Form **990**

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 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

AH	or the	2018 calendar year, or tax year beginning JUL 1, 2018 and	lending u	<u>10</u> N 30, 2019	
B c	heck if pplicable	C Name of organization		D Employer identif	ication number
	Addres change	S DUKE UNIVERSITY HEALTH SYSTEM, INC.			
	Name change	Doing business as		56-2	070036
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er
	Final return/		850		568-8910
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,708,935,214.
	Amend return			H(a) Is this a group r	eturn
	Application			for subordinates	
	pendin	⁹ 615 DOUGLAS ST., STE. 700, DURHAM, NC 27705		H(b) Are all subordinates i	
11	ax-exe	mpt status: X 501(c)(3) 501(c) ()	or 527		a list. (see instructions)
		e: WWW.DUKEHEALTH.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: NC
		Summary	1 - 104		a clate et legal definenti
	1	Briefly describe the organization's mission or most significant activities: SEE SC	HEDULE O	FOR	
ce		DRGANIZATION'S MISSION STATEMENT			
Governance	2	Check this box I if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	sets
ver				3	19
ŝ		Number of independent voting members of the governing body (Part VI, line 1b)			11
		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			21069
itie:		Total number of volunteers (estimate if necessary)			1345
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			1,923,576.
¥		Net unrelated business taxable income from Form 990-T, line 38			-212,525.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		4,064,813.	
Jue		Program service revenue (Part VIII, line 2g)		3,332,141,722.	· · · ·
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		158,638,074.	<u> </u>
å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		81,606,317.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,576,450,926.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,817,270.	1,312,254.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,455,535,843.	1,558,291,299.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 172 ,	793.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,669,040,569.	1,787,073,189.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,126,393,682.	3,346,676,742.
		Revenue less expenses. Subtract line 18 from line 12		450,057,244.	
- La				eginning of Current Year	End of Year
Net Assets or	20 ⁻	Total assets (Part X, line 16)		5,904,321,303.	6,281,178,620.
Ass	21	Total liabilities (Part X, line 26)		2,509,540,735.	2,743,496,381.
-1-	22	Net assets or fund balances. Subtract line 21 from line 20		3,394,780,568.	3,537,682,239.
-Nei					
	art II	Signature Block		, , ,	•
Pa	art II	Signature Block	s and statem		v knowledge and belief, it is
Pa Und	ert II er penal	Signature Block ties of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of preparer (other than officer) is based on all information of w		ents, and to the best of m	y knowledge and belief, it is

May the IF	RS di	scuss this return with the preparer shown abo	ve? (see instructions)			Yes	No
					Phone no.		
Use Only	Firm	n's address 🕨					
Preparer	Firm	n's name 🕨			Firm's EIN 🕨		
Paid					self-employed	t	
	Prin	t/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
		Type or print name and title					
Here		KENNETH C. MORRIS, SVP, CFO, TREA	ASURER				
Sign		Signature of officer			Date		

	000 (2010)	HEALTH SYSTEM, INC.	56-	2070036 Page
Par	t III Statement of Program Service A Check if Schedule O contains a response	•		X
1	Briefly describe the organization's mission: SEE SCHEDULE O			[
2	Did the organization undertake any significant pr		nich were not listed on the	Yes X No
	If "Yes," describe these new services on Schedu	ule O.		
5	Did the organization cease conducting, or make If "Yes," describe these changes on Schedule O		ucts, any program services?	Yes X No
ŀ	Describe the organization's program service acc Section 501(c)(3) and 501(c)(4) organizations are revenue, if any, for each program service reported	e required to report the amount of g	grants and allocations to others, the to	tal expenses, and
a	(Code:) (Expenses \$2,588,48	7,775. including grants of \$	1,312,254.) (Revenue \$	3,618,375,075.
	SEE SCHEDULE O			
b	(Code:) (Expenses \$	including grapte of \$) (Payanya ¢	
5) (Expenses 9) (revenue 4	
С	(Code:) (Expenses \$	including grants of \$) (Revenue \$)	
d	Other program services (Describe in Schedule O).)		
	(Expenses \$ including	g grants of \$) (Revenue \$)

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Form		2070036	Р	age 3
Par	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors?		X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates f			
	public office? If "Yes," complete Schedule C, Part I			X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in			
	during the tax year? If "Yes," complete Schedule C, Part II		Х	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,	Part I 6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV			X
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, perma		77	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, o	^X		
	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule		v	
	Part VI	<u>11a</u>	X	
	, , , , , , , , , , , , , , , , , , ,		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>	X	
		44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		
	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX		x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>	~	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		v
	Schedule D, Parts XI and XII	<u>12a</u>		<u>x</u>
	Was the organization included in consolidated, independent audited financial statements for the tax year?	106	x	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		^^	x
				X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busines		1	<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,0			
	or more? If "Yes," complete Schedule F, Parts I and IV		x	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line		1	
	1c and 8a? If "Yes," complete Schedule G, Part II		x	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."		1	
	complete Schedule G, Part III	19		x
			x	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		x	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	1	
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
				(2018)

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Par	t IV Checklist of Required Schedules (continued)		Vee	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions):	00.	x	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X	
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	. 28b	А	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c	x	
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>		X	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	. 23		<u> </u>
50	contributions? If "Yes," complete Schedule M	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
01	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	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	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			[
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
L' ai	Check if Schedule O contains a response or note to any line in this Part V			v ⊓
			N/ 1	
4 -		33	Yes	No
		0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	(gambling) winnings to prize winners?	1c	x	
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				· · · · · · · · · · · · · · · · · · ·

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2106	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ESE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	x	
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7c		
d	Did the experimentian measure and funder dimential an indimential to new presentations on a presentation of the pretonate	7e		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		x
'n	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	_		
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	X	
46	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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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.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

				Y	'es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
_	officer, director, trustee, or key employee?		2		x	
3	Did the organization delegate control over management duties customarily performed by or under the		····· –			
-	of officers, directors, or trustees, or key employees to a management company or other person?		3		x	
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass					Х
6	Did the organization have members or stockholders?					х
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
7.	more members of the governing body?		7		x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			-		
			7		x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		···· /	-	-	
	The governing body?		8		x	
	Each committee with authority to act on behalf of the governing body?			-	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			<u> </u>		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		g			х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		j 3			
	tion B: Fonotos (This Section B requests information about policies not required by the internal Re	venue Coae.)			'es	No
10-	Did the organization have local chapters, branches, or affiliates?		10			X
			····· "	a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch		10	h		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filling the for	n? 11	<u>a</u> .	~	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			-	x	
	, , , , , , , , , , , , , , , , , , , ,		12	<u>, d</u>	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			.	
10	in Schedule O how this was done			•	x x	
13	Did the organization have a written whistleblower policy?			-		
14	Did the organization have a written document retention and destruction policy?		14	• •	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			u .	X	
b	Other officers or key employees of the organization		15	b	x	_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a		-		
_	taxable entity during the year?		16	a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				_	
	exempt status with respect to such arrangements?		16	b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O		() (2)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-1 (Section 501	(c)(3)s onl	y) ava	ailab	le
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request X Other (explain)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of interest policy	/, and fina	ncial		
	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 boo BETSY CASSIDY - (919)668-8910	oks and records				
	DUHS, INC., 615 DOUGLAS STREET, SUITE 700, DURHAM, NC 27705					

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Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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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

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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 (Ď), (E), and (F) if no compensation was paid.

(D)

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.

 $\langle \mathbf{C} \rangle$

(D)

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do			ition) than o	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both r/trus	n an	compensation	compensation	amount of
	week				in ecto	1/11/13		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	trustee or director	l trus		66	npen		(00-2/1099-00130)		organization and related
	below	dual tr	itiona		nploy	st cor yee	-			organizations
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gam_anone
(1) LESLIE E BAINS	4.00									
DIRECTOR	0.00	x						0.	0.	Ο.
(2) GAIL BELVETT	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(3) JACK O BOVENDER JR	3.00									
DIRECTOR	8.10	х						0.	0.	0.
(4) WILLIAM HAWKINS	8.00									
DIRECTOR	6.00	x						0.	0.	0.
(5) BARBARA M HENDRIX	1.00									
DIRECTOR	0.10	х						0.	0.	0.
(6) MARY E KLOTMAN MD	25.00									
DIRECTOR	40.50	x						0.	1,065,975.	47,861.
(7) MICHAEL MARSICANO	1.00									
DIRECTOR	4.00	Х						0.	0.	0.
(8) LLOYD B MORGAN	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(9) VINCENT E PRICE	3.00									
DIRECTOR	40.20	Х						0.	1,339,428.	50,100.
(10) ANN M REED	11.00									
DIRECTOR	40.10	Х						23,513.	324,811.	39,049.
(11) CARMICHAEL ROBERTS	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(12) SEPIDEH SAIDI	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(13) JOHN H SAMPSON MD PHD	1.00									
DIRECTOR	40.10	Х						0.	683,439.	103,783.
(14) NANCY M SCHLICHTING	6.00									
DIRECTOR	2.00	Х						0.	0.	0.
(15) STEVEN M SCOTT MD	4.00									
DIRECTOR	2.00	х						0.	0.	0.
(16) SUSAN STALNECKER	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(17) GEORGE RICHARD WAGONER JR	1.00									
DIRECTOR	0.00	х						0.	0.	0.
000007 10 01 10										Form 990 (2018)

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Form 990 (2018) DUKE UNIVERSITY HEALTH SYSTEM, INC. 56-2070036												Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do			ition	۱ than c	ne	Reportable	Reportable		Estima	ated
	hours per	box,	unles	ss per	rson i	s both	an	compensation	compensation		amour	nt of
	week		cer an	a a a	Irecto	or/trust	ee)	from	from related		othe	
	(list any	recto						the	organizations		compen	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)	from	
	organizations	ustee	trust		e.	ipens		(W-2/1099-MISC)			organiz	
	below	ual tri	ional		ploye	t com					and rel	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	alions
(18) A EUGENE WASHINGTON MD	33.00	<u> </u>	=	i0	А.	er Hi	F					
DIRECTOR/PRESIDENT & CEO	33.20	х		х				0.	2,610,79	97.	146	5,391.
(19) JAMES WHITEHURST	1.00								, ,			, .
DIRECTOR	0.00	х						0.		0.		Ο.
(20) MONTE D BROWN MD	50.00											
VP FOR ADMINISTRATION/SECRETARY	10.10			х				821,272.		0.	51	,022.
(21) WILLIAM J FULKERSON MD	60.00											
EXECUTIVE VP, DUHS	0.70			Х				1,852,249.		٥.	38	3,933.
(22) KENNETH C MORRIS	40.00											
SVP, CFO, TREASURER	1.00			Х				1,385,444.		0.	44	1,047.
(23) MARY ANN FUCHS	60.00											
VP-PATIENT CARE/CHIEF NURSE EXEC (24) KATHLEEN B GALBRAITH	0.10				X			593,971.		0.	40),799.
PRESIDENT, DUKE REGIONAL HOSPITAL	60.00 1.00				x			697 926		٥.	51	134
(25) THOMAS A OWENS MD	60.00							697,926.		<u> </u>		134.
PRESIDENT, DUH AND SVP, DUHS	0.20				x			1,147,835.		٥.	45	5,084.
(26) DAVID ZAAS MD	60.00							, , , .				, .
PRESIDENT, DUKE RALEIGH HOSPITAL	0.00				х			687,715.		٥.	51	535.
1b Sub-total	•							7,209,925.	6,024,45	50.	709	9,738.
c Total from continuation sheets to Part VI								3,564,312.	113,76	51.	292	2,206.
d Total (add lines 1b and 1c)				<u></u>				10,774,237.	6,138,21	1.	1,001	,944.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	oove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												2,180
										_	Ye	s No
3 Did the organization list any former officer,	-	stee	e, ke	y en	nplo	yee,	or l	highest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for su										🛏	3 X	
4 For any individual listed on line 1a, is the su	-		-					-	-		<u>Δ</u> X	
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a										🛏	4 X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•				-		ate	ed organization or individ	iual for services	_	5	X
Section B. Independent Contractors		;] [(JI SU	CITL	Jers	011 .				<u> </u>	5	
1 Complete this table for your five highest cor	mpensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of compe	nsatio	on from	
the organization. Report compensation for t	•	•							•			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Cor	mpensat	ion
PRIVATE DIAGNOSTIC CLINIC PLLC												
4101 ROXBORO RD, DURHAM, NC 27710							_	MEDICAL SERVICES		1	154,021	.,267.
SKANSKA USA BUILDING INC, 4309 EMPERG	DR											
BLVD, SUITE 200, DURHAM, NC 27703	שמקו						_	CONSTRUCTION SERVI	CES		45,810	0,028.
ROBINS & MORTON GROUP, PO BOX 11407 DEPT #5870, BIRMINGHAM, AL 35209 CONSTRUCTION SERVICES 41,1										11 160	5 273	
BALFOUR BEATTY CONSTRUCTION LLC, 406	s						-	CONDIROCTION DERVI			41,166	,275.
MCDOWELL ST, SUITE 200, RALEIGH, NC 2								CONSTRUCTION SERVI	CES		17,462	2,686.
ARAMARK SERVICES LLC, 1101 MARKET ST							ſ					,
, SUITE 450, PHILADELPHIA, PA 19107								FOOD SERVICES			13,093	8,779.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation 🕨				344							
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS								Fo	orm 990	(2018)

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Form 990 DUKE UNIVERS: Part VII Section A Officers Directors Tru				<i>'</i>					56-20700)36
		nplo	yee			ligh	est (, ,	_
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(~	heck		ition		LA .	Reportable compensation	Reportable compensation	Estimated amount of
	per	(CI	песк Т		mai	app I	iy)	from	from related	other
	week					ee (the	organizations	compensation
	(list any	ector				m ploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire	8			ited e		(W-2/1099-MISC)		organization
	related	Istee	truste		e.	bense				and related
	organizations below	ual tru	tional		ploye	t com				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RHONDA BRANDON	40.00	-	-	0	×	-	ш.			
CHIEF HUMAN RESOURCES OFFICER, DUHS	0.00					x		662,176.	0.	60,738
(28) JEFFREY M FERRANTI	40.00								` `.	
CIO/VP FOR MEDICAL INFORMATICS	0.00					x		780,801.	113,761.	56,906
(29) JULIE SEEL	40.00							, <u> </u>	,	,
CLINICAL PSYCHOLOGIST	0.00					x		633,898.	0.	38,858
(30) JOHN S SMITH	40.00							,		
DUHS ASSOCIATE VP	0.00					x		594,428.	0.	52,922
(31) ROBERT N WILLIS	55.00									
VP OF FINANCE & CORP CONTROLLER	5.00					х		609,579.	0.	48,308
(32) KEVIN SOWERS	0.00									
FORMER KEY EMPLOYEE	0.00						Х	283,430.	0.	34,474
			<u> </u>							
			-							
		I	I	I	I	I	I			
otal to Part VII, Section A, line 1c								3,564,312.	113,761.	292,206

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Form	99	0 (2	2018) DUKE UNI	IVERSITY HEAD	LTH SYSTEM, 3	INC.		56-207003	6 Page 9
Pa	t V	/111	Statement of Reven	ue					
			Check if Schedule O conta	ains a response o	or note to any lin	e 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
5 5	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
Q Q			Fundraising events		63,222.				
ifts ar A			Related organizations						
S, G			Government grants (contributio		1,067,494.				
Sii			All other contributions, gifts, grant						
outi			similar amounts not included abov		4,128,593.				
l Oil		g	Noncash contributions included in lines 1	a-1f: \$	115,676.				
		h	Total. Add lines 1a-1f		>	5,259,309.			
					Business Code				
e	2	а	PATIENT REVENUE		621990	3,532,004,737.	3,532,004,737.		
Program Service Revenue		b	ANCILLARY MEDICAL SVCS		621990	34,139,501.	34,139,501.		
Sei		с	MEDICAL SERVICES		621990	341,489.	341,489.		
am eve		d							
2 B G		е							
Å		f	All other program service rever	nue					
		g	Total. Add lines 2a-2f			3,566,485,727.			
	3		Investment income (including of	dividends, intere	st, and				
			other similar amounts)		►	34,680,750.		1,923,576.	32,757,174.
	4		Income from investment of tax	roceeds 🕨 🕨					
	5		Royalties		🕨	10,195,392.			10,195,392.
			(i) Real		(ii) Personal				
	6	а	Gross rents	12,194,696.					
		b	Less: rental expenses	10,749,245.					
			Rental income or (loss)						
		d	Net rental income or (loss)		►	1,445,451.			1,445,451.
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	2012716506.					
		b	Less: cost or other basis						
			and sales expenses	1920136166.					
		С	Gain or (loss)	92,580,340.	-1,167,697.				
		d	Net gain or (loss)		····· ►	91,412,643.			91,412,643.
e	8	а	Gross income from fundraising						
enu			including \$ 63,						
ev.			contributions reported on line						
erF			Part IV, line 18		109,739.				
Other Revenue			Less: direct expenses		99,124.	10 (15			10 615
			Net income or (loss) from fund		····· ►	10,615.			10,615.
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
	40		Net income or (loss) from gami		····· >				
	10	а	Gross sales of inventory, less r						
		Ŀ.	and allowances						
			Less: cost of goods sold						
•		С	Net income or (loss) from sales						
ŀ	44	~	Miscellaneous Revenue BILLING FEES	3	Business Code 621990	44,690,032.	44,690,032.		
	11		DEEMED DIVIDEND		900003	6,635,025.	11,050,052.		6,635,025.
			LAB SERVICES		621990	3,754,975.	3,754,975.		0,000,020.
		-	All other revenue		621990	12,213,063.	3,444,341.		8,768,722.
						67,293,095.	,,		,,
	12		Total revenue. See instructions				3,618,375,075.	1,923,576.	151,225,022.
832009					F		, .		Form 990 (2018)

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DUKE UNIVERSITY HEALTH SYSTEM, INC.

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Part IX Statement of Functional Expenses

Form 990 (2018)

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	se or note to any line in t	his Part IX	·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,172,799.	1,172,799.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	44,336.	44,336.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	95,119.	95,119.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	7,565,047.	431,005.	7,134,042.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	336,322.	75,887.	260,435.	
7	Other salaries and wages	1,243,451,059.	840,018,547.	403,347,130.	85,382.
8	Pension plan accruals and contributions (include		/		
	section 401(k) and 403(b) employer contributions)	73,565,204.	47,634,746.	25,924,576.	5,882.
9	Other employee benefits	141,690,356.	89,090,362.	52,588,422.	11,572.
10	Payroll taxes	91,683,311.	61,597,387.	30,079,667.	6,257.
11	Fees for services (non-employees):				
а	Management	12,939,314.	12,270,893.	668,421.	
b	Legal	4,154,925.	202,557.	3,952,368.	
	Accounting	565,500.		565,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,441,235.		4,441,235.	
g	Other. (If line 11g amount exceeds 10% of line 25,			110 001 070	10.000
	column (A) amount, list line 11g expenses on Sch O.)	279,002,325.	166,167,445.	112,821,272.	13,608.
12	Advertising and promotion	3,815,755.	80,862.	3,734,893.	20 117
13	Office expenses	37,165,194.	22,752,806.	14,382,271.	30,117.
14	Information technology	59,510,315.	5,144,773.	54,365,542.	
15	Royalties	F0 211 CC2	46 610 015	22 602 848	
16		70,311,663.	46,618,815.	23,692,848.	
17		9,070,406.	5,716,098.	3,354,308.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	7 571 600	1 210 066	6 251 657	
19	Conferences, conventions, and meetings	7,571,623.	1,319,966.	6,251,657.	
20	Interest	54,546,119.	54,546,119.		
21	Payments to affiliates	157,985,483.	118,222,469.	39,763,014.	
22	Depreciation, depletion, and amortization	9,764,116.	9,764,116.	35,703,014.	
23	Insurance	5,704,110.	5,704,110.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEDICAL SUPPLIES	912,899,239.	912,899,239.		
b	EQUIPMENT RENTAL & MAIN	89,319,441.	72,036,966.	17,282,475.	
c	MEDICAID ASSESSMENT	80,887,646.	80,887,646.		
d	LAUNDRY	8,595,594.	8,595,594.		
e	All other expenses	-15,472,704.	31,101,223.	-46,593,902.	19,975.
25	Total functional expenses. Add lines 1 through 24e	3,346,676,742.	2,588,487,775.	758,016,174.	172,793.
26	Joint costs. Complete this line only if the organization	-			-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
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DUKE UNIVERSITY HEALTH SYSTEM, INC.

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art	^	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
	1	Cash - non-interest-bearing	92,406.	1	101,882.
	2	Savings and temporary cash investments		2	784,143,999.
	3	Pledges and grants receivable, net		3	1,423,731.
	4	Accounts receivable, net	•	4	482,629,639,
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
Assets		employers and sponsoring organizations of section 501(c)(9) voluntary	, 		
,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	287,432
2	8	Inventories for sale or use		8	99,753,991
	9	Prepaid expenses and deferred charges	27 120 244	9	36,336,639
1	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,644,430,83	7.		
	b	Less: accumulated depreciation 1,950,742,48	4. 1,527,962,404.	10c	1,693,688,353
1		Investments - publicly traded securities	859,604,561.	11	621,244,236
1	12	Investments - other securities. See Part IV, line 11		12	2,512,783,200
1	13	Investments - program-related. See Part IV, line 11		13	
1 1 1 1 1	14	Intangible assets		14	21,465,755
1	15	Other assets. See Part IV, line 11	23,730,962.	15	27,319,763
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,904,321,303.	16	6,281,178,620
1	17	Accounts payable and accrued expenses	351,954,045.	17	384,650,750
1	18	Grants payable		18	
1	19	Deferred revenue		19	8,314,062
2	20	Tax-exempt bond liabilities		20	1,012,051,763
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
, 2	22	Loans and other payables to current and former officers, directors, trustees,			
Tiabilities Liabil		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,109,763,821.	25	1,338,479,806
2	26	Total liabilities. Add lines 17 through 25	2,509,540,735.	26	2,743,496,381
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗵 and			
2		complete lines 27 through 29, and lines 33 and 34.			
2 2	27	Unrestricted net assets	3,336,152,781.	27	3,477,033,339
2	28	Temporarily restricted net assets	. 44,593,461.	28	46,102,670
3 2	29	Permanently restricted net assets	. 14,034,326.	29	14,546,230
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
3 3	30	Capital stock or trust principal, or current funds		30	
3 3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
: 3	33	Total net assets or fund balances		33	3,537,682,239
1	34	Total liabilities and net assets/fund balances	5,904,321,303.	34	6,281,178,620

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Form	990 (2018) DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-207	0036	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				<u>.</u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,776	,782,	982.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,346	,676,	742.
3	Revenue less expenses. Subtract line 2 from line 1	3	430	,106,	240.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,394	,780,	568.
5	Net unrealized gains (losses) on investments	5	53	,558,	079.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-340	,762,	648.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,537	,682,	239.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a			2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	Х	—
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		<u>2</u> c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. <u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	000	Ĺ

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 for instructions and the latest info
--

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization

Nam	e of t	the organization						Employer	identification number
			NIVERSITY HEALT						56-2070036
Par	τI	Reason for Public C	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions	S.	
The c	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)([.]	I)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	Х	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i i	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membersł	nip fees, an	nd gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	ts support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a	-		•				
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Check the box in
		lines 12a through 12d that	• •					-	
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	apporting
		organization. You must o	•				-1	- (-)	
b		Type II. A supporting org	-				-		
		control or management o			ame perso	ns that co	ntroi or mana	ge the supp	ported
•		organization(s). You mus	-		in connoct	tion with		ly intograte	ad with
С		J Type III functionally inte its supported organization						ly integrate	eu with,
d		Type III non-functionally						ted organi-	zation(s)
u	L	that is not functionally int	• •					•	. ,
		requirement (see instructi	v	o ,	•		•	anattenti	1033
е		Check this box if the orga						II. Type III	
Ŭ	L	functionally integrated, or					19901, 1990	n, rype m	
f	Ente	er the number of supported of			0 0				
g		vide the following informatior	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	,	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

Schedule A (Form 990 or 990-EZ) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.

Part II

56-2070036

Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	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)						
_6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stor	here					
See	ction C. Computation of Publi	c Support Pe	rcentage			. .	
	Public support percentage for 2018 (I		•			14	%
	Public support percentage from 2017						%
1 6a	33 1/3% support test - 2018. If the o	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2017. If the o	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2018. If the org	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check th	nis box and stop	here. Explain in P	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	- 2017. If the org	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	umstances" test, cl	neck this box and	stop here. Expla	in in Part VI how th	e
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
					Seh	adula A (Earm 00)) or 990-F7) 2018

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
r	3 received from disqualified persons Amounts included on lines 2 and 3 received						
ĸ	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	·		•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	rcentage			,,	
15	Public support percentage for 2018 (I	line 8, column (f), d	livided by line 13,	column (f))		15	%
_	Public support percentage from 2017					16	%
	ction D. Computation of Inves					<u> </u>	
17	Investment income percentage for 20	018 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2018. If the	erganization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	tion	▶□]
k	33 1/3% support tests - 2017. If the	erganization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	eck this box and st	top here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	<u>on did not check a</u>	box on line 14, 19	a, or 19b, check tl	his box and see ins	tructions	
8320	23 10-11-18				Sch	edule A (Form 990) or 990-EZ) 2018
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Schedule A (Form 990 or 990-EZ) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- 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 Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 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).
- 9a 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 Part VI.
- 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 Part VI.
- c 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 Part VI.
- 10a 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 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.)

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6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

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Page 4

Yes No

1

2

3a

Зb

3c

4a

4b

4c

5a

5b

5c

Sche	nedule A (Form 990 or 990-EZ) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036	Pa	age 5
Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a 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?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		_	
			Yes	No
1	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		1	
			Yes	No
1	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 ta	ax		
	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?	1		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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 Part VI the role the organization's	3		
Sec	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations	3		L
1		instructions)		
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.			
b				
c		ntity (see instruction	2)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a 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 Part VI.	3a		
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 Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

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	A (Form 990 or 990-EZ) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036	Page 6
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 (exp	lain in Part VI.) See inst	ructions. All

	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ctions A through E.	-
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2018

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Sche	dule A (Form 990 or 990-EZ) 2018 DUKE UNIVERSITY HEAI	LTH SYSTEM, INC.		56-2070036 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	~	<i>(</i> 1)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7: Excess from 2014			
	Excess from 2014 Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e				

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Form 990 or 990-EZ) 2018 DUKE Supplemental Information	- Provide the	volanationa rea	ired by Port II II	ne 10: Part II, line 1	56-2070036	Page 8
i art ii	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	Provide the e 3c. 4b. 4c. 5a. 6	. 9a. 9b. 9c. 11a	11b. and 11c: F	Part IV, Part II, line I	ines 1 and 2: Part III, line 12;	on C.
	line 1; Part IV, Section D, lines 2 a	and 3; Part IV, Se	ection E, lines 10	, 2a, 2b, 3a, and	3b; Part V, line 1;	Part V, Section B, line 1e; F	Part V,
	Section D, lines 5, 6, and 8; and F	Part V, Section E	, lines 2, 5, and	Also complete	this part for any ad	dditional information.	
	(See instructions.)						
32028 10-11-18	3				Sc	hedule A (Form 990 or 990	D-EZ) 201
			21				
0715 1	L45628 HDD004		2018	06000 חדת	KE HINTVERS	ITY HEALTH SY	חסתים
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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 for instructions and the latest information.

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OMB No. 1545-0047

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.
NI 6 1 11	

Nan	ne of organization			Em	bioyer identification number
D		RSITY HEALTH SYSTEM, INC.			56-2070036
Pa	rt I-A Complete if the org	anization is exempt unde	r section 501(c) o	r is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		►	\$
Pa	rt I-B Complete if the org	anization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excise tax				\$
2	Enter the amount of any excise tax	incurred by organization manager			
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes." describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt unde	r section 501(c), e	except section 501(c)(3).
1	Enter the amount directly expended	by the filing organization for sect	ion 527 exempt function	on activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to othe	er organizations for sec	tion 527	
	exempt function activities			►	\$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,		
	line 17b				\$
4	Did the filing organization file Form				
5	Enter the names, addresses and en			-	
	made payments. For each organiza				
	contributions received that were propolitical action committee (PAC). If				ite segregated fund or a
				I	
	(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) 2018

LHA

Schedule C (Form 990 or 990-EZ) 2018 DT					070036 Page 2
Part II-A Complete if the orga	nization is exe	mpt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).					
		iliated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	, .	• •			
B Check Check Given the filing organization of	on checked box A a	nd "limited control" pro	ovisions apply.		
	on Lobbying Expe tures" means amo	enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or (bbying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500 Over \$1,500,000 but not over \$17,00		00 plus 10% of the exc 00 plus 5% of the exce			
Over \$17,000,000	\$1,000	•	ss over \$1,500,000.		
	φ1,000	,000.			
g Grassroots nontaxable amount (ente	r 25% of line 1f)				
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero c					
j If there is an amount other than zero					•
reporting section 4911 tax for this ye	-				Yes No
		eraging Period Under			
(Some organizations that		501(h) election do not rate instructions for lin		of the five columns b	elow.
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.

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 e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(i	a)	(k)
of the	e lobbying activity.	Yes	No	Amo	ount
1	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:				
а	Volunteers?		X		
b		X			
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			138,337.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
-	Other activities?	X			112,368.
	Total. Add lines 1c through 1i				250,705.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- FO 4(-)(
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(C)(b), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."	'No," OR	(b) Part	III-A, line	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de 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 a	nd 2 (see	
	uctions); 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				
	WING ACTIVITIES AS PART OF THEIR JOB RESPONSIBILITIES. THESE SAME				
	YING ACTIVITIES AS PART OF THEIR JOB RESPONSIBILITIES. THESE SAME				
EMPI	OYEES HAVE AND SOME SENIOR LEADERS MAY HAVE DIRECT CONTACT WITH				
LEGI	SLATORS, THEIR STAFFS, AND GOVERNMENT OFFICIALS.				

56-2070036

PUBLIC INSPECTION COPY		
Schedule C (Form 990 or 990-EZ) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036	Page 4
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.		

Schedule C (Form 990 or 990-EZ) 2018

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	PUBLIC INSPECTION COPY	
SCHEDULE D	Supplemental Financial Statements	F

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 for instructions and the latest information.

OMB No. 1545-0047 18 Ĺ Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Employer identification number

	DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(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 fun	do
5	•	
~	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
Pa	impermissible private benefit?	
Fai		, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	y important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	preservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic 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 organ	
-	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	
Ŭ		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
0	Stan and volunteer rours devoted to monitoring, inspecting, naroling or violations, and enforcing conservation	on easements during the year
7	Amount of expanses incurred in manifering increating handling of violations, and enforcing concernation of	ecomonte duving the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	isements during the year
•		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	-
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ganization's accounting for
De	conservation easements.	Similar Acceto
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	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 ar	,
	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 b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	rvice, 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:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	. • • •

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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued). a Unique conjunction accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Check all that apply): b Conjunction for future generations d Loan or schange programs b Check all that apply): c Drease other for future generations d Loan or schange programs b Check all that apply): c Drease other for future generations d Loan or schange programs b Check all that apply): c Drease other for future generations d Loan or schange programs b Check all that apply): c Drease other for future generations d Check and mount on fram to be maintained acte of the organization and cue for form 500, Part X [ms 21. 1a Is the organization and cust of the organization and cust of the organization and schange of the organization	Sche		SITY HEALTH SYS					56-207			age 2
check at that apply: □ chaic withittion □ base withittion □ base withittion □ base withittion □ chain or exchange programs □ Ching the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Torotia de scentplan of the organization's collection? □ Part V □ Excrow and Custodial Arrangements. Complete if the organization's collection? □ Part V □ Beginning balance □ Dation or exceed an anount on form 990, Part X, line 21. If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Dation control with the organization's collection? □ Dation control with the year □ Dation control with the organization include an amount on Form 990, Part X, line 21, for scrow or custodial account liability? □ No □ Brit V'se," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. □ Beginning of year balance □ Chine organization include an amount on Form 990, Part X, line 21, for scrow or custodial account liability? □ V'se," explain the arrangement in Dat XIII. Check here if the explanation has been provided on Part XIII. □ Beginning of year balance □ Chine organization include an amount on Form 990, Part X, line 10. □ Beginning of year balance □ Chine screentific s for facilities □ Chine organization include an amount on Form 990, Part X, line 10. □ Beginning of year balance □ Chine screentific s for facilities □ Chine screentific s for facilitie	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Similar	Assets	(contin	ued)	
a Public exhibition d □ con or exchange programs b Scholary research e □ Other c Preservation for future generations Other d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, dot the organization is collect or receive donations of art, historical transaures, or other similar assets to sold to raise fund, rather than to be maintained as part of the organization's collection? No PartINE Excore wand Cuscolal Arrangements. Complete the organization answered "Yes" on form 990, Part X, line 21. No d Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XII and complete the tolowing table: Image: the arrangement in Part XII and complete the tolowing table: Image: the arrangement in Part XII and complete the organization answered "Yes" on Form 990, Part X, line 10. e Beigning to a sub an amount on Form 990, Part X, line 21, for escrew or custodial account tability? Image: the arrangement in Part XII and complete the organization answered "Yes" on Form 990, Part X, line 10. e If a sub organization the ast and the arrangement in Part XII. Conthotion (thot hot ast and tothotion (the ast ast ast a	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that a	are a sig	nificant u	se of its c	ollection	items	6
b Scholarly research e Other c Prevention for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Summa the evention for future generation's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization accelector? Yes No e The organization and custodial arrangements. Complete if the organization accelector? Yes No e Is the organization and custodial arrangements. Complete if the organization accelector? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Is Amount 14 c Beginning balance 14 14 14 14 14 d Actions during the year 14 16 16 16 16 16 16 16 16 16 16		(check all that apply):									
c Preservation for thute generations 4 Provide a description of the organization sollections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization sollect 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 answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, tubese, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. In organization angent, tubese, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, the varangement in Part XIII and complete the following table: <u>to determine the receive on Control to the intermediary for contributions or custodial account liability?</u> Yes No b If Yes, 'explain the angenement in Part XIII and complete the following table: Amount 2a Did the organization include an amount on Form 990, Part X, line 21, for secret ward in Part XIII 2b If Yes, 'explain the anagenement in Part XIII. 2a Did the organization include an amount on Form 990, Part X, line 21, for secret ward in Part XIII 2b If Yes, 'explain the anagenement in 	а	Public exhibition	d	Loan or excl	hange progran	ns					
4 Provide a description of the organization's collections and explain how they further the organization's severely 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 solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 15 If "Yes," explain the arrangement In Part XIII and complete the following table: 2 Beginning balance 2 Amount 16 If "Yes," explain the arrangement In Part XIII and complete the following table: 2 Both building suiting the year 2 Both building suiting the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Wes 17 No 18 If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Part VI Part Output Data Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? 18 Ves," explain the amangement in Part XIII. Check here if the explanation has been provided on Part XII. Part VI Endowment FLUGS. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 19 Ves", explain the amangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part VI Endowment FLUGS. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 10 How reportivers for factory as a sale (33, 380, 334, 2, 332, 334, 72, 735, 514, 524, 94, 949, 935, colid parts exclude and loss in the organization answered 'Yes' on Form 990, Part X, line 10. 10 Permanent earnings, gains, and losses <p< th=""><th>b</th><th>Scholarly research</th><th>e</th><th>Other</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></p<>	b	Scholarly research	e	Other							
 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise fund a ratio than to be maintained as part of the organization's collection? 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 980, Part X, line 21. I is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? I "Yes," explain the arrangement in Part XIII and complete the following table: I''es," explain the arrangement in Part XIII and complete the following table: I''es," explain the arrangement in Part XIII and complete the following table: I''es," explain the arrangement in Part XIII and complete the following table: I''es," explain the arrangement in Part XIII and complete the following table: I''es," explain the arrangement in Part XIII. I''es, ''explain the arrangement in Part XIII. I'''es, ''explaint the arrangement i	С	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part W 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. for secrow 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. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21. for secret or custodial account liability? Yes No 1a Beginning of year balance 5, 644, 237, 737, 57, 177, 730. 57, 816, 265, 77, 876, 842, 4367. S7, 177, 730. 57, 516, 265, 44, 484, 494, 365. 1a Reginning of year balance 60, 648, 930. 58, 627, 787, 57, 177, 730. 57, 816, 265, 57, 578, 816. S9, 483, 655. 4, 761, 337, 5, 4	4	Provide a description of the organization's co	ellections and explain	how they further th	e organization	's exem	npt purpos	e in Part	XIII.		
Part IV reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodial on or other intermediary for contributions or other assets not included on Form 990, Part X? Ivestice If Yes,* explain the arrangement in Part XIII and complete the following table: Ivestice Amount If Yes,* explain the arrangement in Part XIII and complete the following table: Ivestice Amount If Yes,* explain the arrangement in Part XIII and complete the following table: Ivestice Amount If Beigning balance Ivestice Ivestice Ivestice If Orders,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ivestice Ivestice If Orders,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ivestice Ivestice If Order system Ivestice Ivestice Ivestice Ivestice Ivestice If Order system Ivestice <	5								-	_	_
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 Yes No c Beginning balance 1c Amount 1c Amount 2 Dott for organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 3 Did the organization answerd 'Ves' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 4 Dest for Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Provide the organization answerd 'Ves' on Form 990, Part X, line 21, for scrow or custodial account liability? Yes No 5 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 <th< th=""><th>_</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>No</th></th<>	_										No
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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 (other) (c) Accumulated depreciation (d) Book value basis (other) basis (other) (c) Accumulated depreciation (d) Book value (d) Book value basis (other) (c) Accumulated depreciation (d) Book value (d)										x	
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) basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 65,300,166. 65,300,166. b Buildings 2,090,962,130. 943,698,206. 1,147,263,924. c Leasehold improvements 1,008,051,420. 645,101,932. 362,949,488. e Other 480,117,121. 361,942,346. 118,174,775. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B). line 10c.) 1,693,688,353.											<u> </u>
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 65,300,166. 65,300,166. 65,300,166. b Buildings 2,090,962,130. 943,698,206. 1,147,263,924. c Leasehold improvements 1,008,051,420. 645,101,932. 362,949,488. e Other 480,117,121. 361,942,346. 118,174,775. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B). line 10c.) 1,693,688,353.									30	А	
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 65,300,166. 65,300,166. 65,300,166. b Buildings 2,090,962,130. 943,698,206. 1,147,263,924. c Leasehold improvements 1,008,051,420. 645,101,932. 362,949,488. e Other 480,117,121. 361,942,346. 118,174,775. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 1,693,688,353.				Part IV line 11a S	ee Form 990	Dart X	line 10				
basis (investment) basis (other) depreciation 1a Land 65,300,166. 65,300,166. b Buildings 2,090,962,130. 943,698,206. 1,147,263,924. c Leasehold improvements 1,008,051,420. 645,101,932. 362,949,488. e Other 480,117,121. 361,942,346. 118,174,775. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 1,693,688,353.		· · · · · ·			Í			4			
1a Land 65,300,166. 65,300,166. b Buildings 2,090,962,130. 943,698,206. 1,147,263,924. c Leasehold improvements 1,008,051,420. 645,101,932. 362,949,488. e Other 480,117,121. 361,942,346. 118,174,775. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 1,693,688,353.		Description of property		• • •		• •		u	(u) 600r	valu	le
b Buildings 2,090,962,130. 943,698,206. 1,147,263,924. c Leasehold improvements	10	Land			. ,				65	300	166
c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)						9	43 698	206.			
d Equipment 1,008,051,420. 645,101,932. 362,949,488. e Other 480,117,121. 361,942,346. 118,174,775. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 1,693,688,353.				2,000	, ,		, ., ., .,		-,,	,	
e Other 480,117,121. 361,942,346. 118,174,775. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 1,693,688,353.	-			1 008	051 420	6	45 101 0	932.	362	949	488
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)				· · · ·			, ,				
					, , ,	5	,,-		,		
	rotal	Aud intes ra through re. (Column (a) must ei	uuai Form 990. Part X	. column (B). line 10	JC.)			Sobodula			

Schedule D (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036 Page **3**

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (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	12,095,290.
(3)	PROFESSIONAL LIABILITY COSTS	6,275,943.
(4)	POST RETIREMENT BENEFIT OBLIGATION	477,568,000.
(5)	CAPITAL LEASE OBLIGATION	132,622,500.
(6)	DERIVATIVE INSTRUMENTS	76,448,323.
(7)	TAXABLE BOND LIABILITY	587,265,265.
(8)	OTHER NON-CURRENT LIABILITIES	46,204,485.
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,338,479,806.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM,	INC.	56-2070036 Page 4
Par		Statements With Revenu	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part I	/, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)	
Par	t XII Reconciliation of Expenses per Audited Financial	Statements With Expen	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part N		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	ne 18.)	
Par	t XIII Supplemental Information.		
. .	de Nee de seistime a service d'éco Dest II, lisse Q. E. and Q. Dest III, lisse de s		

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.

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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, 2019.

• •

	PUBLIC INSPECTION COPY		
Schedule D (Form 990) 2018 Part XIII Supplemental In	DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036	Page 5
Fait Am Supplemental In	Inormation (continued)		

Schedule D (Form 990) 2018

Attach to Form 990. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

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

56-2070036 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? X Yes No United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total émployees, expenditures is a program service, offices (by type) (such as, fundraising, proagents, and independent for and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region

DUKE UNIVERSITY HEALTH SYSTEM, INC

Part I

- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2
- 3

		in the region	recipients located in the region)	of service(s) in the region	in the region
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	EDUCATION	3,000.
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	STUDY ABROAD	5,000.
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	SEMINAR		11,000.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	SEMINAR		13,000.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	EDUCATION	10,000.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	SEMINAR		20,000.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	0	0	SEMINAR		2,000.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	PROGRAM SERVICES	EDUCATION	6,000.
3 a Subtotal	0	0			70,000.
b Total from continuation					
sheets to Part I	0	0			239,558,000.
c Totals (add lines 3a					
and 3b)	0	0			239,628,000.

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

2018.06000 DUKE UNIVERSITY HEALTH SY HDD004_1

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Statement of Activities Outside the United States

SCHEDULE F (Form 990)

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

Employer identification number

Schedule F (Form 990)	DUKE UNIVERS			56-2070036	Page
	on of Activitie	s per Regior	• (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
IORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	PROGRAM SERVICES	STUDY ABROAD	7,000
NORTH AMERICA -					
ANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	SEMINAR		11,000
OUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	EDUCATION	1,000
SOUTH AMERICA -					, ,
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	0	SEMINAR		3,000
SOUTH ASIA	0	0	SEMINAR		9,000
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATION	3,000
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	INVESTMENTS		239,429,000
		Ů			
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	GRANTMAKING		11,000
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		84,000
Totals	•				239,558,000

				PU	BLIC	INSPE	CTION	T		
Page 2	() , () ,	(i) Method of valuation (book, FMV, appraisal, other)	EMV	FMV					0	2 Schedule F (Form 990) 2018
56–2070036 Commode if the eventication answered "Vec" on Form 000 Dort IV line 15 fer any		(h) Description of noncash assistance	MEDICAL EQUIPMENT D	.219. MEDICAL EQUIPMENT D						Schedu
0036 "Voe" on Form ((g) Amount of noncash assistance	10,900.	84,219.					empt	
56-2070036	פמוודמוטו מוסאפופר	(f) Manner of cash disbursement							ecognized as tax-ex	
omoloto if the or	ounprete in the on	(e) Amount of cash grant	0.	0.					foreign country, r r	
INC. the United States	additional space is ne	(d) Purpose of grant	BENERAL SUPPORT	GENERAL SUPPORT					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	
Crown 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM,	anizations of Linues O 000. Part II can be duplic	(c) Region	CENTRAL AMERICA AND THE CARIBBEAN GENERAL	SUB-SAHARAN AFRICA					Enter total number of recipient organizations listed above that are recogniz by the IRS, or for which the grantee or counsel has provided a section 501	r entities
DUKE UNI	eived more than \$5,0	(b) IRS code section and EIN (if applicable)							ecipient organizatior h the grantee or cour	other organizations o
Schedule F (Form 990) 2018	-	1 (a) Name of organization							2 Enter total number of r by the IRS, or for which	3 Enter total number of other organizations or entities

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	PUBLIC INSPECTION COPY										
Page 3		(h) Method of valuation (book, FMV, appraisal, other)									Schedule F (Form 990) 2018
	V, line 16.	(g) Description of noncash assistance									Sched
56-2070036	on Form 990, Part I	(f) Amount of noncash assistance									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement									
INC.		(d) Amount of cash grant									
TH SYSTEM, IN	• the United Stat	(c) Number of recipients									
DUKE UNIVERSITY HEALTH SYSTEM,	e to Individuals Outside Iditional space is needed	(b) Region									
Schedule F (Form 990) 2018 DT	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance									

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Schodi	JIE F (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036	Page 4
Part			T age 4
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	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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)	X Yes	No

Schedule F (Form 990) 2018

DUKE UNIVERSITY HEALTH SYSTEM, INC. Schedule F (Form 990) 2018

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.

Schedule F (Form 990) 2018

56-2070036

Page 5

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		PUBLIC INSPE	CT		N COPY			
SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctivit	ies	OMB No. 1545-0047
(Form 990 or 990-EZ)	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.						r if the	2018
Department of the Treasury		Attach to Form 990		Open to Public				
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr		Inspection ntification number				
Name of the organization		RSITY HEALTH SYSTEM, INC.				-	56-207003	
		Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, li	ine 17.	Form 990-EZ	filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) Indraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total		<u> </u>						
	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is ex	empt from re	gistration

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Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

		e G (Form 990 or 990-EZ) 2018 DUKE UNIVE				2070036 Page 2
Pa	πι	Fundraising Events. Complete if the of fundraising event contributions and gree				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
0			GALA (event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	172,961.			172,961.
Ä	2	Less: Contributions	63,222.			63,222.
	3	Gross income (line 1 minus line 2)	109,739.			109,739.
	4	Cash prizes				
s	5	Noncash prizes	37,076.			37,076.
Direct Expenses	6	Rent/facility costs				
irect E>	7	Food and beverages	37,747.			37,747.
D	8	Entertainment	8,044.			8,044.
	9	Other direct expenses				16,257.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	99,124.
Pa		Net income summary. Subtract line 10 from li		000 Det 11/ line 10 er	>	10,615.
10		II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
Revenue		¢ · c, co c. · · c. · · c. · c. · c.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
lses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		····· ►	
~						
а	ls t	ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	ctivities in each of these s	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:				Yes No

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-207003	6	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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:			
а	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 No
b	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:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	·	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	е		
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, line	es 9, 9	9b, 1 0b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
FOR	M 990, SCHEDULE G, PART I, LINE 2B			
DUK	E UNIVERSITY HEALTH SYSTEM, INC. SUPPORTS THE FUNDRAISING ACTIVITIES			
PER	FORMED BY EMPLOYEES OF DUKE UNIVERSITY. SUCH ACTIVITIES ARE			
DES	IGNED TO DEVELOP SUPPORT FOR BOTH THE UNIVERSITY AND THE DUKE			
UNI	VERSITY HEALTH SYSTEM, INC.'S EDUCATIONAL, RESEARCH AND HEALTHCARE			
PIIR	POSES.			
DUK	E UNIVERSITY RECEIVES AND DIRECTS THE CONTRIBUTIONS AS APPROPRIATE			
то	DUKE UNIVERSITY HEALTH SYSTEM, INC. DUKE UNIVERSITY HEALTH SYSTEM,			
INC	. HAS NOT ENTERED INTO ANY ARRANGEMENTS WITH FUNDRAISERS UNDER WHICH			
8320	33 10-03-18 Schedule G (Form 990 o	r 990	-EZ) 2018

DUKE UNIVERSITY HEALTH SYSTEM, INC. Schedule G (Form 990 or 990-EZ)

Part IV | Supplemental Information (continued)

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THE ORGANIZATION MADE PAYMENTS EXCLUSIVELY FOR SUCH EXPENSES BUT NOT

FOR PROFESSIONAL FUNDRAISING SERVICES.

Schedule G (Form 990 or 990-EZ)

832084 04-01-18

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Hospitals

OMB No. 1545-0047 2018

Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
Attach to Form 990.
N a b b b b b b b b b b

								pen to Public spection		
Name	of the organizati	on					Employer ide	entificati	on nui	mber
		DUKE UN	IVERSITY HEALT	H SYSTEM, IN	ïC.		56-20700	36		
Par	t I Financia	l Assistance a	nd Certain Ot	her Commur	nity Benefits at (Cost				
									Yes	No
1a	Did the organizatio	on have a financial	assistance policy	during the tax ve	ear? If "No," skip to c	uestion 6a		1a	х	
								1b	x	
2	If the organization had m facilities during the tax ye	ultiple hospital facilities,	indicate which of the follo	owing best describes a	application of the financial a	assistance policy to its var	ious hospital			
-	° ,	ormly to all hospita	al facilities	Ann	lied uniformly to mo	st hospital facilities				
		, ,								
3	Generally tailored to individual hospital facilities 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.									
	-				n determining eligibili		-			
a	•		•	,	t for eligibility for free	, , , , , ,	-	3a	X	
				Other				3a		
h					% oviding <i>discounted</i> (ooroQ If "Voo " india	ata which			
D								0	x	
					care:			. <u>3b</u>		
	200%			350%		ther %)			
с	e e				r, describe in Part VI the organization use		•			
	0 ,			•	free or discounted of		other			
4	, 0	,		0 0 ,	s during the tax year provid		are to the			
	·····								X	
	5	5			its financial assistance	1 5 5	,		X	
					e budgeted amount			. <u>5b</u>	Х	
С					zation unable to prov					
									<u> </u>	X
					year?				X	
b	If "Yes," did the or	ganization make it	available to the pu	ublic?				. <u>6b</u>	X	
	· · · · ·	-			not submit these worksheets	s with the Schedule H.				
7	Financial Assistant			nefits at Cost (b) Persons	(C) Total community	(d) Direct offsetting			f) Damaa	
	Financial Assist	ance and	(a) Number of activities or	served	benefit expense	revenue	(e) Net communit benefit expense	· `	f) Percer of total	
Mea	ns-Tested Govern	ment Programs	programs (optional)	(optional)					expense	
	Financial Assistant	•								
	Worksheet 1)				118,460,903.		118,460,90	3.	3.54	8
b	Medicaid (from Wo	orksheet 3,								
	column a)				94,944,909.		94,944,90	<u>9.</u>	2.84	8
С	Costs of other mea	ans-tested								
	government progra	ams (from								
	Worksheet 3, colu	mn b)						_		
d	Total. Financial Assist	ance and								
	Means-Tested Governme	ent Programs			213,405,812.		213,405,81	2.	6.38	18
	Other Ben	efits								
е	Community health									
	improvement servi	rovement services and								
	community benefit	operations								
	(from Worksheet 4)								
	Health professions									
	(from Worksheet 5)			87,324,619.	16,545,744.	70,778,87	5.	2.11	8

		 	· · · · · · · · · · · · · · · · · · ·		0.1	(F
k	Total. Add lines 7d and 7j		312,967,299.	16,545,744.	296,421,555.	8.86%
j	Total. Other Benefits		99,561,487.	16,545,744.	83,015,743.	2.48%
	Worksheet 8)		12,236,868.		12,236,868.	.37%
	for community benefit (from					
i	Cash and in-kind contributions					
h	Research (from Worksheet 7)					
	(from Worksheet 6)					
g	Subsidized health services					
	(from Worksheet 5)		87,324,619.	16,545,744.	70,778,875.	2.11%

832091 11-09-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

55 2018.06000 DUKE UNIVERSITY HEALTH SY HDD004_1

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SCHEDULE H

(Form 990)

Sche	, ,	UNIVERSITY HE						07003			age 2
Pa	rt II Community Building A	Activities Compl	ete this table if the	e organization c	conducted	any co	mmunity building a	activitie	es du	iring th	ne
	tax year, and describe in Parl										
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(C) Total community building expense	offset	d) Direct ting reve			• • •	Percent al expens	
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										
Pa	rt III Bad Debt, Medicare, 8	k Collection Pr	actices								
Sect	ion A. Bad Debt Expense									Yes	No
1	Did the organization report bad debt Statement No. 15?	t expense in accord			Ŭ,				1	x	
2	Enter the amount of the organization							⊢			
-	methodology used by the organization		•			2		٥.			
3	Enter the estimated amount of the o					-		<u> </u>			
U	patients eligible under the organizati	•	•		ne l						
	methodology used by the organization										
	for including this portion of bad debt			ationale, ir arry,		3		٥.			
4	Provide in Part VI the text of the foot	-			-		ht				
-	expense or the page number on whi	-					501				
Sact	ion B. Medicare				arstateme	1113.					
5	Enter total revenue received from Me	edicare (including [OSH and IME)		I	5	603,133,2	41			
6	Enter Medicare allowable costs of ca				ſ	6	741,553,1				
7	Subtract line 6 from line 5. This is th	• • •				7	-138,419,8				
8	Describe in Part VI the extent to whi				-						
0	Also describe in Part VI the costing i										
	Check the box that describes the me				int reporte		ie 0.				
	Cost accounting system	Cost to char	rge ratio	Other							
Saat	ion C. Collection Practices										
	Did the organization have a written of	teht collection poli	cy during the tax y	ear?					9a	х	
	If "Yes," did the organization's collection								Ja		
D.	collection practices to be followed for pat		-						9b	x	
Pa	rt IV Management Compan						s, key employees, and ph				ons)
	(a) Name of entity		scription of primar		c) Organiza		(d) Officers, direc			iysicia	
	(a) Name of entity		ctivity of entity	· · ·	profit % or		ors, trustees, or			fit % o	
			, , , , , , , , , , , , , , , , , , ,		ownershi		key employees' profit % or stock	, r	•	tock	
							ownership %		owne	ership	%
							-				

Schedule H (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC Part V Facility Information	•								56-2070036	Page 3
Section A. Hospital Facilities					<u></u>					
(list in order of size, from largest to smallest)		g			Critical access hospital					
	<u>a</u>	sen. medical & surgical	Children's hospital	a	Sor	>				
How many hospital facilities did the organization operate during the tax year? 3	spit	s si	dsc	spil	ss	Silit				
	icensed hospital	sal 🎖	ېلا ا	eaching hospital	ö	Research facility	ER-24 hours			
Name, address, primary website address, and state license number	ed	edic	en 's	ing	aŭ	г Ч	<u>P</u>	ē		Facility
(and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	sue	E		С Ч	tica	sea	24	ER-other		reporting group
	<u>.</u>	Ger	Ē	Teg	5	Be	Ë	É	Other (describe)	31-
1 DUKE UNIVERSITY HOSPITAL										
2301 ERWIN ROAD (PRIMARY CAMPUS)										
DURHAM, NC 27710										
HTTP://WWW.DUKEHEALTH.ORG										
H0015	x	x	x	x		х	x			A
2 DUKE RALEIGH HOSPITAL										
3400 WAKE FOREST ROAD (PRIMARY CAMPUS)										
RALEIGH, NC 27609										
HTTP://WWW.DUKEHEALTH.ORG	_									
H0238	х	X					X			_
3 DUKE REGIONAL HOSPITAL										
3643 ROXBORO ROAD										
DURHAM, NC 27704										
HTTP://WWW.DUKEHEALTH.ORG										
H0233	x	x					x			A
										+
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832093 11-09-18									Schedule H (Form 9	990) 2018

Schedule H (Form 990) 2018 DUKE DUKE UNIVERSITY HEALTH SYSTEM, INC.

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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

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		
Con	nmunity Health Needs Assessment					
1	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?	1		Х		
2	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	2		х		
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a					
	If "Yes," indicate what the CHNA report describes (check all that apply):	3	X			
_						
a						
b						
C						
	of the community					
C						
е						
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority					
	groups					
g	The process for identifying and prioritizing community health needs and services to meet the community health needs					
h	The process for consulting with persons representing the community's interests					
i	X The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)					
j	Other (describe in Section C)					
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18					
5	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					
		5	х			
60	community, and identify the persons the hospital facility consulted	3				
08		0	x			
	hospital facilities in Section C	<u>6a</u>	<u></u>			
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"		v			
	list the other organizations in Section C	6b	X			
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х			
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):					
а						
b						
c						
d	Other (describe in Section C)					
8	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	8	х			
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>					
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х			
а	I If "Yes," (list url): HTTP://WWW.DUKEHEALTH.ORG					
	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b				
	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.					
12-	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a					
128	CHNA as required by section 501/r/(3)2	10-		x		
		12a				
	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b				
C	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? \$					

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Schedule H (Form 990) 2018

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Sched		070036	Pa	age 5
Part	V Facility Information (continued)			
Financ	ial Assistance Policy (FAP)			
Name	of hospital facility or letter of facility reporting group DUKE UNIVERSITY/DUKE REGIONAL HOSPITALS			
			Yes	No
D	id the hospital facility have in place during the tax year a written financial assistance policy that:			
13 E	xplained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	"Yes," indicate the eligibility criteria explained in the FAP:			
а	Ederal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 %			
	and FPG family income limit for eligibility for discounted care of 300 %			
b	Income level other than FPG (describe in Section C)			
с	Asset level			
d	X Medical indigency			
e	X Insurance status			
f	X Underinsurance status			
g	Residency			
h	Other (describe in Section C)			
	xplained the basis for calculating amounts charged to patients?	14	х	
	xplained the method for applying for financial assistance?		х	
	"Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	xplained the method for applying for financial assistance (check all that apply):			
а	X Described the information the hospital facility may require an individual to provide as part of his or her application			
b	Image: Second of the supporting documentation the hospital facility may require an individual to submit as part of his			
	or her application			
с	 Provided the contact information of hospital facility staff who can provide an individual with information 			
U	about the FAP and FAP application process			
d	Provided the contact information of nonprofit organizations or government agencies that may be sources			
u	of assistance with FAP applications			
е	Other (describe in Section C)			
		16	x	
	as widely publicized within the community served by the hospital facility? "Yes," indicate how the hospital facility publicized the policy (check all that apply):	10		
a "	X The FAP was widely available on a website (list url): HTTP://WWW.DUKEHEALTH.ORG			
b	X The FAP application form was widely available on a website (list url): HTTP://WWW.DUKEHEALTH.ORG	-		
c	X A plain language summary of the FAP was widely available on a website (list url): HTTP://WWW.DUKEHEALTH.ORG	-		
d	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)	-		
	The FAP application form was available upon request and without charge (in public locations in the hospital			
е	facility and by mail)			
4	Image: A plain language summary of the FAP was available upon request and without charge (in public locations in			
	the hospital facility and by mail)			
~	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
g	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			
L	X Notified members of the community who are most likely to require financial assistance about availability of the FAP			
h ;				
I				
	spoken by Limited English Proficiency (LEP) populations			
	X Other (describe in Section C)			

Schedule H (Form 990) 2018

Schedule H (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036 Page **6**

	πν	Facility information (continued)				
Billi	ng and (Collections				
Nan	e of ho	spital facility or letter of facility reporting group DUKE UNIVERSITY/DUKE REGIONAL HOSPITALS				
				Yes	No	
17	Did the	hospital facility have in place during the tax year a separate billing and collections policy, or a written financial				
	assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon					
	nonpayment?		17	Х		
18	Check	all of the following actions against an individual that were permitted under the hospital facility's policies during the				
	tax yea	r before making reasonable efforts to determine the individual's eligibility under the facility's FAP:				
а		Reporting to credit agency(ies)				
b		Selling an individual's debt to another party				
с						
		previous bill for care covered under the hospital facility's FAP				
d		Actions that require a legal or judicial process				
е		Other similar actions (describe in Section C)				
f	X	None of these actions or other similar actions were permitted				
19	Did the	hospital facility or other authorized party perform any of the following actions during the tax year before making				
		able efforts to determine the individual's eligibility under the facility's FAP?	19		х	
		" check all actions in which the hospital facility or a third party engaged:				
а		Reporting to credit agency(ies)				
b		Selling an individual's debt to another party				
с		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		Actions that require a legal or judicial process				
е		Other similar actions (describe in Section C)				
20	Indicate	e which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or				
	not che	cked) in line 19 (check all that apply):				
а		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 (if not, describe in Section C)				
b	X	Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Sectio	n C)			
с	X	Processed incomplete and complete FAP applications (if not, describe in Section C)				
d	X	Made presumptive eligibility determinations (if not, describe in Section C)				
е		Other (describe in Section C)				
f		None of these efforts were made				
Poli	cy Relat	ing to Emergency Medical Care				
21	Did the	hospital facility have in place during the tax year a written policy relating to emergency medical care				
	that red	uired the hospital facility to provide, without discrimination, care for emergency medical conditions to				
	individu	als regardless of their eligibility under the hospital facility's financial assistance policy?	21	х		
	If "No," indicate why:					
а		The hospital facility did not provide care for any emergency medical conditions				
b		The hospital facility's policy was not in writing				
с		The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)				

d Other (describe in Section C)

Schedule H (Form 990) 2018

Schedule H (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC. 56-2070			age 7			
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 groupDUKE_UNIVERSITY/DUKE_REGIONAL_HOSPITALS			-			
		Yes	No			
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 X 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 prior12-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?	23		х			
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?	24	x				
If "Yes," explain in Section C.						

Schedule H (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.

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)

2

Name of hospital facility or letter of facility reporting group

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

Con	nmunity Health Needs Assessment			
1	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?	1		Х
2	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			
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a			
	community health needs assessment (CHNA)? If "No," skip to line 12			
	If "Yes," indicate what the CHNA report describes (check all that apply):			
а	X A definition of the community served by the hospital facility			
b	X Demographics of the community			
С	EX Existing health care facilities and resources within the community that are available to respond to the health needs			
	of the community			
d	X How data was obtained			
е	The significant health needs of the community			
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
	groups The process for identifying and prioritizing community health needs and services to meet the community health needs			
g b				
h i	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
	Other (describe in Section C)			
ر ۲	Indicate the tax year the hospital facility last conducted a CHNA: 20 ¹⁶			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad			
5	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	5	х	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
u	hospital facilities in Section C	6a	х	
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	6b	х	
7	Did the hospital facility make its CHNA report widely available to the public?	7	х	
-	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
а				
b				
с	X Made a paper copy available for public inspection without charge at the hospital facility			
d				
8	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	8	х	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х	
а	If "Yes," (list url): HTTP://WWW.DUKEHEALTH.ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	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.			
12a	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)?	12a		X
	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
С	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? \$			

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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:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	х	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a X Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 %			
and FPG family income limit for eligibility for discounted care of 300 %			
b Income level other than FPG (describe in Section C)			
d X Medical indigency			
e X Insurance status			
f X Underinsurance status			
g Residency			
h Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?		X	
15 Explained the method for applying for financial assistance?	15	Х	
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 X Described the information the hospital facility may require an individual to provide as part of his or her application			
b X Described the supporting documentation the hospital facility may require an individual to submit as part of his			
or her application			
c X Provided the contact information of hospital facility staff who can provide an individual with information			
about the FAP and FAP application process			
d Provided the contact information of nonprofit organizations or government agencies that may be sources			
of assistance with FAP applications			
e Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	16	х	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
	URG		
d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e X The FAP application form was available upon request and without charge (in public locations in the hospital			
facility and by mail)			
f X 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 X 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 X Notified members of the community who are most likely to require financial assistance about availability of the FA	P.		
i I The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language	e(s)		
spoken by Limited English Proficiency (LEP) populations			
j X Other (describe in Section C)			

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Pa	rt V	Facility Information (continued)				
Billi	ng and	Collections				
Nan	ne of ho	spital facility or letter of facility reporting group	DUKE RALEIGH HOSPITAL			
					Yes	No
17	Did the	hospital facility have in place during the tax year a sep	parate billing and collections policy, or a written financial			
	assista	nce policy (FAP) that explained all of the actions the ho	ospital facility or other authorized party may take upon	1		
	nonpay	/ment?		17	Х	
18	Check	all of the following actions against an individual that we	ere permitted under the hospital facility's policies during the			
	tax yea	r before making reasonable efforts to determine the ind	dividual's eligibility under the facility's FAP:			
а		Reporting to credit agency(ies)				
b		Selling an individual's debt to another party				
с		Deferring, denying, or requiring a payment before pro	viding medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facilit	ty's FAP			
d		Actions that require a legal or judicial process				
е		Other similar actions (describe in Section C)				
f	X	None of these actions or other similar actions were pe	ermitted			
19	Did the	hospital facility or other authorized party perform any	of the following actions during the tax year before making			
	reason	able efforts to determine the individual's eligibility unde	er the facility's FAP?	19		Х
	If "Yes,	" check all actions in which the hospital facility or a thi	rd party engaged:			
а		Reporting to credit agency(ies)				
b		Selling an individual's debt to another party				
с		Deferring, denying, or requiring a payment before pro	viding medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facilit	ty's FAP			
d		Actions that require a legal or judicial process				
е		Other similar actions (describe in Section C)				
20	Indicat	e which efforts the hospital facility or other authorized	party made before initiating any of the actions listed (whether or			
	not che	ecked) in line 19 (check all that apply):				
а		Provided a written notice about upcoming ECAs (Extr	aordinary Collection Action) and a plain language summary of the			
		FAP at least 30 days before initiating those ECAs (if n	ot, describe in Section C)			
b	X	Made a reasonable effort to orally notify individuals al	pout the FAP and FAP application process (if not, describe in Sectio	n C)		
c	X	Processed incomplete and complete FAP application	s (if not, describe in Section C)			
d	X	Made presumptive eligibility determinations (if not, de	escribe in Section C)			
е		Other (describe in Section C)				
f		None of these efforts were made				
Poli	cy Rela	ting to Emergency Medical Care				
21	Did the	hospital facility have in place during the tax year a wri	tten policy relating to emergency medical care			
	that red	quired the hospital facility to provide, without discrimin	ation, care for emergency medical conditions to			
individuals regardless of their eligibility under the hospital facility's financial assistance policy?						
	If <u>"No,</u> "	' indicate why:				
а		The hospital facility did not provide care for any emer	gency medical conditions			
b		The hospital facility's policy was not in writing				
C	1 7	The hospital facility limited who was eligible to receive	e care for emergency medical conditions (describe in Section C)			

d 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			
		Yes	No
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 X 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 Medicara for for somice and all private back health insurance that have along to the bacettel facility during a prior			
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?	23		X
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?	24	х	
If "Yes," explain in Section C.			

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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, 20a, 20b, 20c, 20d, 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 THE PARTNERSHIP FOR A

HEALTHY DURHAM COMMITTEES.

THE MOST RECENT ASSESSMENT PROCESS CONDUCTED IN CALENDAR YEAR 2017
COMPILED VALID AND RELIABLE INFORMATION ABOUT THE HEALTH OF DURHAM. IT
INCLUDED 358 CITIZEN SURVEYS FROM RANDOMLY SELECTED HOUSEHOLDS AND 3
COMMUNITY LISTENING SESSIONS WITH 42 COMMUNITY MEMBERS. THE SURVEY WAS
ALSO CONDUCTED IN PERSON AT GROCERY STORES, LIBRARIES, DURHAM COUNTY
DEPARTMENT OF PUBLIC HEALTH CLINICS, AND BUS STATIONS. THE COMMUNITY
HEALTH ASSESSMENT TEAM - COMPRISED OF MEMBERS REPRESENTING, DUKE
UNIVERSITY HEALTH SYSTEM, UNIVERSITIES, LOCAL GOVERNMENT, SCHOOLS,
NON-PROFIT ORGANIZATIONS AND BUSINESSES - WORKED TO DIRECT THE
ACTIVITIES OF THE ASSESSMENT AND PROVIDE WRITTEN CONTENT AND EXPERTISE
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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, 20a, 20b, 20c, 20d, 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.

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 2019 (TAX YEAR 2018).

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 FIVE HEALTH

PRIORITIES FOR 2018 - 2020:

1. AFFORDABLE HOUSING

2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE

3. POVERTY

4. MENTAL HEALTH

5. OBESITY, DIABETES AND FOOD ACCESS

ALL OF THE PROGRAMS DESCRIBED IN THE FOLLOWING IMPLEMENTATION PLAN ARE

ALIGNED WITH THE FIVE HEALTH PRIORITIES WITH MANY OF THE PROGRAMS

ADDRESSING COMBINATIONS OF THE FIVE HEALTH PRIORITIES. A BRIEF EXCERPT

FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT DESCRIBING EACH PRIORITY IS

INCLUDED IN THIS IMPLEMENTATION PLAN. DUH CONSIDERS THIS DOCUMENT TO BE

A "WORKING PLAN" THAT WILL CONTINUE TO EVOLVE OVER THIS THREE YEAR

PERIOD IN ORDER TO ENSURE THE EFFICACY OF STRATEGIES INTENDED TO MEET

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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, 20a, 20b, 20c, 20d, 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 MAY NOTE,

BUT DOES NOT CONTAIN DETAILED DESCRIPTIONS OF THE COMMUNITY HEALTH

IMPROVEMENT WORK CARRIED OUT BY OTHER COMPONENTS OF THE LARGER DUKE

HEALTH SYSTEM OR DUKE UNIVERSITY. THIS IMPLEMENTATION PLAN IS INTENDED

TO HIGHLIGHT DUKE HOSPITAL'S CONTINUALLY EVOLVING ACTIVITIES AND

SUPPORT TO IMPROVE HEALTH WITH THE DURHAM COMMUNITY.

TOGETHER, WITH ITS PARTNERS, DUH ASKS ABOUT AND LISTENS TO CONCERNS,

EXPLORES BARRIERS TO CARE, ANALYZES HEALTHCARE UTILIZATION AND COSTS,

IDENTIFIES PARTNER NEEDS AND RESOURCES, PLANS/REDESIGNS SERVICES,

TRACKS OUTCOMES, AND SHARES ACCOUNTABILITY IN ORDER TO DEVELOP

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

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

1. AFFORDABLE HOUSING

AFFORDABLE HOUSING, AS DEFINED BY HUD (U.S. DEPARTMENT OF HOUSING AND

URBAN DEVELOPMENT), REQUIRES NO MORE THAN 30% OF A FAMILY'S MONTHLY

INCOME. IF A FAMILY SPENDS MORE THAN 30% OF INCOME ON HOUSING, THEY

ARE LESS ABLE TO PAY FOR OTHER EXPENSES, SUCH AS FOOD AND HEALTHCARE.

THE INCREASED COST BURDEN OF UNAFFORDABLE HOUSING ADDS TO PSYCHOSOCIAL

STRESSORS THAT CAN NEGATIVELY IMPACT A FAMILY. RENTERS MAKE UP 40% OF

HOUSEHOLDS IN DURHAM, AND ALMOST HALF OF THEM ARE DEFINED AS

COST-BURDENED (I.E. PAYING MORE THAN 30% OF THEIR MONTHLY INCOME FOR

HOUSING).

WHILE DUH HAS PARTNERED WITH HABITAT FOR HUMANITY OF DURHAM ON A NUMBER

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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, 20a, 20b, 20c, 20d, 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 HOME BUILDS, AFFORDABLE HOUSING IS A FOCUS OF THE LARGER DUKE

UNIVERSITY. IN 2018, FUNDING FROM DUKE UNIVERSITY AND THE AJ FLETCHER

FOUNDATION PROVIDED THE OPPORTUNITY TO DEVELOP TWO ACRES OF PRIME

DOWNTOWN DURHAM LAND INTO MULTI-UNIT AFFORDABLE HOUSING. DUKE

UNIVERSITY IS ALSO WORKING WITH THE CITY OF DURHAM TO DEVELOP AN

AFFORDABLE HOUSING TRUST FUND.

2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE:

ACCESS TO HEALTHCARE IN A COMMUNITY REFERS TO THE ABILITY OF RESIDENTS

TO FIND A CONSISTENT MEDICAL PROVIDER FOR THEIR PRIMARY CARE NEEDS, TO

FIND A SPECIALTY PROVIDER WHEN NEEDED AND TO BE ABLE TO RECEIVE THAT

CARE WITHOUT ENCOUNTERING SIGNIFICANT BARRIERS. ALTHOUGH THERE ARE MANY

MEDICAL PROVIDERS, WHICH INCLUDES A NUMBER OF LOW COST AND FREE CLINICS

IN DURHAM COUNTY, THERE ARE STILL MANY DURHAM RESIDENTS WHO HAVE

TROUBLE ACCESSING CARE WHEN THEY NEED IT. BARRIERS TO OBTAINING

HEALTHCARE CAN RANGE IN ISSUES WITH TRANSPORTATION, LANGUAGE BARRIERS,

OR DISTRUST OF THE HEALTHCARE SYSTEM. ACCORDING TO THE COMMUNITY

HEALTH ASSESSMENT SURVEY, THE TOP REASONS IDENTIFIED BY DURHAM COUNTY

RESIDENTS FOR WHY THEY OR SOMEONE IN THEIR HOUSEHOLD COULD NOT ACCESS

NECESSARY HEALTHCARE INCLUDED INSURANCE DIDN'T COVER SERVICE, COPAY WAS

TOO HIGH, LACK OF INSURANCE, COULDN'T GET AN APPOINTMENT, DIDN'T KNOW

WHERE TO GO OR PROVIDER DIDN'T TAKE THEIR INSURANCE.

A NUMBER OF PROGRAMS SUPPORTED BY DUH SEEK TO INCREASE ACCESS TO CARE

FOR UNINSURED, UNDERINSURED, AND/OR VULNERABLE INDIVIDUALS AND

FAMILIES. THOSE PROGRAMS INCLUDE:

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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, 20a, 20b, 20c, 20d, 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 FY19: CONTINUE TO WORK WITH PADC TO PROVIDE LOW-INCOME,

UNINSURED DURHAM COUNTY RESIDENTS DONATED SPECIALTY SERVICES AND

CONTINUE TO ASSIST IN SUPPORTING THE GROWTH OF THE MEDICAL RESPITE

PROGRAM. THE MEDICAL RESPITE PROGRAM BENEFITS PARTICIPANTS BY PROVIDING

CONNECTIONS TO PRIMARY CARE SERVICES, MENTAL HEALTH AND/OR SUBSTANCE

ABUSE SERVICES, AND ASSISTANCE IN TRANSITIONING TO STABLE HOUSING.

PROGRESS IN FY19: PADC CELEBRATED ITS 10TH ANNIVERSARY IN APRIL 2019

AND CONTINUED TO MEET ITS ANNUAL GOAL OF PROVIDING SPECIALTY CARE TO

2,000 INDIVIDUALS. WITH THE ADDED SUPPORT SERVICES, THE EPISODES OF

CARE TOTAL APPROXIMATELY 3,000. PADC'S MEDICAL RESPITE PROGRAM, NOW

NAMED THE DURHAM HOMELESS CARE TRANSITIONS PROGRAM, SERVES AN AVERAGE

CENSUS OF 40 INDIVIDUALS. IN ADDITION, PADC HAS A LOAN PROGRAM FOR

DURABLE MEDICAL EQUIPMENT. ON AVERAGE, THE HEALTH EQUIPMENT LOAN

PROGRAM (HELP) LOANS 1,000 PIECES OF DURABLE MEDICAL EQUIPMENT EACH

YEAR TO INDIVIDUALS WHO CANNOT AFFORD THESE NECESSARY RESOURCES.

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

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

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

OF COMMUNITY HEALTH, DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE. THE

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Part V | Facility Information (continued)

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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, 20a, 20b, 20c, 20d, 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.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

FOUNDING AND SUSTAINING LATCH PARTNERSHIP INCLUDES DUH (WHICH NOW

PROVIDES THE MAJORITY OF OPERATING FUNDS), LINCOLN COMMUNITY HEALTH

CENTER, THE DURHAM COUNTY DEPARTMENTS OF HEALTH AND SOCIAL SERVICES, EL

CENTRO HISPANO, AND A NUMBER OF COMMUNITY-BASED ORGANIZATIONS (CBOS).

THROUGH COMMUNITY-BASED, LINGUISTICALLY AND CULTURALLY-RELEVANT CARE

MANAGEMENT, LATCH AIMS TO IMPROVE HEALTH KNOWLEDGE AND SELF-CARE,

ACCESS TO HEALTH CARE AND HEALTH SERVICES UTILIZATION OUTCOMES AMONG

DURHAM COUNTY'S UNINSURED. CARE MANAGEMENT SERVICES INCLUDE: HEALTH

SERVICES COORDINATION AND NAVIGATION (MEDICAL, SOCIAL, BEHAVIORAL);

POST-HOSPITALIZATION FOLLOW-UP; PATIENT EDUCATION; CHRONIC DISEASE

MANAGEMENT; PSYCHO-SOCIAL SUPPORT; ACCESS TO BENEFITS

(MEDICAID/SSI/SSDI); BILLS ASSISTANCE; INTERPRETATION/TRANSLATION; AND,

TRANSPORTATION COORDINATION. IN PARTNERSHIP WITH OTHER COMMUNITY

STAKEHOLDERS-HEALTHCARE AND SOCIAL SERVICE PROVIDERS, LOCAL GOVERNMENT

AND COMMUNITY-BASED ORGANIZATIONS-LATCH MONITORS HEALTHCARE TRENDS,

IDENTIFIES BARRIERS FACING UNINSURED PATIENTS, AND, WORKING AS A

CONSORTIUM, ADDRESSES AND ELIMINATES BARRIERS.

PLANS FOR FY2019: LATCH ANTICIPATES SERVING AT LEAST 2,500 INDIVIDUALS

IN 2019.

PROGRESS IN FY19: DESPITE A NUMBER OF STAFFING CHANGES IN 2019,

LATCH STILL SERVED APPROXIMATELY 2,100 INDIVIDUALS IN 2019.

THE COMPLEX CHILD PROGRAM (CCP): PROVIDES THE COORDINATION OF MEDICAL

AND CO-MANAGEMENT OF MEDICAL CARE FOR CHILDREN WITH MULTIPLE MEDICALLY

COMPLEX ISSUES THAT REQUIRE THE INTERACTION WITH MULTIPLE SPECIALISTS.

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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, 20a, 20b, 20c, 20d, 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.

ON AVERAGE THESE CHILDREN WORK WITH 13 SPECIALISTS. BEFORE THE COMPLEX

CHILD PROGRAM, CARE COULD SEEM FRAGMENTED AS PATIENTS/FAMILIES HAD NO

CENTRAL "QUARTERBACK" HELPING TO OVERSEE THE BIG PICTURE.

THROUGH THE CCP PARENTS NOW HAVE DIRECT PHONE ACCESS TO A COMPLEX CARE

SERVICE (CCS) PROVIDER OR RN 24/7. THE CCP TEAM WORKS WITH PARENTS TO

CREATE A COMPREHENSIVE "COMPLEX CARE PLAN" THAT IS PLACED IN THE

CHILD'S MEDICAL RECORD AND GIVEN TO THE PARENTS. IN ADDITION, THE CCP

TEAM COORDINATES INPATIENT INTENSIVE CARE TRANSITIONS PRIOR TO

DISCHARGE AND CONDUCTS INTENSIVE OUTPATIENT "BETWEEN-VISIT" CONTACTS

(PHONE, CLINIC VISITS, AND IN SOME CASES, HOME VISITS). THE SERVICE IS

CURRENTLY PROVIDING CARE TO 92 PATIENTS.

PLANS FOR FY2019: THE CCP PLANS TO INCREASE STAFF TO SUPPORT UP TO 160

PATIENTS.

PROGRESS IN FY2019: CCP HAS SERVED 156 CHILDREN SINCE INCEPTION AND IS

CURRENTLY PROVIDING CARE TO 106 PATIENTS. THE VOLUME/CENSUS OF THE

PROGRAM DEPENDS UPON THE CHILDREN WHO NEED THE SERVICE. AND STAFFING

VOLUME FLEXES TO MEET THE NEEDS OF THE CHILDREN AND THEIR FAMILIES.

SOUTHERN HIGH SCHOOL (SHS) WELLNESS CENTER: PROVIDES COMPREHENSIVE

PRIMARY CARE AND MENTAL HEALTH SERVICES AT SHS TO STUDENTS AT THE

SCHOOL AND IS OPEN TO ALL STUDENTS AND STAFF OF DURHAM PUBLIC SCHOOLS.

IT IS OPERATED BY DUKE'S DIVISION OF COMMUNITY HEALTH ON BEHALF OF DUH

AND WILL CELEBRATE 23 YEARS OF SERVICE IN 2019.

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Part V | Facility Information (continued)

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DUKE UNIVERSITY HEALTH SYSTEM.

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 JFU, AN INTERDISCIPLINARY TEAM OF PROVIDERS SERVES

CLIENTS IN THEIR HOMES, PROVIDING MEDICAL CARE, MANAGEMENT OF CHRONIC

ILLNESSES, AND CASE MANAGEMENT. EACH PARTICIPANT RECEIVES A HOME VISIT

EVERY 5 WEEKS UNLESS THERE IS AN ACUTE EPISODE OR A HOSPITAL DISCHARGE,

FOR WHICH A VISIT IS SCHEDULED IMMEDIATELY. VISITS INCLUDE MEDICATION

RECONCILIATION, SOCIAL ISSUES, SUPPORT SERVICES, CHRONIC DISEASE

MANAGEMENT, AND POST-HOSPITAL CARE. THE HEALTH CARE TEAM CONSISTS OF A

CLINICAL PROVIDER (PA, NP OR MD), OCCUPATIONAL THERAPIST, REGISTERED

DIETITIAN, SOCIAL WORKER, PHLEBOTOMIST, AND COMMUNITY HEALTH WORKER.

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

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HOLTON CLINIC OPENED IN AUGUST 2009. EACH CLINIC RECEIVED START-UP

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FUNDS THROUGH A DUKE ENDOWMENT GRANT. CLINICS GENERATE REVENUE THROUGH

A CONTRACT WITH LINCOLN COMMUNITY HEALTH CENTER AND RECEIVE SIGNIFICANT

SUPPORT FROM DUH. THE CLINICS OPERATE AS FAMILY MEDICINE PRACTICES AND

ARE OPEN 5 DAYS A WEEK. STAFFING INCLUDES PHYSICIAN ASSISTANTS, NURSE

PRACTITIONERS AND FAMILY PHYSICIANS, WHO SERVE AS SUPERVISING DOCTORS.

EACH CLINIC IS SUPPORTED BY NURSING STAFF: CERTIFIED NURSING

ASSISTANTS, LICENSED PRACTICAL NURSES, OR CERTIFIED MEDICAL ASSISTANTS

AND A STAFF ASSISTANT. THE STAFF ASSISTANT PERFORMS ALL ADMINISTRATIVE

TASKS FOR THE CLINIC INCLUDING ANSWERING INCOMING PHONE CALLS,

REGISTRATION, SCHEDULING, ETC.

PLANS FOR FY2019: THE SHS WELLNESS CENTER, JFU, AND THE

NEIGHBORHOOD/COMMUNITY CLINICS ANTICIPATE PROVIDING MORE THAN 13,000

CLINICAL ENCOUNTERS IN 2019.

PROGRESS IN FY2019: THE SHS WELLNESS CENTER, JFU,

AND THE NEIGHBORHOOD/COMMUNITY CLINICS STRUGGLED WITH PERIODS OF STAFF

SHORTAGES. IN SPITE OF PERIODS OF STRETCHED STAFFING, THE CLINICAL

ENCOUNTERS FOR 2019 TOTALLED 11,753.

POVERTY

POVERTY HAS A STRONG IMPACT ON HEALTH AND IS AN IMPORTANT CONCERN FOR

DURHAM RESIDENTS. RESEARCH NOW SHOWS THAT EVEN THE RISK OF AN ADVERSE

CHANGE IN MATERIAL CONDITIONS, ECONOMIC AND HOUSING INSECURITY, AS WELL

AS UNINSURED OR UNDERINSURED HEALTH INSURANCE COVERAGE, AFFECT HEALTH

OUTCOMES. REASONS FOR THE ASSOCIATION BETWEEN ECONOMIC INSECURITY AND

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HEALTH INCLUDE THE HEALTH EFFECTS OF STRESS RESULTING FROM ECONOMIC

INSECURITY, EFFECTS OF STRESS AND SPENDING LIMITATIONS ON FOOD

CONSUMPTION, AND RESTRICTED USE OF HEALTH SERVICES.

IN CALENDAR YEAR 2019, DUKE UNIVERSITY AND HEALTH SYSTEM PLANNED TO

INCREASE THE MINIMUM WAGE TO \$15 DOLLARS PER HOUR FOR ALL EMPLOYEES AND

EXPECTS ALL CONTRACTORS WITH EMPLOYEES WORKING FULL-TIME ON CAMPUS TO

DO THE SAME. EFFECTIVE JULY 1, 2018, THE MINIMUM WAGE WAS INCREASED TO

\$14 PER HOUR FOR ALL ELIGIBLE STAFF, AND EFFECTIVE JULY 1, 2019, THE

MINIMUM WAGE AT DUKE INCREASED TO \$15 PER HOUR FOR ALL ELIGIBLE STAFF.

IN ADDITION, DUKE STOPPED REQUIRING JOB APPLICANTS TO DISCLOSE CRIMINAL

HISTORY DURING THE APLICATION PROCESS AS OF SEPTEMBER 2018.

THE FOLLOWING PROGRAMS ALSO HELP ADDRESS THE COMMUNITY HEALTH NEED OF

POVERTY:

SSI/SSDI OUTREACH, ACCESS AND RECOVERY (SOAR): HELPS PATIENTS WHO ARE

CHRONICALLY HOMELESS, OR AT RISK OF HOMELESSNESS ACCESS HEALTH

INSURANCE A STABLE INCOME AND MEDICAL CARE BY ASSISTING THESE

INDIVIDUALS IN APPLYING FOR SUPPLEMENTAL SECURITY INCOME (SSI) AND

SOCIAL SECURITY DISABILITY INSURANCE (SSDI). THE HOMELESS POPULATION

AND THOSE REENTERING THE COMMUNITY FROM AN INSTITUTION FACE NUMEROUS

CHALLENGES IN ACCESSING SERVICES. APPROVAL ON INITIAL SSI AND SSDI

APPLICATIONS FOR THESE AT-RISK POPULATIONS, WHO HAVE NO ONE TO ASSIST,

IS ABOUT 10-15 PERCENT. FOR THOSE WITH MENTAL ILLNESS, SUBSTANCE ABUSE

ISSUES, AND/OR CO-COGNITIVE IMPAIRMENT, THE APPLICATION PROCESS IS EVEN

MORE DIFFICULT. EVEN WITH ASSISTANCE, THE APPLICATION PROCESS CAN TAKE

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UP TO SIX MONTHS. THROUGH SOAR, THESE INDIVIDUALS WITH COMPLEX NEEDS

ARE PROVIDED CASE MANAGEMENT FOR HOME, HOSPITAL, AND CLINIC VISITS;

PROVIDED WITH A STEP BY STEP EXPLANATION AND COMPLETION OF ALL

APPLICATIONS FOR FEDERAL DISABILITY BENEFITS; RECEIVE EXPEDITED

APPLICATIONS FOR MONTHLY INCOME AND MEDICAID/MEDICARE; AND LINKED TO

COMMUNITY RESOURCES. DUH CURRENTLY FUNDS TWO SOAR CASE MANAGERS WHO

HAVE SUCCESSFULLY HELPED MORE THAN 100 PATIENTS IN THE LAST THREE

YEARS.

PLANS FOR FY19: CONTINUE SOAR PROGRAM AND COMPLETE AT LEAST 200

REFERRALS

PROGRESS IN FY19: UNFORTUNATELY, ONE OF THE SOAR PROGRAMS'S CASE MANAGERS

LEFT THE PROGRAM IN FY 2019 AND REFERRALS DIPPED TO 97. HOWEVER, EVEN

WITH REDUCED STAFFING, THE SOAR PROGRAM INCREASED ITS APPROVAL RATE TO

95%.

BENEFITS ENROLLMENT COUNSELING (BEC): IN FY 16 THE DUKE DIVISION OF

COMMUNITY HEALTH LAUNCHED THE BENEFITS ENROLLMENT COUNSELING PROGRAM

(BEC) WITH GRANT FUNDING THROUGH THE NATIONAL COUNCIL ON AGING TO HELP

SENIORS AND THOSE WITH DISABILITIES AND A LIMITED INCOME, FIND AND

ENROLL IN ALL THE BENEFITS PROGRAMS FOR WHICH THEY ARE ELIGIBLE. THE

GOAL OF THE SERVICE IS TO ENABLE OLDER ADULTS TO ENJOY LIFE AND LIVE

INDEPENDENTLY IN THEIR HOMES AND COMMUNITIES FOR AS LONG AS POSSIBLE.

FOR THOSE WITH LIMITED INCOME AND RESOURCES, ADDITIONAL SUPPORT CAN BE

CRITICAL IN MAINTAINING THEIR HEALTH AND AVOIDING COSTLY

HOSPITALIZATIONS. THE BENEFITS PROVIDE CLIENTS SERVED WITH ACCESS TO

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HEALTHY FOOD, NEEDED MEDICAL CARE AND PRESCRIPTIONS, AS WELL AS OTHER

SUPPORTIVE SERVICES. THE BENEFITS ALSO PROVIDE A COMMUNITY ECONOMIC

STIMULUS, AS BENEFITS ARE SPENT LOCALLY IN PHARMACIES, GROCERY STORES,

UTILITY COMPANIES, AND HEALTH CARE PROVIDERS. TO INCREASE THE REACH OF

THE PROGRAM BEYOND GRANT FUNDING, BEC STAFF TRAIN VOLUNTEERS (FROM

PARTNER COMMUNITY BASED ORGANIZATIONS AND DUKE) TO ASSIST CLIENTS IN

DURHAM, GRANVILLE, AND PERSON COUNTIES. BEC CURRENTLY WORKS WITH 26

DUKE UNDERGRADUATES AND MEDICAL STUDENTS TO ENGAGE IN SERVICE,

OUTREACH, AND ADVOCACY EFFORTS AS WELL AS BUILD MEANINGFUL

INTERGENERATIONAL RELATIONSHIPS.

PLANS FOR FY19: PROJECTS IN DEVELOPMENT ARE COPE (COMMUNITY OUTREACH,

PREVENTION, AND EDUCATION) WHICH OFFERS HEALTH SCREENING AND EDUCATION

IN THE COMMUNITY, AND INITIATIVES THAT DIRECTLY ADDRESS GAPS IN SENIOR

HUNGER PREVENTION THROUGH SELF-SUFFICIENT, SUSTAINABLE GARDENING

PRACTICES AND THE PROVISION OF COOKING CLASSES AT SENIOR CENTERS.

PROGRESS IN FY19: IN 2019 BEC ASSISTED 894 INDIVIDUALS WITH A TOTAL OF

2,553 APPLICATIONS FOR BENEFIT PROGRAMS. THE TOTAL VALUE OF BENEFITS

WAS \$5,799,848. IN ADDITION, BEC ORGANIZED THE PLANNING AND HAS

RECRUITED THE VOLUNTEER POWER TO INSTALL A TWO ACRE ROOFTOP GARDEN IN

DOWNTOWN DURHAM THAT WILL GROW FRUITS AND VEGETABLES FOR CLIENTS SERVED

BY BEC.

MENTAL HEALTH

MENTAL HEALTH AND SUBSTANCE USE DISORDERS HAVE DIRECT COSTS SUCH AS

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PREVENTION, TREATMENT, AND RECOVERY SUPPORTS. BUT, THERE ARE ALSO

INDIRECT COSTS SUCH AS MOTOR VEHICLE ACCIDENTS, PREMATURE DEATH,

COMORBID HEALTH CONDITIONS, DISABILITY, LOST PRODUCTIVITY

UNEMPLOYMENT, POVERTY, SCHOOL DIFFICULTIES, ENGAGEMENT WITH SOCIAL

SERVICE, JUVENILE JUSTICE, CRIMINAL JUSTICE SYSTEMS, AND HOMELESSNESS,

AMONG OTHER PROBLEMS. DUH PARTNERS WITH AND SUPPORTS A NUMBER OF

COLLABORATIVE INITIATIVES TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES

AND REDUCE SUBSTANCE ABUSE.

PLANS FOR FY19: DUH WILL CONTINUE TO SERVE AS A KEY PARTNER

IN THE FOLLOWING ACTIVITIES:

* COMMUNITY COALITIONS: DURHAM CRISIS COLLABORATIVE; PARTNERSHIP FOR A

HEALTHY DURHAM SUBSTANCE USE AND MENTAL HEALTH COMMITTEE AND DURHAM

TOGETHER FOR RESILIENT YOUTH; DURHAM COUNTY LEADERSHIP FORUM ON

SUBSTANCE ABUSE AND MENTAL HEALTH.

* NALOXONE OUTREACH: PHARMACIES (DUKE SOUTH, CLINIC PHARMACY, MAIN

STREET, GURLEY'S, JOSEF'S, & DUKE CANCER SPECIALTY); DURHAM COUNTY

DEPARTMENT OF PUBLIC HEALTH; DURHAM MOBILE CRISIS UNIT.

* PROVIDER EDUCATION: PROVIDER TOOLKITS AND CME EDUCATION; USE OF PAIN

AGREEMENTS; USE OF CONTROLLED SUBSTANCE REPORTING SYSTEM (CSRS);

CHRONIC PAIN PROVIDER CONSULTATION CALLS.

* DIVERSION CONTROL: PERMANENT DROP BOXES IN 5 OF 6 COUNTIES (DURHAM,

FRANKLIN, PERSON, GRANVILLE, & VANCE).

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* CHRONIC PAIN PATIENT SUPPORT: CHRONIC PAIN SELF-MANAGEMENT WORKSHOPS

AT LINCOLN COMMUNITY HEALTH CENTER; CHRONIC PAIN MANAGEMENT RESOURCES;

KEY COMMUNITY PRESENTATIONS.

* COUNTY-WIDE ADVERSE CHILDHOOD EXPERIENCES (ACES) AND COMMUNITY

RESILIENCY MODEL (CRM): ACTIVITIES AND TRAINING.

PROGRESS IN FY19: PARTNERSHIP IN THE ACTIVITIES LISTED ABOVE YIELDED A

NUMBER OF ACCOMPLISHMENTS INCLUDING: HIRING PEER SUPPORT SPECIALISTS

FOR THE DUH EMERGENCY DEPARTMENT; UPLOADING THE MENTAL HEALTH AND

SUBSTANCE MISUSE RESOURCE GUIDE TO DUKE'S ELECTRONIC HEALTH RECORD FOR

EASY ACCESS BY PROVIDERS; AND THE LAUNCH OF A MEDICATION ASSISTED

THERAPY PROGRAM IN THE DURHAM COUNTY JAIL. IN ADDITION, CHRONIC PAIN

SELF-MANAGEMENT WORKSHOPS CONTINUED AT LINCOLN COMMUNITY HEALTH CENTER

AND THE ACTIVITIES AND TRAINING IN ACES AND CRM CONTINUED ACROSS THE

COUNTY.

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

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OF THE TASK FORCE.

PLANS FOR FY19: PROVIDE PROVIDER TRAINING IN MEDICATION ASSISTED

THERAPY.

PROGRESS IN FY19: 29 PROVIDERS ACROSS DUKE WERE TRAINED IN MEDICATION

ASSISTED THERAPY.

5. OBESITY, DIABETES, AND FOOD ACCESS

AS OF 2016, 65% OF ADULTS IN THE PIEDMONT REGION, WHICH INCLUDES

DURHAM, WERE OVERWEIGHT OR OBESE. ADDITIONALLY, 12% OF DURHAM HIGH

SCHOOLERS WERE OBESE AS OF 2014. OBESITY IS A STRONG CONTRIBUTOR TO

DIABETES. IN 2015, 14.1% OF DURHAM COUNTY RESIDENTS AGED 18 YEARS OR

OLDER WHO RECEIVED SOME LEVEL OF CARE FROM DUKE HEALTH AND/OR LINCOLN

COMMUNITY HEALTH CENTER HAD DIABETES. MANY DISEASES ARE LINKED TO

NUTRITION, INCLUDING OBESITY, HYPERTENSION, HIGH CHOLESTEROL, DIABETES,

AND SOME CANCERS. FOOD INSECURITY, THE STATE OF BEING WITHOUT RELIABLE

ACCESS TO A SUFFICIENT QUANTITY OF AFFORDABLE. NUTRITIOUS FOOD. HAS A

LARGE IMPACT ON A PERSON'S DIET. IT IS ESTIMATED THAT 17.9% OF DURHAM

RESIDENTS (51,710 PEOPLE) HAVE FOOD INSECURITY.

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

THE LARGER DUKE CHILDREN'S HEALTHY LIFESTYLES PROGRAM. THE HEALTHY

LIFESTYLES PROGRAM SEEKS TO ADDRESS WEIGHT-RELATED HEALTH PROBLEMS FOR

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CHILDREN BY OFFERING CARING PROVIDERS, FAMILY-CENTERED TREATMENT

PROGRAMS, HIGHLY TRAINED EDUCATORS AND RESEARCHERS, AND STRONG

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COMMUNITY PARTNERSHIPS. BULL CITY FIT HELPS IN THIS EFFORT BY OFFERING

FREE EVENING AND WEEKEND ACTIVITY SESSIONS FOR THE LARGER COMMUNITY.

THESE SESSIONS COVER VARIOUS THEMES THAT ENCOURAGE AND PROMOTE ACTIVE

LIVING, SUCH AS FITNESS GAMES, SPORT LESSONS, EXERCISE ROUTINES,

SWIMMING, COOKING, AND GARDENING. EACH ACTIVITY IS FACILITATED WITH THE

SUPPORT OF ENERGETIC STAFF AND VOLUNTEERS TO CREATE A POSITIVE AND FUN

ENVIRONMENT FOR ALL.

BULL CITY FIT EMPOWERS THE WHOLE FAMILY TO INCREASE KNOWLEDGE AND

PRACTICE OF PHYSICAL ACTIVITY AND HEALTHY EATING; ADDRESS CURRENT

WEIGHT-RELATED ILLNESS AND PREVENT CHRONIC DISEASE THROUGH INCREASED

ACTIVITY LEVELS; IMPROVE QUALITY OF LIFE BY PROMOTING HEALTHY

BEHAVIORS; INCREASE CONFIDENCE, SUPPORT POSITIVE CHANGE, AND BUILD A

LIFELONG COMMITMENT TO A HEALTHY LIFESTYLE.

PARTNERS INCLUDE: DURHAM PARKS AND RECREATION; DURHAM CITY GOVERNMENT;

DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH; EAST DURHAM CHILDREN'S

INITIATIVE; LINCOLN COMMUNITY HEALTH CENTER; COMMUNITY NUTRITION

PARTNERSHIP; VEGGIE VAN; BLUE POINTE YOGA; DURHAM PUBLIC SCHOOLS;

PARTNERSHIP FOR A HEALTHY DURHAM; DUKE SERVICE LEARNING; DUKE FAMILY

MEDICINE; DUKE CHILDREN'S HOSPITAL AND THE UNC SCHOOL OF SOCIAL WORK.

PLANS FOR FY19: EXPAND THE BULL CITY FIT PROGRAM BY PLANNING FOR

ADDITIONAL SITES.

PROGRESS IN FY19: BULL CITY FIT SECURED EXTERNAL FUNDING IN 2019 TO

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EXPAND STAFFING AND BEGAN WORK TO MOVE FORWARD WITH EXPANSION TO

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ADDITIONAL SITES.

GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL

PART V, SECTION B, LINE 16J: AS PART OF DUHS, DUKE UNIVERSITY HOSPITAL

PROVIDES A BROCHURE TO ALL ADMISSIONS THAT INCLUDES A BRIEF SUMMARY OF

DUHS FINANCIAL ASSISTANCE POLICIES. 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.

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

SERVICES, AND OTHER ELECTIVE SERVICES, WILL BE BILLED AT AN AMOUNT

EQUAL TO GROSS CHARGES.

DUKE RALEIGH HOSPITAL:

PART V, SECTION B, LINE 5: DUKE RALEIGH HOSPITAL COLLABORATED WITH WAKE

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COUNTY HUMAN SERVICES, WAKEMED HEALTH AND HOSPITALS, UNC REX

HEALTHCARE, ADVANCE COMMUNITY HEALTH, UNITED WAY OF THE GREATER

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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

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.

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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, 20a, 20b, 20c, 20d, 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 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. 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:

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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, 20a, 20b, 20c, 20d, 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.

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 FOR 2017-2019:

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

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

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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, 20a, 20b, 20c, 20d, 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.

ELIGIBLE CARE AT A DISCOUNT OR WITHOUT CHARGE TO ALL QUALIFYING

PATIENTS WHO DO NOT HAVE HEALTH INSURANCE, OR BECAUSE OF FINANCIAL

HARDSHIP CANNOT PAY FOR THE CARE THEY RECEIVE FOR MEDICALLY NECESSARY

SERVICES.

* CONTINUE TO UTILIZE FINANCIAL CARE COUNSELORS TO HELP PATIENTS

UNDERSTAND THEIR FINANCIAL RESPONSIBILITIES AND CONNECT PATIENTS WITH

COMMUNITY RESOURCES.

* CONTINUE TO HELP PATIENTS NAVIGATE THROUGH GOVERNMENT SPONSORED

FINANCIAL ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY.

* CONTINUE TO PROVIDE SUPPORT TO ORGANIZATIONS SUCH AS ALLIANCE MEDICAL

MINISTRY AND URBAN MINISTRIES OF WAKE COUNTY OPEN DOOR CLINIC, WHICH

PROVIDES AFFORDABLE HEALTHCARE TO UNINSURED ADULTS IN WAKE COUNTY. IN

FY19, DUKE RALEIGH HOSPITAL PERFORMED 7,706 LAB TESTS IN-KIND FOR URBAN

MINISTRIES OF WAKE COUNTY OPEN DOOR CLINIC AND PROVIDED \$17,500 IN

FUNDING TO ALLIANCE MEDICAL MINISTRY.

* CONTINUE TO PROVIDE IN KIND SUPPORT TO PROJECT ACCESS OF WAKE COUNTY

A PRIVATE, NONPROFIT PROGRAM THAT CONNECTS ELIGIBLE UNINSURED CLIENTS

TO HIGH QUALITY MEDICAL SERVICES DONATED BY PHYSICIANS. IN FY2019, DUKE

RALEIGH HOSPITAL PROVIDED OVER \$13M OF IN KIND SUPPORT TO PROJECT

ACCESS OF WAKE COUNTY CLIENTS.

* IN FY19, DUKE RALEIGH HOSPITAL PROVIDED \$7,500 TO NC MED ASSIST, A

NONPROFIT PHARMACY THAT PROVIDES ACCESS TO LIFESAVING PRESCRIPTION

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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, 20a, 20b, 20c, 20d, 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.

MEDICATIONS TO UNINSURED NC RESIDENTS.

* CONTINUE TO PROVIDE HEALTH LITERACY COURSE THROUGH OUR CLINICAL

EDUCATION DEPARTMENT WHICH EDUCATED OVER 64 CLINICIANS IN FY19.

2. TRANSPORTATION

ACCESS TO AND COST OF TRANSPORTATION HAS IMPLICATIONS ON ONE'S HEALTH

AS LACK OF TIMELY TRANSPORTATION CAN IMPACT THE ABILITY TO MAKE

PHYSICIAN APPOINTMENTS AND OBTAIN PRESCRIPTIONS PARTICULARLY FOR OUR

ELDERLY AND MOST DISADVANTAGED RESIDENTS. TO ADDRESS THIS PRIORITY DUKE

RALEIGH WILL EMPLOY THE FOLLOWING STRATEGY ALONG WITH THE OUTLINED

ACTION ITEMS:

* CONTINUE TO EMPLOY MULTIDISCIPLINARY APPROACHES WITHIN THE CANCER

CENTER TO FACILITATE MULTIPLE APPOINTMENTS IN THE SAME DAY THEREBY

REDUCING TRANSPORTATION NEEDS.

* CONTINUE TO SUPPORT ORGANIZATIONS SUCH AS THE GREATER RALEIGH CHAMBER

OF COMMERCE AND MIDTOWN RALEIGH ALLIANCE. WHICH ADVOCATES FOR AN

ENHANCED TRANSIT AND TRANSPORTATION SYSTEM FOR ALL RESIDENTS. THIS

INCLUDES INVESTING IN THE GREATER RALEIGH CHAMBER EDGE 5 INITIATIVE

WHICH SUPPORTS ECONOMIC DEVELOPMENT, TALENT RECRUITMENT, AND QUALITY OF

LIFE INITIATIVES. IN FY19, DRAH FULFILLED ITS YEAR 5 OF ITS 5 YEAR

COMMITMENT TO THIS INITIATIVE IN THE AMOUNT OF \$25,000.

* CONTINUE TO SUPPORT ORGANIZATIONS SUCH AS THE LUNG CANCER INITIATIVE

OF NC, WHICH FUNDS A GAS CARD PROGRAM TO LESSEN THE FINANCIAL BURDEN OF

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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, 20a, 20b, 20c, 20d, 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.

LUNG CANCER PATIENTS SEEKING TREATMENT WHO NEED ASSISTANCE. IN FY19,

DRAH DONATED \$10,000 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

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

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

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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, 20a, 20b, 20c, 20d, 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.

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. BETWEEN FY17-19,

DUKE RALEIGH HOSPITAL DONATED AND PACKED OVER 3,000 POUNDS OF RICE AND

BEANS FOR URBAN MINISTRIES OF WAKE COUNTY'S CLIENT CHOICE PANTRY, WHICH

ENGAGED APPROXIMATELY 50 EMPLOYEES.

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.

DUKE RALEIGH HOSPITAL SUPPORTED THE BOYS AND GIRLS CLUB WITH AN IN KIND

DONATION OF \$20,000 IN FY19 TO SUPPORT HEALTHY FAMILIES AND CHILD

DEVELOPMENT PROGRAMS.

CONTINUE COMMUNITY EDUCATION, HEALTHY FOCUS SEMINARS WITH EFFORTS TO

EXPAND ATTENDANCE TO INCLUDE POPULATIONS THROUGHOUT WAKE COUNTY AS WELL

AS A FOCUS ON TOPICS ALIGNED WITH THE NEEDS ASSESSMENT.

IN APRIL 2019, DUKE RALEIGH PROVIDED HANDS-ONLY CPR EDUCATION AND

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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, 20a, 20b, 20c, 20d, 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.

CONNECTIONS TO THE DUKE BENEFIT ENROLLMENT CENTER AT THE SOUTHEAST

RALEIGH HEALTH TRUCK RODEO LED BY THE RALEIGH ALUMNAE CHAPTER OF DELTA

SIGMA THETA SORORITY, INC.

DUKE RALEIGH HOSPITAL PROVIDED A \$30,000 DONATION TO INTERACT OF WAKE

COUNTY TO SUPPORT THE SOLACE CENTER, A COMMUNITY BASED SEXUAL ASSAULT

FORENSIC EXAMINATION CENTER (THE FIRST IN NC). THIS IS A MULTI-YEAR

COMMITMENT.

EXPAND AND STRENGTHEN COMMUNITY OUTREACH EFFORTS AROUND STROKE

CARDIOVASCULAR DISEASE, DIABETES, CANCER, ORTHOPEDICS AND SPORTS

MEDICINE ALONG WITH OUR COMMUNITY PARTNERS. DUKE RALEIGH DEVELOPED

PROGRAMMING AND PROVIDED FINANCIAL SUPPORT TO INCREASE CHILDREN'S

ACCESS TO NUTRITIOUS FOOD. THIS EFFORT INCLUDED SERVING APPROXIMATELY

700 MEALS IN THE SUMMER OF 2019 AS A NORTH CAROLINA SUMMER NUTRITION

PROGRAM SPONSOR AND PROVIDING \$25,000 IN FINANCIAL SUPPORT TO THE

INTER-FAITH FOOD SHUTTLE IN FY2019 TO SUPPORT THEIR CHILD HUNGER HUB.

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

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SUBSTANCE USE ISSUES, A COLLECTIVE AND COLLABORATIVE APPROACH IS

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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, 20a, 20b, 20c, 20d, 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.

NEEDED. BELOW IS A LISTING OF A NUMBER OF INITIATIVES AND

COLLABORATIONS THAT DUKE RALEIGH HOSPITAL IS ENGAGED WITH TO HAVE THE

GREATEST IMPACT TO ADDRESS THIS ISSUE:

* CONTINUE TO PARTICIPATE IN THE WAKE COUNTY CRISIS HOSPITAL

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 COMMUNITY CARE OF JOHNSTON & WAKE COUNTIES PORTAL

AND 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

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FRIENDS.

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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, 20a, 20b, 20c, 20d, 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.

* STRENGTHEN SUPPORT OF TRIANGLE FAMILY SERVICES, WHICH FOCUSES ON

BUILDING A STRONGER COMMUNITY BY STRENGTHENING THE FAMILY THROUGH

FAMILY SAFETY, FINANCIAL STABILITY, AND MENTAL HEALTH. IN FY19, DUKE

RALEIGH HOSPITAL PROVIDED \$5,000 IN FUNDING TO TRIANGLE FAMILY

SERVICES.

* CONTINUE TOBACCO CESSATION SUPPORT FOR EMPLOYEES THROUGH THE DUKE

LIVE FOR LIFE'S TOBACCO CESSATION PROGRAM. THIS 12-MONTH COACHING

PROGRAM INVOLVES AN INITIAL CONSULTATION TO DEVELOP A QUIT PLAN, THEN

FOLLOW-UP CALLS AT ONE, THREE, SIX, AND TWELVE MONTHS. COACHES PROVIDE

ADDITIONAL RESOURCES AND MOTIVATION TO HELP PARTICIPANTS QUIT.

ENROLLMENT ALSO INCLUDES ACCESS TO THREE MONTHS OF LOW-COST TREATMENT

AT PARTICIPATING DUKE HOSPITAL OUTPATIENT PHARMACIES.

DURING FY19, DUKE RALEIGH ALSO BEGAN THE FOLLOWING INITIATIVES TO

ADDRESS MENTAL HEALTH AND SUBSTANCE ABUSE:

* PROVIDED SUPPORT FOR THE ADVERSE CHILDHOOD EXPERIENCES (ACES)

RESILIENCE IN WAKE COUNTY INITIATIVE. THIS INITIATIVE IS A

MULTI-SECTOR, COMMUNITY DRIVEN MOVEMENT TO ADDRESS AND PREVENT ACES AND

BUILD RESILIENCE IN WAKE COUNTY (FY18-FY19).

* IN FY19 CREATED A BEHAVIORAL SERVICE LINE DIRECTOR POSITION TO

PROVIDE OVERSIGHT AND LEADERSHIP FOR BEHAVIORAL HEALTH SERVICES AT DUKE

RALEIGH HOSPITAL.

* PARTICPIATED IN THE FOLLOWING COMMUNITY COALITIONS/WORKGROUPS: NORTH

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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, 20a, 20b, 20c, 20d, 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.

CAROLINA HEALTH CARE ASSOCIATION (NCHA) BEHAVIORAL HEALTH WORKGROUP;

WAKE COUNTY DRUG OVERDOSE PREVENTION COALITION; AND WAKEBROOK COMMUNITY

PARTNERSHIP.

* PARTICIPATED IN THE DUKE UNIVERSITY HEALTH SYSTEM SAFE OPIOID TASK

FORCE, WHICH WAS CREATED TO IMPROVE THE SAFETY OF PAIN MANAGEMENT BY

ENCOURAGING CLINICAL PRACTICE STANDARDIZATION, WHERE CLINICALLY

APPROPRIATE, WHEN OPIOID THERAPY IS DESIGNATED FOR TREATMENT.

DUKE RALEIGH HOSPITAL:

PART V, SECTION B, LINE 16J: AS PART OF DUHS, DUKE RALEIGH HOSPITAL

PROVIDES A BROCHURE TO ALL ADMISSIONS THAT INCLUDES A BRIEF SUMMARY OF

DUHS FINANCIAL ASSISTANCE POLICIES. DUHS ALSO COMMENTS ON THE BACK OF

ITS BILLING INVOICES THAT PATIENTS SHOULD CONTACT PATIENT ACCOUNT

REPRESENTATIVES TO HELP THEM IF THEY CANNOT PAY THEIR BILL IN FULL.

THIS COMMENT REFERENCES GOVERNMENT-SPONSORED PROGRAMS, MONTHLY PAYMENT

PROGRAMS, AND OTHER FINANCIAL ASSISTANCE PROGRAMS AVAILABLE FOR

PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA. DUHS ALSO PUBLICIZED ITS

FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE

COUNSELORS.

DUKE RALEIGH HOSPITAL:

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

SERVICES, AND OTHER ELECTIVE SERVICES, WILL BE BILLED AT AN AMOUNT

EQUAL TO GROSS CHARGES.

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

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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, 20a, 20b, 20c, 20d, 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.

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

PARTICIPANT IN THE 2017 DURHAM COMMUNITY HEALTH ASSESSMENT, LED BY

PARTNERSHIP FOR A HEALTHY DURHAM. THE ASSESSMENT PROCESS INCLUDED 358

CITIZEN SURVEYS FROM RANDOMLY SELECTED HOUSEHOLDS AND THREE COMMUNITY

LISTENING SESSIONS WITH 42 COMMUNITY MEMBERS. THE SURVEY WAS ALSO

CONDUCTED IN PERSON AT GROCERY STORES, LIBRARIES, DURHAM COUNTY

DEPARTMENT OF PUBLIC HEALTH CLINICS AND BUS STATIONS. THE COMMUNITY

HEALTH ASSESSMENT TEAM COMPRISED OF REPRESENTATIVES FROM DUKE

UNIVERSITY HEALTH SYSTEM, UNIVERSITIES, LOCAL GOVERNMENT, SCHOOLS,

NON-PROFIT ORGANIZATIONS, AND BUSINESSES - WORKED TO DIRECT THE

ACTIVITIES OF THE ASSESSMENT AND PROVIDE WRITTEN CONTENT AND EXPERTISE

ON ISSUES OF INTEREST. THIS JOINT CHNA AND RELATED IMPLEMENTATION PLAN

WAS ADOPTED BY THE DUHS BOARD OF DIRECTORS AND PUBLISHED ON THE DUKE

HEALTH WEBSITE IN FISCAL YEAR 2019 (TAX YEAR 2018).

GROUP A - FACILITY 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 FIVE HEALTH PRIORITIES FOR 2018-2020:

1. AFFORDABLE HOUSING

2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE

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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, 20a, 20b, 20c, 20d, 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.

3. POVERTY

4. MENTAL HEALTH

5. OBESITY, DIABETES AND FOOD ACCESS

DUKE REGIONAL HOSPITAL CONSIDERS THE DRH COMMUNITY HEALTH NEEDS

ASSESSMENT AND IMPLEMENTATION PLAN DOCUMENT TO BE A "WORKING PLAN" THAT

WILL CONTINUE TO EVOLVE OVER THIS THREE-YEAR PERIOD IN ORDER TO ENSURE

THE EFFICACY OF STRATEGIES INTENDED TO MEET EXPRESSED COMMUNITY HEALTH

NEEDS. THIS IMPLEMENTATION PLAN DOES NOT CONTAIN DESCRIPTIONS OF THE

COMMUNITY HEALTH IMPROVEMENT WORK CARRIED OUT BY OTHER COMPONENTS OF

DUKE HEALTH OR DUKE UNIVERSITY. THIS IMPLEMENTATION PLAN REPRESENTS

ONLY DUKE REGIONAL HOSPITAL'S CONTINUALLY EVOLVING VARIETY OF PROGRAMS

AND ACTIVITIES IN THE FIVE PRIORITY AREAS TO IMPROVE HEALTH WITH THE

DURHAM COMMUNITY.

1 AND 3. AFFORDABLE HOUSING AND POVERTY

MINIMUM WAGE: DUKE UNIVERSITY HEALTH SYSTEM WILL INCREASE THE MINIMUM

WAGE TO \$15 PER HOUR FOR ALL EMPLOYEES. EFFECTIVE JULY 1, 2018, DUKE

INCREASED THE MINIMUM WAGE TO \$14 PER HOUR FOR ALL ELIGIBLE STAFF, AND

EFFECTIVE JULY 1, 2019, THE MINIMUM WAGE AT DUKE INCREASED TO \$15 PER

HOUR FOR ALL ELIGIBLE STAFF.

FILL THAT BUS: EMPLOYEES DONATE BINS OF SCHOOL SUPPLIES TO FILL THAT

BUS TO SUPPORT DURHAM PUBLIC SCHOOLS. TEACHERS FROM THE HIGHEST POVERTY

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SCHOOLS WERE INVITED TO PICK OUT SUPPLIES NEEDED IN THEIR CLASSROOMS.

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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, 20a, 20b, 20c, 20d, 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.

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.

2019 GOAL: DUKE REGIONAL WILL AGAIN HOST AT LEAST ONE DRIVE TO BENEFIT

UNDERSERVED CHILDREN OR FAMILIES IN OUR COMMUNITY.

2019 PROGRESS: DUKE REGIONAL SUPPORTED CRAYONS2CALCULATOR DRIVE,

SALVATION ARMY TREE GIFT DRIVE AND DONATED 600 POUNDS OF FOOD TO THE

NORTH CAROLINA FOOD BANK OF CENTRAL AND EASTERN NC IN 2019.

EDUCATION: DUKE REGIONAL HAS IDENTIFIED EDUCATION AS A PRIORITY OF ITS

COMMUNITY STRATEGY TO HELP PREVENT POVERTY. DUKE REGIONAL IS COMMITTED

TO HELP TRAIN THE HEALTHCARE WORKERS OF THE FUTURE. IN FY2018, DRH

INVESTED \$3.4 MILLION IN TEACHING AND TRAINING HEALTHCARE

PROFESSIONALS, AND PROVIDED OPPORTUNITIES FOR 70 PRE-HEALTH

UNDERGRADUATE STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES TO SHADOW

AND VOLUNTEER ALONGSIDE CLINICAL AND CUSTOMER SERVICE STAFF AS

AMBASSADORS IN THE EMERGENCY DEPARTMENT. DRH ALSO PROVIDED AN

EIGHT-WEEK JUNIOR VOLUNTEER PROGRAM FOR AREA HIGH SCHOOL STUDENTS TO

GAIN CLERICAL AND CUSTOMER SERVICE WORK EXPERIENCES IN A HEALTH CARE

SETTING.

FY2019 GOAL: DRH WILL CONTINUE THE SAME LEVEL OF SUPPORT IN FY2019.

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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, 20a, 20b, 20c, 20d, 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.

FY2019 PROGRESS: DRH INVESTED \$4 MILLION IN TEACHING AND TRAINING

HEALTHCARE PROFESSIONALS, AND PROVIDED OPPORTUNITIES FOR 70 PRE-HEALTH

UNDERGRADUATE STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES TO SHADOW

AND VOLUNTEER ALONGSIDE CLINICAL AND CUSTOMER SERVICE STAFF AS

AMBASSADORS IN THE EMERGENCY DEPARTMENT. DRH ALSO PROVIDED AN

EIGHT-WEEK JUNIOR VOLUNTEER PROGRAM FOR AREA HIGH SCHOOL STUDENTS TO

GAIN CLERICAL AND CUSTOMER SERVICE WORK EXPERIENCES IN A HEALTH CARE

SETTING.

CITY OF MEDICINE ACADEMY: DUKE REGIONAL HAS BEEN A PARTNER WITH CITY

OF MEDICINE ACADEMY (CMA) AND DURHAM PUBLIC SCHOOLS SINCE THE PROGRAM'S

INCEPTION AT SOUTHERN HIGH SCHOOL IN THE 1990S. IN AUGUST 2011, CMA

MOVED TO A NEW FACILITY LOCATED ON THE DUKE REGIONAL CAMPUS. AS PART OF

OUR PARTNERSHIP, DUKE REGIONAL HOSTS STUDENTS FOR CLINICAL ROTATIONS

AND INTERNSHIPS, PROVIDES CPR TRAINING AND HOSTS THE ANNUAL SENIOR

AWARDS NIGHT.

2019 GOAL: DUKE REGIONAL WILL CONTINUE ITS PARTNERSHIP WITH CMA IN

FY2019.

2019 PROGRESS: DUKE REGIONAL CONTINUED TO PARTNER WITH CMA, PROVIDING

VARIOUS LEARNING EXPERIENCES FOR STUDENTS THROUGHOUT THE YEAR.

PROJECT SEARCH: DUKE REGIONAL WAS THE FIRST HOST HOSPITAL IN THE STATE

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TO HOST PROJECT SEARCH, A PARTNERSHIP WITH DURHAM PUBLIC SCHOOLS, OE

ENTERPRISES, NORTH CAROLINA VOCATIONAL REHABILITATION AND ALLIANCE

BEHAVIORAL HEALTH THAT PROVIDES CAREER DEVELOPMENT EXPERIENCES TO

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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, 20a, 20b, 20c, 20d, 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.

SENIOR HIGH SCHOOL STUDENTS WITH DEVELOPMENTAL DISABILITIES.

2019 GOAL: DUKE REGIONAL WILL CONTINUE TO SERVE AS A HOST SITE FOR

PROJECT SEARCH.

2019 PROGRESS: DUKE REGIONAL CONTINUED TO SERVE AS A HOST SITE FOR

PROJECT SEARCH ADDING 8 NEW GRADUATES BRINGING THE TOTAL NUMBER OF

GRADUATES TO 62 SINCE 2011.

2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE

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

COMMUNITY HEALTH CENTER THAT PROVIDES PRIMARY CARE SERVICES FOR ABOUT

40,000 PATIENTS EACH YEAR. APPROXIMATELY 45 PERCENT OF LCHC PATIENTS

ARE UNINSURED AND 84% ARE LIVING AT OR BELOW THE POVERTY LEVEL.

IN ADDITION TO GENEROUS FINANCIAL SUPPORT, DUKE REGIONAL PROVIDES

ENGINEERING, ENVIRONMENTAL, LABORATORY, PHARMACY AND RADIOLOGY

SERVICES. THE TOTAL DUKE REGIONAL HOSPITAL CONTRIBUTION TO LCHC IN FY

2019, INCLUDING MONETARY AND IN-KIND SERVICES, WAS \$8.4 MILLION.

DURHAM COUNTY EMERGENCY MEDICAL SERVICES (EMS): SERVES AS THE PRIMARY

PROVIDER OF EMERGENCY AMBULANCE SERVICES AND ALTERNATIVE MEDICAL

TRANSPORTATION IN DURHAM COUNTY. IN FY 2019, DUKE REGIONAL PAID THE

COUNTY \$2.5 MILLION TO SUPPORT DURHAM EMS.

PROJECT ACCESS OF DURHAM COUNTY (PADC): COORDINATES SPECIALTY CARE AT

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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, 20a, 20b, 20c, 20d, 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.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

NO CHARGE TO UNINSURED AND UNDERINSURED DURHAM RESIDENTS LIVING AT OR

BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. THESE RESIDENTS HAVE

ACCESS TO PRIMARY HEALTH CARE THROUGH LINCOLN COMMUNITY HEALTH CENTER.

DRH HAS PROVIDED OFFICE SPACE AS WELL AS TECHNOLOGICAL SUPPORT FOR PADC

SINCE IT WAS ESTABLISHED.

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2019 GOAL: DUKE REGIONAL WILL CONTINUE TO PROVIDE OFFICE AND

TECHNOLOGICAL SUPPORT TO PROJECT ACCESS DURHAM COUNTY.

2019 PROGRESS: DUKE REGIONAL PROVIDED OFFICE SPACE AND TECH SUPPORT TO

PADC IN FY19.

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

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

PAY. IN FY 2019 DUKE REGIONAL PROVIDED \$27.5 MILLION (AT ESTIMATED

COST) IN CHARITY CARE.

4. MENTAL HEALTH

IN 2018, DRH RECEIVED APPROVAL TO BUILD A NEW BEHAVIORAL HEALTH

FACILITY WHICH WILL MOVE ALL DUKE HEALTH SYSTEM MENTAL HEALTH SERVICES

TO DUKE REGIONAL'S CAMPUS INCLUDING INPATIENT AND OUTPATIENT CARE. THE

EXPANSION IS A \$102.4 MILLION INVESTMENT BY DUKE UNIVERSITY HEALTH

SYSTEM, AND WILL PROVIDE BETTER COORDINATION OF CARE FOR PSYCHIATRIC

PATIENTS IN DURHAM AND REGIONALLY. THE GROUNDBREAKING OCCURRED DURING

FISCAL YEAR 2019.

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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, 20a, 20b, 20c, 20d, 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. OBESITY, DIABETES, AND FOOD ACCESS

BEYOND ITS CLINICAL SERVICE LINES IN THE HOSPITAL, DRH COLLABORATES

WITH NUMEROUS DURHAM NON-PROFITS AND OTHER ENTITIES WITHIN THE DUKE

HEALTH SYSTEM THAT ARE SPECIFICALLY FOCUSED ON COMMUNITY-BASED

MECHANISMS FOR THE PREVENTION AND TREATMENT OF OBESITY AND DIABETES AND

ON ISSUES OF FOOD ACCESS.

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL

PART V, SECTION B, LINE 16J: AS PART OF DUHS, DUKE REGIONAL HOSPITAL

PROVIDES A BROCHURE TO ALL ADMISSIONS THAT INCLUDES A BRIEF SUMMARY OF

DUHS FINANCIAL ASSISTANCE POLICIES. DUHS ALSO COMMENTS ON THE BACK OF

ITS BILLING INVOICES THAT PATIENTS SHOULD CONTACT PATIENT ACCOUNT

REPRESENTATIVES TO HELP THEM IF THEY CANNOT PAY THEIR BILL IN FULL.

THIS COMMENT REFERENCES GOVERNMENT-SPONSORED PROGRAMS, MONTHLY PAYMENT

PROGRAMS, AND OTHER FINANCIAL ASSISTANCE PROGRAMS AVAILABLE FOR

PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA. DUHS ALSO PUBLICIZED ITS

FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE

COUNSELORS.

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL

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

SERVICES, AND OTHER ELECTIVE SERVICES, WILL BE BILLED AT AN AMOUNT

EQUAL TO GROSS CHARGES.

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Part V | Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

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Provide the following information.

Part VI Supplemental 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

9.4%.

PART I, LINE 7:

CHARITY CARE AT COST IS DETERMINED USING THE COST-TO-CHARGE CALCULATION

FROM WORKSHEET 2, IN ORDER TO CALCULATE THE AMOUNTS REPORTED ON THE

TABLE. UNREIMBURSED MEDICAID IS DETERMINED USING A COST ACCOUNTING

SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS.

PART II, COMMUNITY BUILDING ACTIVITIES:

THESE ACTIVITIES ARE INCLUDED IN DUKE UNIVERSITY HEALTH SYSTEM, INC.'S

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Part VI Supplemental Information (Continuation)

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(DUHS) OPERATING EXPENSES AND ARE NOT TRACKED SEPARATELY FOR COMMUNITY

BENEFIT REPORTING PURPOSES.

PART III, LINE 1 AND LINE 2:

THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) REVISED ITS

ACCOUNTING GUIDANCE RELATED TO UNCOMPENSATED CARE IN JUNE 2019 TO

REFLECT CHANGES IN BAD DEBT REPORTING RESULTING FROM FINANCIAL

ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS UPDATE 2014-09,

"REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606)" (ASU 2014-09).

DUHS ADOPTED ASU 2014-09 ON JULY 1, 2018. UPON ADOPTION OF ASU 2014-09

AND CONSISTENT WITH THE REVISED HFMA STATEMENT NO. 15, THE ESTIMATED

UNCOLLECTIBLE AMOUNTS FROM SELF-PAY PATIENTS THAT WERE PREVIOUSLY

REPORTED AS BAD DEBT EXPENSE PRIOR TO ADOPTION OF ASU 2014-09 ARE NOW

CONSIDERED IMPLICIT PRICE CONCESSIONS DIRECTLY REDUCING NET PATIENT

SERVICE REVENUE.

DUHS PROVIDED UNCOMPENSATED CARE AT ESTIMATED COSTS IN THE FORM OF

IMPLICIT PRICE CONCESSIONS (FORMERLY CONSIDERED BAD DEBT EXPENSE)

ASSOCIATED WITH UNCOLLECTIBLE PATIENT ACCOUNTS AT AN ESTIMATED COST OF

\$23,801,000 IN FISCAL YEAR 2019. DUHS USED THE COST-TO-CHARGE RATIO

FROM WORKSHEET 2 TO ESTIMATE COST.

PART III, LINE 3:

A PORTION OF IMPLICIT PRICE CONCESSIONS (FORMERLY CONSIDERED BAD DEBT

EXPENSE) SHOULD BE INCLUDED AS A COMMUNITY BENEFIT, BUT THE PORTION

THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL

ASSISTANCE POLICY IS INDETERMINABLE BECAUSE THOSE PATIENTS FAIL TO

APPLY FOR OR PROVIDE INFORMATION NEEDED TO DETERMINE THEIR ELIGIBILITY

UNDER THE DUHS FAP. DUHS, INC. FOLLOWS ITS MISSION TO THE COMMUNITY AND

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Schedule H (Form 990) DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036	Page 10
Part VI Supplemental Information (Continuation)		
PROVIDES EMERGENT SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO		
PAY. PATIENTS WHO MAY QUALIFY FOR CHARITY CARE ARE REPORTED AS AN		
IMPLICIT PRICE CONCESSION INSTEAD BECAUSE OF THOSE PATIENTS' INABILITY		
OR UNWILLINGNESS TO PROVIDE THE NECESSARY DOCUMENTATION REQUIRED TO		
DETERMINE CHARITY CARE CLASSIFICATION.		
PART III, LINE 4:		
PAGES 17-20 IN THE FY2019 AUDITED FINANCIAL STATEMENT FOOTNOTES		
DESCRIBE IMPLICIT PRICE CONCESSIONS RELATED TO UNINSURED PATIENTS.		
PART III, LINE 7:		
TOTAL UNREIMBURSED COSTS ATTRIBUTABLE TO PROVIDING SERVICES UNDER		
MEDICARE AS REPORTED IN THE JUNE 30, 2019 DUHS CONSOLIDATED FINANCIAL		
STATEMENTS ARE \$277,157,000 AS COMPARED TO \$138,419,867 AS REPORTED IN		
SECTION B, LINE 7 OF SCHEDULE H. THE DUHS TOTAL MEDICARE SHORTFALL OF		
\$277,157,000 IS DERIVED FROM THE COST ACCOUNTING SYSTEM WHICH INCLUDES		
ALL PAYMENTS AND COSTS ASSOCIATED WITH MEDICARE PATIENTS, WHEREAS THE		
AMOUNT REPORTED IN SECTION B OF SCHEDULE H IS DERIVED BASED ON IRS		
INSTRUCTIONS. IRS INSTRUCTIONS SPECIFY THAT ONLY A PORTION OF COSTS		
ASSOCIATED WITH MEDICARE BENEFICIARIES BE REPORTED ON SCHEDULE H.		
SIGNIFICANT MEDICARE COSTS EXCLUDED FROM SCHEDULE H DATA INCLUDE THOSE		
ASSOCIATED WITH MEDICARE PATIENTS COVERED UNDER MANAGED CARE PLANS AND		
COSTS REIMBURSED THROUGH MEANS NOT REPORTED ON THE COST REPORT.		
PART III, LINE 8:		
MEDICARE RATES AND THE NUMBER OF MEDICARE PATIENTS DUHS TREATS ARE NOT		
NEGOTIATED MEDICARE DOES NOT FULLY COMPENSATE DUHS FOR THE COST OF		

NEGOTIATED. MEDICARE DOES NOT FULLY COMPENSATE DUHS FOR THE COST OF

PROVIDING CARE TO MEDICARE BENEFICIARIES. DUHS CONTINUES TO SERVE THE

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Part VI Supplemental Information (Continuation)		
MEDICARE POPULATION AS MEDICARE REIMBURSEMENT RATES DECLINE RELATIVE TO		
THE COST OF CARE. THEREFORE, ANY LOSS RELATED TO PROVIDING CARE FOR		
MEDICARE PATIENTS SHOULD BE CLASSIFIED AS A COMMUNITY BENEFIT. DUHS		
FOLLOWED THE MEDICARE COST REPORT RULES AND GUIDELINES IN DETERMINING		
THE COSTS REPORTED ON LINE 6. THESE RULES USE A VARIETY OF DIFFERENT		
METHODOLOGIES BASED ON THE TYPE OF SERVICE.		
PART III, LINE 9B:		
COLLECTION EFFORTS ARE IMMEDIATELY STOPPED FOR PATIENTS WHO SUBMIT A		
FINANCIAL ASSISTANCE APPLICATION. PATIENTS WHO QUALIFY FOR FINANCIAL		
ASSISTANCE ARE NOT PURSUED USING ANY DEBT COLLECTION PRACTICES.		
NEEDS ASSESSMENT:		
PART VI, LINE 2:		
DUHS USES SEVERAL MECHANISMS TO ASSESS AND ADDRESS THE HEALTH CARE		
NEEDS OF THE COMMUNITIES IT SERVES. IN DURHAM COUNTY, DUHS AND THE DUKE		
UNIVERSITY SCHOOL OF MEDICINE FACULTY ARE ACTIVELY INVOLVED IN THE		
PARTNERSHIP FOR A HEALTHY DURHAM. THE PARTNERSHIP IS A COALITION OF		
LOCAL ORGANIZATIONS AND COMMUNITY MEMBERS WITH THE GOAL OF		
COLLABORATIVELY IMPROVING THE PHYSICAL, MENTAL, SOCIAL, HEALTH, AND		
WELL-BEING OF DURHAM COUNTY'S RESIDENTS. THE NETWORK IS A CERTIFIED		
HEALTHY CAROLINIANS WORKGROUP. THE PARTNERSHIP EVALUATES COMMUNITY		
HEALTH CARE INFORMATION, THEN IDENTIFIES AND PRIORITIZES		
COMMUNITY-IDENTIFIED HEALTH CARE NEEDS AMONG SUBCOMMITTEES THAT FOCUS		
ON A DURHAM COUNTY HEALTH PRIORITY. SINCE 2002, DUHS' OFFICE OF		
COMMUNITY RELATIONS HAS PLAYED A CENTRAL ROLE IN CONDUCTING A DURHAM		
HEALTH SUMMIT. THIS IS AN EVENT THAT ATTRACTS HUNDREDS OF COMMUNITY		
MEMBERS, HEALTH OFFICIALS, ELECTED OFFICIALS, AND DUHS EXECUTIVES AND		

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Part VI Supplemental Information (Continuation)		
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		
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		/

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Part VI | Supplemental Information (Continuation)

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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% OF NC'S POPULATION BASED ON FEDERAL

FISCAL YEAR (FFY) 2018 DATA. APPROXIMATELY 67% OF INPATIENT DISCHARGES

FROM DUHS FACILITIES IN FFY 2018 WERE PATIENTS FROM ITS PRIMARY SERVICE

AREA. DUHS' SECONDARY SERVICE AREA COVERS 15 COUNTIES IN NORTH CAROLINA

AND SOUTHERN VIRGINIA WITH A POPULATION OF APPROXIMATELY 2 MILLION.

PROMOTION OF COMMUNITY HEALTH:

PART VI, LINE 5:

DUHS PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES THROUGH A NUMBER

OF COMMUNITY BUILDING ACTIVITIES. CENTRAL TO MANY OF THE EFFORTS IS

DUHS' OFFICE OF COMMUNITY RELATIONS, WHOSE ASSOCIATE VICE PRESIDENT

REPORTS DIRECTLY TO DUHS' CEO AND SERVES AS A FULL-TIME LIAISON WITH

THE DURHAM COMMUNITY. THE OFFICE SPONSORS AND FACILITATES COMMUNITY

EVENTS SUCH AS THE ANNUAL DURHAM HEALTH SUMMIT AND SIMILAR REGIONAL AND

STATE HEALTH SUMMITS THAT RAISE AWARENESS OF COMMUNITY HEALTH NEEDS

PROMOTE PREVENTION AND WELLNESS. AND CHART A COURSE FOR SOLVING HEALTH

ISSUES AND DISPARITIES. IN ADDITION, THE OFFICE PROVIDES A POINT OF

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Schedule H (Form 990)

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107 2018.06000 DUKE UNIVERSITY HEALTH SY HDD004_1

Schedule H (Form 990) DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036	Page 10
DIRECT CONTACT FOR COMMUNITY MEMBERS WHO HAVE QUESTIONS OR CONCERNS		
ABOUT COMMUNITY ISSUES OR ABOUT ACCESS TO HEALTH CARE SERVICES. THE		
OFFICE ALSO PROVIDES DIRECT FINANCIAL SUPPORT TO A VARIETY OF COMMUNITY		
GROUPS THROUGH THE BUILDING HEALTHY COMMUNITIES GRANTS PROGRAM. THE		
ASSOCIATE VICE-PRESIDENT AND STAFF SERVE ON A NUMBER OF HEALTH		
CARE-RELATED COMMUNITY BOARDS AND HEALTH-RELATED COMMITTEES. STAFF FROM		
THE OFFICE OF COMMUNITY RELATIONS AND MEMBERS OF THE DUHS COMMUNITY		
HEALTH PLANNING GROUP CREATED A FORMAL PRINCIPLES OF COMMUNITY		
ENGAGEMENT POLICY THAT COMMITS DUHS AND ITS COMMUNITY PARTNERS TO		
DEVELOPING PROPOSED PROJECTS AND INITIATIVES ON TRUST, RESPECT,		
DIVERSITY, SAFETY AND COMMUNITY-IDENTIFIED NEEDS. THESE PRINCIPLES HAVE		
BEEN INCORPORATED INTO COMMUNITY-BASED HEALTH CARE PROJECTS SUCH AS THE		
DEVELOPMENT OF THE HOLTON WELLNESS CENTER AND DURHAM HEALTH		
INNOVATIONS, A MULTIDISCIPLINARY COMMUNITY BASED JOINT EFFORT BETWEEN		
DUHS AND THE DURHAM COMMUNITY THAT FOCUSES ON IMPROVING HEALTH OUTCOMES		
THROUGH NEW AND CREATIVE APPROACHES TO HEALTH CARE DELIVERY.		
IN ADDITION TO COMMUNITY BUILDING ACTIVITIES, DUHS PROMOTES THE HEALTH		
OF ITS COMMUNITIES IN A NUMBER OF IMPORTANT WAYS. ONE OF DUHS' THREE		
CONSTITUENT HOSPITALS, DUKE REGIONAL, HAS AN OPEN MEDICAL STAFF AND A		
HOSPITAL CORPORATION BOARD, WHICH IS A COUNTY APPOINTED BOARD		
RESPONSIBLE FOR HOSPITAL OVERSIGHT. IN ADDITION, APPROXIMATELY 50 LOCAL		
LEADERS IN THE DURHAM FAITH COMMUNITY ARE WORKING WITH DUKE HEALTH TO		
LOOK AT HOW TO ADDRESS THE NEEDS OF THEIR CONGREGATIONS AND COMMUNITIES		
BY COMBINING THE TRADITIONS OF THE FAITH COMMUNITY WITH THE KNOWLEDGE		
OF MODERN MEDICINE. MEETINGS ARE HELD TO DETERMINE HOW DUKE HEALTH CAN		
ASSIST THE FAITH COMMUNITY TO SUPPORT HEALTH MINISTRY ACTIVITIES IN		
THEIR COMMUNITY AND PLACES OF WORSHIP.	Oshadada U	

DUKE UNIVERSITY HEALTH SYSTEM, INC. 56-2070036 Schedule H (Form 990) Page 10 Part VI | Supplemental Information (Continuation) DUHS' CEO ALSO HAS A CHANCELLOR'S COMMUNITY HEALTH ADVISORY BOARD TO PROVIDE FEEDBACK ON A VARIETY OF ISSUES, INCLUDING USE OF DUHS RESOURCES. HEALTH SERVICE DELIVERY SYSTEMS AND LONG-RANGE GOALS TO REDUCE HEALTH RISKS AND DISPARITIES IN DURHAM COUNTY. THE BOARD INCLUDES STATE AND LOCAL ELECTED OFFICIALS. NEIGHBORHOOD COUNCILS AND OTHER GRASSROOTS ORGANIZATIONS, POLITICAL GROUPS, LOCAL PHYSICIANS, THE DURHAM PUBLIC SCHOOLS, AMONG OTHERS. DUHS MAINTAINS A BUILDING HEALTHY COMMUNITIES GRANTS COMMITTEE TO REVIEW COMMUNITY REQUESTS FOR PHILANTHROPIC ASSISTANCE THAT PROMOTE HEALTH AND WELLNESS. DUKE HEALTH PROVIDES VARIOUS OPPORTUNITIES FOR STUDENTS TO INTERACT WITH DIFFERENT HEALTH CARE PROFESSIONALS ACROSS THE SYSTEM. THE OFFICE OF COMMUNITY RELATIONS. DRH. AND OTHER KEY COMMUNITY PARTICIPANTS ARE ACTIVE IN A WORKFORCE DEVELOPMENT PROJECT CALLED PROJECT SEARCH. THIS PROGRAM MODELED AFTER THE PROGRAM AT CINCINNATI CHILDREN'S HOSPITAL PROVIDES YOUTH WITH DISABILITIES EMPLOYMENT TRAINING AND CAREER OPPORTUNITIES IN THE HEALTHCARE FIELD. THE OFFICE OF COMMUNITY RELATIONS WORKS WITH THE DURHAM-ORANGE MEDICAL SOCIETY AND THE DURHAM ACADEMY OF MEDICINE DENTISTRY AND PHARMACY (AN ASSOCIATION FOR AFRICAN-AMERICAN MEDICAL PROFESSIONALS) TO PROMOTE THE SUCCESS OF THE CITY OF MEDICINE ACADEMY (CMA). THE CMA IS A PUBLIC MAGNET HIGH SCHOOL DESIGNED FOR STUDENTS INTERESTED IN HEALTH CARE CAREERS. FACULTY ARE INVOLVED WITH MENTORING STUDENTS AND CLASSROOM LECTURES. IN ADDITION, THE HEALTH SYSTEM CEO IS WORKING TO HELP THE CMA BECOME THE PREMIER HEALTH SCIENCE HIGH SCHOOL IN NORTH CAROLINA. DUHS IS A KEY PARTICIPANT IN THE ANNUAL BULL CITY FRESH START EVENT. STAFF FROM THE DUKE SCHOOL OF NURSING. DUKE EYE

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CENTER, AND STAFF AFFILIATED WITH LINCOLN COMMUNITY HEALTH CENTER

HEALTHCARE FOR THE HOMELESS CLINIC VOLUNTEER TIME AND RESOURCES AT THIS

Schedule H (Form 990)

Schedule H (Form 990) DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036	Page 10
Part VI Supplemental Information (Continuation)		. 490 10
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		
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		

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Schedule H (Form 990) DUKE UNIVERSITY HEALTH SYSTEM, INC. Part VI Supplemental Information (Continuation)	56-2070036	Page 10
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		
832271 04-01-18	Schedule H	(Form 990)
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		_	_			_		<u>PUB</u>	<u>LIC</u>	IN	SPEC	TION	COPY	-				_
OMB No. 1545-0047	Open to Public Inspection	Employer identification number 56-2070036			X Yes No		IV, line 21, for any	(h) Purpose of grant or assistance		GENERAL SUPPORT	GENERAL SUPPORT	SPONSORSHIP	SPONSOR SHT P	GENERAL SUPPORT	GENERAL, SUPPORT		7.	Schedule I (Form 990) (2018)
				tance, and the selectic			Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	(g) Description of noncash assistance										
izations, ted States t IV, line 21 or 22.	lation.			for the grants or assis			anization answered "Y	(f) Method of valuation (book, FMV, appraisal, other)										
ce to Organi s in the Unit on Form 990, Par	m 990. r the latest inform			grantees' eligibility		l States.	complete if the orga	eu. (e) Amount of non-cash assistance		0.	0.	. 0	c	.0	0	•		
Other Assistance to Organizations, , and Individuals in the United State zation answered "Yes" on Form 990, Part IV, line 21 o	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 			or assistance, the		funds in the United		(d) Amount of cash grant		37,500.	6,260.	15 000.	25 000		20 000	in the line 1 tahla		
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} .	Go to www.ii			e amount of the grants		toring the use of grant	zations and Domestic	(if applicable)		501(C)(3)	501(C)(3)	501(C)(3)			501(C)(3)			ione for Form 000
C GO Comp		DUKE UNIVERSITY HEALTH SYSTEM	ind Assistance	to substantiate th∈	stance?	ocedures for monit	Domestic Organi	(b) EIN		56-2168673	13-5613797	53-0196605	56-2273756	56-6001906	56-0863051 501(C)(3)	ind dowernment or	s listed in the line	see the Instructi
			General Information on Grants and Assistance	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?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Domestic Organizations and Domestic Governments.	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or (if applicable) cash grant	MINISTRY, INC. DR	0	SSOCIATION DR SUITE 100 27560	L RED CROSS DR	.R 27628-6445	GIRLS CLUB OF GREATER - 808 E PETTIGREW ST - NC 27701	E COUNTY, INC. VD	Enter total number of section 501(c)(3) and novernment organizations listed	Enter total number of other organizations listed in the line 1 table	For Panerwork Beduction Act Notice see the Instructions for Form 000
SCHEDULE I (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization	Part I General Ir	1 Does the organiz	criteria used to ٤	2 Describe in Part	Part II Grants an	1 (a) Name and ac or go	ALLIANCE MEDICAL MINISTRY, 101 DONALD ROSS DR	RALEIGH, NC 27610	AMERICAN HEART ASSOCIATION 3131 RDU CENTER DR SUITE 100 MORRISVILLE, NC 27560	AMERICAN NATIONAL RED CROSS 4737 UNIVERSITY DR DURHAM NC 27707	BETHE	BOYS & GIRLS CLUE DURHAM - 808 E PE DURHAM, NC 27701	BOYS CLUB OF WAKE COUNTY, 701 N RALEIGH BLVD RALFIGH NC 27610	 5 Enter total numb 		

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- 490	(h) Purpose of grant or assistance	SPONSORSHIP	SPONSORSHIP	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	SPONSORSHIP	GENERAL SUPPORT	GENERAL SUPPORT
	(g) Description of non-cash assistance									
(Schedule I (Form 990), Part II.)	(f) Method of valuation (book, FMV, appraisal, other)									
	(e) Amount of non-cash assistance	.0	.0	°	0.	0.	0.	ò	.0	.0
izations in the Unit	(d) Amount of cash grant	12,500.	10,000.	10,000.	26,037.	20,000.	25,000.	7,500.	10,650.	10,000.
ernments and Organ	(c) IRC section if applicable		501(C)(3)	501(C)(3)	gov't entity	501(C)(3)	501(C)(3)	501(C)(3)	56-6000297 GOV'T ENTITY	501(C)(3)
ssistance to Gov	(a)	46-4157559	20-0036976	65-1230448	56-6001021	47-5567396	58-1521494	58-1621884	56-6000297	32-0263133
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	(a) Name and address of organization or government	CAPSTONE EVENT GROUP, LLC 3803-B COMPUTER DR SUITE 205 RALEIGH, NC 27609	CARING COMMUNITY FOUNDATION, INC. PO BOX 1364 CARY, NC 27512	CEO ROUNDTABLE ON CANCER, INC. 100 SAS CAMPUS DR CARY, NC 27513	CITY OF MEDICINE ACADEMY 301 CRUTCHFIELD ST DURHAM, NC 27704	COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM, NC 27703	DUKE SCHOOL FOR CHILDREN 3716 OLD ERWIN RD DURHAM, NC 27705	DURHAM ALUMNAE DELTA HOUSE, INC. 65 TW ALEXANDER DR POB 12319 DURHAM, NC 27709	DURHAM COUNTY PO BOX 810 DURHAM, NC 27702	EAST DURHAM CHILDRENS INITIATIVE 2101 ANGIER AVE 3RD FLOOR DURHAM, NC 27703

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56-2070036 Page 1	(h) Purpose of grant or assistance	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	AIHSNOSNOAS	SPONSORSHIP	SPONSORSHIP	SPONSORSHIP
	(g) Description of non-cash assistance									
(Schadula I (Form 000), Part II)	(f) Method of valuation (book, FMV, appraisal, other)									
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izations in the I Ini	(d) Amount of cash grant	20,000.	11,000.	16,000.	30,000.	15,000.	13,417.	75,000.	10,000.	15,000.
EM, INC.	(c) IRC section if applicable	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(6)	501(C)(3)	501(C)(3)	501(C)(4)
Y HEALTH SYST	(b) EIN	46-4840814	56-2011661	80-0122334 501(C)(3)	58-1320613	56-1705456	56-0370850 <u>:</u>	58-1674794	56-1492703	52-1243457 501(C)(4)
Schedule I (Form 990) DUKE UNIVERSITY HEALTH SYSTEM, INC.		ECONOMIC DEVELOPMENT PARTNERSHIP 15000 WESTON PKY CARY, NC 27513	EL CENTRO HISPANO, INC. 2000 CHAPEL HILL RD #26A DURHAM, NC 27707	EL FUTURO, INC. 2020 E CHAPEL HILL ROAD SUITE DURHAM, NC 27707	FAMILY VIOLENCE PREVENTION CTR 1012 OBERLINE RD SUITE 100 RALEIGH, NC 27605	GREAT 100, INC. PO BOX 4875 GREENSBORO, NC 27404-4875	GREATER RALEIGH CHAMBER OF COMMERCE - PO BOX 2978 - RALEIGH, NC 27602-2978	HABITAT FOR HUMANITY OF DURHAM 215 N CHURCH ST DURHAM, NC 27701	HABITAT FOR HUMANITY OF WAKE COUNTY - 2420 RALEIGH BLVD - RALEIGH, NC 27604	HUMAN RIGHTS CAMPAIGN, INC. 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036

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56-2070036 Page 1		(h) Purpose of grant or assistance	SPONSORSHIP	SPONSORSHIP	SPONSORSHIP	GENERAL SUPPORT	SPONSORSHIP	SPONSORSHIP	SPONSORSHIP	SPONSORSHIP	GENERAL SUPPORT Schedule I (Form 990)
	rt II.)	(g) Description of non-cash assistance									
	(Schedule I (Form 990), Part II.)	(f) Method of valuation (book, FMV, appraisal, other)									
		(e) Amount of non-cash assistance	°.	0	0	0.	0.	0.	0	0	.0
	izations in the Uni	(d) Amount of cash grant	15,000.	7,500.	7,500.	50,000.	50,000.	12,000.	30,000.	10,000.	16,000.
TEM, INC.	vernments and Orgar	(c) IRC section if applicable	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)		501(C)(6)	501(C)(3)	501(C)(3)	501(C)(3)
LY HEALTH SYSI	Assistance to Go	(b) EIN	47-2262963	13-1846366	56-2018957	56-6057494	27-1832351	45-2559048	20-2696836 501(C)(3)	26-2300885	56-1846599 501(C)(3)
Schedule I (Form 990) DUKE UNIVERSITY HEALTH SYSTEM,	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	(a) Name and address of organization or government	MADE IN DURHAM 359 BLACKWELL ST SUITE 200 DURHAM, NC 27701	MARCH OF DIMES FOUNDATION 6504 FALLS OF NEUSE RD STE 100 RALEIGH, NC 27615	MEDASSIST OF MECKLENBURG 4428 TAGGART CREEK RD, STE 101 CHARLOTTE, NC 28208	MEDICAL FOUNDATION OF NC, INC. SUITE 4100 BONDURANT HALL CB 7 CHAPEL HILL, NC 27599-7145	MIDTOWN EVENTS, LLC PO BOX 19107 RALEIGH, NC 27619	MIDTOWN RALEIGH ALLIANCE 1110 NAVAHO DR SUITE 100 RALEIGH, NC 27609	MIRACLE LEAGUE OF THE TRIANGLE PO BOX 4193 CARY, NC 27519	NC LUNG CANCER PARTNERSHIP 4000 BLUE RIDGE RD SUITE 170 RALEIGH, NC 27612	NC PHYSICIANS HEALTH PROGRAM, INC. 220 HORIZON DRIVE #201 RALEIGH, NC 27615

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56-2070036 Page 1	(h) Purpose of grant or assistance	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	SPONSORSHIP	GENERAL SUPPORT	SPONSORSHIP	GENERAL SUPPORT	SPONSORSHIP	SPONSORSHIP Schedule L Form 000
	(g) Description of non-cash assistance									
(Schedule I (Form 990) Part II)	(f) Method of valuation (book, FMV, appraisal, other)									
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izations in the Uni	(d) Amount of cash grant	7,500.	25,000.	10,000.	20,000.	20,000.	25,000.	34,675.	18,500.	60,000.
'EM, INC.	(c) IRC section if applicable	ALILNE L, AOS	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)		501(C)(3)	501(C)(3)	501(C)(3)
Y HEALTH SYST seistance to Gov	(b) EIN	56-1506066	56-0556755	82-1962611	47-4543960	26-1925378	52-1166660	56-1509260	56-2084639	75-2845066 501(C)(3)
Schedule I (Form 990) DUKE UNIVERSITY HEALTH SYSTEM, INC.		NORTH CAROLINA INSTITUTE OF MEDICINE - 630 DAVIS DR STE 100 - MORRISVILLE, NC 27560	NORTH CAROLINA SYMPHONY SOCIETY 3700 GLENWOOD AVE SUITE 130 RALEIGH, NC 27612	NURSES ON BOARDS COALITION PO BOX 14535 MADISON, WI 53708	POLKA DOT MAMA MELANOMA FOUNDATION 925 ALDEN BRIDGE DR CARY, NC 27519	FROJECT ACCESS OF DURHAM COUNTY FO BOX 15339 DURHAM, NC 27704	RADIO ONE, INC. 8001-1001 CREEDMOOR ROAD RALEIGH, NC 27613	REX HEALTHCARE, INC. 211 FRIDAY CENTER DR SUITE 201 CHAPEL HILL, NC 27517	SENIOR PHARMASSIST, INC. 406 RIGSBEE AVE STE 201 DURHAM, NC 27701-2186	SUSAN G KOMEN FOR THE CURE NC 600 AIRPORT BLVD SUITE 100 MORRISVILLE, NC 27560

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56-2070036 Page 1	(h) Purpose of grant or assistance	SPONSORSHIP	SPONSORSHIP	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	SPONSORSHIP	GENERAL SUPPORT	SPONSORSHIP	Schedule (Form 990)
	(g) Description of non-cash assistance									
	(Scredule 1 (Form 990), Fart II., t of (f) Method of (valuation noi e (book, FMV, appraisal, other)									
	5 2 3	0.	.0	0.	0.	0.	0.	0.	.0	
:	(d) Amount of cash grant	10,000.	8,250.	133,104.	25,000.	10,000.	16,600.	13,208.	10,500.	
EM, INC.	(c) IRC section if applicable	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)		501(C)(3)	501(C)(3)	501(C)(3)	
Y HEALTH SYST	(b) EIN	56-0547491	13-1624241	56-1949103 501(C)(3)	58-1505891	56-1624853	23-7017752	38-2009204	56-0591307	
Ψ	Lart II Commutation of Grants and Other Assistance to Governments and Organizations in the Onlice States (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of it applicable (e) Amount of it applicable cash grant assistant	TRIANGLE FAMILY SERVICES, INC. 3937 WESTERN BLVD RALEIGH, NC 27606	UNITED NEGRO COLLEGE FUND, INC. 309 E MOREHEAD ST SUITE 260 CHARLOTTE, NC 28202	UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMETER PARK DR., #150 MORRISVILLE, NC 27560	URBAN MINISTRIES OF DURHAM 410 LIBERTY ST DURHAM, NC 27701	VIDEO DIALOG INC 2725 SEVIER ST DURHAM, NC 27705	WAKE TECH COMM COLL FOUNDATION, INC 9101 FAYETTEVILLE RD - RALEIGH, NC 27603-5696	WESTERN THEOLOGICAL SEMINARY 101 EAST 13TH STREET HOLLAND, MI 49423	YMCA OF THE TRIANGLE AREA, INC. 801 CORPORATE CENTER DR STE 20 RALEIGH, NC 27606	

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Schedule (Form 990) (2018) DUKE UNIVERSITY HEALTH SYSTEM, INC.	SYSTEM, INC.				56-2070036 Page 2
Grants and Other Assistance to Domestic Individuals. Complete if Part III can be duplicated if additional space is needed.	Complete if the	organization answe	the organization answered "Yes" on Form 990, Part IV, line 22	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	о С	25 674	c		
PRIZES AND AWARDS	000				
Supplemental Information. Provide the information required in Part I		e 2; Part III, column		ditional information.	
PART I, LINE 2					
DUKE UNIVERSITY HEALTH SYSTEM, INC. PROVIDES GENERAL SUPPORT		TO LOCAL			
ORGANIZATIONS BASED ON OUR AWARENESS OF THEIR ACTIV	ACTIVITIES WITHIN THE	THE			
LOCAL COMMUNITY. DUKE UNIVERSITY HEALTH SYSTEM, IN	INC. ALSO MAINTAINS	TAINS A			
BUILDING HEALTHY COMMUNITIES GRANTS PROGRAM THAT REVIEWS COMMUNITY	EVIEWS COMMUN	ТТҮ			
REQUESTS FOR PHILANTHROPIC ASSISTANCE THAT PROMOTE HEALTH AND WELLNESS	HEALTH AND W	ELLNESS.			
					Schedule I (Form 990) (2018)

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SCHEDUET (FORMOR) For certain Officer, Directors, Trustees, Key Employees, and Highest Compensation of the organization Dot to use the Compensation of the organization Dot to use the Compensation of the organization Dot to use the Compensation of the organization of the organization provided any relevant information organization Dot to use the compensation of the compensation of the compensation of the organization provided any relevant information organization Dot use the compensation of the compensation Denote Public Denote Public ************************************			PUBLIC IN	ISPECTION COPY				
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Part I Questions Regarding Compensation Yes No a 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. First-teless or charter travel Yes No First-teless or charter travel Payments for business use of personal use Discretionary spending account Personal services (such as maid, charifeur, cher) Item 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 Ite X 2 Did the organization regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain Ite X 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the companization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or committee X Organization committee X 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 form, a supplemental nonqualified retirement plan? C Participate in, or receive payment from, a supplemental nonqualified retirement plan? Pary related organization?				STEM INC.			onnai	
19 Check the appropriate box(e) if the organization provided any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Instructules or charter travel Housing allowance or residence for personal use Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part 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 requires substantiation prior to reimbursing or allowing exponses incured by all directors, trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, If any, of the following the filing organization used to establish the compensation of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization any or listed organization? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X 6 Participate in, or receive payment form, a supplemental nonqualified retwement plan? <	Pa	rt I Question		,				
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If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Constraint of the second sec		· ,	· · · · · ·	• • • • • • • • • • • • • • • • • • • •		·	Х	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2018	LHA						n 990)	2018

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DUKE UNIVERSITY HEALTH SYSTEM, INC. Schedule J (Form 990) 2018

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Page 2

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.

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(E) Total of columns			.0	1,116,102.	.0	1,393,846.	23,513.	364,812.	.0	789,045.	• 0	2,761,343.	873,569.	.0	1,894,180.	• 0	1,432,005.	• 0	635,905.	.0	750,309.	• 0	1,194,926.	• 0	740,503.	• 0	724,057.	0.	839,188.	113,761.	677,370.	• 0	648,483.	.0	Schedu
(D) Nontaxable hanafits			.0	16,579.	.0	20,870.	.0	6,453.	•0	72,058.	• 0	16,998.	18,749.	.0	8,383.	• 0	13,013.	• 0	8,386.	• 0	18,835.	• 0	13,543.	• 0	19,240.	• 0	28,333.	0.	24,839.	• 0	9,924.	•0	20,507.	• 0	
(C) Retirement and	compensation		.0	33,548.	0.	33,548.	0.	33,548.	•0	33,548.	•0	133,548.	33,548.	0.	33,548.	•0	33,548.	• 0	33,548.	0.	33,548.	• 0	33,548.	• 0	33,548.	• 0	33,548.	0.	33,548.	• 0	33,548.	•0	33,548.	0.	
C compensation	(iii) Other reportable	compensation	.0	18,500.	.0	18,500.	.0	.0	•0	• 0	•0	18,500.	42,806.	.0	125,907.	•0	6,166.	• 0	29,929.	0.	25,921.	• 0	61,950.	• 0	18,500.	• 0	18,500.	0.	18,500.	• 0	16,959.	•0	0.	0.	
(B) Breakdown of W-2 and/or 1099-MISC compensation	(ii) Bonus & incentive	compensation	.0	344,680.	.0	.0	23,513.	33,347.	.0	122,101.	• 0	1,320,592.	374,237.	.0	802,931.	• 0	601,648.	• 0	201,750.	.0	281,455.	• 0	461,076.	• 0	277,594.	• 0	279,070.	.0	301,873.	.89,388	337,793.	• 0	235,866.	.0	
(B) Breakdown of \	(i) Base compensation		.0	702,795.	.0	1,320,928.	.0	291,464.	•0	561,338.	•0	1,271,705.	404,229.	.0	923,411.	•0	177,630.	• 0	362,292.	•0	390,550.	• 0	624,809.	•0	391,621.	•0	364,606.	•0	460,428.	24,373.	279,146.	•0	358,562.	•0	
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	(A) Name and Title		(1) MARY E KLOTMAN MD	DIRECTOR	(2) VINCENT E PRICE	DIRECTOR	(3) ANN M REED	DIRECTOR	(4) JOHN H SAMPSON MD PHD	DIRECTOR	(5) A EUGENE WASHINGTON MD	DIRECTOR/PRESIDENT & CEO	(6) MONTE D BROWN MD	VP FOR ADMINISTRATION/SECRETARY	(7) WILLIAM J FULKERSON MD	EXECUTIVE VP, DUHS	(8) KENNETH C MORRIS	SVP, CFO, TREASURER	(9) MARY ANN FUCHS	VP-PATIENT CARE/CHIEF NURSE EXEC	(10) KATHLEEN B GALBRAITH	PRESIDENT, DUKE REGIONAL HOSPITAL	(11) THOMAS A OWENS MD	PRESIDENT, DUH AND SVP, DUHS	(12) DAVID ZAAS MD	PRESIDENT, DUKE RALEIGH HOSPITAL	(13) RHONDA BRANDON	CHIEF HUMAN RESOURCES OFFICER, DUHS	(14) JEFFREY M FERRANTI	CIO/VP FOR MEDICAL INFORMATICS	(15) JULIE SEEL	CLINICAL PSYCHOLOGIST	(16) JOHN S SMITH	DUHS ASSOCIATE VP	

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		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Deneirts	(n)-(i)(a)	In column (B) reported as deferred on prior Form 990	
(17) ROBERT N WILLIS	(i)	411,848.	94,205.	103,526.	33,548.	16,060.	659,187.	.0	
VP OF FINANCE & CORP CONTROLLER) (II)	.0	.0	•0	.0	.0	.0	.0	
(18) KEVIN SOWERS	(i)	41,719.	226,734.	14,977.	33,548.	1,072.	318,050.	.0	P
EMPLOYEE	(ii)	.0	.0	.0	.0	.0	.0	.0	U'
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Page 2

 Schedule J (Form 990) 2018
 DUKE UNIVERSITY HEALTH SYSTEM, INC.
 56-2070036

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

 DUKE UNIVERSITY HEALTH SYSTEM, INC.

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Page 3	_															m 990) 2018
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ULE K 900) venue Serr	f the orç	Bon			NORTH CARO COMMISSION	NORTH CAROLINA MEDICAL COMMISSION	NORTH CAROLINA MEDICAL	COMMISSION	NORTH CAROLINA MEDICAL	COMMISSION			Amount of bonds retired	Amount of bonds legally defeased	Total proceeds of issue	Gross proceeds in reserve funds	Capitalized interest from proceeds	Proceeds in refunding escrows	Issuance costs from proceeds	Credit enhancement from proceeds	orking (Capital expenditures from proceeds	Other spent proceeds	Other unspent proceeds	Year of substantial completion		ere the	issued p	ere the	sued pr	as the fi	Does the organization maint final allocation of proceeds?	or Pape
SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	Name of the organization	Part I			NORTH COMMIS			C COM	NOR	D COM	Part II				3 10	4 ©	ں 2	6 Pr	7 Is:	8	9 W	10	11 Q	12 Q	13 Ye		14 V	Ϊ	1 5 ∨			1 ⊒ ≣	LHA Fo

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			(f) Description of purpose									U			140,			139,	1,							Yes			X	х	X	
iformation.			(f) Descripti			SEE PART VI	SEE PART VI	SEE PART VI		SEE PART VI			212,930,000.		383,990,154.			201,888,819.	2,101,335.				180,000,000.			٥						
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			(b) Issuer EIN			52-1309402	52-1309402	52-1309402		52-1309402																	sue of tax-exempt b	ز) ز	sue of taxable bond e)?	ć	and records to sup	Instructions for F
Department of the Ireasury Internal Revenue Service Attach to Form 990.	Name of the organization DUKE UNIVERSITY HEALTH SYSTEM,	Part I Bond Issues	(a) Issuer name		NORTH CAROLINA MEDICAL CARE	A COMMISSION	NORTH CAROLINA MEDICAL CARE R COMMISSION	C COMMISSION	NORTH CAROLINA MEDICAL CARE	D COMMISSION	Part II Proceeds		1 Amount of bonds retired	2 Amount of bonds legally defeased	3 Total proceeds of issue	4 Gross proceeds in reserve funds	5 Capitalized interest from proceeds	6 Proceeds in refunding escrows	7 Issuance costs from proceeds	8 Credit enhancement from proceeds	9 Working capital expenditures from proceeds	10 Capital expenditures from proceeds	11 Other spent proceeds	12 Other unspent proceeds	13 Year of substantial completion		14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,	if issued prior to 2018, a current refunding issue)?	15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	16 Has the final allocation of proceeds been made?	17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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545-0047 18 Public on	Employer identification number 56-2070036		(i) Pooled financing	Yes No		X																	No						
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(al Information on Tax-Exempt Bonds swered "Yes" on Form 990, Part IV, line 24a. Provide des s, and any additional information in Part VI. gov/Form990 for instructions and the latest information.			(d) Date issued		10/26/17	05/10/18				A			, T						1,			2	Yes				x	×	
Supplemental Info organization answered ' explanations, and an Go to www.irs.gov/For	INC.		(c) CUSIP #		NONE	NONE																		nds (or,	(or if	(UI, II		oort the	
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SCHEDULE K Form 990) P Complete if Department of the Treasury Internal Revenue Service P Attach to Form 990.	Name of the organization DUKE UNIVERSITY HEALTH SYSTEM,	Part I Bond Issues	(a) Issuer name		NORTH CAROLINA MEDICAL CARE A COMMISSION	NORTH CAROLINA MEDICAL CARE COMMISSION	c		Part II Proceeds		1 Amount of bonds retired							Orealt erinancernent ironi proceeds Morking conital overanditures from proceds		11 Other spent proceeds	12 Other unspent proceeds	13 Year of substantial completion		14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued miner to 2018 a current refunding issue)?		13 were the borlds issued as part of a returbling issue of taxable borlds (of, it issued prior to 2018, an advance refunding issue)?	16 Has the final allocation of proceeds been made?		

Schedule K (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC. Part III Private Business Use			56-2	56-2070036	EN	ENTITY	7	Page 2
	A	-		В		0		
1 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 No	Yes	N X
2 Are there any lease arrangements that may result in private business use of bond-financed property?						х		х
3a Are there any management or service contracts that may result in private business use of bond-financed property?					х		×	
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	
 c Are there any research agreements that may result in private business use of bond-financed property? 						х		х
d 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?								
4 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·
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by vour organization. another								
section 501(c)(3) organization, or a state or local government		%		%		.00		.00 %
6 Total of lines 4 and 5		%		%		• 00		•00 %
7 Does the bond issue meet the private security or payment test?						Х		Х
8a Has there been a sale or disposition of any of the bond-financed property to a non-					۵			*
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed					1			1
of		%		%		.07 %		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?					Х			
9 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?					х		X	
Fart IV Arbitrage	<							
 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 	Yes	No	Yes	No	Yes	۶	Yes	No
Penalty in Lieu of Arbitrage Rebate?		Х		х		Х		Х
2 If "No" to line 1, did the following apply?		:		;	:			:
a Rebate not due yet?		x x		x x	v	×		××
c No rebate due?	X	ł	x	1		×	X	
3 Is the bond issue a variable rate issue?	Х		х		Х			Х
832122 11-01-18						Sch	Schedule K (Form 990) 2018	m 990) 2018

Schedule K (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC. Part III Private Business Use			56-2	56-2070036	Ð	ENTITY	0	Page 2
	A			В		0		
1 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	N ×	Yes	N ×	Yes	No X
2 Are there any lease arrangements that may result in private business use of bond-financed property?				×		х		х
3a Are there any management or service contracts that may result in private business use of bond-financed property?			X		X		×	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside			>		Þ		>	
 counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of 			4	*	4	*	4	*
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside				1		1		1
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5 Enter the percentage of financed property used in a private business use as a result of uncloted trade or business optivity corrido on business used as a result of		2						k
unrefated trade of business activity carried of by your organization, another section 501(c)(3) organization, or a state or local government		%		%		% 00 .		°00.
6 Total of lines 4 and 5		%		%		.00 %		.00 %
7 Does the bond issue meet the private security or payment test?				X		Х		Х
Ba Has there been a sale or disposition of any of the bond-financed property to a non- provermental pareon other than a 501(n/3) organization cince the bonds were issued?				×		X		×
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		8				8		8
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		2		~		~		< column to the second se
 1.141-12 and 1.145-2? 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?			×		х		×	
Part IV Arbitrage								
	-			8		U		
 Has the issuer filed Form 8038-Τ, Arbitrage Rebate, Yield Reduction and Denative in Lieue of Δrhitrane Rehate? 	Yes	on X	Yes	°N ×	Yes	on x	Yes	No
2 If "No" to line 1, did the following apply?								
8	Х			Х		Х	Х	
b Exception to rebate?		Х		Х		Х		Х
c No rebate due?		Х	Х		Х			Х
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	Х		Х			Х		Х
832122 11-01-18						Sch	Schedule K (Form 990) 2018	m 990) 2018

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If "No" to line 1, did the following apply?	X			
Rebate not due yet? x x x Exception to rebate? x x x				
Exception to rebate?				
	x			
c No rebate due?	x			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was				
			-	
3 Is the bond issue a variable rate issue? X	X			

Schedule K (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.			56-1	56-2070036				Page 3
	A			В		0		
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	٩	Yes	٩	Yes	°N
hedge with respect to the bond issue?		Х		Х		x		х
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		Х
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?		Х		х		Х		Х
7 Has the organization established written procedures to monitor the requirements of								
section 148?	х		×		×		Х	
Part V Procedures To Undertake Corrective Action								
	A			8		U		
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	٥N	Yes	٥N	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	х		×		X		х	
	on Schedule	K. See instru	uctions					
SCHEDULE K, PART I, COLUMN F								
BOND ISSUE A:								
THE PURPOSE OF THE BONDS ISSUED 04/24/18 WAS TO CONVERT THE 2005A								
NG BONDS TO BEAR INTEREST AT A NEW BANK-BOU								
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.								
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								
ON 03/22/12, WHICH REFUNDED THE 2005A								
21/2009, WHICH REFUNDED THE ORIGINAL 2005ABC								
ON 5/19/2005. THE PURPOSE OF THE BONDS ISSUED 05/19/2005 WAS TO								
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Schedule K (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.			56-	56-2070036	EN	ENTITY	7	Page 3
Part IV Arbitrage (Continued)								
		A		B	•	c	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	٥N	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		×		х		Х
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
		x		x		х		x
				-				
		X		×		x		X
	Х		X		Х		Х	
Part V Procedures To Undertake Corrective Action								
		A		8		C		
Has the organization established written procedures to ensure that violations of	Yes	ON.	Yes	QN	Yes	Q	Yes	Ŋ
federal tax requirements are timely identified and corrected through the voluntary	20-	2	8	2	3		8	
closing agreement program if self-remediation isn't available under applicable								
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Part VI Supplemental Information. Provide additional information for responses to questions on schedule A.	s on schedule	e V. See Instru	actions					
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1-01-18 SEE PART VI SUPPLEMENTAL INFORMATION SHEET 23

	Schedule K (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC. Part IV Arbitrage (Continued)			56-2	56-2070036				Page 3
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erri of indegeneration of inde			4		4				
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1-01-18 SEE PART VI SUPPLEMENTAL INFORMATION SHEET

	Page 4
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (Continued)	
/13/1	
BOND ISSUE C:	
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	13
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	
н	
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 ISSUANCE OF THE BONDS ON 7/25/2018 WAS A DEEMED CURRENT REFUNDING	
OF THE 2012B BONDS DUE TO THE CONVERSION OF THE 2012B BONDS TO BEAR	
INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE.	
THE PURPOSE OF THE BONDS ISSUED 08/28/2012 WAS TO REFUND THE ORIGINAL	
IDS ISSUED ON 10/02/1985 FOR THE ACC	
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.	
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	DUKE CLINICS AND THE DMP; A 46,000 SQUARE FOOT NORTH CONCOURSE	
RSITY EQUIRED TO NANCE & TO FINANCE MANCE MANCE MPUTER,	CONNECTOR CORRIDOR BETWEEN THE DMP AND DUKE UNIVERSITY HOSPITAL-NORTH;	<u>∎</u> _
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IPAL AMOUNT OF \$1,937,324 TO FINANCE MEDICAL, COMPUTER,	SCHEDDILE NO. 1 OF THE FINANCING LEASE PROGRAM WITH TD ROUTDMENT FINANCE	ĺ
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BECAUSE FORM 8038 ASSUMED ALL SCHEDULES UNDER THE PROGRAD DRAWN DOWN AS ONE (\$40,000,000) ISSUE, BUT NOW SCHEDULE N ISSUE. E B (3): E B (3): FINANCIC LEASE PROGRAM WITH TD EQUIPMENT FINANCE, OTHER T, INTHE MAXIMUM PENNCIPAL AMOUNT OF \$38,062,676 TO FINAA COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. FINANCIME LEASE PROGRAM WITH TD EQUIPMENT. CMFUTER, OFFICE, AND CAPITAL EQUIPMENT. (1, INTHE MAXIMUM PENNCIPAL AMOUNT OF \$38,062,676 TO FINAA COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. (1, INTHE MAXIMUM PENNCIPAL AMOUNT OF \$38,062,676 TO FINAA COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. (1, INTHE MAXIMUM PENNCIPAL DANON TO F \$38,062,676 TO FINAA COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. (1, INTHE 3, BOND ISSUE (B): INCLUDE ISSUE FRICE FLUS ORIGINAL ISSUE ALLO (1, INTLUDE INVESTMENT EARNINGS. (1, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. (2, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. (2, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. (2, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. (2, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. (2, PART II, LINE 2, DOND ISSUE (D): (1), A (2), B (3), (2), A (2), MU E (2), AND E(3), AND E (3), NO ARITALO (2), A (1), A (2), COMPLETED 05/01/17; D) (2) (1), A (2), COMPLETED 07/25/18; B(2), COMPLETED 06/01/1 (2) (1), A (2), AND A (2); (2) (2), A (3), AND E (3), AND E (3), NO ARITALON (2) (2), A (3), AND E (3), AND ESUMED DISBURSED UPON ISSUARE TO REFULTE THE PRIOR BONDS. (2) (2), A (3), AND E (3); A (3); AND E (3); A
DRAWN DOWN AS ONE (\$40,000, 105UE, BUT NOW SCHEDULE N ISSUE. E B (3): F B (3): F INANCING LEASE PROGRAM WITH TD EQUIPMENT FINANCE, OTHER 1, IN THE MAXIMUM PRINCIPAL AMOUNT OF \$38,062,676 TO FINAN COMPTER, OFFICE AND CAPITAL EQUIPMENT. (1, IN THE MAXIMUM PRINCIPAL AMOUNT OF \$38,062,676 TO FINAN COMPTER, OFFICE AND CAPITAL EQUIPMENT. (1, IN THE MAXIMUM PRINCIPAL AMOUNT OF \$38,062,676 TO FINAN (1, IN THE MAXIMUM PRINCIPAL AMOUNT OF \$38,062,676 TO FINAN (1, IN THE MAXIMUM PRINCIPAL AMOUNT OF \$38,062,676 TO FINAN (1, IN THE MAXIMUM PRINCIPAL AMOUNT OF \$38,062,676 TO FINAN (1, IN THE MAXIMUM PRINCIPAL AMOUNT OF \$38,062,676 TO FINAN (1, IN THE MAXIMUM PRINCIPAL DRAWN UPON ISSUE (1); (1, IN THE ALLINE 3, BOND ISSUE (1); (1, IN THE ALLINE 3, BOND ISSUE (1); (1, IIN 1, ILNE 3, BOND ISSUE (1); (1, IIN 1, ILNE 3, BOND ISSUE (1); (1, IIN 1, ILNE 3, BOND ISSUE (2); A (3), AND B (3); (3); MAN FINAN (2); PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (3); (2); PART II, LINE 20, DANDIS. (2); PART III, B (2), LINES 4-6; (2); PART II, B (2), LINES 4-6; (3); A (3), A (2); B (3); AND B (3), NO ARBITAL (2); PART IV, LINE 20, MORDIS. (2); A (1); A (2) COMPLETED 05/30/17; (D); (2); A (1); A (2) COMPLETED 05/30/17; (D); (2); A (1); A (2) COMPLETED 05/30/17; (D); (2); A (1); A (2), COMPLETED 05/30/17; (D); (2); A (1); A (2); A (2), A (2); A (2)
E B (3): FINANCING LEASE PROGRAM WITH TD EQUIPMENT FINANCE, OTHER 1, IN THE MAXIMUM FRINCIPAL AMOUNT OF \$38,062,676 TO FINA COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. K, PART II, LINE 3, BOND ISSUE (B): INCLUDE ISSUE FRICE PLUS ORIGINAL ISSUE DISCOUNT / UPFRON CTLY BY DUHS TO THE BANK UPON ISSUANCE. K, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. K, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (3): K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (3): K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (3): K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (3): K, PART III, B (2), LINES 4-6; K, PART III, B (2), COMPLETED 06/01/7; COMPLETED 06/01/17; AS TO D(2), A(3), NO ARBITR, O S/31/17; AC2 COMPLETED 07/25/18; B(2) COMPLETED 06/01/7; COMPLETED 08/01/17; AS TO D(2), A(3), AND B (3), NO ARBITR, CEEDS WERE DISBURSED OR PROCEEDS WERE REINVERTED 06/01/7; CEEDS WERE DISBURSED OR PROCEEDS WERE DISBURSED UPON ISSUARCE TO REFUND THE PRIOR BONDS. ES D (2), AND B (3);
E B (3): FINANCING LEASE FROGRAM WITH TD EQUIPMENT FINANCE, OTHER 1. IN THE MAXIMUM FRINCIPAL AMOUNT OF \$38,062,676 TO FINA COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. (CILY BY DUHS TO THE BANK UPON ISSUBAL ISSUE DISCOUNT / UPFROW CTLY BY DUHS TO THE BANK UPON ISSUANCE. (CILY BY DUHS TO THE BANK UPON ISSUANCE. (CILY BY DUHS TO THE BANK UPON ISSUBAL DISCOUNT / UPFROW CTLY BY DUHS TO THE BANK UPON ISSUBAL DISCOUNT / UPFROW (CILY BY DUHS TO THE BANK UPON ISSUE (D): INCLUDE INVESTMENT EARNINGS. (CLUDE INVESTMENT EARNINGS. (COMPLETED 06/01/19, (B) (D), A (2), B (2), COMPLETED 06/01/1 (COMPLETED 06/01/17, AS TO D(2), A(3), AND B(3), NO ARBITRA (N WAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED. (CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO REFUND THE PRIOR BONDS. (CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO REFUND THE PRIOR BONDS. (CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO REFUND THE PRIOR BONDS. (CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO REFUND THE PRIOR BONDS. (CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO REFUND THE PRIOR BONDS. (CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO REFUND THE PRIOR BONDS. (CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO REFUND THE PRIOR BONDS. (CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO REFUND THE PRIOR BONDS. (CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO REFUND THE PRIOR BONDS. (CEEDS WERE DISBURSED OR DISBURSED UPON ISSUANCE TO REFUND THE PRIOR BONDS. (CEEDS WERE DISBURSED OR DISBURSED UPON ISSUANCE TO REFUND THE PRIOR BONDS. (CEEDS WERE DISBURSED OR DISCURPRENT TO
<pre>FINANCING LEASE PROGRAM WITH TD EQUIPMENT FINANCE, OTHER 1, IN THE MAXIMUM PRINCIPAL AMOUNT OF \$38,062,676 TO FINAN COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. K, PART II, LINE 3, BOND ISSUE (B): INCLUDE ISSUE PRICE PLUS ORIGINAL ISSUE DISCOUNT / UPFRONT CTLY BY DUHS TO THE BANK UPON ISSUANCE. K, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (3): REFLECT ACTUAL PRINCIPAL DRAWN DOWN UNDER DRAW DOWN FINANG GRAM. K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (3): REFLECT ACTUAL PRINCIPAL DRAWN DOWN UNDER DRAW DOWN FINANG GRAM. K, PART II, LINE 4-6: K, PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE ALLO GRAM. K, PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE ALLO GRAM. K, PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE ALLO COMPLETED 06/01/19, (B) COMPLETED 05/30/17; (D) 05/31/17, A(2) COMPLETED 07/25/18; B(2) COMPLETED 06/01/ 05/31/17, A(2), COMPLETED 07/25/18; B(2) COMPL</pre>
<pre>1, IN THE MAXIMUM FRINCIPAL AMOUNT OF \$38,062,676 TO COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. K, PART II, LINE 3, BOND ISSUE (B): INCLUDE ISSUE FRICE PLUS ORIGINAL ISSUE DISCOUNT / UP CTLY BY DUHS TO THE BANK UPON ISSUANCE. K, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (REFLECT ACTUAL PRINCIPAL DRAWN DOWN UNDER DRAW DOWN F K, PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) : COMPLETED 06/01/19, (B) COMPLETED 05/30/17; (D) 05/31/117; A(2) COMPLETED 07/25/18; B(2) COMPLETED 06 OD5/31/117; A(2), COMPLETED 07/25/18; B(2) COMPLETED 06 OD5/31/117; A(2), COMPLETED 07/25/18; B(2) COMPLETED 06 OD5/31/117; A(2), COMPLETED 07/25/18; B(2) COMPLETED 06 OD7/25/18; B(2), COMPLETED 07/25/18; B(2), COMPLETED 07/25/18; B(2), COMPLETED 05/30/17; CD ES (A), (B), (C), AND A (2); CEDEDS WERE DISBURSED OR DEAMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. ES D (2), A(3), AND B (3); ES D (2), AND B (3); COMPLETED 06/01/17;</pre>
COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. K, PART II, LINE 3, BOND ISSUE (B): INCLUDE ISSUE FRICE FLUS ORIGINAL ISSUE DISCOUNT / UP CTLY BY DUHS TO THE BANK UPON ISSUANCE. K, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (K, PART III, B (2), LINES 4-6: K, PART III, B (2), COMPLETED 05/30/17; (D) K, PART III, B (2), COMPLETED 07/25/18; B(2), COMPLETED 06/ COMPLETED 08/01/17, AS TO D(2), A(3), AND B(3), NO AR NAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED. ES (A), (B), (C), AND A (2): COMPLETED 08/01/17, AS TO D(2), A(3), AND B(3), NO AR COMPLETED 08/01/17, AS TO D(2), A(3), AND B(3), NO AR COMPLETED 08/01/17, AS TO D(2), A(3), AND ISSUANC ES (A), (B), (C), AND A (2): ES (A), (B), (C), AND B (3); NO AR CEEDS WERE DISBURGED OR DEEMED DISBURGED UPON ISSUANC RETUND THE PRIOR BONDS. ES D (2), A (3), AND B (3): ES D (2), A (3
<pre>K, FART II, LINE 3, BOND ISSUE (B): INCLUDE ISSUE PRICE PLUS ORIGINAL ISSUE DISCOUNT / UP CTLY BY DUHS TO THE BANK UPON ISSUANCE. K, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (REFLECT ACTUAL FRINCIPAL DRAWN DOWN UNDER DRAW DOWN F GRAM. K, PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE GRAM. K, PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE GRAM. K, PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE GRAM. K, PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE GRAM. K, PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE GRAM. K, PART III, B (2), LINES 4-6: R (A) (0) Y (1), B (2), LINES 4-6: R (A) COMPLETED 06/01/19; (B) COMPLETED 05/30/17; (D) 05/31/17; A(2) COMPLETED 07/25/18; B(2) COMPLETED 06 COMPLETED 08/01/17, AS TO D(2), A(3), AND B(3), NO AR ON MAS INECESSARY BECAUSE NO PROCEEDS WERE REINVESTED. ES (A), (B), (C), AND A (2): CEEDS WERE DISBURSED OR DERMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. ES (A), (B), (C), AND B (3): CEEDS WERE DISBURSED OR DERMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. CEEDS WERE DISBURSED OR DERMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. ES (A), (B), (C), AND B (3): CEEDS WERE DISBURSED OR DERMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. CEEDS WERE DISBURSED OR DERMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. S (2), A (3), AND B (3): CEEDS WERE DISBURSED OR DERMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. S (2), A (3), AND B (3): CEEDS WERE DISBURSED OR DERMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. S (2), A (3), AND B (3): CEEDS WERE DISBURSED OR DERMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. S (2), A (3), AND B (3): CEEDS WERE DISBURSED OR DONDS. CEEDS WERE DISBURSED OR DONDS. CEEDS WERE DISBURSED OR DONDS. CEEDS WERE DISBURSED OR DONDS CEEDS WERE REINVERSED UPON CEEDS WER</pre>
<pre>K, PART II, LINE 3, BOND ISSUE (B): INCLUDE ISSUE PRICE PLUS ORIGINAL ISSUE DISCOUNT / UP CTLY BY DUHS TO THE BANK UPON ISSUANCE. K, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. INCLUDE INVESTMENT EARNINGS. K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (REFLECT ACTUAL PRINCIPAL DRAWN DOWN UNDER DRAW DOWN FORM. K, PART III, B (2), LINES 4-6: RAM. K, PART III, B (2), A (3), AND A (2). S (A) (C), AND A (2); COMPLETED 08/01/117, AS TO D(2), A(3), AND B (3), NO AR ON WAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED. S (A) (C), AND A (2): COMPLETED 08/01/117, AS TO D(2), A(3), AND B (3), NO AR ON WAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED. S (A) (B), (C), AND A (2): CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. S (2), A (3), AND B (3): CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. S (2), A (3), AND B (3): CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. S (2), A (3), AND B (3): S (A), AND B (A): S (A), AND B (A):</pre>
INCLUDE ISSUE FRICE PLUS ORIGINAL ISSUE DISCOUNT / UP CTLY BY DUHS TO THE BANK UPON ISSUANCE. K, PART II, LINE 3, BOND ISSUE (D): A (3), AND B (K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (REFLECT ACTUAL PRINCIPAL DRAWN DOWN UNDER DRAW DOWN F GRAM. K, PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE K, PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE COMPLETE OF THE 2009A BONDS. K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) COMPLETED 06/01/119; (B) COMPLETED 05/30/17; (D) 05/31/17; A(2) COMPLETED 07/25/18; B(2) COMPLETED 06 COMPLETED 08/01/17. AS TO D(2), A(3), AND B(3), NO AR ON WAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED. ES (A), (C), AND A (2); CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. ES (A), (C), AND A (2); CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. ES D (2), A (3), AND B (3);
CTLY BY DUHS TO THE BANK UPON ISSUANCE. K, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. INCLUDE INVESTMENT EARNINGS. K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (REFLECT ACTUAL PRINCIPAL DRAWN DOWN UNDER DRAW DOWN F GRAM. K. PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE FUNDING OF THE 2009A BONDS. K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) C (A) COMPLETED 06/01/19; (B) COMPLETED 05/30/17; (D) (D) 31/17; A(2) COMPLETED 07/25/18; B(2) COMPLETED 06 COMPLETED 08/01/17. AS TO D(2), A(3), AND B(3), NO AR ON WAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED. ES (A), (B), (C), AND A (2); ES (A), (B), (C), AND A (2); REFUND THE PRIOR BONDS. ES (A), (B), (C), AND B (3); REFUND THE PRIOR BONDS. ES (A), (B), (C), AND A (2); ES (A), (C), AND B (3); REFUND THE PRIOR BONDS. ES (A), (C), AND A (2); CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. ES D (2), A (3), AND B (3);
<pre>K, PART II, LINE 3, BOND ISSUE (D): INCLUDE INVESTMENT EARNINGS. INCLUDE INVESTMENT EARNINGS. K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (REFLECT ACTUAL PRINCIPAL DRAWN DOWN UNDER DRAW DOWN F GRAM. K. PART III, B (2), LINES 4-6: REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE FUNDING OF THE 2009A BONDS. FUNDING OF THE 2009A BONDS. (A), (B), (D), A (2) (A), PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) (C)), A (2), A), AND B (3), NO AR (C)), A (2), A(3), AND B (3), NO AR (C)), A (2), A), AND B (3), NO AR (C)), A (2), A), AND B (3), NO AR (C)), A (2), AND B (2), A), AND B (3), NO AR (C)), A (2), AND B (2), A), AND B (3), NO AR (C)), A (2), AND B (2), AND B (3), NO AR (C)), A (2), AND B (3), AND B (3), NO AR (C), A (3), AND B (3); (C), A (3), AND B (3); (C), A (3), AND B (3);</pre>
<pre>INCLUDE INVESTMENT EARNINGS. K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (REFLECT ACTUAL PRINCIPAL DRAWN DOWN UNDER DRAW DOWN F GRAM. K, PART III, B (2), LINES 4-6: FUNDING OF THE COMPUTATION OF THE PORTION OF THE ISSUE FUNDING OF THE 2009A BONDS. FUNDING OF THE 2009A BONDS. K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) K, PART IV, LINE 2C, BOND ISSUES (A), (B), (D), A (2) COMPLETED 08/01/17, AS TO D(2), A(3), AND B(3), NO AR K OMAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED 06 COMPLETED 08/01/17, AS TO D(2), A(3), AND B(3), NO AR COMPLETED 08/01/17, AS TO D(2), A(3), AND B(3), NO AR CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. ES D (2), A (3), AND B (3): ES D (2), A (3), AND B (3): ES D (2), A (3), AND B (3): CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. ES D (2), A (3), AND B (3): ES D (2), A (3), AND B (3): CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. ES D (2), A (3), AND B (3): ES D (2), A (3), AND B (3): CEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANC REFUND THE PRIOR BONDS. FILLE FOR THE PRIOR FOR</pre>
<pre>D ISSUES D (2), A (3), AND B (L DRAWN DOWN UNDER DRAW DOWN F ES 4-6: W OF THE PORTION OF THE ISSUE NDS. NDS. WD ISSUES (A), (B), (D), A (2) 9; (B) COMPLETED 05/30/17; (D) 9; (B) COMPLETED 05/30/17; (D) ED 07/25/18; B(2) COMPLETED 06 TO D(2), A(3), AND B(3), NO AR E NO PROCEEDS WERE REINVESTED. (2): DEEMED DISBURSED UPON ISSUANC . (3):</pre>
D ISSUES D (2), A (3), AND B (L DRAWN DOWN UNDER DRAW DOWN F ES 4-6: N OF THE PORTION OF THE ISSUE NDS. ND ISSUES (A), (B), (D), A (2) (B) COMPLETED 05/30/17; (D) 9; (B) COMPLETED 05/30/17; (D) ED 07/25/18; B(2) COMPLETED 06 TO D(2), A(3), AND B(3), NO AR E NO PROCEEDS WERE REINVESTED. (2): DEEMED DISBURSED UPON ISSUANC (3):
L DRAWN DOWN UNDER DRAW DOWN F ES 4-6: ES 4-6: NDS. ND ISSUES (A), (B), (D), A (2) 9; (B) COMPLETED 05/30/17; (D) 9; (B) COMPLETED 06/30/17; (D) ED 07/25/18; B(2) COMPLETED 06 FO D(2), A(3), AND B(3), NO AR E NO PROCEEDS WERE REINVESTED. (2): DEEMED DISBURSED UPON ISSUANC (3):
ES 4-6: NOS. NDS. NDS. NDS. ND ISSUES (A), (B), (D), A (2) (D) ISSUES (A), (B), (D), A (2) (D) (2), (B) COMPLETED 06 (D) (2), A(3), AND B(3), NO AR E 007/25/18; B(2) COMPLETED 06 FO 07/25/18; B(2) COMPLETED 06 FO 07/25/18; B(2) COMPLETED 06 FO 07/25/18; B(2) COMPLETED 06 FO 07/25/18; D(2) COMPLETED 05 FO 07/25/18; D(2) COMPLETED 06 FO 07/25/18; FO 07/25
ES 4-6: N OF THE PORTION OF THE ISSUE NDS. NDS. 9; (B) COMPLETED 05/30/17; (D) 9; (B) COMPLETED 05/30/17; (D) ED 07/25/18; B(2) COMPLETED 06 TO D(2), A(3), AND B(3), NO AR E NO PROCEEDS WERE REINVESTED. (2): DEEMED DISBURSED UPON ISSUANC
<pre>ES 4-0: NDS. NDS. ND ISSUES (A), (B), (D), A (2) (B) COMPLETED 05/30/17; (D) ED 07/25/18; B(2) COMPLETED 06 FO 07/25/18; FO 07/25/18; FO</pre>
N OF THE PORTION OF THE ISSUE NDS. ND ISSUES (A), (B), (D), A (2) 9; (B) COMPLETED 05/30/17; (D) ED 07/25/18; B(2) COMPLETED 06 TO D(2), A(3), AND B(3), NO AR E NO PROCEEDS WERE REINVESTED. (2): DEEMED DISBURSED UPON ISSUANC DEEMED DISBURSED UPON ISSUANC
NDS. ND ISSUES (A), (B), (D), 9; (B) COMPLETED 05/30/1' ED 07/25/18; B(2) COMPLE' TO D(2), A(3), AND B(3), E NO PROCEEDS WERE REINVI (2): (2): DEEMED DISBURSED UPON IS
<pre>ND ISSUES (A), (B), (D), 9; (B) COMPLETED 05/30/1' ED 07/25/18; B(2) COMPLET TO D(2), A(3), AND B(3), E NO PROCEEDS WERE REINVI (2): DEEMED DISBURSED UPON IS .</pre>
ND ISSUES (A), (B), (D), 9; (B) COMPLETED 05/30/17 ED 07/25/18; B(2) COMPLET TO D(2), A(3), AND B(3), E NO PROCEEDS WERE REINVI (2): DEEMED DISBURSED UPON IS
9; (B) COMPLETED 05/30/17 ED 07/25/18; B(2) COMPLET TO D(2), A(3), AND B(3), E NO PROCEEDS WERE REINVI (2): DEEMED DISBURSED UPON IS
9; (B) COMPLETED 05/30/1' ED 07/25/18; B(2) COMPLET TO D(2), A(3), AND B(3), E NO PROCEEDS WERE REINVI (2): DEEMED DISBURSED UPON IS
ED 07/25/18; B(2) COMPLET TO D(2), A(3), AND B(3), E NO PROCEEDS WERE REINVI (2): DEEMED DISBURSED UPON I(
TO D(2), A(3), AND B(3), E NO PROCEEDS WERE REINVI (2): DEEMED DISBURSED UPON IS
E NO PROCEEDS WERE REINVESTED. (2): DEEMED DISBURSED UPON ISSUANCE (3):
(2): DEEMED DISBURSED UPON ISSUANCE (3):
(2): DEEMED DISBURSED UPON ISSUANCE (3):
DEEMED DISBURSED UPON ISSUANCE (3):
RENTLY REFUND THE PRIOR BONDS. ND ISSUES D (2), A (3), AND B (3):
ND ISSUES D (2), A (3), AND B (3):
ND ISSUES D (2), A (3), AND B (3):
SALES PROCEEDS ALLOCATED UPON ISSUANCE AND NOT INVESTED.
BOND ISSUE (C) :
DISPOSITION WAS THE SUBJECT OF A CLOSING AGREEMENT ACCEPTED AND CLOSED

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Schedule K

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	PUBLIC II	INSPECTION COPY	
Page 4			
56-2070036 See instructions <i>(Continued)</i>			
Schedule K (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC. 56-2070036 Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (Continued) WITH THE IRS IN OCTOBER 2014 THROUGH THE TAX EXEMPT BONDS VOLUNTARY CLOSING AGREEMENT PROGRAM.			
Schedule K (Form 990) 2018 Part VI Supplemental Inf WITH THE IRS IN OCTOBI CLOSING AGREEMENT PROC			

SCHEDULE L		Tra	nsactior	ıs V	Vith	ECTION (Interested	Ρ	ersons			ON	//B No. 1	545-00	47
(Form 990 or 990-EZ)	Complete if	the o	28b, or 28c, o	or For	m 990	" on Form 990, Par EZ, Part V, line 38a	or		6, 27,	28a,		<u>20</u>	<u>18</u>	<u>}</u>
Department of the Treasury Internal Revenue Service	► G	io to v				990 or Form 990-E2 Istructions and the		est information.			Open To Public Inspection			
Name of the organization		гратл	Y HEALTH SY	outer M	TNC					ployer 6-207	identi	ificatio	on nu	mber
Part I Excess Be						• on 501(c)(4), and 50	1(c)	(29) organization			0030			
	he organization					urt IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqualifie	ed person	(b) H	elationship betv person and or			ified (e	c) D	escription of tran	sactio	on		(d) Ye		cted? No
2 Enter the amount of t section 4958			•	Ŭ.		ualified persons dur	Ŭ	-		▶ \$				
3 Enter the amount of t										> \$				
Part II Loans to a	ond/or From) Int	erested Pers	000										
						Part V, line 38a or F	Form	000 Part IV lin	a 26. i	or if th	e orași	nizatio	n	
	•		Part X, line 5, 6				UIII	1000, 1 art 10, iii	0 20, 1	51 11 11	c orga	inzatio	11	
(a) Name of interested person	(b) Relation with organiz	nship	(c) Purpose of loan	(d) Lo	oan to or n the	(e) Original principal amount	(1) Balance due				h) Approved by board or committee? (i) Written		
interested person	with organi	Lation	onidan		From	principal amount			Yes	No	comm Yes		Yes	<u> </u>
														+
														<u> </u>
														\vdash
Total Part III Grants or	Assistance	Ben	efiting Inter	este	d Per	> \$ sons.								
			vered "Yes" on I											
(a) Name of intereste	ed person	(b) Relationship interested pers the organiza 	son an		(c) Amount of assistance		(d) Type assistan			• • •) Purp assista		f
										-+				
						<u> </u>								

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

Schedule L (Form 990 or 990-EZ) 2018

832131 10-25-18

Schedule L (Form 990 or 990-EZ) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation's
				Yes	No
BIOVENTUS, LLC	SEE PART V	582,574.	SEE PART V		Х
DANIEL J. SCOTT, MD	SEE PART V	65,748.	SEE PART V		X
				1	

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON: BIOVENTUS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BIOVENTUS, LLC DIRECTORS ARE DUHS, INC. DIRECTORS

(C) AMOUNT OF TRANSACTION: \$582,574

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR GOODS OR SERVICES

(E) SHARING OF ORGANIZATION REVENUE? = NO

(A) NAME OF INTERESTED PERSON: DANIEL J. SCOTT, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DANIEL J. SCOTT, MD IS A FAMILY MEMBER OF A DUHS, INC. DIRECTOR

(C) AMOUNT OF TRANSACTION: \$65,748

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR SALARY AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUE? = NO

Schedule L (Form 990 or 990-EZ) 2018

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14400715 145628 HDD004

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Employer identification number

56-2070036

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

2018 Open to Public Inspection

Name of	the	organizatior	۱
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ZAUON DUKE UNIVERSITY HEALTH SYSTEM, INC.

Par	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		na	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu		•	3
1	Art - Works of art	Х	2	2.	ESTIMATE			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		15,658.	FMV			
6	Cars and other vehicles			,				
7	Boats and planes							
8								
9	Securities - Publicly traded	X	7	51 906	MARKET QUOTE			
9 10	Securities - Closely held stock				Q0012			
	Securities - Partnership, LLC, or							
11	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	Х	2	300.	FMV			
19	Food inventory							
20	Drugs and medical supplies	Х	1	24,000.	FMV			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (ENTERTAINMENT)	Х	51	19,648.	VARIOUS			
26	Other (SPORTS)	Х	15	4,162.	VARIOUS			
27	Other ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	jement 29			0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po		•	•	tions?	31	X	
32a	Does the organization hire or use third parties o	r related or	ganizations to solid	cit, process, or sell noncash				1
	contributions?					32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	r for which column (a) is cheo	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see t	he Instruct	tions for Form 990).	Schedule N	/I (Form	1 990)	2018

Schedule M (Form 990) 2018 DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036	Page
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution of the part for any additional information.	33, and whether the organi ombination of both. Also co	zation mplete
CHEDULE M, LINE 32B:		
UKE UNIVERSITY HEALTH SYSTEM, INC. USES INVESTMENT BROKERS TO SELL		
NVESTMENTS. DUKE UNIVERSITY HEALTH SYSTEM, INC. MAY OCCASIONALLY USE		
HIRD PARTIES TO SELL OTHER TYPES OF NON-CASH CONTRIBUTIONS, AS THE		
EED ARISES.		
32142 10-18-18	Schedule M (For	rm 990) 20 ⁻

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SCHEDULE O 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 for the latest information.



Emplo

Employer identification number 56-2070036

FORM 990, PART I, LINE 1, & PART III, DESCRIPTION OF ORGANIZATION MISSION:

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page
Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification numbe 56-2070036
JNIVERSITY 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	
JNIVERSITY, WE PLAN TO ACHIEVE THE VISION TO DELIVER TOMORROW'S HEALTH	
CARE TODAY BY LEADING IN THE DELIVERY OF HIGHEST-QUALITY, PATIENT	
CENTERED CARE, INTEGRATING TO OPTIMIZE COORDINATION OF CARE, GROWING	
AND EXTENDING OUR REACH LOCALLY, REGIONALLY, AND NATIONALLY, INVESTING	
IN INNOVATION TO CREATE SUSTAINABLE DIFFERENTIATION AND VALUE AND	
DELIVERING ON THE PROMISE OF POPULATION HEALTH.	
MANY PROGRAM SERVICE ACCOMPLISHMENTS ARE INCLUDED IN SCHEDULE H OF THIS	
FORM INCLUDING THE FINANCIAL COMMITMENT MADE TO THE COMMUNITY BY DUHS	
IN TERMS OF CHARITY CARE AND OTHER DIRECT AND MEASURABLE INVESTMENTS.	
FURTHER DETAIL OF DUHS' COMMITMENT TO PROMOTING HEALTH, WELLNESS, AND	
ACCESS TO QUALITY CARE FOR THE PEOPLE AND COMMUNITIES IT SERVES IS	
REPORTED IN DUHS' ANNUAL COMMUNITY BENEFIT REPORT. THE 2020 REPORT	
WHICH CONTAINS FY2019 FINANCIAL DATA IS AVAILABLE ONLINE AT	
HTTPS://CORPORATE.DUKEHEALTH.ORG/COMMUNITY	

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification number 56-2070036
	30 2070030
SWEDEN, DENMARK, NORWAY, MALAYSIA,	
POLAND, UNITED KINGDOM, IRELAND, PORTUGAL,	
GREECE, BERMUDA	
FORM 990, PART VI, SECTION A, LINE 2:	
DIRECTORS JACK O. BOVENDER, JR., WILLIAM HAWKINS, MICHAEL MARSICANO,	
VINCENT E. PRICE, CARMICHAEL ROBERTS, NANCY M. SCHLICHTING, AND STEVEN M.	
SCOTT, MD ARE TRUSTEES OF DUKE UNIVERSITY. DIRECTOR AND PRESIDENT/CEO, A.	
EUGENE WASHINGTON, MD, IS AN OFFICER OF DUKE UNIVERSITY. DIRECTOR MARY E.	
KLOTMAN, MD IS A KEY EMPLOYEE OF DUKE UNIVERSITY. THE FOLLOWING	
INDIVIDUALS ARE EMPLOYEES OF DUKE UNIVERSITY: ANN M. REED AND JOHN H.	
SAMPSON, MD.	
DIRECTOR AND PRESIDENT/CEO, A. EUGENE WASHINGTON, MD, AND OFFICERS WILLIAM	
J. FULKERSON, MD, AND KENNETH C. MORRIS ARE DIRECTORS OF DURHAM CASUALTY	
COMPANY, LTD.	
DIRECTOR AND PRESIDENT/CEO, A. EUGENE WASHINGTON, MD, AND OFFICERS WILLIAM	
J. FULKERSON, MD, ANN M. REED, AND JOHN H. SAMPSON, MD ARE BOARD MEMBERS OF	
PRIVATE DIAGNOSTIC CLINIC, PLLC.	
OFFICERS WILLIAM J. FULKERSON, MD AND KENNETH C. MORRIS ARE BOTH DIRECTORS	
AND OFFICERS OF HEALTH SYSTEM MEDICAL STRATEGIES, INC.	
WILLIAM HAWKINS AND SUSAN STALNECKER ARE BOTH DIRECTORS OF BIOVENTUS, LLC.	
FORM 990, PART VI, SECTION A, LINE 3:	
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

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036
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	
ALL THOSE SUBJECT TO THE COI POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	

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

DIRECTORS, REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION FOR CERTAIN

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Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Employer identification number Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC. 56-2070036 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: FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NY,ND,OR,PA,SC,TN,UT,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

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

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Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization		Page 2 Employer identification number
DUKE UNIVERSITY HEALTH SYSTEM, INC	•	56-2070036
TO THE PUBLIC ON THE NORTH CAROLINA SECRETARY OF STATE	WEBSITE. DUKE	
UNIVERSITY HEALTH SYSTEM, INC. MAKES ITS CONFLICT OF IN	TEREST POLICY AND	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUE	ST. INDEPENDENTLY	
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLI	C AT:	
HTTPS://CORPORATE.DUKEHEALTH.ORG/FINANCIAL-INFORMATION		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
NONPERIODIC CHANGES IN DEFINED BENEFIT PLANS:	-179,438,870.	
NET TRANSFERS TO THE UNIVERSITY AND AFFILIATES:	-134,300,921.	
CHANGE IN MARKET VALUE OF DERIVATIVES:	-20,387,832.	
DEEMED DIVIDEND	-6,635,025.	
TOTAL TO FORM 990, PART XI, LINE 9	-340,762,648.	

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SCHEDULE R (Form 990)	► Complete if the organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	and Unrelated Par Yes" on Form 990, Part IV, Ii	tnerships _{ne 33,} 34, 35b, 36,	or 37.		OMB No. 1545-0047 2018	-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Attach to Form 990. 90 for instructions and the lates	t information.			Open to Public Inspection	ublic on
Name of the organization DUKE UNIVERSITY HEALTH	01				Employer 56-20	Employer identification number 56-2070036	mber
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	e 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	assets	(f) Direct controlling entity	
DUKE PRMO, LLC 615 DOUGLAS STREET, SUITE 700 DURHAM, NC 27705	MEDICAL BILLING	NORTH CAROLINA	157,257,2	279. 2,197	599.	DUKE UNIVERSITY HEALTH SYSTEM, INC.	
							L
310 BLACKWELL STREET, 4TH FLOOR, BOX 104124 DURHAM NC 27710	SUPPORT	NORTH CAROLINA		.0	DUKE UN 0.SYSTEM	DUKE UNIVERSITY HEALTH SYSTEM, INC.	
SAME DAY SURGERY CENTER FRANKLIN, LLC							<u> </u>
녎						F	
DURHAM, NC 27710	SUPPORT	NORTH CAROLINA		.0	0 SYSTEM	I, INC.	<u> </u>
							PEC
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.	tions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990	Part IV, line 34, be	cause it had one	or more related	tax-exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	olling Section 512(b)(13) controlled entity?	12(b)(13) olled ty?
				501(c)(3))		Yes	2 2
AMER ASSUC FOR GIFTED CHILDREN - 30-1000219 324 BLACKWELL STREET, STE 850 Deteram me 27701		אווד זסבגים שחבסא		ן פרעה כן נ	200100000000000000000000000000000000000	A H L	<u>• T</u>
ATED F	201 F CIVI	WITTOWED HITVON			DUKE UNIVERSITY	TTT.	٩
ЕЕТ, STE 850					HEALTH SYSTEM,	, m	
DURHAM, NC 27701	HEALTHCARE	NORTH CAROLINA	501(C)(3) 1	.2 TYPE 1	INC.	X	
DU SPECIAL VENTURES FUND, INC 56-1465177 280 S. MANGUM STREET, STE 210							
DURHAM, NC 27701	INVESTMENTS	NORTH CAROLINA	501(C)(3) 1	.2 TYPE 1	DUKE UNIVERSITY	ITY.	X
DUKE ALUMNI ASSOCIATION, INC 56-1594088 324 RIACKWELL SUPPERT STE 850							
	SUPPORT	NORTH CAROLINA	501(C)(3) 1	12 TYPE 1	DUKE UNIVERSITY	ITY I	х
For Paperwork Beduction Act Notice. see the Instructions for Form 990.	s for Form 990				Sche	Schedule B (Form 990) 2018	0) 2018

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Schedule R (Form 990) DUKE UNIVERSITY HEALTH SYSTEM, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

56 - 2070036

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	::: ::: :::		(n) - (1)	(e)	E .	Section 512(b)(13)	(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Uirect controlling entity	controlled organization?	ed on?
				501(c)(3))		Yes	٩
DUKE CORPORATE EDUCATION - 42-1672476							
310 BLACKWELL ST.							
DURHAM, NC 27701	EDUCATION	NORTH CAROLINA	501(C)(3)	12 TYPE 1 I	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 I	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 I	DUKE UNIVERSITY		x
DUKE HOSPITAL AUXILIARY, INC 56-1825604							
PO BOX 2895				12 TYPE			
DURHAM, NC 27710	SUPPORT	NORTH CAROLINA	501(C)(3)	III-O	N/A		х
DUKE INTEGRATED NETWORK, INC 46-3129771					DUKE UNIVERSITY		
324 BLACKWELL STREET, STE 850					HEALTH SYSTEM,		
	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	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 I	DUKE UNIVERSITY		x
DUKE QUALITY NETWORK, INC 46-1340679				1	DUKE UNIVERSITY		
324 BLACKWELL STREET, STE 850					HEALTH SYSTEM,		
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	INC.	х	
DUKE SCHOLARLY EXHIBITS, INC 56-1701245							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1 I	DUKE UNIVERSITY		х
DUKE UNIV AFFILIATED PHYSICIANS - 56-1902501				I	DUKE UNIVERSITY		
324 BLACKWELL STREET, STE 850					HEALTH SYSTEM,		
DURHAM, NC 27701	HEALTHCARE	NORTH CAROLINA	501(C)(3)	12 TYPE 1	INC.	х	
DUKE UNIV PHILANTHROPIES, INC 57-1211099							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1 I	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 I	DUKE UNIVERSITY		х
DUKE UNIVERSITY - 56-0532129							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	EDUCATION	NORTH CAROLINA	501(C)(3)	LINE 2	N/A		х

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Schedule R (Form 990) DUKE UNIVERSITY HEALTH SYSTEM, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

56 - 2070036

(a)	(q)	(c)	(q)	(e)	(J)	(g) Section 512/h/13/	h/13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	bu vo bu Sn?
				501(c)(3))		Yes	٥N
DUMAC, INC 90-0754895							
280 S. MANGUM STREET, STE 210							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1 1	DUKE UNIVERSITY	2	X
DURHAM ASSET MGMT COMPANY, INC 56-1757238							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1 I	DUKE UNIVERSITY	2	Х
DURHAM REALTY, INC 56-1917936							-
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1 I	DUKE UNIVERSITY	2	×
GOTHIC CORPORATION - 56-1776668							_
280 S. MANGUM STREET, STE 210							
DURHAM, NC 27701	INVESTMENTS	NORTH CAROLINA	501(C)(3)	12 TYPE 1 I	DUKE UNIVERSITY	2	Х
GOTHIC HSP CORPORATION - 27-1325761					DUKE UNIVERSITY		
280 S. MANGUM STREET, STE 210					HEALTH SYSTEM,		
DURHAM, NC 27701	INVESTMENTS	NORTH CAROLINA	501(C)(3)	12 TYPE 1	INC.	х	
HIGH POINT REALTY ASSOCIATES, INC							
56-1917939, 324 BLACKWELL STREET, STE 850,							<u> </u>
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1 I	DUKE UNIVERSITY	2	×
INNOVATIONS IN HEALTHCARE, INC 32-0358709							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1 I	DUKE UNIVERSITY	2	X
RUTH K BROAD BIOMED, RES, FDN, - 65-0045051							<u> </u>
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1 I	DUKE UNIVERSITY	2	×
THE CTR FOR DOCUMENTARY STUDIES - 56-1655039							<u>∎</u>
1317 PETTIGREW STREET							
DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1 I	DUKE UNIVERSITY	2	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 I	DUKE UNIVERSITY	2	X
DUKE JANJUN SERVICES, INC 47-1150667							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1 I	DUKE UNIVERSITY	2	Х
DUKE JULDEC SERVICES, INC 47-1143245							
324 BLACKWELL STREET, STE 850							
DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1 1	DUKE UNIVERSITY	2	х

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Schedule R (Form 990) DUKE UNIVERSITY HEALTH SYSTEM, INC. Part II Continuation of Identification of Related Tax-Exempt Organizations

		-			-			P	U	B	L			IN	15	5P	E	С	T)		C (0	P	Y		_		_		_	
(g) Section 512(b)(13) controlled organization?	٥N			X			X			X						X			х														
Section con orgar	Yes												×									×											
(f) Direct controlling entity	×			DUKE UNIVERSITY			DUKE UNIVERSITY			DUKE UNIVERSITY	DUKE UNIVERSITY	НЕАГТН SYSTEM,	INC.			DUKE UNIVERSITY			N/A	DUKE UNIVERSITY	HEALTH SYSTEM,	INC.											
(e) Public charity status (if section	501 (c)(3))			12 TYPE 1			12 TYPE 1			12 TYPE 1			12 TYPE 1			12 TYPE 1						12 TYPE 1											
(d) Exempt Code section				501(C)(3)			501(C)(3)			501(C)(3)			501(C)(3)			501(C)(3)			501(C)(1)			501(C)(3)											
(c) Legal domicile (state or foreign country)				NORTH CAROLINA			NORTH CAROLINA			NORTH CAROLINA			NORTH CAROLINA			NORTH CAROLINA			NORTH CAROLINA			NORTH CAROLINA											
(b) Primary activity				SUPPORT			SUPPORT			SUPPORT			SUPPORT			SUPPORT			BANKING			SUPPORT											
(a) Name, address, and EIN of related organization		DUKE ALLMO SERVICES, INC 47-1133466	324 BLACKWELL STREET, STE 850	DURHAM, NC 27701	DUKE INVESTMENT EDUCATION, INC 47-5555092	324 BLACKWELL STREET, STE 850	DURHAM, NC 27701	FSB REALTY, INC 81-1309454	н	DURHAM, NC 27701	DUKE AFFILIATIONS NETWORK, INC 81-2623775	324 BLACKWELL STREET, STE 850	DURHAM, NC 27701	TRIANGLE FIBER GROUP - 81-5328550	310 BLACKWELL STREET, 4TH FLOOR	DURHAM, NC 27701 S	DUKE UNIV. FED. CRED. UNION - 56-1632379	2200 WEST MAIN STREET	DURHAM, NC 27705	WATTS COLLEGE OF NURSING, INC 83-3076664	324 BLACKWELL STEET, STE 850	DURHAM, NC 27701											

) ntage ship		<u> </u>			ted		×	×	×	×	×	2018
	(k) Percentage ownership					re relat	(i) Section 512(b)(13) controlled entity? Yes No						; (066 נ
related	(j) General or managing partner? Yes No	×	×	×	X	one or more related	(h) Percentage ownership						R (Forn
had one or more related						it had on€							Schedule R (Form 990) 2018
	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	N/A	N/A	N/A	N/A	, because	(g) Share of end-of-year assets						s
34, because it	(h) Disproportionate allocations? Yes No	×	×	×	X	IV, line 34							
						on Form 990, Part IV, line 34, because it had	(f) Share of total income						
on Form 990, Part IV, line	(g) Share of end-of-year assets					s" on Forr	(e) Type of entity (C corp, S corp, or trust)						
'es" on For	(f) Share of total income					organization answered "Yes"	(C Corp, Or th	C CORP	C CORP	c corp	C CORP	C CORP	
₽						zation ans	(d) Direct controlling entity						
zation ans	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)							N/A	A/A	N/A	N/A	N/A	
Complete if the organization answered	Predomi (related excluded f section	N/A	N/A	N/A	N/A	Complete if the	(c) Legal domicile (state or foreign country)	NC	SINGAPOR <u>EN</u> /A	INDIA	UNITED KINGDOM	SOUTH AFRICA	- - - -
omplete if	(d) Direct controlling entity					Trust.			<u>0</u>	н		<u>v</u> «	
	Direct c er	N/A	N/A	N/A	N/A	on or	(b) Primary activity	ΔTE		g	I CONSULTING	þ	
Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year.	(c) Legal domicile (state or foreign country)	DE	DE	ТX	DE	Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	Prin	ВЕА Ц ВЕРТЕВ	SUPPORT	CONSULTING	EDUCATION	CONSULTING	
Taxable a) activity	1T S	STI	STI	STI	Taxable a trust durir						021	
Identification of Related Organizations Taxable as a Pa organizations treated as a partnership during the tax year.	(b) Primary activity	INVESTMENTS	INVESTMENTS	INVESTMENTS	INVESTMENTS	anizations oration or	-7			42-1672476 380015	42-1672476 'Y	42-1672476 AFRICA 02	
ated Orga as a parti		LC	27-0186996		05-0537755 I	ated Org e as a corp	(a) Name, address, and EIN of related organization	14016	LIMITED 2 048616	3 E	I LIM - 4 EC4A 2DY	· 방 편	
i on of Rel ns treatec	s, and ElN Janization	, LL(455, 0, DT	FD 27-01	27-0130641	26	i on of Rel ns treatec	(a) ne, addres elated orç	- 20-2004016 REET 1	IVATE LI TOWER 2 PORE 04	EDU INDIA PRIVATE BLOCK, NEW CAMPUS AHMEDABAD, INDIA	DUCATION	ATE EDUCATION RSA - R, TWICKEHNHAM BLDG JOHANNESBURG, SOUTH	
dentificat rganizatio	(a) Name, address, and EIN of related organization	PARTNE - 20-80 ., STE	INV S 0067	LP - AVE X 75201		dentificat . rganizatio	Nan of⊤	INC. LL ST 2770	(SEA) PRIVATE LIMITED S PLACE, TOWER 2 .E, SINGAPORE 048616	EDU INDIA I BLOCK, NEW (, AHMEDABAD	E CORPORATE EDUCATION LIM FLEET STREET ON, UNITED KINGDOM EC4A	円 1	
Part III Io	Nam of r	ACKWELL RIES A NGUM ST 27701	, OF	CD FUND, LP MCKINNEY AVE DALLAS, TX	LIQUID REALTY LINDA MESA DANVILLE, CA	Part IV Id		DUKE CE LS 310 BLACKWE DURHAM, NC	DUKE CE (SEA) PR 1 RAFFLES PLACE, SINGAPORE, SINGA	DUKE CORP EDU INDIA PRIVAT ACADEMIC BLOCK, NEW CAMPUS VASTRAPUR, AHMEDABAD, INDI.		DUKE CORPORATE EDUCATION RSA GROUND FLOOR, TWICKEHNHAM BLI BRYANSTON JOHANNESBURG SOUT	832162 10-02-18
Part III Identification of Forestions treations treations treations treations treations treations treations treations treations treating the second s		MAN MAN	CAN' AVE L.A.	DACC	DA	4		DUKE 310 DURE	DU SI	AC	DUKE 165 LONE	DU RB RB	832

	I	a de		<u>PU</u>	BLIC	INSPE	CTION	I COP	<u>Y</u>		
	(k)	Percentage ownership									
	()	General or managing partner? Yes No	X	×	X	×	X	X	X	×	×
	()	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(4)	Disproportion- ate allocations?	X	Х	Х	×	Х	Х	X	×	×
	(6)	Share of end-of-year assets									
	(J)	Share of total income									
a	(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ble as a Partnership	(q)	Direct controlling entity	N/A	A/N	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ons Taxa	(c)	Legal domicile (state or foreign country)		DE	NC	NC	NC	DE	DE N	DE	DE
of Related Organizat	(q)	Primary activity	SLNEWLSEANT	STNEMTSEVI	REAL ESTATE	INVESTMENTS	REAL ESTATE	STNENTS	INVESTMENTS	INVESTMENTS	INVESTMENTS
Part III Continuation of Identification of Related Organizations Taxable as a	(a)	Name, address, and EIN of related organization	LYRICAL BLUE RL PT 27-2994514 32 N. DEAN ST. ENGLEWOOD, NJ 07631 I	LYRICAL-BLUE RGNT 45-3626577 32 N. DEAN ST. ENGLEWOOD, NJ 07631 I	SBER LUCKY STRIKE 20-3891303 310 BLACKWELL ST. DURHAM, NC 27701 R	MANGUM II LLC - 46-5135858 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701 I	LS INVESTOR, LLC 20-3891381 310 BLACKWELL ST. DURHAM, NC 27701 R	DILWEG BLUE PF LP 47-1225569 5310 S. ALSTON AVE., STE 210 DURHAM, NC 27713 I	LYRICAL BLUE RL PT IV 47-2172270, 32 N. DEAN ST., ENGLEWOOD, NJ 07631 I	LYRICAL BLUE CHP PT 35-2503856, 32 N. DEAN ST., ENGLEWOOD, NJ 07631 I	LIQUID RLT PTR II TE - 20-4362819, 10 MARKET ST #769 CAMANA BAY, GRAND CAYMAN, CAYMAN ISLANDS KY1-9006 I

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DUKE UNIVERSITY HEALTH SYSTEM, INC.

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Part III Continuation of Identification of Related Organizations Taxable as a P	of Related Organiza	tions Tax	able as a Partnership	d						
(a)	(q)	(c)	(p)	(e)	(t)	(<u></u>)	(H)	(!)	9	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total Sincome er	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
STRATUS CAPITAL PARTNERS C LP 50 LOTHIAN ROAD, FESTIVAL SQUARE, EDINBURGH, UNITED KINGDOM EH3 9WJ	INVESTMENTS	UNITED KINGDOM N/A	A/A	A/N			×	N/A	×	
D LLC - 1882 SAND HILL 00, MENLO PARK,	INVESTMENTS	DE	A/A	И/А			×	N/A	×	
GPE HOLDCO, LLC - 47-5652832 2000 AVE, OF THE STARS 11TH FL LOS ANGELES, CA 90067	INVESTMENTS	DE	N/A	и/а			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	Х	
BLACKWELL PARTNERS, LLC - SERIES B - 47-2530719, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701	NVESTMENTS	DE	N/A	N/A			X	N/A	Х	
BLACKWELL PARTNERS, LLC - SERIES D - 81-3385353, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701	STNERTS	DE	N/A	A/A			Х	A/A	X	I COP
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	Х	<u>•</u>
ALTOS HYBRID 2D, LLC - 81-5176567, 2882 SAND HILL ROAD, STE 100, MENLO PARK, CA 94025	NVESTMENTS	DE	N/A	N/A			X	N/A	Х	
GILEAD CAPITAL PARTNERS, LP - 32-0520146, 157 COLUMBUS AVE, SUITE 403, NEW YORK, NY 10023	INVESTMENTS	DE	N/A	N/A			X	N/A	×	

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DUKE UNIVERSITY HEALTH SYSTEM, INC.

Schedule R (Form 990)

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Part III Continuation of Identification of Related Organizations Taxable as a	ו of Related Organiza	itions Tax	able as a Partnership	ġ						
(a)	(q)	(c)	(q)	(e)	(J)	(6)	(y)	(!)	0	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or Pe managing O partner? Yes No	Percentage ownership
TOWER VIEW LIMITED										
89 NEXUS WAY, CAMANA BAY,										
GRAND CAYMAN, CAYMAN ISLANDS		CAYMAN								
KY1-9007	INVESTMENTS	ISLANDS N/A	N/A	N/A			х	N/A	х	
ENIAC SPECIAL GAMMA, LLC -										
85-5033123, 604 MISSION										
STREET, 10TH FL, SAN										<u>P</u>
FRANCSICO, CA 94105	INVESTMENTS	DE	N/A	N/A			Х	N/A	X	<u>'U</u>
FOURPOINT HOLDINGS, LLC -										B
46-4275257, 100 ST. PAUL										5 <u>L</u>
STREET, STE 400, DENVER, CO										<u>IC</u>
80206	INVESTMENTS	DE	N/A	N/A			х	N/A	X	<u>;</u>
LYRICAL-BLUE 100 KINGSHIGHWAY										
PARTNERS, L.P 82-3708328,										18
32 N. DEAN ST., ENGLEWOOD, NJ										5P
07631	INVESTMENTS	DE	N/A	N/A			X	N/A	X	<u>'E</u>
LYRICAL-BLUE SOTP PARTNERS,										T
L.P 81-4468378, 32 N. DEAN										IC
ST., ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A			Х	N/A	х	
9										<u>C(</u>
83-4516893, 593 WASHINGTON										0
STREET, WELLESLEY, MA 02482	INVESTMENTS	DE	N/A	N/A			х	N/A	х	P `
DUKE TRIANGLE ENDOSCOPY										<u>Y</u>
CENTER, LLC - 20-4257024, 1A										
BURTON HILLS BLVD, NASHVILLE,										
TN 37215	HEALTHCARE	NC	N/A	N/A			Х	N/A	X	
COLONY INVESTORS III, L.P										
95-4665622, 515 S. FLOWER										
ST., 44TH FL, LOS ANGELES, CA										
90071	INVESTMENTS	DE	N/A	N/A			х	N/A	х	
Π-C										
-2165945, 7 TIMES SQ										
STE 4307, NEW YORK, NY 10036	INVESTMENTS	DE	N/A	N/A			Х	N/A	X	

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DUKE UNIVERSITY HEALTH SYSTEM, INC.

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		(k) Percentage ownership								
9		(j) General or managing partner? Yes No	×	х	X					
56-2070036		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	N/A	N/A	N/A					
		ן) bortion- cations? No	×	х	X					
		(h Disprop ate alloc Yes								
		(g) Share of end-of-year assets								
		(f) Share of total income								
	ġ	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	N/A	N/A	N/A					
, INC.	able as a Partnersh	(d) Direct controlling entity	N/A	N/A	N/A					
SYSTEM	ons Tax	(c) Legal domicile (state or foreign country)	DE	DE	DE					
DUKE UNIVERSITY HEALTH SYSTEM	ו of Related Organizati	(b) Primary activity	STNEMTSEVILS	INVESTMENTS	INVESTMENTS					
Schedule R (Form 990) DUKE U	Part III Continuation of Identification of Related Organizations Taxable as a Partnership	(a) Name, address, and EIN of related organization	BEP LEGACY 1C, LLC - 27-3871932, 1001 FANNIN ST., STE 800, HOUSTON, TX 77002 WELLINGTON TRUST CO, NA - CTF	C IJ NGRE 0221	INNOVEX CO-INVEST FUND, L.P. - 84-1799796, 1221 MCKINNEY ST., STE 4100, HOUSTON, TX 77010					

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SYSTEM,
HEALTH
UNIVERSITY
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Schedule R (Form 990) DUKE UNIVERSITY HEALTH	TH SYSTEM, INC.					56-20	56-2070036		
Part IV Continuation of Identification of Related Organizations Taxable a	S	a Corporation or Trust	ŧ						
(a)	(q)	(c)	(q)	(e)	(£)	(6)	(y)	(j)	1
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?	<u>ه</u> ه ا
DUKE GLOBAL CONSULTING (KUNSHAN)									
1666 WEI CHEN NAN RD									
KUNSHAN PR, KUNSHAN, CHINA 215300	CONSULTING	CHINA	N/A	C CORP				X	м
DUKE MEDICAL STRATEGIES, INC 56-1993799									
2200 WEST MAIN STREET, STE 920									
DURHAM, NC 27705	HEALTHCARE	NC	N/A	C CORP				X	м
DUKE MEDICINE ASIA PTE, LTD									
5 SHENTON WAY # 07-00 UIC BLD									
SING, SINGAPORE 0688	MEDICAL RESEARCH	SINGAPOREN/A	N/A	C CORP				X	м
DURHAM CASUALTY COMPANY, LTD - 98-0113277									
AON HOUSE, 30 WOODBOURNE AVE									
PEMBROKE, BERMUDA HM 08	INSURANCE	BERMUDA	DUHS, INC.	C CORP	21,378,856.	239,429,176.	100%	×	
DUSVF EUROPEAN LP - 98-0346042									
7 CAVENDISH SQUARE		UNITED							
LONDON, UNITED KINGDOM W1G 0PE	INVESTMENTS	KINGDOM	N/A	C CORP				Х	X
GOTHIC INTERNATIONAL LTD									
113 S CHURCH STREET, QUEENSGATE HOUSE		CAYMAN							
GRAND CAYMAN, CAYMAN ISLANDS KY1-1108	INVESTMENTS	ISLANDS	N/A	C CORP				Х	X
HEALTH SYSTEM MEDICAL STRATEGIES, INC									
56-2222444, 324 BLACKWELL STREET, STE 850,									
DURHAM, NC 27701	HEALTH CARE	NC	DUHS, INC.	C CORP	11,573.	-4,737.	100%	x	
MARATHON BLUE CAYMAN FUND									
89 NEXUS WAY, PO BOX 31106		CAYMAN							
GRAND CAYMAN, CAYMAN ISLANDS KY1-1205	INVESTMENTS	ISLANDS	N/A	C CORP				X	м
GHI HOLDINGS MAURITIUS									
9TH FL, ORANGE TOWER CYBERCITY									
EBENE, MAURITIUS	INVESTMENTS	MAURITIUSN/A	N/A	C CORP				X	м
GHI ERP LTD									
9TH FL, ORANGE TOWER CYBERCITY									
EBENE, MAURITIUS	INVESTMENTS	MAURITIUSN/A	N/A	C CORP				X	м
GHI HSP LTD									
9TH FL, ORANGE TOWER CYBERCITY									
EBENE, MAURITIUS	INVESTMENTS	MAURITIUSN/A	N/A	C CORP				х	~
GHI JBD LTD									
9TH FL, ORANGE TOWER CYBERCITY									
EBENE, MAURITIUS	INVESTMENTS	MAURITIUSN/A	N/A	C CORP				×	

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INC.	
SYSTEM,	
HEALTH	
UNIVERSITY HEALTH	
DUKE	
Schedule R (Form 990)	

56-2070036

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

_			PUB	BLIC	INSP	ECT	ION	COP	<u>Y</u>		
(i) Section 512(b)(13) controlled entity? Yes No		×	×	×							
(h) Percentage ownership											
(g) Share of end-of-year assets											
(f) Share of total income											
(e) Type of entity (C corp, S corp, or trust)	C CORP	c corp	C CORP	c corp							
(d) Direct controlling entity			N/A	N/A							
(c) Legal domicile (state or foreign country)	MAURITIUSN/A	LUXEMBOURN/A	INDIA	UNITED KINGDOM N							
(b) Primary activity	INVESTMENTS	INVESTMENTS	MEDICAL RESEARCH	КЕАL ЕЅТАТЕ							
(a) Name, address, and EIN of related organization	GHI LTP LTD 9TH FL, ORANGE TOWER CYBERCITY EBENE MAURITIUS	IVATE CAPITAL (FEEDER) FUND I LP GABRIEL LIPPMANN OURG, LUXEMBOURG L-5365	VATE LIMITED MUSEUM ROAD NDIA 560001	PORTFOLIO (FEEDER) LP - , 50 LOTHIAN ROAD, FESTIVAL INBURGH, UNITED KINGDOM EH3 9WJ							

832224 04-01-18

INC.
SYSTEM
HEALTH
UNIVERSITY
DUKE
0) 2018
(Form 99
Schedule R

56-2070036

Page 3

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	N N	
During the tax year. did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-1V?	with one or more re	lated organizations listed in	n Barts II-IV?				_
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity)		1a	×		_
Gift, grant, or capital contribution to related organization(s)				1b	х		
Gift, grant, or capital contribution from related organization(s)				1c	X		
Loans or loan guarantees to or for related organization(s)				1d		×	
				1e		×	
				ŧ		×	
(•			1a		×	
Purchase of assets from related organization(s)				÷		×	P
				1i		Х	-
related organization(s)				į		×	
Lease of facilities, equipment, or other assets from related organization(s)				¥		×	
Performance of services or membership or fundraising solicitations for related organization(s)	zation(s)			Ŧ		х	
Performance of services or membership or fundraising solicitations by related organization(s)	zation(s)			1		X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)r			f	x		
Sharing of paid employees with related organization(s)				ę	×		
Reimbursement paid to related organization(s) for expenses				6		×	
Reimbursement paid by related organization(s) for expenses				4		×	
Other transfer of and a surrent to soluted association(a)				ł	*		
Other transfer of cash or property from related organization(s)				- 1s	×		
e instructions for information on wh	o must complete th	is line, including covered re	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	olved			
PHYSICIANS, INC.	Я	36,528,830.	FMV				
	ß	5,309,724.	FMV				
	o	5,148,516.	FMV				
	Я	10,937,586.	FMV				
	ß	9,279,222.	FMV				

(6) DUKE AFFILIATIONS NETWORK, INC. 832163 10-02-18

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105,993. FMV

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Schedule R (Form 990) 2018

		, ,	1	I	I	P	UB	LIC) 	ISP	EC	ΤΙΟ	DN	CO	PY	I	I		1	1
56-2070036		(d) Method of determining amount involved																		
			FMV	FMV	MV															
		(c) Amount involved	6,822,385 . F	513,182,352 . F	453,691,252. FMV															
	(Form 990), Part V, line 2)	(b) Transaction type (a-r)	ы	В	υ															
Schedule R (Form 990) DUKE UNIVERSITY HEALTH SYSTEM, INC.	Part V Continuation of Transactions With Related Organizations (Schedule R (Forn	(a) Name of other organization	(7) DUKE INTEGRATED NETWORK, INC.	(8) GOTHIC HSP CORPORATION	(9) GOTHIC HSP CORPORATION	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)

Page 4			(k) Percentage ownership		<u>/ 1135</u>			
		ss revenue)		22				
56-2070036		otal assets or gro	(i) - Code V-UBI Ger amount in box 20 ma Corrent of Schedule K-1 Da Corrent of Andes					
		sured by t	Dispropor- tionate allocations?					
	7.	of its activities (mea	(g) Share of end-of-year assets					
	990, Part IV, line 3	than five percent c	(f) Share of total income					
	" on Form (cted more t	Are all Are all 501(c)(3) orgs.?					
	organization answered "Yes" on Form 990, Part IV, line 37.	ne organization condu stment partnerships.	5					
'EM, INC.	mplete if the organi	ip through which the sion for certain inve	(c) Legal domicile (state or foreign country)					
DUKE UNIVERSITY HEALTH SYSTEM,	le as a Partnership. Col	ntity taxed as a partnersh ructions regarding exclus	(b) Primary activity					
Schedule R (Form 990) 2018 DUKE UNIV	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the	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.	(a) Name, address, and EIN of entity					

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Part VII Supplemental Inform	natio	n.			
Schedule R (Form 990) 2018	DUKE	UNIVERSITY	HEALTH	SYSTEM,	INC.

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

Schedule R (Form 990) 2018

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2 Order (1) Type	B Exempt under section	Print	DUKE UNIVERSITY H	EALTH SYSTEM, INC	с.					
□ 0000 □ 2000	X 501(c)(3)	_						E Unrelate (See inst	d busine ructions,	ss activity code)
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10.00000000000000000000000000000000000	6,281,178,									Other trust
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or basiness, then complete Parts III-V. Yes Yes No Unright tax systems, then compretion a subsidiary in an affiliated group or a parent-subsidiary ontrolled group? Yes Yes No Unright tax systems, then compretion a subsidiary in an affiliated group or a parent-subsidiary ontrolled group? Yes Yes No Part III Unrelated Trade or Business Income (A) Income (B) Expenses (C) Not 1a Gross recleps or sales o Basines 16 2 (C) Not 2 Goos portic. Solutation 12, Form 4737, Part II, Inc 17) 44 44 (C) Part II, Inc 17) (E) Expenses (C) Not 3 Gross portic. Schedule 0) 44 (E) Expenses (C) Not (E) Expenses (C) Not 4 Capital gain net income (statch Schedule 0) 6 1.0 (E) Expenses (C) Not (E) Expenses (C) Not 4 Gross fortic. Schedule 0 6 1.0 1.0 (E) Expenses (C) Not (E) Expenses (C) Not 4 Gross fortic. Not Take Schedule 0 (E) Expenses (C) Not (E) Expenses (C) Not (E) Expenses (C)					1					
Lusiess, then complete Parts III-V. I ouring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Image: The tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Image: The tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Image: The tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Image: The tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Image: The tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Image: The tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Image: The tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary on the tax year, was the corporation of tax o										,
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Image: Telephone number Yes No If "Yes," starts the name and identifying number of the parent corporation. Image: Telephone number (919) 668-8910 If the books are in care of low as the care				is sentence, complete Par	rts I and	I II, complete a Schedule	M for each addition	nal trade o	r	
If Yes," entar the name and identifying number of the parent corporation. ▶ J The looks are in care of ▶ BETSY CASEIDY Telephone number ▶ (919) 668-8910 Part II Unrelated Trade or Business Income (A) Income (B) Expenses (C) Not 1a Gross receipts or sales a b c 1a (C) Not (C) Not 2 Cost of poods sold (Schedule A, line 7) a (D) 4a (D) (A) (D) (D) <td></td> <td></td> <td></td> <td>fillated group or a parag</td> <td>t ouboli</td> <td>tiony controlled group?</td> <td></td> <td>Vac</td> <td>x</td> <td></td>				fillated group or a parag	t ouboli	tiony controlled group?		Vac	x	
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8 Interest, annuities, royatiles, and rants from a controlled organization (Schedule F) 8 9 9 Investment Income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 10 Exploited exempt activity income (Schedule J) 10 10 11 Advertising income (Schedule J) 11 11 20 Other income (Se instructions; attach schedule) 11 12 13 Total. Combina lines 3 through 12 13 1, 923, 576. 49, 390. 1, 874, 186. Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 14 5 Salaries and wages 16 17 16 Repairs and maintenance 18 17 18 17 Ead debts 17 18 2, 086, 711. 18 Interset (attach schedule) (see instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2 20 0. 21 Less depreciation claimed on Schedule A and elsewhere on return 22a 22a 22a 22a 22a 22a 22a <td></td> <td></td> <td></td> <td></td> <td>7</td> <td>1,923,576.</td> <td>4</td> <td>9,390.</td> <td></td> <td>1,874,186.</td>					7	1,923,576.	4	9,390.		1,874,186.
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15 Salarles and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) SEE STATEMENT 1 18 2,086,711. 19 Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2 20 0. 20 Depreciation (attach Form 4562) 21 22 22 22 21 Exes depreciation claimed on Schedule A and elsewhere on return 23 23 24 24 24 25 25 Employee benefit programs 26 27 27 26 27 20 0. 27 26 Other deductions (attach schedule) 27 20 27 20 20 26 27 20 27 20 27 20 27 20 27 20							s income.)			
16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) SEE STATEMENT 1 18 2,086,711. 19 Taxes and licenses 19 20 0. 20 Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2 20 0. 21 Depreciation (attach Form 4562) 21 22a 22b 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 22b 23 Depletion 23 24 24 24 25 Employee benefit programs 25 25 26 27 28 26 Excess readership costs (Schedule J) 27 28 29 2,086,711. 29 2,086,711. 27 Cotal deductions (attach schedule) 28 27 29 2,086,711. 28 29 2,086,711. 29 2,086,711. 30 -212,525. 31 30 -212,525. 31 30 -212,525. 31 30 -212,525. </td <td>14 Compensation of of</td> <td>ficers, c</td> <td>lirectors, and trustees (Sch</td> <td>edule K)</td> <td></td> <td></td> <td></td> <td>14</td> <td></td> <td></td>	14 Compensation of of	ficers, c	lirectors, and trustees (Sch	edule K)				14		
17 Bad debts 17 18 Interest (attach schedule) (see instructions) SEE STATEMENT 1 18 2,086,711. 19 Taxes and licenses 19 20 0. 20 Charitable contributions (See Instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2 20 0. 21 Depreciation (attach Form 4562) 21 22 22 22 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 24 24 24 24 26 24 26 26 27 26 27 26 27 28 28 29 2,086,711. 28 29 2,086,711. 30 -212,525. 31 24 23 24 23 24 24 24 26 26 27 26 26 27 26 28 29 2,086,711. 30 -212,525 30 -212,525 31 29 2,086,711. 30 -212,525 31 30 -212,525 31 30 -212,525 31 32 -212,525 32	15 Salaries and wages							15		
18 Interest (attach schedule) (see instructions) SEE STATEMENT 1 18 2,086,711. 19 Taxes and licenses 19 20 Charitable contributions (See Instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2 20 0. 21 Depreciation (attach Form 4562) 21 22 22b 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 23 22 22b 23 Depletion 23 24 24 25 24 Contributions to deferred compensation plans 26 27 26 25 Excess readership costs (Schedule I) 27 28 29 2,086,711. 29 Z,086,711. 30 -212,525. 31 30 -212,525. 31 Deduction for net operating loss arising in tax years beginning on or after January 1,2018 (see instructions) 31 32 -212,525.	16 Repairs and mainte	nance								
19 Taxes and licenses 19 20 Charitable contributions (See Instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2 20 0. 21 Depreciation (attach Form 4562) 21 22a 22b 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 24 25 23 Contributions to deferred compensation plans 24 26 26 27 26 Excess exempt expenses (Schedule I) 26 27 28 28 27 Excess readership costs (Schedule J) 28 29 2,086,711. 29 2,086,711. 30 -212,525. 31 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -212,525. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 -212,525. 32 -212,525. 31 24 20 -212,525.										0.000 511
20 Charitable contributions (See Instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2 20 0. 21 Depreciation (attach Form 4562) 21 22b 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 21 22b 22b 23 Depletion 23 24 22b 24 Contributions to deferred compensation plans 24 25 25 Employee benefit programs 26 27 26 Excess exempt expenses (Schedule I) 27 27 Dether deductions (attach schedule) 28 29 Constitutions. Add lines 14 through 28 29 2,086,711. 30 -212,525. 31 Deduction for net operating loss arising in tax years beginning on or after January 1,2018 (see Instructions) 31 32 -212,525. 31 Unrelated business taxable income. Subtract line 31 from line 30 32 -212,525. 31									· · · · · ·	2,086,711.
21 Depreciation (attach Form 4562) 21 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 27 26 27 26 27 28 27 28 29 2,086,711. 30 -212,525. 31 Deduction for net operating loss arising in tax years beginning on or after January 1,2018 (see instructions) 31 Unrelated business taxable income. Subtract line 31 from line 30	19 Taxes and licenses		an Instructions for Imitation	rulaa) STATEMENT	3	SEE STATEME	Nጥ 2	00		0
22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 26 27 27 26 27 28 29 2,086,711. 29 2,086,711. 30 30 -212,525. 31 31 Deduction for net operating loss arising in tax years beginning on or after January 1,2018 (see instructions) 31 32 -212,525. 32										
23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 26 27 27 26 27 28 28 29 29 2,086,711. 29 29 2,086,711. 30 30 -212,525. 31 31 Deduction for net operating loss arising in tax years beginning on or after January 1,2018 (see instructions) 31 32 -212,525. 32	21 Deprediation (attack	laimed i	on Schedule & and elsewhe	re on refurn		228	·			
24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 26 27 27 26 27 28 28 29 29 2,086,711. 29 30 -212,525. 31 31 Deduction for net operating loss arising in tax years beginning on or after January 1,2018 (see instructions) 31 32 -212,525. 32										
25 Employee benefit programs 26 26 26 26 27 Excess readership costs (Schedule I) 27 28 0ther deductions (attach schedule) 28 29 2,086,711. 29 30 -212,525. 31 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 32 -212,525.										
26 26 27 27 28 27 29 2,086,711. 30 -212,525. 31 21 32 -212,525.										
27 27 28 28 29 2,086,711. 30 -212,525. 31 21 32 -212,525.										
28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 29 2,086,711. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -212,525. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 32 -212,525.										
 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 	28 Other deductions (attach s	chedule)					28		
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 32 -212,525.										the second s
32 Unrelated business taxable income. Subtract line 31 from line 30										-212,525.
									ng Njelowa I	010 505
Land Land I have been been been been been been been be								. 32	Ear	

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Form 990-1		DUKE UNIVERSITY HEALTH SYST			56-2070	036	Page 2
Part I	II Tot	al Unrelated Business Taxab	le Income				
33	Total of u	nrelated business taxable income compute	d from all unrelated trades or businesses (see Instruc	tions)	33	-212,525.
34						34	
35		n for net operating loss arising in tax years	hadinning hafara lanuary 1, 2018 /coo inc	tructione)	 SጥMጥ 5		0.
						35	
36		nrelated business taxable income before sp					
	lines 33 a	ind 34				36	-212,525.
37	Specific o	leduction (Generally \$1,000, but see line 37	' instructions for exceptions)	•••••		37	
38	Unrelate	d business taxable income. Subtract line :	37 from line 36. If line 37 is greater than li	ne 36,			
-						38	-212,525.
Part I	V Tax	Computation					
39	Organiza	tions Taxable as Corporations. Multiply li	ne 38 by 21% (0.21)		•	39	0.
40		xable at Trust Rates. See instructions for					
			m 1041)			40	
41							
41	Altermeth	c. See Instructions		•••••	▶	41	
42	Alternativ	re minimum tax (trusts only)		•••••	••••••••••••••••••••••••••••••	42	
43	Tax on N	oncompliant Facility Income. See instruct	lons	•••••		43	
44	Total. Ad	d lines 41, 42, and 43 to line 39 or 40, which	chever applies			44	0.
		and Payments				- pi	
45 a	Foreign t	ax credit (corporations attach Form 1118; t	rusts attach Form 1116)	. 45a			
b	Other cre	dits (see instructions)		45b			
G	General b	ousiness credit. Attach Form 3800					
h		prior year minimum tax (attach Form 880					
e		dits. Add lines 45a through 45d				45.0	
						45e	
46						46	0.
47		es. Check if from: E Form 4255				47	
48		. Add lines 46 and 47 (see instructions) \ldots				48	0.
49		965 tax liability paid from Form 965-A or F			• • • • • • • • • • • • • • • • • • • •	49	0.
		s: A 2017 overpayment credited to 2018					
b	2018 est	imated tax payments		. 50b			
C	Tax depo	sited with Form 8868		50c			
d	I Foreian c	organizations: Tax paid or withheld at sourc	e (see instructions)				
		vithholding (see instructions)				1	
4	Credit for	r small employer health insurance premium	s (attach Form 80/1)	50t			
				501		-	
y		ans, aujustments, and payments. Fo	rm 2439				
			her Total 🕽			-	
51	Total pay	/ments. Add lines 50a through 50g				51	
		d tax penalty (see instructions). Check if Fo			••••••	52	
53	Tax due.	If line 51 is less than the total of lines 48, 4	19, and 52, enter amount owed		🕨	53	
54	Overpay	ment. If line 51 is larger than the total of lir	nes 48, 49, and 52, enter amount overpaid			54	
55	Enter the	amount of line 54 you want: Credited to 2	019 estimated tax 🕨 🕨		Refunded 🍽	55	
Part	VI Sta	atements Regarding Certain	Activities and Other Informa	tion (se			
56	At any ti	me during the 2018 calendar year, did the o	rganization have an interest in or a signat	ure or other	r authority		Van No
00		nancial account (bank, securities, or other)					Yes No
				-			
		orm 114, Report of Foreign Bank and Finar SEE STATEMENT 4	icial Accounts. If tes, enter the name of	ule loreign	country		2
	here 🕨						X
57		he tax year, did the organization receive a d		or transfero	r to, a foreign trust? 🛄		Х
		see instructions for other forms the organiz					
58		amount of tax-exempt interest received or					
	Under	penalties of perjury, I declare that I have examined thand complete Declaration of preparer (other than	this return, including accompanying schedules and	d statemente,	and to the best of my knowl	edge and belie	əf, it is true,
Sign	001100	the complete level and of or preparer (other than	axpayer is based on all information of which pre-	parer nesanty			
Here		An 7800	4/6/2020 SVP, CFC), TREAS			scuss this return with nown below (see
	₽ s	ignature of officer	Date Title	•		instructions)?	Yes X No
		rint/Type preparer's name	Preparer's signature	Date	Check	if PTIN	103 44 (110
		The Type proparer a name	Troparor 3 Signature	Date			
Paid	1				self- employe	u	
Prep	1		<u> </u>	I	L	· ·	
Use	Only 🏳	irm's name 🕨			Firm's EIN	-	
					ļ		
<u></u>	F	irm's address 🕨			Phone no.		
823711 0)1-09-19					I	Form 990-T (2018)

Form 990-T (2018) DUKE UNIVERSI	TY HEALTH S	YSTEM, INC.			56-207003	B6 Page (
Schedule A - Cost of Good	s Sold. Enter	method of invento	ory valuation 🕨 N/	'A		
1 Inventory at beginning of year						6
2 Purchases			7 Cost of goods sold		ine 6	
3 Cost of labor			from line 5. Enter I			
4a Additional section 263A costs					·····	7
(attach schedule)	4a		8 Do the rules of sec	tion 263A (with respect to	Yes No
b Other costs (attach schedule)	4b				for resale) apply to	
5 Total. Add lines 1 through 4b			the organization?	•		na tangalar s
Schedule C - Rent Income	(From Real	Property and	Personal Propert	y Lease	d With Real Prope	erty)
(see instructions)					•	N/A
1. Description of property						
(1)					•	
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	d personal property (if the perc rsonal property exceeds 50% of Is based on profit or income)	centage or if	3(a) Deductions directly c columns 2(a) and	connected with the income in I 2(b) (attach schedule)
(1)			/			
(2)						· · · · · · · · · · · · · · · · · · ·
(3)						
(4)						
Total	0.	Total	·····	0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Deb	ot-Financed	Income (see in	nstructions)			· · · · · · · · · · · · · · · · · · ·
			_		3. Deductions directly conne	ected with or allocable
4			Gross income from or allocable to debt-	(9)	to debt-finance Straight line depreciation	T
1. Description of debt-fi	nanced property		financed property	(")	(attach schedule)	(b) Other deductions (attach schedule)
						STATEMENT 8
(1) BOND INVESTMENT INTEREST	INCOME		· 1,923,5	76.		49,390.
(2)				i		
(3)						
(4)						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fine	a adjusted basis allocable to inced property h schedule)	6. Column 4 dividəd 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))
(1) 595,234,055.		102,294,360.	100.00	%	1,923,576.	. 49,390.
(2)		<u> </u>		%		
(3)				%		
(4)				%		
STATEMENT 6	STATEM	ient 7			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals					1,923,576	
Total dividends-received deductions						0.

Form 990-T (2018)

823721 01-09-19

Form 990-T (2018) DUKE UNIV	ERSITY I	HEALTH ST	STEM, 1	INC.	F		10		56-2070		Page 4
Schedule F - Interest, A	Annuities	s, Royan	ies, and					ations	(see ins	tructions)	N/A
					Controlled O	rganizatio	ons	T			
1. Name of controlled organizat	lon	2. Emp Identific num	cation	3. Net unr (loss) (see	elated income instructions)	4. Tota paym	al of specified nents made	Include	of column 4 t d in the contro tion's gross i	olling	Deductions directly connected with income in column 5
(1)											
(2)								<u> </u>			
(3)											
(4)											
Nonexempt Controlled Organi	zations					······································					
7. Taxable Income	8. Netu (s	nrelated incom see instruotions	e (loss))	9. Total	of speoified payr made	nents	10. Part of colu in the control gros	mn 9 that i Ing organiz s Income	s Included zation's	11. Dedu with h	uctions directly connected noome in column 10
(1)											
(2)											
(3)											
(4)										····-	
	1						Enter here an	nns 5 and d on page column (A)	1, Part I,	Enter he	columns 6 and 11. re and on page 1, Part I, ne 8, column (B).
Schedule G - Investme (see instr	nt Incor	ne of a S	Section	501(c)(7	7), (9), or (► 17) Org	ganization		0.		00
	ription of inco	me			2. Amount of	Income	3. Deduction directly conn	ected	4. Set-	asides chedule)	5. Total deductions and set-asides
(1)							(attach sohe	dule)			(col, 3 plus col. 4)
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, oc	olumn (A).					Enter here and on page 1, Part I, line 9, column (B).
Schedule I - Exploited (see instru	Exempt	Activity	Income	, Other		۰. vertisin	ng Income				0. N/A
······································	<u>,</u>				4. Net incor	ne (loss)					
1. Description of exploited activity	unrelated Incom	Gross I business ne from business	directly o with pro of unr	penses connected oduction related s income	from unrelate business (or minus colum gain, comput through	d trade or olumn 2 in 3), lf a te cols, 5	5. Gross ind from activity is not unrela business ind	that ated	attribul	oenses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)					-						
(2)	1										
(2) (3)	1								•		········
(4)	1				-						
	page *	re and on 1, Part I, , col. (A). 0 ,	page 1	re and on I, Part I, col. (B).							Enter here and on page 1, Part II, line 26,
Totals Schedule J - Advertisi	ng Incor		netruction	.0 					1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997		0.
Part I Income From				,	solidated	Baele					N/A
T ditt noone i tom	renouid				sonuateu	Dasis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (col, 3), If a	rtísing gain col, 2 minus gain, compu through 7.			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)		· · •			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))			0.		0.						<u></u>
IVIAID (VAILY LU FAIL II, IIIE (3)) .	🕨		<u> </u>		ו1				1		0.

Form 990-T (2018)

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Form 990-T (2018) DUKE UNIVERSIT							-2070036	Page 5
Part II Income From Perio columns 2 through 7 on a			Separ	ate Basis (For eac	ch period	dical listed in P	art II, fill in	N/A
1. Name of periodical	2. Gross advertising income	3. D advertisi		 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 		oulation 6 come	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								······································
(3)								
(4)								
Totals from Part I	0.		0.					0.
	Enter here and on page 1, Part I, líne 11, col. (A).	Enter her page 1 Ilne 11,	, Part I,					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	Ο.		Ο.					0.
Schedule K - Compensation	n of Officers, E	Directo	rs, and	Trustees (see in	structior	ns)	- mari i si i si s	
1. Name				2. Title		 Percent of time devoted to business 		ensation attributable related business
(1)						0	6	
(2)							/6	
(3)							/0	
(4)							/6	· · · · · · · · · · · · · · · · · · ·
Total. Enter here and on page 1, Part II, II	ne 14					•	•	0.

Form 990-T (2018)

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DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T	INTEREST PAID	STATEMENT 1
DESCRIPTION		AMOUNT
INTEREST EXPENSE		2,086,711.
TOTAL TO FORM 990-T, PAGE 1, 1	LINE 18	2,086,711.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS ORGANIZATIONS	N/A	734,661.
TOTAL TO FORM 990-T, PAGE 1, 1	INE 20	734,661.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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56-2070036

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED CONTR:	IBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PR FOR TAX YEAR 2 FOR TAX YEAR 2	2014 2015 2016			
TOTAL CARRYOVER TOTAL CURRENT YI	EAR 10% CONTRIBUTIONS	1,358,539 734,661		
TOTAL CONTRIBUT TAXABLE INCOME	IONS AVAILABLE LIMITATION AS ADJUSTED	2,093,200		
EXCESS 10% CONT EXCESS 100% CON TOTAL EXCESS CO	TRIBUTIONS	2,093,200 0 2,093,200	_	
ALLOWABLE CONTR	IBUTIONS DEDUCTION			0
TOTAL CONTRIBUT	ION DEDUCTION		<u> </u>	0

7

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T	NAME OF FOREIGN	COUNTRY IN WHICH	STATEMENT 4
	ORGANIZATION HAS	FINANCIAL INTEREST	

NAME OF COUNTRY

SWEDEN DENMARK NORWAY MALAYSIA POLAND UNITED KINGDOM IRELAND PORTUGAL GREECE BERMUDA

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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56-2070036

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17 06/30/18	882,276. 6,243,392.	0. 0.	882,276. 6,243,392.	882,276. 6,243,392.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	7,125,668.	7,125,668.

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DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

1

FORM 990-T	SCHEDULE E	- UNRELATED	DEBT-FINANCED	INCOME	STATEMENT	6
	AV	ERAGE ACQUI	SITION DEBT			

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF
BOND INVESTMENT INTEREST INCOME	1	OUTSTANDING DEBT
BEGINNING FIRST MONTH		595,234,055.
BEGINNING SECOND MONTH		595,234,055.
BEGINNING THIRD MONTH		595,234,055.
BEGINNING FOURTH MONTH		595,234,055.
BEGINNING FIFTH MONTH		595,234,055.
BEGINNING SIXTH MONTH		595,234,055.
BEGINNING SEVENTH MONTH		595,234,055.
BEGINNING EIGHTH MONTH		595,234,055.
BEGINNING NINTH MONTH		595,234,055.
BEGINNING TENTH MONTH		595,234,055.
BEGINNING ELEVENTH MONTH		595,234,055.
BEGINNING TWELFTH MONTH		595,234,055.
TOTAL OF ALL MONTHS		7,142,808,660.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		595,234,055.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

DUKE UNIVERSITY HEALTH SYSTEM, INC.

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME FORM 990-T AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
BOND INVESTMENT INTEREST INCOME	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR	_	204,588,719. 0.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR	-	102,294,360.
	_	

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

STATEMENT 7

56-2070036

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 8
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INVESTMENT MANAGEMENT	& COMMISSION		49,390.	,
	- SUBTOTAL -	1 ,		49,390.
TOTAL OF FORM 990-T, S	SCHEDULE E, COLUMN	3(B)		49,390.

SCHEDULE O (Form 1120)

(Rev. December 2018)
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.
 Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Intern	al Revenue Service	Go to www.irs.gov/Form1120 for instructions and the latest information.		
Name	Э		Employer	identification number
	DUKE UNIVERSI	TY HEALTH SYSTEM, INC.	56-	-2070036
Pε	rt I Apportio	onment Plan Information		
1 b c d	Type of controlled gro Parent-subsidia Brother-sister g Combined grou Life Insurance c	ry group roup p		
2	This corporation has b	een a member of this group:		
a	X For the entire y	bar.		
b	From	, until		
a b c	Adopt an appor the current tax Amend the curr adopted plan, w years. Terminate the c adopting an app X Terminate the c	ents and represents to: tionment plan. All the other members of this group are adopting an apportionment plan effective for year which ends on, and for all succeeding tax years. ent apportionment plan. All the other members of this group are currently amending a previously which was in effect for the tax year ending, and for all succeed urrent apportionment plan and not adopt a new plan. All the other members of this group are not portionment plan. urrent apportionment plan and adopt a new plan. All the other members of this group are adopting int plan effective for the current tax year which ends on <u>JUNE 30, 2019</u> , and years.		
a	plan was: Elected by the c	or 3d above, check the applicable box below to Indicate if the termination of the current apportionment component members of the group. e component members of the group.		
	apportionment plan (s	ent plan is in effect and none is being adopted. ent plan is already in effect. It was adopted for the tax year ending	, and	1
(i fi	including extensions) rom the date this corp istructions. Yes. (i) The statute (ii) On Internal Re	is group are adopting a plan or amending the current plan for a tax year after the due date of the tax return for this corporation, is there at least one year remaining on the statute of limitations pration filed its amended return for such tax year for assessing any resulting deficiency? See of limitations for this year will expire on, this corporation entered into an agreement with the evenue Service to extend the statute of limitations for purposes of assessment until		
b	No. The memb	ers may not adopt or amend an apportionment plan.		
7	If the corporati	on has a short tax year that does not include December 31, check the box. See instructions.		

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

Schedule O (Form 1120) (Rev. 12-2018)

813335 12-11-18 JWA

Schedule O (Form 1120) (Rev. 12-2016) DUKE UNIVERSITY HEALTH SYSTEM, INC. Part II Apportionment (See instructions)					56-2070036 Page 2
				Apportionment	
(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	(c) Accumulated eamings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1 DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036	19-06	.0	.0	0.
2 HEALTH SYSTEM MEDICAL STRATEGIES, INC.	56-2222444	19-06	0.	0.	0.
3 DUKE MEDICAL STRATEGIES INC.	56-1993799	19-06	0.	.0	0.
	56-1465177	19-06	0.	0	0.
5 GOTHIC CORPORATION	56-1776668	19-06	.0	0.	0.
6 DURHAM CASUALTY COMPANY, LTD.	98-0113277	19-06	0.	0.	0.
7 DUKE ALUMNI ASSOCIATION, INC.	56-1594088	19-06	0.	0.	.0
8 DUBHAM ASSET MANAGEMENT COMPANY, INC.	56-1757238	19-06	250,000.	0.	0.
9 DURHAM REALTY, INC.	56-1917936	19-06	0.	0.	.0
10 DUKE GIFT PROPERTIES INC.	57-1211078	19-06	0.	0.	0.
Total			250,000.		
				Schedule O (F	Schedule O (Form 1120) (Rev. 12-2018)

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56-2070036 Page 2

(a) Group member's name and employer identification number DUKE UNIVERSITY PHILANTHROPIES, INC. GOTHIC HSP CORPORATION THE DUKE UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION	57-1211099 27-1325761	(b) Tax year end (Yr-Mo) 19-06	(c) Accumulated earnings credit	Apportionment (d) Penalty for failure to pay estimated tax	
(a) Group member's name and employer identification number DUKE UNIVERSITY PHILANTHROPIES, INC. GOTHIC HSP CORPORATION THE DUKE UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION	57-1211099 27-1325761		Accumulated earnings credit		17)
DUKE UNIVERSITY PHILANTHROPIES, INC. GOTHIC HSP CORPORATION THE DUKE UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION	57-1211099 27-1325761		.0		(e) Other
GOTHIC HSP CORPORATION THE DUKE UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION	7-1375761	10.06		.0	.0
THE DUKE UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION		00-21	0.	0.	0.
L	56-2247203	19-06	0.	0.	0.
4 DUKE UNIVERSITY 56	56-0532129	19-06	0.	0.	0.
5					
σ					
2					
ω					
0					
10					
Total					

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813336 12-11-18 JWA

x

SCHEDULE D (Form 1120)

Name

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 for instructions and the latest information.

OMB No. 1545-0123

18 ZU

Employer identification number

DUKE UNIVERSITY HEALTH SYST				56-	2070036
Part I Short-Term Capital Gai	ns and Losses (See in	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 8949 Part I, line 2, column (g)).	(1) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	,	combine the result with column (g)
1a 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					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked	117,292,590.	118,742,235.			-1,449,645.
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kine	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compute	ation)	SEE STATE	EMENT 9	6	(325,530.)
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column i	h		7	-1,775,175.
Part II Long-Term Capital Gai	ns and Losses (See in	structions.)			
See instructions for how to figure the amounts	(4)	(-)			
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)	(6) Cost (or other basis)	(g) Adjustments to gali or loss from Form(s) 894 Part II, line 2, column (g	9,)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a 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					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked	53,800,080.	54,720,039.			-919,959.
10 Totals for all transactions reported on	:				
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in column	ı h		15	-919,959.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capital	loss (line 15)		16	
17 Net capital gain. Enter excess of net long-tern	n capital gain (line 15) over net	short-term capital loss (line	7)	17	
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	per line on other returns.		18	0.
Note: If losses exceed gains, see Capital loss					

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

Schedule D (Form 1120) 2018



Go to 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.

OMB No. 1545-0074

201	8
Attachment Sequence No,	12A

Social security number or taxpayer identification no.

56-2070036

Name(s) shown on return

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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 1 Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). 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	(d) Proceeds (sales price)	(e) Cost or other basis, See the Note below and	loss. If ye in column column (f)	it, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (ə) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
90DAY EURO\$ FUTURE (CME)	VARIOUS	02/13/19	<34,870.>	0.			<34,870.>
ALIMENTATION COUCHE-TARD	VARIOUS	03/13/19	885,657.	889,960.			<4,303.>
ALLY AUTO RECEIVABLES TRU	VARIOUS	03/15/19	532,422.	532,444.			<22.>
AMUNDI PIONEER ASSET	VARIOUS	02/26/19	45.	0.			45.
ANZ NEW ZEALAND INT'L LTD	VARIOUS	03/13/19	634,112.	639,591.		· ·	<5,479.>
AUSTRALIA & NEW ZEALAND	VARIOUS	01/15/19	1,920,380.	1,927,525.			<7,145.>
BA CREDIT CARD TRUST A1 A	VARIOUS	12/13/18	1,241,776.	1,242,796.			<1,020.>
BANK OF MONTREAL	VARIOUS ·	03/13/19	1,617,671.	1,627,036.			<9,365,>
BANK OF NOVA SCOTIA/THE	VARIOUS	02/12/19	3,267,812.	3,273,972.			<6,161.>
BMW VEHICLE LEASE TR 2 2 A3	VARIOUS	03/13/19	1,662,537.	1,661,507.			1,030.
BNP PARIBAS DISC	06/07/18	08/16/18	1,997,458.	1,988,551.			8,907.
CAPITAL ONE FINANCIAL CORP	VARIOUS	03/13/19	950,146.	950,000.			146.
CARDINAL HEALTH INC.	VARIOUS	02/12/19	1,644,704.	1,650,238.			<5,534,>
CARMAX AUTO OWNER TR 2 2	VARIOUS	02/28/19	1,797,140.	1,801,962.			<4,822.>
CITIBANK CREDIT CARD ISS A2	VARIOUS	12/13/18	3,271,418.	3,281,035.			<9,617.>
CITIBANK CREDIT CARD ISS A9	VARIOUS	01/24/19	2,672,347.	2,689,863.			<17,516.>
CITIGROUP INC	VARIOUS	01/15/19	3,458,237.	3,470,366.			<12,130.>
COMM 2014-CCRE15 MORTG	VARIOUS	11/01/18	0.	0.			0.
COMM 2014-UBS2 MORT UBS	VARIOUS	11/01/18	0.	0.		· · · · · · · · · · · · · · · · · · ·	0.
COMMIT TO PUR FNMA SF MTG	07/20/18	09/07/18	4,986,750.	4,982,625.			4,125.
COMMONWEALTH BANK OF A	09/13/17	07/19/18	1,026,773.	1,025,000.			1,773.
DEUTSCHE TELEKOM INTERNAT	VARIOUS	02/12/19	1,613,073.	1,627,676.			<14,603.>
DRIVE AUTO RECEIV, BA C							<u>/</u>
144A	VARIOUS	11/01/18	574,783.	575,257.			<474.>
DRIVE AUTO RECEIV. CA D							1
144A	VARIOUS	11/01/18	502,802.	510,391.			<7,589.>
DRIVE AUTO RECEIV. TR 2 A3	07/25/17	07/15/18	61,857.	61,854.			2.
FHLMC POOL #78-1542	VARIOUS	02/28/19	1,007,359.	1,014,827.			<7,468.>
FHLMC POOL #84-8021	VARIOUS	02/28/19	377,262.	382,532.			<5,270.>
FHLMC POOL #A9-2197	VARIOUS	02/01/19	279,007.	288,040.			<9,033.>
FHLMC POOL #A9-2630	VARIOUS	12/20/18	927,102.	971,990.			<44,889.>
FHLMC POOL #G0-6492	VARIOUS	02/28/19	358,142.	371,122.			<12,980.>
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 1b (if Box A abo above is checked), or line 3 (if B	tal here and inclu ove is checked),	ude on your line 2 (if Box B	117,292,590.	118,742,235.			<1,449,645.>

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.

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823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

2018.06000 DUKE UNIVERSITY HEALTH SY HDD004_1



Go to 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.

OMB No. 1545-0074

2018 Attachment Sequence No. 12A

Social security number or taxpayer identification no.

56-2070036

Name(s) shown on return

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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 generally short-term (see Instructions). 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

(C) Short-term transactions no	t reported to you	1 on Form 1099-	3				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If yo in column column (f)	t, if any, to gain or ou enter an amount (g), enter a code in . See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see <i>Column (e)</i> in the instructions	(f) Code(s)	(g) Amount of adjustment	with column (g)
FHLMC POOL #G1-2548	VARIOUS	12/20/18	133,960.	136,169.			<2,209.>
FHLMC POOL #G1-2684	VARIOUS	11/01/18	467,257.	477,819.			<10,561.>
FHLMC POOL #G1-2952	VARIOUS	12/20/18	794,943.	814,972.			<20,029.>
FHLMC POOL #G1-4490	VARIOUS	03/01/19	232,986.	232,886.			100.
FHLMC POOL #G1-5535	VARIOUS	01/21/19	198,283.	203,108.			<4,825.>
FHLMC POOL #G6-0216	VARIOUS	12/20/18	1,493,528.	1,544,221.			<50,694.>
FHLMC POOL #J1-2189	VARIOUS	01/21/19	220,709.	225,508.			<4,800.>
FHLMC POOL #J2-3792	VARIOUS	03/01/19	55,624.	55,676.			<52.>
FHLMC POOL #Q5-0139	VARIOUS	02/28/19	506,199.	525,321.			<19,122.>
FHLMC POOL #Q5-7437	VARIOUS	02/28/19	216,518.	217,683.			<1,165.>
FHLMC MCLASS CTF 3745 MP	VARIOUS	12/20/18	53,570.	53,730.	[<160.>
FHLMC MCLASS CTF 4305 KN	07/10/18	09/17/18	424,176.	424,807.			<631.>
FHLMC MCLASS MTG 2595 HT	08/24/17	08/01/18	91,107.	92,873.			<1,767.>
FHLMC MCLASS MTG 3501 FC	VARIOUS	02/15/19	370,191.	377,221.			<7,030.>
FHLMC MCLASS MTG 3605 PA	VARIOUS	12/20/18	42,285.	43,456.			<1,171.>
FHLMC MCLASS MTG 3636 BA	VARIOUS	12/20/18	44,447.	44,561.			<114.>
FHLMC MCLASS MTG 3649 HA	09/12/17	09/01/18	64,574.	64,618.			<44.>
FHLMC MCLASS MTG 3740 MC	VARIOUS	12/20/18	348,493.	352,552.		· · · · · · · · · · · · · · · · · · ·	<4,059.>
FHLMC MCLASS MTG 3741 PA	07/06/17	07/01/18	148,565.	149,052.			<487.>
FHLMC MCLASS MTG 3768 DE	VARIOUS	12/20/18	674,367.	676,776.			<2,410.>
FHLMC MCLASS MTG 3821 LA	VARIOUS	08/01/18	1,133,748.	1,143,792.			<10,044.>
FHLMC MCLASS MTG 3884 DL	VARIOUS	03/19/19	137,183.	138,907.			<1,725.>
FHLMC MCLASS MTG 3927 AI	VARIOUS	03/01/19	8,367.	14,612.			<6,245.>
FHLMC MCLASS MTG 3941 BE	07/12/17	07/01/18	21,557.	21,587.			<30,>
FHLMC MCLASS MTG 3945 BJ	VARIOUS	09/17/18	558,656.	559,448.			<792.>
FHLMC MCLASS MTG 3946 KB	VARIOUS	12/20/18	35,683.	37,295.			<1,612.>
FHLMC MCLASS MTG 4011 KM	VARIOUS	03/19/19	102,179.	103,256.			<1,077.>
FHLMC MCLASS MTG 4097 CI	VARIOUS	03/01/19	13,203.	19,425.			<6,222.>
FHLMC MCLASS MTG 4123 DI	VARIOUS	02/01/19	41,349.	52,263.	1		<10,914.>
FHLMC MCLASS MTG 4244 AI	VARIOUS	03/01/19	6,107.	· · · · · · · · · · · · · · · · · · ·	1		<6,154.>
FNMA POOL #0555696	VARIOUS	02/28/19	651,559.	660,429.	1	1	<8,870.>
FNMA POOL #0735484	VARIOUS	12/20/18	1,046,109.				<35,835.>
2 Totals. Add the amounts in colu	mns (d), (e), (a), a	nd (h) (subtract	· · · · · · · · · · · · · · · · · · ·	· · · · ·		1	
negative amounts). Enter each to							
Schedule D, line 1b (if Box A ab		•	1				
above is abacked) or line 2 (if E	•	•	· ·	1			

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.

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823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)



Go to 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.

OMB No. 1545-0074

2018 Attachment Sequence No. 12A

Social security number or taxpayer identification no.

56-2070036

Name(s) shown on return

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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Part 1 Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). 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 pric e)	(e) Cost or other basis. See the Note below and	loss. If yo in column	it, if any, to gain or ou enter an amount (g), enter a code in . See instructions. (g)	(h) Gain or (loss). Subtract column (e) from column (d) &
				see <i>Column (e)</i> in the instructions	Code(s)	Amount of adjustment	combine the result with column (g)
FNMA POOL #0735676	VARIOUS	01/16/19	451,597.	465,637.			<14,041.>
FNMA POOL #0888535	VARIOUS	12/20/18	196,566.	200,305.			<3,739.>
FNMA POOL #0888926	VARIOUS	11/01/18	354,839.	361,221.			<6,382.>
FNMA POOL #0889390	VARIOUS	12/20/18	195,669.	200,995.			<5,326.>
FNMA POOL #0890192	VARIOUS	12/20/18	32,323.	33,736.			<1,414.>
FNMA POOL #0890805	VARIOUS	12/20/18	727,660.	747,632.			<19,972.>
FNMA POOL #0931121	VARIOUS	11/02/18	136,800.	144,582.			<7,782,>
FNMA POOL #0931412	VARIOUS	12/20/18	34,310.	36,049.			<1,738.>
FNMA POOL #0931813	07/17/17	07/01/18	3,484.	3,772.			<288.>
FNMA POOL #0932463	VARIOUS	03/19/19	194,953.	199,744.			<4,791,>
FNMA POOL #0932724	VARIOUS	12/20/18	0.	0.			0.
FNMA POOL #0933488	VARIOUS	12/20/18	0.	0.			0.
FNMA POOL #0968647	VARIOUS	11/01/18	282,199.	288,484.			<6,285.>
FNMA POOL #0984254	VARIOUS	03/19/19	662,611.	676,357.			<13,746,>
FNMA POOL #0995017	VARIOUS	12/20/18	860,919.	867,769.			<6,850.>
FNMA POOL #0995265	01/12/18	09/17/18	879,230.	895,286.			<16,056.>
FNMA POOL #0995766	07/25/17	07/01/18	27,027.	28,394.			<1,366.>
FNMA POOL #0AB3272	09/01/17	08/01/18	4,354.	4,723.			<369.>
FNMA POOL #0AB8566	VARIOUS	03/01/19	60,648.	60,816.			<169.>
FNMA POOL #0AD0121	VARIOUS	01/21/19	248,602.	255,411.			<6,809.>
FNMA POOL #0AD1021	VARIOUS	12/20/18	18,886.	19,929.			<1,043.>
FNMA POOL #0AD1613	07/31/17	07/01/18	3,388.	3,569.			<181.>
FNMA POOL #0AD1972	VARIOUS	12/20/18	270,896.	275,511.			<4.614.>
FNMA POOL #0AD3140	VARIOUS	12/20/18	0.	0,			0.
FNMA POOL #0AD5535	VARIOUS	01/21/19	394,882.	404,391.			<9,509.>
FNMA POOL #0AD8536	VARIOUS	12/20/18	337,640.	343,212.			<5,572.>
FNMA POOL #0AE0040	VARIOUS	12/18/18	546,000.	564,406.			<18,406.>
FNMA POOL #0AE0379	08/14/17	08/01/18	15,393.	16,270.			<877.>
FNMA POOL #0AH2702	01/03/18	09/17/18	481,053.	498,527.			<17,474.>
FNMA POOL #0AH2899	07/17/17	07/01/18	8,521.	9,223.			<702,>
FNMA POOL #0AH7030	09/01/17	08/01/18	7,027.	7,631.			<604.>
FNMA POOL #0AI1935	VARIOUS	12/20/18	354,230.	359,257.			<5,027.>
2 Totals. Add the amounts in colu	ımns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each t							
Schedule D, line 1b (if Box A al		-					
above is checked), or line 3 (if	Box C above is cl	necked) 🕨 🕨				1	

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.

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823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)



Go to 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.

OMB No. 1545-0074

2018 Attachment Sequence No. 12A

Social security number or taxpayer identification no.

56-2070036

Name(s) shown on return

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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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).

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

[X] (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 Note below and	in column	it, if any, to gain or ou enter an amount (g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
				see <i>Column (e)</i> in the instructions	Code(s)	(g) Amount of adjustment	combine the result with column (g)
FNMA POOL #0AI2440	VARIOUS	02/28/19	346,848.	351,104.			<4,256.>
FNMA POOL #0AL2058	12/05/17	09/17/18	1,139,481.	1,164,851.			<25,371.>
FNMA POOL #0AL2441	VARIOUS	12/20/18	1,161,593.	1,220,390.			<58,797.>
FNMA POOL #0AL7387	VARIOUS	12/20/18	138,723.	142,408.			<3,685.>
FNMA POOL #0AL7521	VARIOUS	01/16/19	801,482.	827,815.			<26,333.>
FNMA POOL #0AL7568	11/15/17	09/17/18	410,646.	421,136.			<10,491.>
FNMA POOL #0AL8476	VARIOUS	02/28/19	608,969.	616,680.			<7,711.>
FNMA POOL #0AL8710	VARIOUS	12/20/18	258,140.	265,003.			<6,863.>
FNMA POOL #0AL9727	VARIOUS	12/20/18	1,200,126.	1,263,127.			<63,002.>
FNMA POOL #0AW7396	11/15/17	09/17/18	203,507.	208,633.			<5,126.>
FNMA POOL #0BF0185	12/01/17	09/17/18	728,468.	756,823.			<28,355.>
FNMA POOL #0BK0919	VARIOUS	02/28/19	505,094.	508,607.			<3,513.>
FNMA POOL #0BM1397	09/01/17	08/01/18	30,174.	32,782.			<2,608.>
FNMA POOL #0BM3382	VARIOUS	12/20/18	1,132,411.	1,157,005.			<24,595.>
FNMA POOL #0MA1370	VARIOUS	03/19/19	346,194.	349,136.			<2,943.>
FNMA GTD REMIC P/T 09-85	08/14/17	08/01/18	45,944.	46,573.			<629.>
FNMA GTD REMIC P/T 09-85	VARIOUS	01/21/19	188,988.	192,011.			<3,023,>
FNMA GTD REMIC P/T 10-153	09/12/17	09/01/18	28,021.	28,028.			<7.>
FNMA GTD REMIC P/T 10-42	VARIOUS	02/01/19	129,723.	131,168.			<1,445.>
FNMA GTD REMIC P/T 10-45	VARIOUS	03/19/19	271,289.	272,298.			<1,009.>
FNMA GTD REMIC P/T 10-8	VARIOUS	02/28/19	400,269.	405,120.			<4,851,>
FNMA GTD REMIC P/T 11-101	06/15/18	09/17/18	541,477.	545,297.			<3,820.>
FNMA GTD REMIC P/T 11-13	VARIOUS	12/01/18	36,331.	36,341.			<10.>
FNMA GTD REMIC P/T 11-132	VARIOUS	12/17/18	453,878.	461,622.			<7,744.>
FNMA GTD REMIC P/T 11-133	VARIOUS	12/20/18	37,597.	37,933.			<336.>
FNMA GTD REMIC P/T 11-22	VARIOUS	12/20/18	859,258.	888,598.			<29,340.>
FNMA GTD REMIC P/T 11-38	VARIOUS	03/19/19	37,766.	37,861.			<96.>
FNMA GTD REMIC P/T 11-44	VARIOUS	11/01/18	106,200.	106,934.			<734.>
FNMA GTD REMIC P/T 11-63	VARIOUS	02/01/19	23,372.	31,867.			<8,494.>
FNMA GTD REMIC P/T 11-67	VARIOUS	01/21/19	251,443.	252,773.			<1,330.>
FNMA GTD REMIC P/T 12-130	VARIOUS	02/01/19	20,053.	26,057.			<6,004.>
FNMA GTD REMIC P/T 12-14	VARIOUS	02/01/19	2,289.	2,861.			<572.>
2 Totals. Add the amounts in colu	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 1b (if Box A abo	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if E	lox C above is cl	necked) 🕨					

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.

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 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

ОМВ	No.	1545-0074

2018 Attachment Sequence No, 12A

Social security number or taxpayer identification no.

56-2070036

Name(s) shown on return

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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Part I Short-Term. Transactions Involving capital assets you held 1 year or less are generally short-term (see instructions). 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).

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🔄 (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 on Form 1099-E			6.11. 4		
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	t, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the		(g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr .)	disposed of	()	Note below and	`, ',	. See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see <i>Column (</i> e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
FNMA GTD REMIC P/T 12-150	VARIOUS	03/01/19	16,717.	23,144.			<6,427.>
FNMA GTD REMIC P/T 12-17	01/08/18	09/13/18	339,468.	345,346.			<5,878.>
FNMA GTD REMIC P/T 12-20	03/26/18	09/17/18	473,051.	474,290.			<1,239.>
FNMA GTD REMIC P/T 12-31	VARIOUS	12/17/18	807,955.	820,729.			<12,773.>
FNMA GTD REMIC P/T 12-94	VARIOUS	12/20/18	144,147.	145,569.			<1,422.>
FNMA GTD REMIC P/T 13-5	VARIOUS	03/01/19	18,053.	26,270.			<8,216.>
FNMA GTD REMIC P/T 13-9	VARIOUS	03/19/19	781,022.	797,253.			<16,231.>
FNMA GTD REMIC P/T 15-72	VARIOUS	09/17/18	541,938.	554,105.			<12,168.>
FNMA GTD REMIC P/T 2010-15	VARIOUS	02/01/19	75,772.	76,062.			<290.>
FNMA GTD REMIC P/T 2011-80	VARIOUS	09/17/18	582,740.	597,711.			<14,971.>
FNMA GTD REMIC P/T 2014-52	07/06/17	07/01/18	44,160.	44,301.			<140,>
GM FINANCIAL AUTOMOBILE L	VARIOUS	02/20/19	596,941.	595,896.			1,045.
GNMA GTD REMIC P/T 09-110	VARIOUS	01/21/19	304,157.	324,585.			<20,428.>
GNMA GTD REMIC P/T 10-128	VARIOUS	01/21/19	391,977.	394,327.			<2,351.>
GNMA GTD REMIC P/T 11-75 YI	VARIOUS	02/01/19	3,548.	7,330.			<3,782.>
GNMA GTD REMIC P/T 13-84 SC	VARIOUS	02/01/19	13,627.	20,158.			<6,531.>
GNMA GTD REMIC P/T 16-118	VARIOUS	12/12/18	62,448.	101,671.			<39,223.>
GNMA GTD REMIC P/T 16-17 JS	VARIOUS	12/20/18	52,487.	80,137.			<27,650.>
GNMA GTD REMIC P/T 16-20 SE	VARIOUS	02/01/19	58,752.	91,855.			<33,104.>
GNMA GTD REMIC P/T 16-5 CS	VARIOUS	02/01/19	53,683.	87,421.			<33,738.>
GNMA GTD REMIC P/T 16-88	VARIOUS	01/24/19	55,727.	85,745.			<30,018.>
GOLDMAN SACHS GROUP INC	VARIOUS	03/13/19	747,668.	749,984.			<2,317.>
GS MORTGAGE SECURITIES GC	VARIOUS	02/01/19	16,231.	16,261.			<30.>
HOME PARTNERS OF AMER 1 A	VARIOUS	09/13/18	1,282,188.	1,281,208.			980.
HONDA AUTO RECEIVABLES 20	VARIOUS	03/19/19	656,471.	656,546.			<75.>
HSBC USA INC	VARIOUS	11/26/18	1,604,103.	1,629,618.			<25,515.>
HYUNDAI AUTO RECEIV B A2A	VARIOUS	12/31/18	455,568.	457,530.	<u> </u>		<1,962.>
ING (US) FUNDING DISC	06/05/18	09/13/18	996,732.	990,055.			6,677.
J P MORGAN SECS DISC	06/11/18	08/16/18	1,794,195.	1,786,080.			8,115.
MERCEDES-BENZ AUTO LEASE	VARIOUS	01/24/19	3,292,601.	3,302,353.			<9,752.>
METROPOLITAN LIFE GLOBAL	VARIOUS	01/15/19	2,997,592.	3,039,958.			<42,366.>
MIZUHO BANK LTD DISC	09/25/18	10/18/18	1,398,015.				1,865.
2 Totals. Add the amounts in colur	mns (d), (e), (<u>q</u>), a	nd (h) (subtract		1			
negative amounts). Enter each to	· · · · · · ·						
Schedule D, line 1b (if Box A abo	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if B	ox C above is cl	necked) 🕨 🕨					

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OMB No. 1545-0074

2018
Attachment Sequence No. 12A

Social security number or taxpayer identification no.

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Name(s) shown on return

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(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 eb. XYZ Co.) (b) Date acquired (Mo., day, yr.) (c) Date sculed (Mo., day, yr.) (c) Date sculed (Mo	[] (C) Short-term transactions no	t reported to you	1 on Form 1099-	3				
(Example: 100 sh. XYZ Co.) (Mo., day, yr.) (sales price) (sales price) (beaks. See the Note below) (count) (cou	. ()	• •		_ (d)		Adjustmen	it, if any, to gain or	(h)
LEARINGE NO SIL AT 2.00. (WO, day, yr) (Mo, day, yr) Note below and see Octam (i) a (monotimu (i) a column (i). See Instructions Jona action (monotimu (i) a column (i). Jona action (i) a column (i).						in column	(a), enter a code in	
(NUC, Ldy, Y.) see Column (p) (note) combine the result with column (p) MORGAN STANLEY LANK OF VARIOUS 01/21/19 145,012. 147,228.	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(Sales price)				Subtract column (e)
The Instructions Code(s) Code(s) <thcod(s)< th=""> <thcode(s)< th=""> <thcod(s)< th=""></thcod(s)<></thcode(s)<></thcod(s)<>			(Mo., day, yr.)				(g)	
MORGAN STANLEY LIQ TREAS VARIOUS 04/23/19 <114.> 0. <114.> MUTG BANK LTD NY DISC 00/02/18 06/16/18 1,998,156 1,995,631 2,535 NUTSG BANK LTD NY DISC 00/02/18 06/16/18 1,074,751 1,089,501 <14,750.> NISSAN AUTO LEASE TRUST A VARIOUS 03/26/19 55. 0. 55. NISSAN AUTO RECEIVABLES B VARIOUS 03/15/19 609,182. 609,482. <300.> NISSAN MOTOR ACCEPTANCE C VARIOUS 03/13/19 1,965,298. 2,000,316. <44,018.> NORTREOF GRUMMAN CORP VARIOUS 03/13/19 116,886. 116,881. 55. FRINCIPAL LIFE GLOBAL FUN VARIOUS 03/13/19 116,886. 116,883. <45,614.> SCHLUMERBORE FINANCE A VARIOUS 03/13/19 13,894. 944,508. <40,203.> SCHLUMERBORE FINANCE C VARIOUS 03/13/19 583,453. 589,555. <512.> SCHLUMERBORE FINANCE CA VARIOUS 03/13/19 447,517. 449,921. <2,003.> <td></td> <td></td> <td></td> <td></td> <td>the instructions</td> <td>Code(s)</td> <td></td> <td>with column (g)</td>					the instructions	Code(s)		with column (g)
NURG BANK LTD NY DISC 08/02/18 08/16/18 1,998,156. 1,995,631. 22,525. NEW YORK LIPE GLOBAL FUND VARIOUS 02/12/19 1,074,751. 1,099,501. <14,750.	MORGAN STANLEY BANK OF	VARIOUS	01/21/19	145,012.	147,228.			<2,215.>
NEW YORK LIFE GLOBAL FUND VARIOUS 02/12/19 1,074,751. 1,089,501. 444,750. NIESAN AUTO LEASE TRUGT A VARIOUS 03/26/19 55. 0. 55. NIESAN AUTO RECEIVABLES B VARIOUS 03/15/19 609,182. 420,000. <		VARIOUS	04/23/19		0.			<114.>
NISSAN AUTO LEASE TRUST À VARIOUS 03/26/19 55. 0. C.A. / JOUS NISSAN AUTO RECEIVABLES B VARIOUS 03/15/19 609,182. 609,482. <300.> NISSAN MASTER CRUER TRUST VARIOUS 03/13/19 419,934. 420,000. <<66.> NISSAN MOTO RECEIVABLES P VARIOUS 03/13/19 419,934. 420,000. <<66.> NUSSAN MATO CACEPTANCE C VARIOUS 03/13/19 19,656,298. 2,005,316. <<44.018.	MUFG BANK LTD NY DISC	08/02/18	08/16/18	1,998,156.	1,995,631.			2,525.
NISSAN AUTO RECEIVABLES B VARIOUS 03/15/19 609,182. 609,482. <300.> NISSAN MASTER ONNER TRUST VARIOUS 03/13/19 419,934. 420,000. <66.> NISSAN MOTOR ACCEPTANCE C VARIOUS 01/23/19 1,965,298. 2,009,316. <44,018.> NISSAN MOTOR ACCEPTANCE C VARIOUS 03/13/19 899,217. 909,927. <10.711.> OSCAR US FUNDING T 2A A2B VARIOUS 03/13/19 116,886. 116,831. 55. SANTANDER DRIVE AVOR DRC VARIOUS 07/15/18 2,975,820. 3,065,556. <229,236.> SANTANDER DRIVE AVOR DRC VARIOUS 07/16/18 938,894. 944,508. <5,614.> SCHLUMBERGER FINANCE CA VARIOUS 03/13/19 583,253. 7,700. SUNITOMO MITSUI TRUST BAN VARIOUS 03/13/19 447,917. 449,921. <22,003.> <22,003.	NEW YORK LIFE GLOBAL FUND	VARIOUS	02/12/19	1,074,751.	1,089,501.			<14,750.>
NISSAN MASTER ONNER TRUST VARIOUS 03/13/19 419,934. 420,000. <66.> NISSAN MOTOR ACCEPTANCE C VARIOUS 01/23/19 1,965,288. 2,009,316. <440,018.> NORTHENC PRUMAN CORP VARIOUS 03/13/19 116,866. 116,831. 55. OSCAR US FUNDING T 2A A2B VARIOUS 03/13/19 116,866. 116,831. 55. SANTANDER DRIVE AUTO REC VARIOUS 01/15/19 2,975,820. 3,005,056. <29,236.> SCHLUMBERGER FINANCE CA VARIOUS 03/13/19 583,894. 944,508. <45,614.> STANDARD CHART DISC 09/21/18 10/18/18 2,693,253. 2,685,553. 7,700. SUMCORP-MUTAL TRUST EAN VARIOUS 03/13/19 447,917. 444,9521. <2,003.> SURCORP-MUTAL TRUST EAN VARIOUS 03/13/19 978,066. <10,826.> <10,826.> TOKONTO-DOMINION BANK VARIOUS 12/17/18 1,465,857. 1,470,024. <3,166.> TRICON AMERICAN NO SFRI A VARIOUS 11/20/18 12/17,18 128,534. 637.> US 10 YR TREAS	NISSAN AUTO LEASE TRUST A	VARIOUS	03/26/19	55.	0.			55.
NISSAN MOTOR ACCEPTANCE C VARIOUS 01/23/19 1.965,288 2.009,316 440.18.> NORTHROP GRUMMAN CORP VARIOUS 03/13/19 899,217. 909,927. <10,711.> OSCAR US FUNDING T 2A A2B VARIOUS 03/13/19 116,886. 116,831. 55. FINCIFAL LIFE GLOBAL FUN VARIOUS 01/15/19 2,975,830. 3,005,056. <229,236.> SCHLUMBERGER FINANCE CA VARIOUS 07/16/18 938,894. 944,508. <5.614.> SCHLUMBERGER FINANCE CA VARIOUS 03/13/19 583,463. 568,553. 7,700. SUNTCOMO MITSUI TRUST BAN VARIOUS 03/13/19 447,917. 449,921. <2,003.> SUNCORP-METWAY LTD 144A VARIOUS 03/13/19 968,779. 979,606. <10,026.> TORONTO-DOMINION BANK VARIOUS 12/17/18 1,466,857. 1,470,024. <2,2330.> NOYOTA AUTO RECEIVABLES 2 VARIOUS 11/01/18 129,471. 128,634. 637. US 10 YR TREAS NTS FUTURE VARIOUS 03/13/19 <936.> 0. <td>NISSAN AUTO RECEIVABLES B</td> <td>VARIOUS</td> <td>03/15/19</td> <td>609,182.</td> <td>609,482.</td> <td></td> <td></td> <td><300.></td>	NISSAN AUTO RECEIVABLES B	VARIOUS	03/15/19	609,182.	609,482.			<300.>
NORTHEROP GRUMMAN CORP VARIOUS 03/13/19 699,217. 909,927.	NISSAN MASTER OWNER TRUST	VARIOUS	03/13/19	419,934.	420,000.			<66.>
NORTHADP GRUMMAN CORF VARIOUS 03/13/19 899,217. 909,927. <10,711.> OSCAR US FUNDING T 2A A2B VARIOUS 03/13/19 116,866. 116,831. 55. PRINCIPAL LIPE GLOBAL FUN VARIOUS 01/15/19 2,975,820. 3,005,056. <25,236.> SANTANDER DRIVE AUTO REC VARIOUS 01/15/19 2,975,820. 3,005,056. <25,614.> SCHLUMBERGER FINANCE CA VARIOUS 03/13/19 583,463. 589,595. <6,132.> STANDARD CHART DISC 09/21/18 10/18/18 2,693,253. 2,665,553. 7,700. SUNCORP-METWAY LID 144A VARIOUS 03/13/19 968,779. 979,606. <10,826.> TORONTO-DOMINION BANK VARIOUS 12/17/18 1,466,857. 1,470,024. <3,166.> TRICON AMERICAN HO SFRI A VARIOUS 11/20/18 129,471. 128,634. 837. US 10 YR TREAS NTS FUT - - - - (CBT) VARIOUS 02/25/19 249. 0. <43,376.>	NISSAN MOTOR ACCEPTANCE C	VARIOUS	01/23/19	1,965,298.	2,009,316.			<44,018.>
OSCAR US FUNDING T 2A A2B VARIOUS 03/13/19 116,886. 116,831. 55. PRINCIPAL LIFE GLOBAL FUN VARIOUS 01/15/19 2,975,820. 3,005,056. <229,236,> SANTANDER DRIVE AUTO REC VARIOUS 03/13/19 583,463. 589,555. <6,132,> STANDARD CHART DISC 09/21/18 10/18/18 2,693,253. 2,685,553. 7,700. SUNTOMER MITSUT RUST BAN VARIOUS 03/13/19 968,779. 979,606. <10,826.> SUNCORP-METWAY LTD 144A VARIOUS 03/13/19 968,779. 979,606. <22,330,> TOCONTO-DOMINION BANK VARIOUS 12/13/18 977,010. 999,340. <22,330,> TOCONTO-DOMINION BANK VARIOUS 12/17/18 1,466,857. 1,470,024. <3,165,> US 10 YR TREAS NTS FUTU VARIOUS 11/01/18 711,067. 714,355. <3,287,> US 10 YR TREAS NTS FUTURE VARIOUS 02/25/19 249. 0. <938,> US 10 YR TREAS NTS FUTURE VARIOUS 03/13/19 <338,> <t< td=""><td>NORTHROP GRUMMAN CORP</td><td>VARIOUS</td><td>03/13/19</td><td>899,217.</td><td>909,927.</td><td></td><td></td><td></td></t<>	NORTHROP GRUMMAN CORP	VARIOUS	03/13/19	899,217.	909,927.			
SANTANDER DRIVE AUTO REC VARIOUS 07/16/18 938,894. 944,504.	OSCAR US FUNDING T 2A A2B	VARIOUS	03/13/19	116,886.	116,831.			
SANTANDER DRIVE AUTO REC VARIOUS 07/16/18 938,894. 944,508. < < SCHLUMBERGER FINANCE CA VARIOUS 03/13/19 583,463. 589,595. <	PRINCIPAL LIFE GLOBAL FUN	VARIOUS	01/15/19	2,975,820.	3,005,056.			
SCHLUMBERGER FINANCE CA VARIOUS 03/13/19 583,463. 589,595. <6,132.> STANDARD CHART DISC 09/21/18 10/18/18 2,693,253. 2,685,553. 7,700. SUMITOMO MITSUI TRUST BAN VARIOUS 03/13/19 447,917. 449,921. <2,003.> SUNCORP-METWAY LTD 144A VARIOUS 03/13/19 968,779. 979,606. <10,826.> TORONTO-DOMINION BANK VARIOUS 12/13/18 977,010. 999,340. <22,003.> TORONTO-DOMINION BANK VARIOUS 12/17/18 1,466,857. 1,470,024. <3,166.> TORONTO-DOMINION BANK VARIOUS 11/01/18 711,067. 714,355. <3,287.> U S TREASURY BILL VARIOUS 02/25/19 249. 0. 249. US 10 YR TREAS NTS FUT	SANTANDER DRIVE AUTO REC	VARIOUS	07/16/18	938,894.	944,508.			
STANDARD CHART DISC 09/21/18 10/18/18 2,693,253. 2,685,553. 7,700. SUMITOMO MITSUI TRUST BAN VARIOUS 03/13/19 447,917. 449,921. <2,003.> SUNCORP-METWAY LTD 144A VARIOUS 03/13/19 968,779. 979,606. <10,826.> TORONTO-DOMINION BANK VARIOUS 12/13/18 977,010. 999,340. <22,330.> TOYOTA AUTO RECEIVABLES 2 VARIOUS 12/17/18 1,466,857. 1,470,024. <3,166.> TRICON AMERICAN HO SPRI A VARIOUS 11/01/18 711,067. 714,355. <3,287.> U S TREASURY BILL VARIOUS 11/20/18 129,471. 128,634. 837. US 10 YR TREAS NTS FUT	SCHLUMBERGER FINANCE CA	VARIOUS	03/13/19	583,463.	589,595.			
SUMITOMO MITSUI TRUST BAN VARIOUS 03/13/19 447,917. 449,921. <2,003.> SUNCORP-METWAY LTD 144A VARIOUS 03/13/19 968,779. 979,606. <10,826.> TORONTO-DOMINION BANK VARIOUS 12/13/18 977,010. 999,340. <22,330.> TOYOTA AUTO RECEIVABLES 2 VARIOUS 12/17/18 1,466,857. 1,470,024. <3,166.> US TREASURY BILL VARIOUS 11/10/18 711,067. 714,355. <3,287.> US 10 YR TREAS NTS FUT	STANDARD CHART DISC	09/21/18	10/18/18	2,693,253.	2,685,553.			
SUNCORP-METWAY LTD 144A VARIOUS 03/13/19 968,779. 979,606. <10,826.> TORONTO-DOMINION BANK VARIOUS 12/13/18 977,010. 999,340. <22,330.> TOYOTA AUTO RECEIVABLES 2 VARIOUS 12/17/18 1,466,857. 1,470,024. <3,166.> TRICON AMERICAN HO SFRI A VARIOUS 11/01/18 711,067. 714,355. <3,287.> U S TREASURY BILL VARIOUS 11/20/18 129,471. 128,634. 037. US 10 YR TREAS NTS FUT	SUMITOMO MITSUI TRUST BAN	VARIOUS	03/13/19	447,917.	449,921.		· · · · · · · · · · · · · · · · · · ·	
TORONTO-DOMINION BANK VARIOUS 12/13/18 977,010. 999,340. <22,330.> TOYOTA AUTO RECEIVABLES 2 VARIOUS 12/17/18 1,466,857. 1,470,024. <3,166.> TRICON AMERICAN HO SFRI A VARIOUS 11/01/18 711,067. 714,355. <3,287.> U S TREASURY BILL VARIOUS 11/20/18 129,471. 128,634. 837. US 10 YR TREAS NTS FUT	SUNCORP-METWAY LTD 144A	VARIOUS	03/13/19	968,779.	979,606.			
TOYOTA AUTO RECEIVABLES 2 VARIOUS 12/17/18 1,466,857. 1,470,024. <3,166.> TRICON AMERICAN HO SFRI A VARIOUS 11/01/18 711,067. 714,355. <3,287.> U S TREASURY BILL VARIOUS 11/20/18 129,471. 128,634. 837. US 10 YR TREAS NTS FUT	TORONTO-DOMINION BANK	VARIOUS	12/13/18	977,010.	999,340.			
TRICON AMERICAN HO SFRI A VARIOUS 11/01/18 711,067. 714,355. <3,287.> U S TREASURY BILL VARIOUS 11/20/18 129,471. 128,634. 837. US 10 YR TREAS NTS FUT	TOYOTA AUTO RECEIVABLES 2	VARIOUS	12/17/18	1,466,857.	1,470,024.			· · · · · · · · · · · · · · · · · · ·
U S TREASURY BILL VARIOUS 11/20/18 129,471. 128,634. 837. US 10 YR TREAS NTS FUT	TRICON AMERICAN HO SFR1 A	VARIOUS	11/01/18	711,067.	714,355.		· · · · · · · · · · · · · · · · · · ·	
US 10 YR TREAS NTS FUT VARIOUS 02/25/19 249. 0. 249. (CBT) VARIOUS 03/13/19 <938.> 0. <938.> US 10 YR TREAS NTS FUTURE VARIOUS 03/13/19 <938.> 0. <938.> US 10 YR TREAS NTS FUTURE VARIOUS 03/13/19 <938.> 0. <938.> US 10 YR NOTE FUTURE (CET) 08/28/18 09/13/18 <4,376.> 0. <44,376.> US 5YR NOTE FUTURE (CET) 08/28/18 09/13/18 12,148. 0. <12,148.	U S TREASURY BILL	VARIOUS	11/20/18	129,471.	128,634.			
US 10 YR TREAS NTS FUTURE VARIOUS 03/13/19 <938.> 0. <938.> US 10 YR NOTE FUTURE (CBT) 08/28/18 09/13/18 <4,376.> 0. <4,376.> US 5YR NOTE FUTURE (CBT) 08/28/18 09/13/18 12,148. 0. 12,148. US 5YR NOTE FUTURE (CBT) 08/28/18 09/13/18 12,148. 0. 12,148. US 5YR TREAS NTS FUTURE VARIOUS 08/14/18 <4,156.> 0. <4,156.> USD IRS 10YR PRIM FUTURE 12/07/18 02/13/19 <23,961.> 0. <23,961.> USD IRS 5YR PRIM FUTURE 12/07/18 02/14/19 17,082. 0. 17,082. USD IRS 5YR PRIM FUTURE 12/07/18 02/14/19 17,082. 0. 184. VERIZON OWNER TRUS 3A A1B VARIOUS 03/13/19 590,184. 590,000. 184. WELLS FARGO & CO VARIOUS 12/13/18 3,297,591. 3,300,790. <3,199.> WESTPAC BANKING CORP VARIOUS 01/15/19 3,312,465. 3,322,358. <9,883.>	US 10 YR TREAS NTS FUT							
US 10 YR TREAS NTS FUTURE VARIOUS 03/13/19 <938.> 0. <938.> US 10YR NOTE FUTURE (CBT) 08/28/18 09/13/18 <4,376.> 0. <4,376.> US 5YR NOTE FUTURE (CBT) 08/28/18 09/13/18 12,148. 0. <12,148.	(CBT)	VARIOUS	02/25/19	249.	0.			249
US 10YR NOTE FUTURE (CBT) 08/28/18 09/13/18 <4,376.> 0. <4,376.> US 5YR NOTE FUTURE (CBT) 08/28/18 09/13/18 12,148. 0. 12,148. US 5YR TREAS NTS FUTURE VARIOUS 08/14/18 <4,156.> 0. <4,376.> US 5YR TREAS NTS FUTURE VARIOUS 08/14/18 <4,156.> 0. <4,156.> USD IRS 10YR PRIM FUTURE 12/07/18 02/13/19 <23,961.> 0. <23,961.> USD IRS 5YR PRIM FUTURE 12/07/18 02/14/19 17,082. 0. <23,961.> (CBT) 12/07/18 02/14/19 17,082. 0. 17,082. VERIZON OWNER TRUS 3A A1B VARIOUS 03/13/19 590,184. 590,000. 184. WELLS FARGO & CO VARIOUS 12/13/18 3,297,591. 3,300,790. <3,199.> 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 <9,883.>	US 10 YR TREAS NTS FUTURE	VARIOUS	03/13/19	<938,>	0.			
US 5YR NOTE FUTURE (CBT) 08/28/18 09/13/18 12,148. 0. 12,148. US 5YR TREAS NTS FUTURE VARIOUS 08/14/18 <4,156.> 0. <4,156.> USD IRS 10YR PRIM FUTURE 12/07/18 02/13/19 <23,961.> 0. <23,961.> USD IRS 5YR PRIM FUTURE 12/07/18 02/14/19 17,082. 0. <23,961.> (CBT) 12/07/18 02/14/19 17,082. 0. 17,082. VERIZON OWNER TRUS 3A A1B VARIOUS 03/13/19 590,184. 590,000. 184. WELLS FARGO & CO VARIOUS 12/13/18 3,297,591. 3,300,790. <3,199.> WESTPAC BANKING CORP VARIOUS 01/15/19 3,312,465. 3,322,358. <9,883.> 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 <9,883.>	US 10YR NOTE FUTURE (CBT)	08/28/18	09/13/18	<4,376.>	0.			
US 5YR TREAS NTS FUTURE VARIOUS 08/14/18 <4,156.> 0. <4,156.> USD IRS 10YR PRIM FUTURE 12/07/18 02/13/19 <23,961.> 0. <23,961.> USD IRS 5YR PRIM FUTURE 12/07/18 02/14/19 17,082. 0. <23,961.> (CBT) 12/07/18 02/14/19 17,082. 0. 17,082. VERIZON OWNER TRUS 3A A1B VARIOUS 03/13/19 590,184. 590,000. 184. WELLS FARGO & CO VARIOUS 12/13/18 3,297,591. 3,300,790. <3,199.> WESTPAC BANKING CORP VARIOUS 01/15/19 3,312,465. 3,322,358. <9,883.> 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 <9,883.>	US 5YR NOTE FUTURE (CBT)	08/28/18	09/13/18	12,148.	0.			
USD IRS 10YR PRIM FUTURE 12/07/18 02/13/19 <23,961.> 0. <23,961.> USD IRS 5YR PRIM FUTURE (CBT) 12/07/18 02/14/19 17,082. 0. 17,082. VERIZON OWNER TRUS 3A A1B VARIOUS 03/13/19 590,184. 590,000. 184. WELLS FARGO & CO VARIOUS 12/13/18 3,297,591. 3,300,790. <3,199.> WESTPAC BANKING CORP VARIOUS 01/15/19 3,312,465. 3,322,358. <9,883.> 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	US 5YR TREAS NTS FUTURE	VARIOUS	08/14/18	<4,156.>	0.	1		
USD IRS 5YR PRIM FUTURE 12/07/18 02/14/19 17,082. 0. 17,082. (CBT) 12/07/18 02/14/19 17,082. 0. 17,082. VERIZON OWNER TRUS 3A A1B VARIOUS 03/13/19 590,184. 590,000. 184. WELLS FARGO & CO VARIOUS 12/13/18 3,297,591. 3,300,790. <3,199.> WESTPAC BANKING CORP VARIOUS 01/15/19 3,312,465. 3,322,358. <9,883.> 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	USD IRS 10YR PRIM FUTURE	12/07/18	02/13/19	<23,961.>	0.			
VERIZON OWNER TRUS 3A A1B VARIOUS 03/13/19 590,184. 590,000. 184. WELLS FARGO & CO VARIOUS 12/13/18 3,297,591. 3,300,790. <3,199.> WESTPAC BANKING CORP VARIOUS 01/15/19 3,312,465. 3,322,358. <9,883.> 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	USD IRS 5YR PRIM FUTURE							
VERIZON OWNER TRUS 3A A1B VARIOUS 03/13/19 590,184. 590,000. 184. WELLS FARGO & CO VARIOUS 12/13/18 3,297,591. 3,300,790. <3,199.> WESTFAC BANKING CORP VARIOUS 01/15/19 3,312,465. 3,322,358. <9,883.> 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	(CBT)	12/07/18	02/14/19	17,082.	0.			17 082
WELLS FARGO & COVARIOUS12/13/183,297,591.3,300,790.<3,199.>WESTPAC BANKING CORPVARIOUS01/15/193,312,465.3,322,358.<9,883.>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<3,199.>	VERIZON OWNER TRUS 3A A1B	VARIOUS	03/13/19	590,184.	590,000.			
WESTPAC BANKING CORP VARIOUS 01/15/19 3,312,465. 3,322,358. <9,883.> 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 <9,883.>	WELLS FARGO & CO	VARIOUS	12/13/18	3,297,591.	3,300,790.			
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	WESTPAC BANKING CORP	VARIOUS	01/15/19	3,312,465.	3,322,358.	-		
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	2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
	e ,							
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.

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Go to 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. OMB No. 1545-0074

201	8
Attachment Sequence No.	12A

Social security number or taxpayer identification no.

56-2070036

Name(s) shown on return

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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 generally short-term (see Instructions). 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

1 (n) eh a transactions not reported to you on Form 1000 F

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 Note below and see <i>Column (e)</i> in the instructions	in column	it, if any, to gain or ou enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
WORLD OMNI AUTO RECEIV	VARIOUS	03/15/19	506,815.	506,862.		adjustment	<47.>
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<u>.</u>							
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2 Totals. Add the amounts in colu	mns (d), (e), (g), a	Ind (h) (subtract					
negative amounts). Enter each te	otal here and incl	ude on your		1			
Schedule D, line 1b (if Box A ab	ove is checked),	line 2 (if Box B				-	
above is checked), or line 3 (if E	3 <mark>0x C</mark> above is cl	necked) 🕨 🕨					
Note: If you checked Box A above	but the basis rep	orted to the IRS	was incorrect. ent	er in column (e) th	a basis as	reported to the IB	S and enter an

s 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,

Form 8949 (2018)	Attachment Sequence No. 12A Page	e 2
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on pa		
DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036	
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usua broker and may even tell you which box to check.	statement(s) from your broker. A substitute ally your cost) was reported to the IRS by your	

Part II Long-Term. Transactions Involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,

See page 1.
 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 Ba; you aren't required to report these transactions on Form 8949 (see instructions).
 You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

] (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

] (F) Long-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 Note below and	in column column (f)	it, if any, to gain or ou enter an amount (g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see <i>Column (</i> e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
ALLY AUTO RECEIVABLES TRU	08/15/17	10/15/18	278,951.	278,950.			1,
AMERICAN EXPRESS CREDIT	06/08/17	07/02/18	3,275,000.	3,275,299.			<299,>
AMERICAN HONDA FINANCE	06/06/17	07/19/18	1,650,796.	1,667,632.			<16,836.>
BMW US CAPITAL LLC 144A	06/07/17	07/19/18	3,218,506.	3,291,280.			<72,773.>
BMW VEHICLE LEASE TRUST 2	06/12/17	10/20/18	1,352,628.	1,351,362.			1,266.
BP CAPITAL MARKETS PLC	06/06/17	07/19/18	3,215,355.	3,275,039.			<59,684.>
CARMAX AUTO OWNER TRUST	06/16/17	10/15/18	667,708.	667,152.			556.
CITIGROUP COMMERCIAL M	06/06/17	09/01/18	135,509.	137,615.			<2,106.>
COMM 2012-LC4 MORT LC4 A3	06/06/17	10/01/18	79,103.	80,360.			<1,257.>
COMM 2013-CCRE6 MORT CR6	06/06/17	07/12/18	20,409.	20,456.			<47.>
COMM 2014-CCRE15 MORTG	06/21/17	10/15/18	102,644.	104,277.			<1,633.>
COMM 2014-UBS2 MORTGAG	06/16/17	10/16/18	99,917.	101,506.			<1,588.>
COOPERATIEVE RABOBANK	06/08/17	10/23/18	3,283,936.	3,313,193.		· · · · · · · · · · · · · · · · · · ·	<29,257.>
DAIMLER FINANCE NORTH A	06/07/17	07/19/18	3,283,571.	3,310,835.			<27,264.>
DNB BANK ASA 144A	09/25/17	10/23/18	1,069,541.	1,099,463.			<29,922.>
DRIVE AUTO RECEIVABLES TR	06/21/17	07/23/18	68,487,	68,486.		······	1,
DRIVE AUTO RECEIVABLES TR	07/25/17	08/15/18	5,182.	5,182.			0
FHLMC POOL #A9-2630	08/01/17	10/01/18	46,991.	52,219.			<5,228.>
FHLMC POOL #G0-6492	09/01/17	10/01/18	8,124.	8,821.		·····	<697,>
FHLMC POOL #G1-2548	07/25/17	10/01/18	18,829.	19,634.			<805.>
FHLMC POOL #G1-2684	09/05/17	10/01/18	15,282.	15,989.			<707.>
FHLMC POOL #G1-2952	07/01/17	10/01/18	133,208.	141,109.	·		<7,901.>
FHLMC POOL #J1-2189	07/01/17	10/01/18	12,710.	13,392.			<683.5
FHLMC POOL #Q5-0139	08/02/17	10/01/18	33,172.	36,839.			<3,666.>
FHLMC MCLASS CTF 3745 MP	08/22/17	10/16/18	155,423.	156,240.	· · ·		<817.2
FHLMC MCLASS MTG 2595 HT	08/24/17	09/01/18	412,159.	422,116.			<9,957.5
FHLMC MCLASS MTG 3605 PA	07/25/17	10/16/18	305,676.	311,243.			<5,567.5
FHLMC MCLASS MTG 3636 BA	08/22/17	10/16/18	159,579.	160,386.			<807.2
FHLMC MCLASS MTG 3649 HA	09/12/17	10/01/18	7,414.	7,416.			<2.2
FHLMC MCLASS MTG 3741 PA	07/06/17	09/25/18	122,826.	123,227.			<401.2
FHLMC MCLASS MTG 3799 KA	06/06/17	09/17/18	483,244.	497,368.			<14,124.:
FHLMC MCLASS MTG 3855 HJ	06/12/17	09/17/18	328,043.	334,287.	1		<6,245.
							<0,243,2
2 Totals. Add the amounts in colu negative amounts). Enter each to Schedule D, line 8b (if Box D ab above is checked), or line 10 (if	otal here and incluove is checked),	ude on your line 9 (if Box E	53,800,080.	54,720,039.			<919,959,:

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.

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Form 8949 (2018)

Form 8949 (2018) Attachment Sequence	ce No. 12A Page	2
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1	Social security number or taxpayer identification no.	-
DUKE UNIVERSITY HEALTH SYSTEM, INC.	56-2070036	
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your statement will have the same Information as Form 1099-B. Either will show whether your basis (usually your cost) was response and may even tell you which box to check.		
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions	s). For short-term transactions.	

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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

[] (F) Long-term transactions not	t reported to you	on Form 1099-B					
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and). See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
FHLMC MCLASS MTG 4011 KM	08/14/17	10/01/18	1,924,493.	1,953,572.			<29,079.>
FNMA POOL #0735484	07/12/17	10/01/18	42,853.	47,002.	İ		<4,150.>
FNMA POOL #0888535	07/01/17	10/01/18	27,189.	28,645.			<1,455.>
FNMA POOL #0889390	07/25/17	10/01/18	23,926.	25,332.		1	<1,406.>
FNMA POOL #0890192	09/08/17	10/16/18	320,213.	328,218.			<8,005.>
FNMA POOL #0931412	09/01/17	10/16/18	461,501.	472,860.			<11,359.>
FNMA POOL #0931813	07/17/17	09/17/18	1,322,771.	1,373,675.			<50,904.>
FNMA POOL #0932463	07/01/17	10/01/18	13,200.	13,972.			<772.>
FNMA POOL #0932724	06/28/17	10/16/18	502,213.	515,765.			<13,552.>
FNMA POOL #0933488	07/01/17	10/16/18	259,455.	265,889.			<6,434.>
FNMA POOL #0968647	07/01/17	10/01/18	19,994.	21,281.			<1,286.>
FNMA POOL #0984078	07/01/17	09/17/18	641,861.	656,651.			<14,789.>
FNMA POOL #0984254	06/13/17	10/01/18	89,126.	93,604.			<4,478.>
FNMA POOL #0995262	07/01/17	09/17/18	1,037,309.	1,063,288.			<25,979.>
FNMA POOL #0995766	07/25/17	09/17/18	692,822.	703,063.			<10,241,>
FNMA POOL #0AB3272	09/01/17	09/17/18	178,028.	185,115.			<7,087.>
FNMA POOL #0AD1021	08/14/17	10/16/18	525,168.	540,698.			<15,531.>
FNMA POOL #0AD1613	07/31/17	10/16/18	201,815.	207,336.			<5,521.>
FNMA POOL #0AD3140	06/28/17	10/16/18	1,003,286.	1,031,497.			<28,210.>
FNMA POOL #0AD5535	08/14/17	10/01/18	22,855.	24,116.			<1,262.>
FNMA POOL #0AE0040	09/05/17	10/01/18	17,850.	19,026.			<1,176.>
FNMA POOL #0AE0379	08/14/17	09/17/18	216,637.	220,867.			<4,230.>
FNMA POOL #0AH2899	07/17/17	09/17/18	701,871.	728,075.			<26,204.>
FNMA POOL #0AH7030	09/01/17	09/17/18	312,385.	325,007.			<12,622.>
FNMA POOL #0AL2441	07/01/17	10/01/18	40,155.	42,737.			<2,582.>
FNMA POOL #0AL7521	07/25/17	10/01/18	35,254.	38,739.			<3,485.>
FNMA POOL #0AL9727	07/01/17	10/01/18	35,613.	37,970.			<2,357.>
FNMA POOL #0AR6887	07/01/17	09/17/18	1,195,517.	1,238,465.			<42,949.>
FNMA POOL #0AT2065	07/01/17	09/17/18	1,132,302.	1,172,865.			<40,564.>
FNMA POOL #0AT5008	07/01/17	09/01/18	1,194,994.	1,237,919.			<42,925.>
FNMA POOL #0BM1397	09/01/17	09/17/18	1,183,656.	1,232,167.			<48,510.>
FNMA GTD REMIC P/T 09-85	08/14/17	09/17/18	298,166.				<5,618.>
					· · · · · · · · · · · · · · · · · · ·	·····	
					1	1	1
2 Totals. Add the amounts in colu	mns (d), (e), (a). a	ind (h) (subtract				1	
negative amounts). Enter each to							
Schedule D, line 8b (if Box D ab		•					
above is checked), or line 10 (if							
t_{i_1}		ť ť	•		1		

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. Form 8949 (2018)

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Form 8949 (2018)	Attachment Sequence N	o. 12A Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown		ocial security number or expayer identification no.
DUKE UNIVERSITY HEALTH SYSTEM, INC.		56-2070036
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or subst statement will have the same Information as Form 1099-B. Either will show whether your basis broker and may even tell you which box to check.		
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generall see page 1.		

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). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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

(F) Long-term transactions no			•		A	1 14 a mar 1 1	
1 (a)	(b)	(c)	(d) Proceeds	(e)	Adjustmen Loss, If ve	i t, if any, to gain o r ou enter an amount	(h)
Description of property	Date acquired	Date sold or	(sales price)	Cost or other basis. See the	in column	(g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(,	Note below and	· · ·	. See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
•··· · · · · · · · · · · · · · · · · ·				the instructions	Code(s)	adjustment	with column (g)
FNMA GTD REMIC P/T 09-85	08/11/17	10/01/18	27,336.	27,812.			<476.>
FNMA GTD REMIC P/T 10-42	08/14/17	10/01/18	56,737.	57,375.			<641.>
FNMA GTD REMIC P/T 10-45	09/12/17	10/01/18	27,045.	27,107.			<63.>
FNMA GTD REMIC P/T 11-13	09/12/17	10/01/18	2,094.	2,094.			0.
FNMA GTD REMIC P/T 11-132	06/16/17	10/01/18	93,556.	93,930.			<374.>
FNMA GTD REMIC P/T 11-133	10/03/17	10/16/18	104,180.	105,379.			<1,198.>
FNMA GTD REMIC P/T 11-44	09/01/17	10/01/18	85,508.	86,083.			<576.>
FNMA GTD REMIC P/T 11-63	07/17/17	10/25/18	<1,925.>	0.			<1,925.>
FNMA GTD REMIC P/T 11-67	08/22/17	10/01/18	40,867.	40,942.			<74.>
FNMA GTD REMIC P/T 12-14	06/12/17	10/25/18	<560.>	0.			<560.>
FNMA GTD REMIC P/T 12-31	06/22/17	10/01/18	149,204.	149,279.			<74.>
FNMA GTD REMIC P/T 2014	07/06/17	08/21/18	750,756.	759,692.			<8,936.>
FORD MOTOR CREDIT CO LLC	06/07/17	09/05/18	1,955,660.	2,000,000.			<44,340.>
GNMA GTD REMIC P/T 09-110	08/04/17	10/01/18	27,732.	29,793.			<2,061.>
GNMA GTD REMIC P/T 11-75	09/08/17	10/20/18	<178.>	0.			<178.2
GNMA GTD REMIC P/T 16-118	08/17/17	10/20/18	<3,689.>	0.			<3,689.3
GNMA GTD REMIC P/T 16-17	07/25/17	10/20/18	<4,226.>	0.			<4,226,>
GNMA GTD REMIC P/T 16-20	09/15/17	10/20/18	<2,991.>	0.			<2,991.>
GNMA GTD REMIC P/T 16-5	09/20/17	10/20/18	<2,598.>	0.			<2,598.>
GNMA GTD REMIC P/T 16-88	07/25/17	10/20/18	<1,952.>	0.			<1,952,>
GS MORTGAGE SECURITIES	07/18/17	10/01/18	84.	85.			0
HONDA AUTO RECEIVABLES	09/25/17	10/18/18	71,961.	71,957.			4
JPMORGAN CHASE & CO	06/06/17	07/19/18	3,282,741.	3,300,472.			<17,731.;
MORGAN STANLEY BANK OF	06/22/17	10/01/18	33,745.	34,263.			<518.:
NISSAN AUTO RECEIVABLES	08/16/17	10/15/18	135,370.	135,367.	1		3
ROYAL BANK OF CANADA	06/06/17	07/19/18	3,282,374.	3,311,942.			<29,568.
SANTANDER DRIVE AUTO	06/07/17	09/17/18	109,000.	109,434.			<434 .:
TOYOTA AUTO RECEIVABLES	09/06/17	10/15/18	328,125.	327,857.			268
US BANK NA/CINCINNATI OH	06/06/17	07/19/18	3,294,743.	3,319,350.			<24,607.:
USD IRS 5YR PRIM FUTURE	09/10/18	11/16/18	2,690.	0.			2,690
WORLD OMNI AUTO RECEIV.	07/31/17	10/15/18	232,290.	232,253.			37
			·				
			· · · · · · · · · · · · · · · · · · ·				
2 Totals. Add the amounts in colu		and (b) (outbract					
negative amounts). Enter each to		•					
Schedule D, line 8b (if Box D ab	,.	•					
above is checked), or line 10 (if				()()()()	<u> </u>		

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. Form 8949 (2018)

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DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

SCHEDULE D	C	CAPITAL LOSS CARRYOVER				
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING		
	2013 2014 2015 2016 2017	3,889 321,641		3,889 321,641		
CAPITAL LOSS	CARRYOVER TO C	CURRENT TAXABLE YEA	R	325,530		

Limitation on Business Interest Expense Under Section 163(j)

Attach to your tax return.

OMB No. 1545-0123

Go to www.irs.gov/Form8990 for instructions and the latest information.

Taxpayer name(s) shown on tax return DUKE UNIVERSITY HEALTH SYSTEM, INC.

Form 8990

Department of the Treasury Internal Revenue Service

(December 20

Identification number 56-2070036

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to 163(j).

Section I - Business Interest Expense

1	Current year business interest expense (not including floor plan			
	financing interest expense), before the section 163(j) limitation	1	2,920,533.	
2	Disallowed business interest expense carryforwards from prior			
	years. (Does not apply to a partnership)	2		
з	Partner's excess business interest expense treated as paid or			
	accrued in current year (Schedule A, line 44, column (h))	3		
4	Floor plan financing interest expense. See instructions	4		
5	Total business interest expense. Add lines 1 through 4			2,920,533,

Section II - Adjusted Taxable Income

Taxable Income

6	Taxable income. See instructions			6	
	Additions (adjustments to be made if amounts are	taken into	account on line 6)		
7	Any item of loss or deduction which is not properly allocable to a				
-	trade or business of the taxpayer. See instructions	7			
8	Any business interest expense not from a pass-through entity. See				
	instructions	_8	2,920,533.		
9	Amount of any net operating loss deduction under section 172	9	0.		
10	Amount of any qualified business income deduction allowed under				
	section 199A	10			
11	Deduction allowable for depreciation, amortization, or depletion				
	attributable to a trade or business	11			
12	Amount of any loss or deduction items from a pass-through entity.				
	See instructions	12			
13	Other additions. See instructions	13			
14	Total current year partner's excess taxable income (Schedule A, line				
	44, column (f))	14			
15	Total current year S corporation shareholder's excess taxable				
	income (Schedule B, line 46, column (c))	15			
16	Total. Add lines 7 through 15	·····		16	2,920,533.
	Reductions (adjustments to be made if amounts a	are taken i	nto account on line	6)	
17	Any item of income or gain which is not properly allocable to a trade		· · · · · · · · · · · · · · · · · · ·		
	or business of the taxpayer. See instructions	17			
18	Any business interest income not from a pass-through entity. See instructions	18	1,729,359.		
19	Amount of any income or gain items from a pass-through entity.				
	See instructions	19			
20	Other reductions. See instructions	20			
21	Total. Combine lines 17 through 20			21	1,729,359.
22	Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter -			22	1,191,174.
	ion III - Business Interest Income	<u> </u>	<u> </u>		
23	Current year business interest income. See instructions	23	1,729,359.		
24	Excess business interest income from pass through entities (total of		······································		
	Schedule A, line 44, column (g), and Schedule B, line 46, column (d)	24			
25	Total. Add lines 23 and 24		•	25	1 729 350
	01-02-19 LHA For Paperwork Reduction Act Notice, see the instructions.			20	1,729,359. Form 8990 (12-2018
040411	1.93				12-2018

2018.06000 DUKE UNIVERSITY HEALTH SY HDD004_1

Form 8990 (12-2018)

Section IV - 163(j) Limitation Calculations

26		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
	Multiply adjusted taxable income (line 22) by 30% (0.30). See			255 250		
			6	357,352.		
27	Business interest income (line 25)		.7	1,729,359.		
28	Floor plan financing interest expense (line 4)		8			
29	Total. Add lines 26, 27, and 28			••••••	29	2,086,711
	Allowable Business	s Interest Ex	pense			
30	Total current year business interest expense deduction. See inst	ructions			30	2,086,711
	Carryfo	orward				
31	Disallowed business interest expense. Subtract line 29 from line 5	5. (If zero or le	ss. ente	r -0)	31	833,822
Par	t II Partnership Pass-Through Items					
Part	II is only completed by a partnership that is subject to section 163(j). The	e partnership i	tems be	olow are allocated to t	he partners	
	are not carried forward by the partnership. See the instructions for more				•	
	Excess Business	Interest Ex	oense			
32	Excess business interest expense. Enter amount from line 31				32	
	Excess Taxable Income (If you entered	an amount	on line	32, skip lines 33 th	rough 37.)
33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -	0)			33	
34	Subtract line 33 from line 26. (If zero or less, enter -0)	,		•••••••••••••••••••••••••••••••••••••••	34	
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is ze	ero, enter -0)	•••••		35	
36	Excess Taxable Income. Multiply line 35 by line 22		•••••••••••		36	
	Excess Business					
	Excess business interest income. Subtract the sum of lines 1, 2, a	ind 3 from line	25 (lf	zero or	T	
37	less, enter -0) t III S Corporation Pass-Through Items				37	
	t III S Corporation Pass-Through Items	••••••••••••••••			1 0/ 1	
37 Par	chi o oorportatorri aso miougnitemo					
Par Part	III is only completed by S corporations that are subject to section 163(j). the instructions for more information.				ed to the sl	nareholders.
Par Part	III is only completed by S corporations that are subject to section 163(j).	. The S corpol	ration ite		ed to the sl	nareholders.
Part See	III is only completed by S corporations that are subject to section 163(j). the instructions for more information. Excess Taxa	. The S corpol able Income	ration ite	ems below are allocat		nareholders,
Part See 38	III is only completed by S corporations that are subject to section 163(j). the instructions for more information. Excess Taxa Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -	. The S corpor able Income	ration ite	ems below are allocat	ed to the si	nareholders,
Part See 38	III is only completed by S corporations that are subject to section 163(j). the instructions for more information. Excess Taxa Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter - Subtract line 38 from line 26. (If zero or less, enter -0)	. The S corpor able Income	ration ite	erns below are allocat	<u>38</u> 39	nareholders,
Part See 38 39 40	III is only completed by S corporations that are subject to section 163(), the instructions for more information. Excess Taxa Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter - Subtract line 38 from line 26. (If zero or less, enter -0) Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero	. The S corpor able Income -0) əro, enter -0)	ration ite	erns below are allocat	38	nareholders,
Part See 38 39 40	III is only completed by S corporations that are subject to section 163(j). the instructions for more information. Excess Taxa Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter - Subtract line 38 from line 26. (If zero or less, enter -0)	. The S corpor able Income -0) ero, enter -0)	ration ite	erns below are allocat	38 39 40	nareholders.
Par Part	III is only completed by S corporations that are subject to section 163(j). the instructions for more information. Excess Taxa Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter - Subtract line 38 from line 26. (If zero or less, enter -0) Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is ze Excess Taxable Income. Multiply line 40 by line 22	. The S corpor able Income -0) -oro, enter -0) Interest Inc	come	ems below are allocat	38 39 40	nareholders,

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