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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 SERVICES NOT COVERED BY INSURANCE, WILL BE BILLED

AT AN AMOUNT EQUAL TO GROSS CHARGES.

PUBLIC INSPECTION COPY

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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## 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? 3

[illegible]

Schedule H (Form 990) 2017

**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.

PART I, LINE 3C:

NOT APPLICABLE

PART I, LINE 6A:

NOT APPLICABLE

PART I, LINE 7, COLUMN F:

TOTAL GROSS COMMUNITY BENEFIT EXPENSE AS A PERCENT OF TOTAL EXPENSES IS

9.25%.

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

732100 11-28-17

Schedule H (Form 990) 2017

**Part VI** Supplemental Information (Continuation)

(DUHS) OPERATING EXPENSES AND ARE NOT TRACKED SEPARATELY FOR COMMUNITY  
BENEFIT REPORTING PURPOSES.

PART III, LINE 2:

BAD DEBT AT COST IS DETERMINED USING THE COST-TO-CHARGE RATIO  
CALCULATION FROM WORKSHEET 2.

PART III, LINE 3:

A PORTION OF 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. BAD DEBT IS FURTHER COMPLICATED BY DOCUMENTATION  
REQUIRED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) FOR  
REPORTING CHARITY CARE. THEREFORE, PATIENTS WHO MAY QUALIFY FOR CHARITY  
CARE ARE REPORTED AS BAD DEBT EXPENSE INSTEAD BECAUSE OF THOSE  
PATIENTS' INABILITY OR UNWILLINGNESS TO PROVIDE THE NECESSARY  
DOCUMENTATION REQUIRED TO DETERMINE CHARITY CARE CLASSIFICATION.

PART III, LINE 4:

PAGES 15-18 IN THE FY2018 AUDITED FINANCIAL STATEMENT FOOTNOTES  
DESCRIBE BAD DEBT EXPENSE.

PART III, LINE 7:

TOTAL UNREIMBURSED COSTS ATTRIBUTABLE TO PROVIDING SERVICES UNDER  
MEDICARE AS REPORTED IN THE JUNE 30, 2018 DUHS CONSOLIDATED FINANCIAL

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

STATEMENTS ARE \$255,540,000 AS COMPARED TO \$125,243,415 AS REPORTED IN

SECTION B, LINE 7 OF SCHEDULE H. THE DUHS TOTAL MEDICARE SHORTFALL OF

\$255,540,000 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 TREATS 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 8. 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.

NEEDS ASSESSMENT:

**Part VI** Supplemental Information (Continuation)

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 HEALTH CAROLINIAN'S 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 SUMMITS' 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

**Part VI** Supplemental Information (Continuation)

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 NUMBER TO REQUEST  
INFORMATION ABOUT THEIR BILL OR OBTAIN A CHARITY CARE APPLICATION.

## COMMUNITY INFORMATION:

## 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, VANCE AND WAKE COUNTIES. THIS 7-COUNTY  
REGION REPRESENTS APPROXIMATELY 18.4% OF NC'S POPULATION BASED ON  
FEDERAL FISCAL YEAR (FFY) 2017 DATA. APPROXIMATELY 67.5% OF INPATIENT

**Part VI** Supplemental Information (Continuation)

DISCHARGES FROM DUHS FACILITIES IN FFY 2017 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 1.7 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 COLLABORATES 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

**Part VI** Supplemental Information (Continuation)

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

COMMUNITYS 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

**Part VI** Supplemental Information (Continuation)

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 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.

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

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

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-EMERGENT  
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 & 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.

LIST OF ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

PART VI, LINE 7:

NORTH CAROLINA

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (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 noncash assistance	<b>(h)</b> Purpose of grant or assistance
AFRICAN AMERICAN CULTURAL FEST 205 FAYETTEVILLE ST., STE 2200 RALEIGH, NC 27601	90-0636941	501(C)(3)	5,100.	0.			GENERAL SUPPORT
ALLIANCE FOR NC NONPROFITS, INC. 530 N BLOUNT ST RALEIGH, NC 27604	46-1358968	501(C)(6)	20,000.	0.			GENERAL SUPPORT
ALLIANCE MEDICAL MINISTRY, INC. 101 DONALD ROSS DR. RALEIGH, NC 27610	56-2168673	501(C)(3)	32,500.	0.			GENERAL SUPPORT
AMER CITY BUSINESS JOURNALS, INC. P.O. BOX 403993 ATLANTA, GA 30384-3993	43-1366184		8,972.	0.			SPONSORSHIP
AMERICAN NURSES FOUNDATION P.O. BOX 504342 ST LOUIS, MO 63150-4342	13-1893924	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN ORG OF NURSE EXECUTIVES PO BOX 92592 CHICAGO, IL 60675-2592	36-3591337	501(C)(6)	10,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **37.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **9.**

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

**Schedule I (Form 990) (2017)**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER DURHAM - 808 E. PETTIGREW ST. - DURHAM, NC 27701	56-6001906	501(C)(3)	8,500.	0.			GENERAL SUPPORT
BOYS CLUB OF WAKE COUNTY, INC. 701 N RALEIGH BLVD. RALEIGH, NC 27610	56-0863051	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CAPSTONE EVENT GROUP LLC 3803-B COMPUTER DR., SUITE 205 RALEIGH, NC 27609	46-4157559		12,000.	0.			SPONSORSHIP
CARING HOUSE, INC. 2625 PICKETT RD. DURHAM, NC 27705-5603	56-1647154	501(C)(3)	152,000.	0.			GENERAL SUPPORT
CENTER FOR CHILD & FAMILY HEALTH 1121 W. CHAPEL HILL ST., SUITE 10 DURHAM, NC 27701	58-1446309	501(C)(3)	20,969.	0.			GENERAL SUPPORT
CHILD CARE SERVICES ASSOCIATION P.O. BOX 901 CHAPEL HILL, NC 27514	56-1514058	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DUKE SCHOOL FOR CHILDREN 3716 OLD ERWIN RD. DURHAM, NC 27705	58-1521494	501(C)(3)	25,000.	0.			GENERAL SUPPORT
DURHAM COUNTY P.O. BOX 810 DURHAM, NC 27702	56-6000297	GOVERNMENTAL ENT	20,800.	0.			GENERAL SUPPORT
DURHAM PUBLIC SCHOOLS 301 CRUTCHFIELD ST. DURHAM, NC 27704	56-6001021	GOVERNMENTAL ENT	19,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST DURHAM CHILDRENS INITIATIVE 107 N. DRIVER ST., 3RD FLOOR DURHAM, NC 27703	32-0263133	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FAMILY VIOLENCE PREVENTION CTR 1012 OBERLINE RD., SUITE 100 RALEIGH, NC 27605	58-1320613	501(C)(3)	70,000.	0.			GENERAL SUPPORT
GREAT 100, INC. P.O. BOX 4875 GREENSBORO, NC 27404-4875	56-1705456	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GREATER RALEIGH CHAMBER OF COMMERCE - P.O. BOX 2978 - RALEIGH, NC 27602-2978	56-0370850	501(C)(6)	32,417.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF DURHAM 215 N. CHURCH ST. DURHAM, NC 27701	58-1674794	501(C)(3)	84,000.	0.			SPONSORSHIP
HABITAT FOR HUMANITY OF WAKE COUNTY - 2420 RALEIGH BLVD. - RALEIGH, NC 27604	56-1492703	501(C)(3)	10,000.	0.			SPONSORSHIP
HEALING WITH CAARE, INC. 214 BROADWAY ST. DURHAM, NC 27701	56-1963988	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HUMAN RIGHTS CAMPAIGN, INC. 1640 RHODE ISLAND AVE, NW. WASHINGTON, DC 20036	52-1243457	501(C)(4)	15,000.	0.			SPONSORSHIP
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR. RALEIGH, NC 27620	56-1753180	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES FOUNDATION 6504 FALLS OF NEUSE ROAD STE 100 RALEIGH, NY 27615	13-1846366	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MEDICAL FOUNDATION OF NC, INC. CB #7145 SUITE 4100 CHAPEL HILL, NC 27599-7120	56-6057494	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MIDTOWN EVENTS, LLC P.O. BOX 19107 RALEIGH, NC 27619	27-1832351		50,000.	0.			SPONSORSHIP
MIDTOWN RALEIGH ALLIANCE 1110 NAVAHO DR., SUITE 100 RALEIGH, NC 27609	45-2559048	501(C)(6)	12,250.	0.			SPONSORSHIP
MUSEUM OF DURHAM HISTORY P.O. BOX 362 DURHAM, NC 27702	94-3455685	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATIONAL ACADEMY OF SCIENCES 500 5TH ST., NW. WASHINGTON, DC 20001	53-0196932	501(C)(3)	30,000.	0.			GENERAL SUPPORT
NC ASSN OF COUNTY COMMISSIONERS 215 N. DAWSON ST. RALEIGH, NC 27603	56-6020249	501(C)(4)	10,000.	0.			SPONSORSHIP
NC LUNG CANCER PARTNERSHIP 4000 BLUE RIDGE RD., SUITE 170 RALEIGH, NC 27612	26-2300885	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NC MUSEUM OF ART FOUNDATION, INC. 4630 MAIL SERVICE CENTER RALEIGH, NC 27699-4630	23-7071511	501(C)(3)	12,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC PHYSICIANS HEALTH PROGRAM, INC. 220 HORIZON DRIVE #201 RALEIGH, NC 27615	56-1846599	501(C)(3)	36,000.	0.			GENERAL SUPPORT
NORTH CAROLINA INSTITUTE OF MEDICINE - 630 DAVIS DR., STE. 100 - MORRISVILLE, NC 27560	56-1506066	GOVERNMENTAL ENT	12,000.	0.			GENERAL SUPPORT
NORTH CAROLINA SYMPHONY SOCIETY 3700 GLENWOOD AVE, SUITE 130 RALEIGH, NC 27612	56-0556755	501(C)(3)	25,000.	0.			GENERAL SUPPORT
PARTNERSHIP EFFORT FOR THE ADVANCEMENT OF CHILDREN'S HEALTH - 800 N MANGUM ST., SUITE 105 - DURHAM, NC 27701	20-4317882	501(C)(3)	20,000.	0.			GENERAL SUPPORT
POLKA DOT MAMA MELANOMA FOUNDATION 925 ALDEN BRIDGE DR. CARY, NC 27519	47-4543960	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RALEIGH SCHOOL OF NURSE ANESTHESIA 3900 BARRETT DR., SUITE 200 RALEIGH, NC 27609	56-1684241	501(C)(3)	18,151.	0.			GENERAL SUPPORT
SENIOR PHARMASSIST, INC. 406 RIGSBEE AVE., STE. 201 DURHAM, NC 27701-2186	56-2084639	501(C)(3)	17,500.	0.			GENERAL SUPPORT
SUSAN G KOMEN FOR THE CURE NC 600 AIRPORT BLVD, SUITE 100 MORRISVILLE, NC 27560	75-2845066	501(C)(3)	65,000.	0.			GENERAL SUPPORT
TRIANGLE FAMILY SERVICES, INC. 3937 WESTERN BLVD RALEIGH, NC 27606	56-0547491	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED NEGRO COLLEGE FUND, INC. 119 E. 7TH ST. SUITE 1B CHARLOTTE, NC 28202	13-1624241	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMETER PARK DR., #150 MORRISVILLE, NC 27560	56-1949103	501(C)(3)	440,019.	0.			GENERAL SUPPORT
WAKE TECH COMM COLL FOUNDATION, INC. - 9101 FAYETTEVILLE RD. - RALEIGH, NC 27603-5696	23-7017752	501(C)(3)	21,500.	0.			GENERAL SUPPORT
YMCA OF THE TRIANGLE AREA, INC. 801 CORPORATE CENTER DR., STE 20 RALEIGH, NC 27606	56-0591307	501(C)(3)	10,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE	46	53,670.	0.		
PRIZES AND AWARDS	15	18,691.	0.		

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

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.

**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

**2017**

**Open to Public  
Inspection**

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

**Part I Questions Regarding Compensation**

**1a** 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 indemnification 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 (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to 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 |

**4** 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:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

**a** The organization?

**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** 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:

**a** The organization?

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** 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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

<b>1b</b>		X
<b>2</b>		X
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY E KLOTMAN MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	514,479.	80,068.	18,000.	32,980.	15,369.	660,896.	0.
(2) MARK F NEWMAN MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	133,251.	0.	0.	16,364.	16,600.	166,215.	0.
(3) VINCENT E PRICE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	633,232.	350,000.	9,000.	32,980.	15,358.	1,040,570.	0.
(4) ANN REED	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	284,358.	49,642.	0.	32,980.	6,300.	373,280.	0.
(5) A EUGENE WASHINGTON MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/PRESIDENT & CEO	(ii)	1,191,878.	1,175,615.	18,000.	132,980.	16,439.	2,534,912.	0.
(6) MONTE D BROWN MD	(i)	385,319.	326,545.	143,192.	32,980.	18,084.	906,120.	0.
VP FOR ADMINISTRATION/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WILLIAM J FULKERSON MD	(i)	868,248.	740,363.	18,000.	32,980.	8,072.	1,667,663.	0.
EXECUTIVE VP, DUHS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KENNETH C MORRIS	(i)	746,721.	652,066.	18,000.	32,980.	12,450.	1,462,217.	0.
SVP, CFO, TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARY ANN FUCHS	(i)	328,522.	190,356.	0.	32,980.	7,896.	559,754.	0.
VP-PATIENT CARE/CHIEF NURSE EXEC	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATHLEEN GALBRAITH	(i)	379,518.	260,913.	25,245.	32,980.	19,443.	718,099.	0.
PRESIDENT, DUKE REGIONAL HOSPITAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KEVIN SOWERS	(i)	493,664.	334,752.	18,186.	32,980.	13,432.	893,014.	0.
PRESIDENT, DUKE UNIVERSITY HOSPITAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DAVID ZAAS MD	(i)	300,987.	278,363.	18,000.	24,583.	10,527.	632,460.	0.
PRESIDENT, DUKE RALEIGH HOSPITAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RHONDA BRANDON	(i)	345,909.	218,188.	18,000.	32,784.	27,108.	641,989.	0.
CHIEF HUMAN RESOURCES OFFICER, DUHS	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CAROLYN C CARPENTER	(i)	225,794.	246,759.	11,722.	32,980.	15,070.	532,325.	0.
CHIEF OPERATING OFFICER, DUH	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JEFFREY M FERRANTI	(i)	410,480.	280,868.	18,000.	32,980.	23,574.	765,902.	0.
CIO/VP FOR MEDICAL INFORMATICS	(ii)	23,032.	84,783.	0.	0.	0.	107,815.	0.
(16) THOMAS A OWENS MD	(i)	507,477.	300,509.	51,159.	32,980.	11,428.	903,553.	0.
SVP DUHS	(ii)	0.	0.	0.	0.	0.	0.	0.

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

[illegible]

**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.

SCHEDULE J, PART I, LINE 1A

TAX INDEMNIFICATION:

KEVIN SOWERS RECEIVED A BENEFIT THAT WAS GROSSED UP TO COMPENSATE FOR

WITHHOLDING OF TAXES.

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.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, 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 instructions and the latest information.**

ENTITY

1

OMB No. 1545-0047

**2017**  
**Open to Public**  
**Inspection**

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	04/24/18	273,320,000.	SEE PART VI		X		X		X
<b>B</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	05/30/12	214,598,930.	SEE PART VI		X		X		X
<b>C</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	03/19/15	128,325,000.	SEE PART VI		X		X		X
<b>D</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DLJ8	06/28/12	326,853,753.	SEE PART VI		X		X		X

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired	7,640,000.		187,025,000.		6,705,000.		22,720,000.	
<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	
	Yes	No	Yes	No	Yes	No	Yes	No
<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>	
<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?	Yes	No	Yes	No	Yes	No	Yes	No
						X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?						X		X

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, 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 instructions and the latest information.**

ENTITY

2

OMB No. 1545-0047

**2017**  
**Open to Public**  
**Inspection**

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	08/28/12	48,225,000.	SEE PART VI		X		X		X
<b>B</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DUD1	05/26/16	383,990,154.	SEE PART VI		X		X		X
<b>C</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DVK4	08/11/16	140,200,389.	SEE PART VI		X		X		X
<b>D</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	03/06/12	40,000,000.	SEE PART VI		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired	19,575,000.		203,555,000.				23,557,456.	
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue	48,225,000.		383,990,154.		140,200,389.		30,861,504.	
<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							30,861,504.	
<b>11</b> Other spent proceeds	48,225,000.		180,000,000.					
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion							2014	
	Yes	No	Yes	No	Yes	No	Yes	No
<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

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, 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 instructions and the latest information.**

ENTITY

3

OMB No. 1545-0047

**2017**  
**Open to Public**  
**Inspection**

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	04/21/15	40,000,000.	SEE PART VI		X		X		X
<b>B</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	10/26/17	40,000,000.	SEE PART VI		X		X		X
<b>C</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	05/10/18	38,062,676.	SEE PART VI		X		X		X
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired .....	4,426,507.		248,886.		64,952.			
<b>2</b> Amount of bonds legally defeased .....								
<b>3</b> Total proceeds of issue .....	19,035,078.		1,937,324.		4,173,563.			
<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 .....	19,035,078.		1,937,324.		4,173,563.			
<b>11</b> Other spent proceeds .....								
<b>12</b> Other unspent proceeds .....								
<b>13</b> Year of substantial completion .....	2017		2018					
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? .....		X		X		X		
<b>15</b> Were the bonds issued as part of an advance refunding issue? .....		X		X		X		
<b>16</b> Has the final allocation of proceeds been made? .....	X		X			X		
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X		X			

**Part III Private Business Use**

	A		B		C		D	
<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? .....	Yes	No	Yes	No	Yes	No	Yes	No
		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	
<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 .....		%		%		.00 %		.00 %
<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 .....		%		%		.00 %		.00 %
<b>6</b> Total of lines 4 and 5 .....		%		%		.00 %		.00 %
<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 non-governmental 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 .....		%		%		.07 %		%
<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 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 .....		%		.00 %		.00 %		.00 %
<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 .....		%		.00 %		.00 %		.00 %
<b>6</b> Total of lines 4 and 5 .....		%		.00 %		.00 %		.00 %
<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 non-governmental 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 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 .....		.00 %		.00 %		.00 %		%
<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 .....		.00 %		.00 %		.00 %		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		.00 %		.00 %		%
<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 non-governmental 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		
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....	X		X		X			
<b>b</b> Exception to rebate? .....		X		X		X		
<b>c</b> No rebate due? .....		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		
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		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
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	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 isn't available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, COLUMN F

BOND ISSUE A:

THE PURPOSE OF THE BONDS ISSUED 04/24/18 WAS TO CONVERT THE 2005A REVENUE REFUNDING BONDS TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE. THE PURPOSE OF THE BONDS ISSUED 03/22/2012 WAS TO REFUND 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.

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 INDEX FLOATING RATE. SEE ALSO BOND ISSUE B(2) BELOW.

BOND ISSUE B:

THE PURPOSE OF THE BONDS ISSUED 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:

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

THE PURPOSE OF THE BONDS ISSUED 03/19/2015 WAS TO REFUND THE 2006ABC BONDS ISSUED ON 10/06/2011, WHICH REFUNDED THE BONDS ISSUED 11/15/2006 FOR HOSPITAL 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 ROOM 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 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 609,000 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 A (2):**

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 ORIGINAL 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 PURPOSE OF THE BONDS ISSUED 04/24/18 WAS TO CONVERT THE 2016B AND 2016C REVENUE REFUNDING BONDS TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE. 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

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

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 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 2010A 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 BANK OF AMERICA PUBLIC CAPITAL CORP. IN THE MAXIMUM PRINCIPAL AMOUNT OF \$40,000,000 TO FINANCE MEDICAL, COMPUTER, OFFICE, AND CAPITAL EQUIPMENT.

**BOND ISSUE A (3):**

DRAW-DOWN FINANCING LEASE PROGRAM WITH SUNTRUST EQUIPMENT FINANCE AND LEASING CORP. IN THE MAXIMUM PRINCIPAL AMOUNT OF \$40,000,000 TO FINANCE MEDICAL, COMPUTER, OFFICE, AND CAPITAL EQUIPMENT.

**BOND ISSUE B (3):**

DRAW-DOWN FINANCING LEASE PROGRAM WITH TD EQUIPMENT FINANCE IN THE MAXIMUM PRINCIPAL AMOUNT OF \$40,000,000 TO FINANCE MEDICAL, COMPUTER, OFFICE, AND CAPITAL EQUIPMENT.

**BOND ISSUE C (3):**

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

DRAW-DOWN FINANCING LEASE PROGRAM WITH TD EQUIPMENT FINANCE 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 ISSUE DISCOUNT/UPFRONT FEE  
PAID DIRECTLY BY DUHS TO THE BANK UPON ISSUANCE.

BOND ISSUES D:

PROCEEDS INCLUDE INVESTMENT EARNINGS.

BOND ISSUES D (2), A (3), B (3), AND C (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 2009A BONDS.

SCHEDULE K, PART IV, LINE 2C

BOND ISSUES (A), (B), AND (D):

BOND ISSUE (A) ARBITRAGE REPORT COMPLETED 04/24/18 FOR SERIES 2005  
MARCH 2012 REISSUANCE; (B) COMPLETED 05/30/17; (D) COMPLETED 05/31/17;  
AND C(2) COMPLETED 08/01/17.

AS TO D(2), A(3), B(3), AND C(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 UPON ISSUANCE TO  
CURRENTLY REFUND THE PRIOR BONDS.

BOND ISSUES D (2), A (3), B (3) AND C (3):

SALES PROCEEDS ALLOCATED UPON ISSUANCE AND NOT INVESTED.

SCHEDULE K, PART III, LINE 8C, BOND ISSUE (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.

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2017

## Open To Public Inspection

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

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

[illegible]

**2** Enter the amount of tax incurred by the 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 ▶ \$

<b>Part II</b>	<b>Loans to and/or From Interested Persons.</b>
----------------	---

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.

[illegible]

<b>Total</b>		\$
--------------	--	----

Part III	Grants or Assistance Benefiting Interested Persons.
----------	---

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

[illegible]



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2017**

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.**

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 .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		100.	MARKET QUOTE
5 Clothing and household goods .....	X		2,856.	MARKET QUOTE
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	6	58,428.	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	7	9,220.	MARKET QUOTE
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( ENTERTAINMENT ) .....	X	35	18,360.	MARKET QUOTE
26 Other ▶ ( SPORTS ) .....	X	10	2,980.	MARKET QUOTE
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

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 isn't required to be used for  
exempt purposes for the entire holding period? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2017

**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.

SCHEDULE M, 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.

PUBLIC INSPECTION COPY

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

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.

FORM 990, PART III, LINE 4A

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification number 56-2070036
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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. BELOW ARE EXCERPTS FROM THE ANNUAL DUHS REPORT ON COMMUNITY BENEFIT. THE COST OF THESE ACTIVITIES CAN BE DIFFICULT TO MEASURE. 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 2019 REPORT WHICH CONTAINS FY2018 FINANCIAL DATA IS AVAILABLE ONLINE AT <HTTPS://CORPORATE.DUKEHEALTH.ORG/COMMUNITY>

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification number 56-2070036
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## FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BRAZIL, CHILE, COLOMBIA, CZECH REPUBLIC,

DENMARK, GREECE, HUNGARY, INDONESIA,

IRELAND, JAPAN, KUWAIT, MALAYSIA,

NIGERIA, NORWAY, PERU, POLAND,

PORTUGAL, BERMUDA, ROMANIA, SOUTH KOREA,

SWEDEN, UNITED KINGDOM, TURKEY, CHINA

## FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS JACK O. BOVENDER, JR., THOMAS M. GORRIE, WILLIAM HAWKINS, MICHAEL

MARSICANO, VINCENT E. PRICE, CARMICHAEL S. ROBERTS 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: MARK F. NEWMAN, MD, AND ANN

REED.

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, DIRECTORS MARY

KLOTMAN, MD, MARK F. NEWMAN, AND OFFICER WILLIAM J. FULKERSON, 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.

## FORM 990, PART VI, SECTION A, LINE 3:

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification number 56-2070036
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DUHS DELEGATES CONTROL TO A SUPPORTING ORGANIZATION FOR THE MANAGEMENT OF INVESTMENTS.

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.

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.

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.

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

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

ALL THOSE SUBJECT TO THE COI POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE DUHS COMPENSATION COMMITTEE, COMPRISED OF MEMBERS OF THE DUHS BOARD OF

DIRECTORS, REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION FOR ALL

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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC

TN, UT, VA, WV, WI

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

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

ORGANIZATIONS' FORM 990'S ON THEIR WEBSITE, OBTAINED FROM THE INTERNAL  
REVENUE SERVICE.

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:  
<HTTPS://CORPORATE.DUKEHEALTH.ORG/FINANCIAL-INFORMATION>

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NONPERIODIC CHANGES IN DEFINED BENEFIT PLANS:	153,770,783.
NET TRANSFERS TO THE UNIVERSITY AND AFFILIATES:	-106,551,874.
CHANGE IN MARKET VALUE OF DERIVATIVES:	24,590,503.
DEEMED DIVIDEND	-9,084,890.
TOTAL TO FORM 990, PART XI, LINE 9	62,724,522.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **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.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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
DUKE PRMO, LLC 615 DOUGLAS STREET, SUITE 700 DURHAM, NC 27705	MEDICAL BILLING	NORTH CAROLINA	150,994,601.	2,650,892.	DUKE UNIVERSITY HEALTH SYSTEM, INC.
DUHS GLOBAL, LLC 310 BLACKWELL STREET, 4TH FLOOR, BOX 104124 DURHAM, NC 27710	SUPPORT	NORTH CAROLINA	0.	0.	DUKE UNIVERSITY HEALTH SYSTEM, INC.
SAME DAY SURGERY CENTER FRANKLIN, LLC 310 BLACKWELL STREET, 4TH FLOOR, BOX 104124 DURHAM, NC 27710	SUPPORT	NORTH CAROLINA	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.

(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
AMER ASSOC FOR GIFTED CHILDREN - 56-1686219 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
ASSOCIATED HEALTH SVCS, INC. - 56-1845329 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	HEALTHCARE	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DU SPECIAL VENTURES FUND, INC. - 56-1465177 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE ALUMNI ASSOCIATION, INC. - 56-1594088 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X

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

Schedule R (Form 990) 2017

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DUKE CORPORATE EDUCATION - 42-1672476 310 BLACKWELL ST. DURHAM, NC 27701	EDUCATION	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE GIFT PROPERTIES, INC. - 57-1211078 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE GLOBAL, INC. - 61-1588319 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE HOSPITAL AUXILIARY, INC. - 56-1825604 PO BOX 2895 DURHAM, NC 27710	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE III-O	N/A		X
DUKE INTEGRATED NETWORK, INC. - 46-3129771 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DUKE MEDICINE GLOBAL SUPP. CORP.- 61-1593721 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE QUALITY NETWORK, INC. - 46-1340679 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DUKE SCHOLARLY EXHIBITS, INC. - 56-1701245 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE UNIV AFFILIATED PHYSICIANS - 56-1902501 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	HEALTHCARE	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DUKE UNIV PHILANTHROPIES, INC. - 57-1211099 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE UNIV SCH OF MED RESEARCH FDN 56-2247203 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE UNIVERSITY - 56-0532129 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	EDUCATION	NORTH CAROLINA	501(C)(3)	LINE 2	N/A		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DUMAC, INC. - 90-0754895 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DURHAM ASSET MGMT COMPANY, INC. - 56-1757238 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701							X
DURHAM REALTY, INC. - 56-1917936 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701							X
GOTHIC CORPORATION - 56-1776668 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.		X
GOTHIC HSP CORPORATION - 27-1325761 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701						X	
HIGH POINT REALTY ASSOCIATES, INC. - 56-1917939, 324 BLACKWELL STREET, STE 850, DURHAM, NC 27701							X
INNOVATIONS IN HEALTHCARE, INC. - 32-0358709 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
RUTH K BROAD BIOMED. RES. FDN. - 65-0045051 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701							X
THE CTR FOR DOCUMENTARY STUDIES - 56-1655039 1317 PETTIGREW STREET DURHAM, NC 27705							X
THE LORD FDN OF NORTH CAROLINA - 56-1415423 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE JANJUN SERVICES, INC. - 47-1150667 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701							X
DUKE JULDEC SERVICES, INC. - 47-1143245 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701							X

[illegible]

**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.

(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	
BLACKWELL PARTNERS, LLC - SERIES A - 20-8075455, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
CANYON BLUE INV FD 27-0186996 AVE OF STARS L.A., CA 90067	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
CD FUND, LP - 27-0130641 MCKINNEY AVE DALLAS, TX 75201	INVESTMENTS	TX	N/A	N/A				X	N/A		X	
LIQUID REALTY PTR 05-0537755 LINDA MESA DANVILLE, CA 94526	INVESTMENTS	DE	N/A	N/A				X	N/A		X	

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

(a) 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
DUKE CE LS INC. - 20-2004016 310 BLACKWELL STREET DURHAM, NC 27701	REAL ESTATE	NC	N/A	C CORP					X
DUKE CE (SEA) PRIVATE LIMITED 1 RAFFLES PLACE, TOWER 2 SINGAPORE, SINGAPORE 048616	SUPPORT	SINGAPORE	N/A	C CORP					X
DUKE CORP EDU INDIA PRIVATE - 42-1672476 ACADEMIC BLOCK, NEW CAMPUS VASTRAPUR, AHMEDABAD, INDIA 380015	CONSULTING	INDIA	N/A	C CORP					X
DUKE CORPORATE EDUCATION LIM - 42-1672476 165 FLEET STREET LONDON, UNITED KINGDOM EC4A 2DY	EDUCATION CONSULTING	UNITED KINGDOM	N/A	C CORP					X
DUKE CORPORATE EDUCATION RSA - 42-1672476 GROUND FLOOR, TWICKEHNHAM BLDG BRYANSTON, JOHANNESBURG, SOUTH AFRICA 02021	CONSULTING	SOUTH AFRICA	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign 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) Disproportion- ate 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	
LYRICAL BLUE RL PT 27-2994514 32 N. DEAN ST. ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
LYRICAL-BLUE RGNT 45-3626577 32 N. DEAN ST. ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
OCTAVIAN BLUE FD 27-2408711 5TH AVENUE NY, NY 10151	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
SBER LUCKY STRIKE 20-3891303 310 BLACKWELL ST. DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				X	N/A		X	
MANGUM II LLC - 46-5135858 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	NC	N/A	N/A				X	N/A		X	
LS INVESTOR, LLC 20-3891381 310 BLACKWELL ST. DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				X	N/A		X	
DILWEG BLUE PF LP 47-1225569 5310 S. ALSTON AVE., STE 210 DURHAM, NC 27713	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
LYRICAL BLUE RL PT IV 47-2172270, 32 N. DEAN ST., ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
LYRICAL BLUE CHP PT 35-2503856, 32 N. DEAN ST., ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign 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) Disproportion- ate 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	
LIQUID RLT PTR II TE - 20-4362819, 10 MARKET ST #769 CAMANA BAY, GRAND CAYMAN, CAYMAN ISLANDS KY1-9006	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
STRATUS CAPITAL PARTNERS C LP 50 LOTHIAN ROAD, FESTIVAL SQUARE, EDINBURGH, UNITED KINGDOM EH3 9WJ	INVESTMENTS	UNITED KINGDOM	N/A	N/A				X	N/A		X	
ALTOS HYBRID D LLC - 47-3996176, 2882 SAND HILL ROAD, SUITE 100, MENLO PARK, CA 94025	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
GPE HOLDCO, LLC - 47-5652832 2000 AVE. OF THE STARS 11TH FL LOS ANGELES, CA 90067	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
BLACKWELL PARTNERS, LLC - SERIES C - 81-1264533, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
BLACKWELL PARTNERS, LLC - SERIES B - 47-2530719, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
BLACKWELL PARTNERS, LLC - SERIES D - 81-3385353, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
BLACKWELL PARTNERS, LLC - SERIES E - 81-1511048, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
ALTOS HYBRID 2D, LLC - 81-5176567, 2882 SAND HILL ROAD, STE 100, MENLO PARK, CA 94025	INVESTMENTS	DE	N/A	N/A				X	N/A		X	

<b>Part III</b>	<b>Continuation of Identification of Related Organizations Taxable as a Partnership</b>
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[illegible]

**Part IV** Continuation of 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
DUKE GLOBAL CONSULTING (KUNSHAN) 1666 WEI CHEN NAN RD KUNSHAN PR, KUNSHAN, CHINA 215300	CONSULTING	CHINA	N/A	C CORP					X
DUKE MEDICAL STRATEGIES, INC. - 56-1993799 2200 WEST MAIN STREET, STE 920 DURHAM, NC 27705	HEALTHCARE	NC	N/A	C CORP					X
DUKE MEDICINE ASIA PTE. LTD 5 SHENTON WAY # 07-00 UIC BLD SING, SINGAPORE 0688	MEDICAL RESEARCH	SINGAPORE	N/A	C CORP					X
DURHAM CASUALTY COMPANY, LTD - 98-0113277 AON HOUSE, 30 WOODBOURNE AVE PEMBROKE, BERMUDA HM 08	INSURANCE	BERMUDA	DUHS, INC.	C CORP	25,107,095.	222,809,972.	100.00%	X	
DUSVF EUROPEAN LP - 98-0346042 7 CAVENDISH SQUARE LONDON, UNITED KINGDOM W1G 0PE	INVESTMENTS	UNITED KINGDOM	N/A	C CORP					X
GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET, QUEENSGATE HOUSE GRAND CAYMAN, CAYMAN ISLANDS KY1-1108	INVESTMENTS	CAYMAN ISLANDS	N/A	C CORP					X
HEALTH SYSTEM MEDICAL STRATEGIES, INC. - 56-2222444, 324 BLACKWELL STREET, STE 850, DURHAM, NC 27701	HEALTH CARE	NC	DUHS, INC.	C CORP	150,705.	12,668.	100.00%	X	
MARATHON BLUE CAYMAN FUND 89 NEXUS WAY, PO BOX 31106 GRAND CAYMAN, CAYMAN ISLANDS KY1-1205	INVESTMENTS	CAYMAN ISLANDS	N/A	C CORP					X
GHI HOLDINGS MAURITIUS 9TH FL, ORANGE TOWER CYBERCITY EBENE, MAURITIUS	INVESTMENTS	MAURITIUS	N/A	C CORP					X
GHI ERP LTD 9TH FL, ORANGE TOWER CYBERCITY EBENE, MAURITIUS	INVESTMENTS	MAURITIUS	N/A	C CORP					X
GHI HSP LTD 9TH FL, ORANGE TOWER CYBERCITY EBENE, MAURITIUS	INVESTMENTS	MAURITIUS	N/A	C CORP					X
GHI JBD LTD 9TH FL, ORANGE TOWER CYBERCITY EBENE, MAURITIUS	INVESTMENTS	MAURITIUS	N/A	C CORP					X



**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 (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)	X	
<b>s</b> Other transfer of cash or property from related organization(s)	X	
<b>2</b> 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.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) N/A		0.	
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PUBLIC INSPECTION COPY

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)		<b>D</b> Employer identification number (Employees' trust, see instructions.)	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type DUKE UNIVERSITY HEALTH SYSTEM, INC.		56-2070036	
<b>C</b> Book value of all assets at end of year 5,904,321,303.		<b>F</b> Group exemption number (See instructions.)		<b>E</b> Unrelated business activity codes (See instructions.)	
		<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		900099	

H Describe the organization's primary unrelated business activity. UNRELATED DEBT-FINANCED INCOME

 I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of BETSY CASSIDY Telephone number (919) 668-8910

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 0.			
b	Less returns and allowances c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7	5,973,368.	12,216,760.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		-6,243,392.
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) SEE STATEMENT 1	12	753,660.	753,660.
13	Total. Combine lines 3 through 12	13	6,727,028.	12,216,760.
				-5,489,732.

 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules) SEE STATEMENT 3 SEE STATEMENT 2	20	0.
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-5,489,732.
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 4	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-5,489,732.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-5,489,732.

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☒ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ 0. (2) \$ 0. (3) \$ 0.

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0.

(2) Additional 3% tax (not more than \$100,000) \$ 0.

**c** Income tax on the amount on line 34 **35c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Tax on Non-Compliant Facility Income.** See instructions **39****40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 0.**Part IV Tax and Payments****41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a****b** Other credits (see instructions) **41b****c** General business credit. Attach Form 3800 **41c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **41d****e** **Total credits.** Add lines 41a through 41d **41e****42** Subtract line 41e from line 40 **42** 0.**43** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **43****44** **Total tax.** Add lines 42 and 43 **44** 0.**45a** Payments: A 2016 overpayment credited to 2017 **45a****b** 2017 estimated tax payments **45b****c** Tax deposited with Form 8868 **45c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **45d****e** Backup withholding (see instructions) **45e****f** Credit for small employer health insurance premiums (Attach Form 8941) **45f****g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other **45g****46** **Total payments.** Add lines 45a through 45g **46****47** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **47****48** **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed **48** 0.**49** **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 0.**50** Enter the amount of line 49 you want: **Credited to 2018 estimated tax** **Refunded** **50****Part V Statements Regarding Certain Activities and Other Information** (see instructions)**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **SEE STATEMENT 5** **Yes** **No** **X****52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No** **X****53** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **15/13/19** Date

SVP, CFO, TREASURER Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No**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.**

Form 990-T (2017)

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

N/A

(see instructions)

## 1. Description of property

(1)
(2)
(3)
(4)

## 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B)

0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
				SEE STATEMENT 6
(1) BOND INVESTMENT		5,973,368.		12,216,760.
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
SEE STATEMENT 7	SEE STATEMENT 8			
(1) 595,234,055.	299,735,454.	100.00%	5,973,368.	12,216,760.
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			5,973,368.	12,216,760.
Total dividends-received deductions included in column 8				0.

Form 990-T (2017)

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions) N/A

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions) N/A

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions) N/A

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> .....			0.

Form 990-T (2017)

**SCHEDULE O**  
**(Form 1120)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Consent Plan and Apportionment Schedule  
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ Information about Schedule O (Form 1120) and its instructions is available at [www.irs.gov/form1120](http://www.irs.gov/form1120).

OMB No. 1545-0123

Name

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

**Part I Apportionment Plan Information**

1 Type of controlled group:

- a ☐ Parent-subsidiary group  
b ☒ Brother-sister group  
c ☐ Combined group  
d ☐ Life insurance companies only

2 This corporation has been a member of this group:

- a ☒ For the entire year.  
b ☐ From \_\_\_\_\_, until \_\_\_\_\_.

3 This corporation consents and represents to:

- a ☐ Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.  
b ☐ Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending \_\_\_\_\_, and for all succeeding tax years.  
c ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.  
d ☒ Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on JUNE 30, 2018, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a ☐ Elected by the component members of the group.  
b ☒ Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a ☐ No apportionment plan is in effect and none is being adopted.  
b ☐ An apportionment plan is already in effect. It was adopted for the tax year ending \_\_\_\_\_, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a ☐ Yes.  
(i) ☐ The statute of limitations for this year will expire on \_\_\_\_\_.  
(ii) ☐ On \_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_.  
b ☐ No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a ☐ The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.  
b ☐ The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).  
c ☐ The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2012)

713335 04-01-17 JWA

**Part II Taxable Income Apportionment** (See instructions)**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	
1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	18-06	0.	0.	0.		0.
2	HEALTH SYSTEM MEDICAL STRATEGIES, INC.	18-06	0.	0.	0.		0.
3	DUKE MEDICAL STRATEGIES, INC.	18-06	0.	0.	0.		0.
4	DUKE UNIVERSITY SPECIAL VENTURES FUND, INC.	18-06	0.	0.	0.		0.
5	GOTHIC CORPORATION	18-06	0.	0.	0.		0.
6	DURHAM CASUALTY COMPANY, LTD.	18-06	0.	0.	0.		0.
7	DUKE ALUMNI ASSOCIATION, INC.	18-06	0.	0.	73,501.		73,501.
8	DURHAM ASSET MANAGEMENT COMPANY, INC.	18-06	50,000.	25,000.	58,200.		133,200.
9	DURHAM REALTY, INC.	18-06	0.	0.	0.		0.
10	DUKE GIFT PROPERTIES, INC.	18-06	0.	0.	0.		0.
11	DUKE UNIVERSITY PHILANTHROPIES, INC.	18-06	0.	0.	515,019.		515,019.
12	GOTHIC HSP CORPORATION	18-06	0.	0.	0.		0.
<b>Total</b>			50,000.	25,000.	1,213,249.		1,288,249.

Schedule O (Form 1120) (Rev. 12-2012)

**Part II Taxable Income Apportionment** (See instructions)**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
		(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1 THE DUKE UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION	56-2247203 18-06	0.	0.	0.		0	
2 DUKE UNIVERSITY	56-0532129 18-06	0.	0.	566,529.		566,529.	
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Total							

Schedule O (Form 1120) (Rev. 12-2012)

**Part III Income Tax Apportionment** (See instructions)

(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1 DUKE UNIVERSITY HEALTH SYSTEM, INC.	0.	0.	0.			0.		
2 HEALTH SYSTEM MEDICAL STRATEGIES, INC.	0.	0.	0.			0.		
3 DUKE MEDICAL STRATEGIES, INC.	0.	0.	0.			0.		
4 DUKE UNIVERSITY SPECIAL VENTURES FUND, INC.	0.	0.	0.			0.		
5 GOTHIC CORPORATION	0.	0.	0.			0.		
6 DURHAM CASUALTY COMPANY, LTD.	0.	0.	0.			0.		
7 DUKE ALUMNI ASSOCIATION, INC.	0.	0.	24,990.			0.	24,990.	
8 DURHAM ASSET MANAGEMENT COMPANY, INC.	7,500.	6,250.	19,788.		11,750.		45,288.	
9 DURHAM REALTY, INC.	0.	0.	0.			0.		
10 DUKE GIFT PROPERTIES, INC.	0.	0.	0.			0.		
11 DUKE UNIVERSITY PHILANTHROPIES, INC.	0.	0.	175,106.			0.	175,106.	
12 GOTHIC HSP CORPORATION	0.	0.	0.			0.		
Total	7,500.	6,250.	412,505.		11,750.		438,005.	

Schedule O (Form 1120) (Rev. 12-2012)

**Part III Income Tax Apportionment** (See instructions)

	(a) Group member's name	Income Tax Apportionment							(g) 3%	(h) Total income tax (combine lines (b) through (g))
		(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%				
1	THE DUKE UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION	0.	0.	0.			0.			
2	DUKE UNIVERSITY	0.	0.	192,621.			0.			192,621.
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

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**Part IV Other Apportionments** (See instructions)

	(a) Group member's name	Other Apportionments				
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	0.	0.	0.	0.	0.
2	HEALTH SYSTEM MEDICAL STRATEGIES, INC.	0.	0.	0.	0.	0.
3	DUKE MEDICAL STRATEGIES, INC.	0.	0.	0.	0.	0.
4	DUKE UNIVERSITY SPECIAL VENTURES FUND, INC.	0.	0.	0.	0.	0.
5	GOTHIC CORPORATION	0.	0.	0.	0.	0.
6	DURHAM CASUALTY COMPANY, LTD.	0.	0.	0.	0.	0.
7	DUKE ALUMNI ASSOCIATION, INC.	0.	0.	0.	0.	0.
8	DURHAM ASSET MANAGEMENT COMPANY, INC.	250,000.	40,000.	0.	0.	0.
9	DURHAM REALTY, INC.	0.	0.	0.	0.	0.
10	DUKE GIFT PROPERTIES, INC.	0.	0.	0.	0.	0.
11	DUKE UNIVERSITY PHILANTHROPIES, INC.	0.	0.	0.	0.	0.
12	GOTHIC HSP CORPORATION	0.	0.	0.	0.	0.
Total		250,000.	40,000.			

Schedule O (Form 1120) (Rev. 12-2012)

**Part IV Other Apportionments** (See instructions)

		Other Apportionments				
		(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax
1		THE DUKE UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION	0.	0.	0.	0.
2		DUKE UNIVERSITY	0.	0.	0.	0.
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Total						

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FORM 990-T

OTHER INCOME

STATEMENT 1

## DESCRIPTION

## AMOUNT

QUALIFIED TRANSPORTATION FRINGE BENEFITS - UBTI SECTION  
512(A)(7)

753,660.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

753,660.

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FORM 990-T

CONTRIBUTIONS

STATEMENT

2

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

VARIOUS ORGANIZATIONS

N/A

1,358,539.

TOTAL TO FORM 990-T, PAGE 1, LINE 20

1,358,539.

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FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012  
FOR TAX YEAR 2013  
FOR TAX YEAR 2014  
FOR TAX YEAR 2015  
FOR TAX YEAR 2016

## TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS 1,358,539

TOTAL CONTRIBUTIONS AVAILABLE 1,358,539

TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS 10% CONTRIBUTIONS 1,358,539

EXCESS 100% CONTRIBUTIONS 0

TOTAL EXCESS CONTRIBUTIONS 1,358,539

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

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FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	4
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	882,276.	0.	882,276.	882,276.
NOL CARRYOVER AVAILABLE THIS YEAR			882,276.	882,276.

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FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 5
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## NAME OF COUNTRY

BRAZIL  
CHILE  
COLOMBIA  
CZECH REPUBLIC  
DENMARK  
GREECE  
HUNGARY  
INDONESIA  
IRELAND  
JAPAN  
KUWAIT  
MALAYSIA  
NIGERIA  
NORWAY  
PERU  
POLAND  
PORTUGAL  
BERMUDA  
ROMANIA  
SOUTH KOREA  
SWEDEN  
UNITED KINGDOM  
TURKEY  
CHINA

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FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE		11,974,900.	
INVESTMENT MANAGEMENT & COMMISSION		241,860.	
- SUBTOTAL -	1		12,216,760.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			12,216,760.

PUBLIC INSPECTION COPY

FORM 990-T	AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY	STATEMENT 7
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
BOND INVESTMENTS - SEE ATTACHED STATEMENT 7A FOR SCHEDULE		595,234,055.	
- SUBTOTAL -	1		595,234,055.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			595,234,055.

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AMOUNT OF AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY			
MONTH	YEAR	BOND OUTSTANDING BALANCE	
July, 1	2017	\$ 595,234,055	
August, 1	2017	\$ 595,234,055	
September, 1	2017	\$ 595,234,055	
October, 1	2017	\$ 595,234,055	
November, 1	2017	\$ 595,234,055	
December, 1	2017	\$ 595,234,055	
January, 1	2018	\$ 595,234,055	
February, 1	2018	\$ 595,234,055	
March, 1	2018	\$ 595,234,055	
April, 1	2018	\$ 595,234,055	
May, 1	2018	\$ 595,234,055	
June, 1	2018	\$ 595,234,055	
	TOTAL	\$ 7,142,808,656	
	Average	\$ 595,234,055	
AVERAGE ACQUISITION DEBT REPORTABLE ON FORM 990-T, SCH E, COL 4			\$ 595,234,055

FORM 990-T	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY	STATEMENT 8
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
BOND INVESTMENTS - SEE ATTACHED STATEMENT 8A FOR SCHEDULE		299,735,454.	
- SUBTOTAL -	1		299,735,454.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			299,735,454.

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DUKE UNIVERSITY HEALTH SYSTEM, INC.  
FORM 990-T  
FYE 06/30/18

56-2070036

STATEMENT 8A

AVERAGE ADJUSTED BASIS			
MONTH	YEAR	BOND BALANCE	
July, 1	2017	\$	394,882,188
June, 30	2018	\$	204,588,719
AVG OF ADJUSTED BASIS AT FIRST & LAST DAY OF TAX YEAR		\$	299,735,454
AVERAGE ADJUSTED BASIS REPORTABLE ON FORM 990-T, SCH E, COL 5		\$	299,735,454

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**SCHEDULE D**  
**(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2017**

Name

Employer identification number

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	184,008,924.	184,133,269.		-124,345.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation)		SEE STATEMENT 9		<b>6</b> ( 3,889. )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				<b>7</b> -128,234.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	26,789,649.	26,986,945.		-197,296.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				
<b>11</b> Enter gain from Form 4797, line 7 or 9				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>13</b>
<b>14</b> Capital gain distributions				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				<b>15</b> -197,296.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	<b>16</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	<b>17</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	<b>18</b> 0.

Note: If losses exceed gains, see **Capital losses** in the instructions.

**Part IV Alternative Tax for Corporations with Qualified Timber Gain.** Complete Part IV only if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return	20		
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17	21		
22 Multiply line 21 by 23.8% (0.238)	22		
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	24		
25 Add lines 21 and 23	25		
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
27 Multiply line 26 by 35% (0.35)	27		
28 Add lines 22, 24, and 27	28		
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	29		
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return	30		

Schedule D (Form 1120) 2017

**Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **12A**

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
 ► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or  
taxpayer identification no.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	90DAY EURODOLLAR FUTURE	VARIOUS	06/19/18	6,979.	0.			6,979.
	ALLY AUTO RECEIVABLES	08/15/17	06/15/18	288,603.	288,601.			2.
	AMERICAN HONDA FINANCE	07/17/17	04/18/18	3,077,180.	3,082,573.			<5,393.>
	AMERICREDIT AUTOMOBILE REC	06/07/17	02/08/18	955,000.	959,801.			<4,801.>
	ANHEUSER-BUSCH INBEV	06/06/17	04/23/18	1,650,000.	1,652,624.			<2,624.>
	APPLE, INC.	06/06/17	10/11/17	1,649,766.	1,653,762.			<3,976.>
	AUSTRALIA & NEW ZEALAND B	06/08/17	12/07/17	1,376,196.	1,381,765.			<5,569.>
	BANK OF MONTREAL	09/06/17	05/16/18	1,566,818.	1,535,000.			1,848.
	BANK TOKYO-MITSUB DISC	02/21/18	04/27/18	2,998,290.	2,992,809.			5,481.
	BK OF NY MELLON DISC	10/16/17	10/26/17	5,387,547.	5,383,740.			3,807.
	CANADIAN IMPERIAL BANK	06/27/17	12/27/17	2,680,000.	2,680,118.			<118.>
	CAPITAL AUTO RECEIVABLES	07/06/17	11/20/17	870,000.	872,375.			<2,375.>
	CAPITAL ONE MULTI-ASSET	06/07/17	05/16/18	3,295,875.	3,304,186.			<8,311.>
	CARMAX AUTO OWNER TRUST	06/16/17	06/15/18	2,339,988.	2,340,670.			<682.>
	CATERPILLAR FINANCIAL							
	SERVICES	06/06/17	04/18/18	3,301,435.	3,320,033.			<18,598.>
	CHEVRON CORP	06/15/17	05/16/18	3,293,532.	3,304,861.			<11,329.>
	CITIBANK, NA	06/15/17	04/18/18	1,618,403.	1,648,991.			<30,588.>
	CITIGROUP COMMERCIAL M GC15	06/06/17	06/01/18	81,491.	82,766.			<1,275.>
	COLONY AMERICAN HOME 2A A	08/21/17	02/28/18	29,265.	29,277.			<12.>
	COMM 2012-LC4 MORTGAGE LC4	06/06/17	06/01/18	51,337.	52,171.			<834.>
	COMM 2013-2014-CCRE MORTG	06/21/17	06/01/18	161,661.	162,198.			<537.>
	COMMIT TO PUR FNMA SF MTG	11/29/17	11/30/17	21,658,569.	21,691,219.			<32,650.>
	COMMONWEALTH BANK OF AUS	06/19/17	09/13/17	2,707,825.	2,701,015.			6,810.
	DRIVE AUTO RECEIVABLES	07/25/17	06/15/18	1,444,474.	1,446,645.			<2,171.>
	EXXON MOBIL CORP	06/06/17	10/11/17	1,629,729.	1,633,953.			<4,224.>
	FHLMC POOL	08/02/17	06/01/18	1,426,739.	1,531,202.			<104,463.>
	FHLMC MULTICLASS	08/14/17	06/01/18	6,062,400.	6,112,272.			<49,872.>
	FNMA POOL	01/03/18	06/01/18	5,815,612.	6,150,193.			<334,581.>
	FNMA GTD REMIC P/T	07/06/17	06/01/18	5,501,771.	5,581,966.			<80,195.>
	FORD CREDIT AUTO OWNER T C	11/14/17	05/21/18	0.	0.			0.
	GILEAD SCIENCES, INC.	09/14/17	04/18/18	2,208,136.	2,205,000.			3,136.

**2 Totals.** Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ►

184,008,924.	184,133,269.		<124,345.>
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**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **12A**

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Social security number or  
taxpayer identification no.

56-2070036

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	GM FINANCIAL AUTOMOBILE L 3	12/12/17	06/20/18	63,059.	62,912.			147.
	GNMA GTD REMIC P/T	07/25/17	06/20/18	389,031.	448,452.			<59,421.>
	GOLDMAN SACHS GROUP, INC.	06/07/17	04/18/18	3,231,705.	3,288,460.			<56,755.>
	GS MORTGAGE SECURITIES GC12	07/18/17	06/01/18	325,091.	325,716.			<625.>
	HERSHEY FOODS CP DISC	03/26/18	03/28/18	999,045.	998,950.			95.
	HOME PARTNERS OF AMER 1 A	VARIOUS	06/17/18	29,202.	29,111.			91.
	HONDA AUTO RECEIVABLES 20 3	09/25/17	06/18/18	211,464.	211,451.			13.
	HYUNDAI AUTO LEASE S B A3	06/07/17	05/15/18	1,094,412.	1,094,440.			<28.>
	INTERNATIONAL BUSINESS MACHINE	06/15/17	10/11/17	3,290,360.	3,291,676.			<1,316.>
	LILLY ELI & CO DISC	09/14/17	09/25/17	2,998,117.	2,997,013.			1,104.
	MERCEDES-BENZ AUTO LEASE B	06/07/17	05/15/18	274,774.	274,488.			286.
	MICROSOFT CORP	06/15/17	05/16/18	3,288,344.	3,297,889.			<9,545.>
	MORGAN STANLEY BANK OF C14	06/22/17	06/01/18	168,864.	166,169.			2,695.
	NATIONAL BK CANADA DISC	10/17/17	12/07/17	2,880,284.	2,880,284.			0.
	NISSAN AUTO RECEIVABLES B	08/16/17	06/15/18	3,501,030.	3,502,264.			<1,234.>
	PFIZER, INC.	07/18/17	12/07/17	3,246,523.	3,252,161.			<5,638.>
	PHILIP MORRIS DISC	08/31/17	09/25/17	2,246,079.	2,243,936.			2,143.
	PNC BANK, NA	06/06/17	01/17/18	1,648,268.	1,650,563.			<2,295.>
	ROYAL BK CANADA NY INSTL	07/19/17	05/16/18	1,630,047.	1,630,000.			47.
	SANTANDER DRIVE AUTO RECEIVABLE	08/21/17	04/23/18	802,316.	806,644.			<4,328.>
	SIEMENS FINANCIERINGSMAAT	06/21/17	12/07/17	3,219,389.	3,225,506.			<6,117.>
	SKANDINAVISKA ENS DISC	06/12/17	10/26/17	3,318,032.	3,305,056.			12,976.
	SUMITOMO MITSUI BKG	06/12/17	10/26/17	6,130,533.	6,125,000.			5,533.
	TOYOTA AUTO RECEIVABLES 2 B	09/06/17	06/15/18	1,305,736.	1,304,314.			1,422.
	TRICON AMERICAN HO SFR1 A	VARIOUS	05/01/18	604.	585.			19.
	TYSON FOODS, INC.	06/06/17	05/16/18	1,653,808.	1,650,000.			3,808.
	U S TREASURY BILL/NOTE	06/29/17	07/20/17	47,913,266.	47,842,985.			70,281.
	US 5YR/10YR NOTE/TREAS NT	VARIOUS	05/29/18	116,203.	0.			116,203.
	USD IRS 5YR/10YR PRIM	09/11/17	12/06/17	520,927.	0.			520,927.
<b>2</b>	<b>Totals.</b> Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►							

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.



Social security number or taxpayer identification no.

56-2070036

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☐ (F) Long-term transactions not reported to you on Form 1099-B

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT	9
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LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
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2012

2013

2014

2015

2016

3,889

3,889

CAPITAL LOSS CARRYOVER TO CURRENT TAXABLE YEAR

3,889

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