

# PUBLIC INSPECTION COPY

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)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A** For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated <input checked="" type="checkbox"/> Amended return Application pending	<b>C</b> Name of organization DUKE UNIVERSITY HEALTH SYSTEM, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 324 BLACKWELL ST., WASHIN. BLDG. 850 City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27701	<b>D</b> Employer identification number 56-2070036 <b>E</b> Telephone number (919) 668-8910
	<b>F</b> Name and address of principal officer: <b>A.</b> EUGENE WASHINGTON, MD 615 DOUGLAS ST., STE. 700, DURHAM, NC 27705	<b>G</b> Gross receipts \$ 6,566,202,965. <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	
	<b>J</b> Website: ▶ WWW.DUKEHEALTH.ORG	
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	<b>L</b> Year of formation: 1998
		<b>M</b> State of legal domicile: NC

**Part I Summary**

	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	23808
	6	Total number of volunteers (estimate if necessary)	6	334
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	86,121,174.	91,140,534.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,599,916,767.	3,871,854,414.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,357,034.	577,610,455.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,371,185.	84,862,940.
12			3,853,766,160.	4,625,468,343.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,636,042.	2,204,045.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,727,971,477.	1,853,402,815.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 236,839.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,882,797,139.	2,014,873,028.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,612,404,658.	3,870,479,888.
19	Revenue less expenses. Subtract line 18 from line 12	241,361,502.	754,988,455.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	7,016,316,692.	8,635,026,358.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,796,495,285.	3,310,091,486.
			3,219,821,407.	5,324,934,872.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer JOHN P. MORDACH, SVP, CFO, TREASURER Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ..... **Yes** **No**

# PUBLIC INSPECTION COPY

## Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:  
SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 3,104,942,339. including grants of \$ 2,204,045.) (Revenue \$ 3,928,176,060.)  
SEE SCHEDULE O

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

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

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

**4e** Total program service expenses **▶** 3,104,942,339.

# PUBLIC INSPECTION COPY

**Part IV Checklist of Required Schedules**

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

# PUBLIC INSPECTION COPY

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	553	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X	

# PUBLIC INSPECTION COPY

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	23808	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country <b>SEE SCHEDULE O</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see instructions and file Form 4720, Schedule N.</i>	<b>15</b>	X	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	<b>16</b>		X

# PUBLIC INSPECTION COPY

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.	<b>1a</b>	19		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	12		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		X	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
 BETSY CASSIDY - (919) 668-8910  
 DUHS, INC., 615 DOUGLAS STREET, SUITE 700, DURHAM, NC 27705

# PUBLIC INSPECTION COPY

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) A EUGENE WASHINGTON MD DIRECTOR/PRESIDENT & CEO	33.00 33.20	X		X				0.	1,996,038.	48,232.
(2) KENNETH C MORRIS FORMER OFFICER	40.00 0.00						X	1,678,892.	0.	39,487.
(3) VINCENT E PRICE DIRECTOR	3.00 48.20	X						0.	1,476,476.	52,016.
(4) WILLIAM J FULKERSON MD EXECUTIVE VP, DUHS	56.00 4.80			X				1,053,842.	0.	40,396.
(5) JOHN P MORDACH SVP, CFO, TREASURER	40.00 0.60			X				954,596.	0.	15,585.
(6) THOMAS A OWENS MD PRESIDENT, DUH AND SVP, DUHS	61.00 0.30				X			761,389.	0.	45,280.
(7) RICHARD PATRICK SHANNON PHYSICIAN	40.00 0.00					X		728,492.	0.	48,599.
(8) MARY E KLOTMAN MD DIRECTOR	11.00 42.50	X						0.	728,276.	47,370.
(9) JEFFREY M FERRANTI CIO/VP FOR MEDICAL INFORMATICS	40.00 0.00					X		570,697.	103,128.	60,275.
(10) KEITH STOVER COO, PRMO	40.00 0.00					X		520,046.	0.	53,425.
(11) KATHLEEN GALBRAITH PRESIDENT, DUKE REGIONAL HOSPITAL	60.00 0.20				X			502,174.	0.	55,096.
(12) ARLENE N CHUA PHYSICIAN	40.00 0.00					X		489,537.	0.	51,008.
(13) ROBERT N WILLIS VP FINANCE/CONTROLLER/CAO	40.00 0.00					X		491,508.	0.	44,284.
(14) MONTE D BROWN MD VP FOR ADMINISTRATION/SECRETARY	60.00 0.10			X				458,400.	0.	47,911.
(15) MARY K MARTIN CHIEF OPERATING OFFICER, DUH	40.00 0.00				X			410,341.	0.	56,945.
(16) MARY ANN FUCHS VP-PATIENT CARE/CHIEF NURSE EXEC	60.00 0.10				X			385,024.	0.	31,738.
(17) ERIK PAULSON DIRECTOR	1.00 55.00	X						0.	361,724.	48,163.

# PUBLIC INSPECTION COPY

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANN REED DIRECTOR	1.00 40.10	X						0.	303,218.	24,537.
(19) LEIGH BLEECKER INTERIM PRESIDENT, DUKE RALEIGH HOSP	50.00 0.00				X			298,626.	0.	26,749.
(20) DAVID W ZAAS PART YEAR PRESIDENT, DUKE RALEIGH HO	60.00 0.00				X			266,698.	0.	41,791.
(21) LESLIE E BAINS DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) GAIL BELVETT MD DDS DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) DHAMIAN BLUE DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) JACK O BOVENDER JR DIRECTOR	3.00 8.10	X						0.	0.	0.
(25) GERALD HASSELL DIRECTOR	1.00 4.00	X						0.	0.	0.
(26) WILLIAM HAWKINS DIRECTOR	8.00 10.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								9,570,262.	4,968,860.	878,887.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								9,570,262.	4,968,860.	878,887.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2,783

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRIVATE DIAGNOSTIC CLINIC PLLC PO BOX 15000, DURHAM, NC 27710	MEDICAL SERVICES	188,636,860.
ROBINS & MORTON GROUP, PO BOX 11407 DEPT #5870, BIRMINGHAM, AL 35209	CONSTRUCTION SERVICES	100,536,536.
SKANSKA USA BUILDING INC, 4309 EMPEROR BLVD, SUITE 200, DURHAM, NC 27703	CONSTRUCTION SERVICES	66,599,026.
RODGERS BUILDERS INC PO BOX 18446, CHARLOTTE, NC 28218	CONSTRUCTION SERVICES	48,114,625.
BALFOUR BEATTY CONSTRUCTION LLC, 406 S MCDOWELL ST, SUITE 200, RALEIGH, NC 27601	CONSTRUCTION SERVICES	39,580,141.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 364

SEE PART VII, SECTION A CONTINUATION SHEETS





# PUBLIC INSPECTION COPY

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	87,223,998.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,916,536.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 51,247.				
	<b>h Total.</b> Add lines 1a-1f .....			91,140,534.			
<b>Program Service Revenue</b>	<b>2 a</b> PATIENT REVENUE	<b>Business Code</b>					
		621990	3,841,273,372.	3,841,273,372.			
	<b>b</b> ANCILLARY MEDICAL SVCS	621990	30,581,042.	30,581,042.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			3,871,854,414.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		14,336,686.			14,336,686.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		7,295,704.			7,295,704.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
				16,049,491.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>	12,094,274.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	3,955,217.				
	<b>d</b> Net rental income or (loss) .....			3,955,217.		3,955,217.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				2491914117.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	1923465399.	5,174,949.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	568,448,718.	-5,174,949.			
<b>d</b> Net gain or (loss) .....			563,273,769.		563,273,769.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> BILLING FEES	<b>Business Code</b>					
		621990	49,209,143.	49,209,143.			
	<b>b</b> DEEMED DIVIDEND	900003	11,039,237.			11,039,237.	
	<b>c</b> LAB SERVICES	621990	5,815,503.	5,815,503.			
	<b>d</b> All other revenue .....	621990	7,548,136.	1,297,000.		6,251,136.	
<b>e Total.</b> Add lines 11a-11d .....			73,612,019.				
<b>12 Total revenue.</b> See instructions .....			4,625,468,343.	3,928,176,060.	0.	606,151,749.	

# PUBLIC INSPECTION COPY

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,044,316.	2,044,316.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	12,988.	12,988.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	146,741.	146,741.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	8,090,883.	523,586.	7,515,280.	52,017.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	2,095,826.		2,095,826.	
<b>7</b> Other salaries and wages .....	1,446,824,535.	1,042,003,137.	404,702,950.	118,448.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	118,246,071.	98,951,403.	19,290,175.	4,493.
<b>9</b> Other employee benefits .....	169,949,491.	115,057,999.	54,868,180.	23,312.
<b>10</b> Payroll taxes .....	108,196,009.	77,420,767.	30,766,460.	8,782.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	16,089,952.	16,036,221.	53,731.	
<b>b</b> Legal .....	1,717,676.	58,839.	1,658,837.	
<b>c</b> Accounting .....	601,100.		601,100.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	4,799,466.		4,799,466.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	315,437,911.	183,740,794.	131,697,117.	
<b>12</b> Advertising and promotion .....	4,476,774.	52,250.	4,424,524.	
<b>13</b> Office expenses .....	33,346,033.	17,708,031.	15,608,215.	29,787.
<b>14</b> Information technology .....	71,925,764.	5,317,792.	66,607,972.	
<b>15</b> Royalties .....	9,970.	9,970.		
<b>16</b> Occupancy .....	79,805,373.	47,171,233.	32,634,140.	
<b>17</b> Travel .....	6,255,011.	5,745,959.	509,052.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	4,182,011.	1,470,106.	2,711,905.	
<b>20</b> Interest .....	23,207,127.	23,207,127.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	167,019,895.	135,713,906.	31,305,989.	
<b>23</b> Insurance .....	11,390,373.	11,390,373.		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	1,118,135,938.	1,118,135,938.		
<b>b</b> EQUIPMENT RENTAL & MAIN	98,649,669.	80,897,004.	17,752,665.	
<b>c</b> MEDICAID ASSESSMENT	72,540,346.	72,540,346.		
<b>d</b> LAUNDRY	7,489,485.	7,489,485.		
<b>e</b> All other expenses	-22,206,846.	42,096,028.	-64,302,874.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,870,479,888.	3,104,942,339.	765,300,710.	236,839.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

# PUBLIC INSPECTION COPY

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	106,367.	<b>1</b>	109,222.	
	<b>2</b> Savings and temporary cash investments .....	732,249,872.	<b>2</b>	925,443,335.	
	<b>3</b> Pledges and grants receivable, net .....	892,030.	<b>3</b>	1,103,596.	
	<b>4</b> Accounts receivable, net .....	458,151,390.	<b>4</b>	541,369,859.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	250,797.	<b>7</b>	95,277.	
	<b>8</b> Inventories for sale or use .....	123,628,510.	<b>8</b>	136,779,868.	
	<b>9</b> Prepaid expenses and deferred charges .....	39,032,217.	<b>9</b>	34,281,580.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,370,526,784.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,204,440,508.	1,962,196,862.	<b>10c</b>	2,166,086,276.
	<b>11</b> Investments - publicly traded securities .....	693,258,312.	<b>11</b>	881,270,701.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,631,956,835.	<b>12</b>	3,539,945,524.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....	21,465,755.	<b>14</b>	21,965,765.	
	<b>15</b> Other assets. See Part IV, line 11 .....	353,127,745.	<b>15</b>	386,575,355.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,016,316,692.	<b>16</b>	8,635,026,358.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	443,168,179.	<b>17</b>	481,940,282.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	6,931,847.	<b>19</b>	9,113,530.	
	<b>20</b> Tax-exempt bond liabilities .....	697,271,119.	<b>20</b>	667,130,765.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,649,124,140.	<b>25</b>	2,151,906,909.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,796,495,285.	<b>26</b>	3,310,091,486.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	3,160,261,793.	<b>27</b>	5,250,235,427.	
	<b>28</b> Net assets with donor restrictions .....	59,559,614.	<b>28</b>	74,699,445.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	3,219,821,407.	<b>32</b>	5,324,934,872.	
<b>33</b> Total liabilities and net assets/fund balances .....	7,016,316,692.	<b>33</b>	8,635,026,358.		

# PUBLIC INSPECTION COPY

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,625,468,343.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,870,479,888.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	754,988,455.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,219,821,407.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	995,112,757.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	355,012,253.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,324,934,872.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	X	

# PUBLIC INSPECTION COPY

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

## Public Charity Status and Public Support

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

# PUBLIC INSPECTION COPY

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

# PUBLIC INSPECTION COPY

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....  ►

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....  ►

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....  ►

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



# PUBLIC INSPECTION COPY

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

# PUBLIC INSPECTION COPY

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>	
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>	

# PUBLIC INSPECTION COPY

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

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

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

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

# PUBLIC INSPECTION COPY

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



# PUBLIC INSPECTION COPY

## SCHEDULE C (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

OMB No. 1545-0047

# 2020

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <p style="text-align:center;">DUKE UNIVERSITY HEALTH SYSTEM, INC.</p>	Employer identification number <p style="text-align:center;">56-2070036</p>
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

# PUBLIC INSPECTION COPY

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

# PUBLIC INSPECTION COPY

**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)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		83,318.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		156,655.
<b>j</b> Total. Add lines 1c through 1i .....			239,973.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DUKE UNIVERSITY HEALTH SYSTEM, INC. EMPLOYS STAFF WHO PERFORM SOME

LOBBYING ACTIVITIES AS PART OF THEIR JOB RESPONSIBILITIES. THESE SAME

EMPLOYEES HAVE AND SOME SENIOR LEADERS MAY HAVE DIRECT CONTACT WITH

LEGISLATORS, THEIR STAFFS, AND GOVERNMENT OFFICIALS.



# PUBLIC INSPECTION COPY

**Part IV** Supplemental Information *(continued)*

DUKE UNIVERSITY HEALTH SYSTEM, INC. PAYS MEMBERSHIP DUES TO OTHER

ORGANIZATIONS. PER THE MEMBERSHIP DUES INVOICES, SOME OF THESE

ORGANIZATIONS PROVIDE A DISCLOSURE OF LOBBYING PERCENTAGE OF THE DUES

RECEIVED.

# PUBLIC INSPECTION COPY

## SCHEDULE D (Form 990)

Department of the Treasury  
Internal Revenue Service

## Supplemental Financial Statements

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

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

OMB No. 1545-0047

# 2020

Open to Public  
Inspection

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

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

### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2020

# PUBLIC INSPECTION COPY

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	59,559,614.	60,648,900.	58,627,787.	57,177,730.	57,816,285.
<b>b</b> Contributions	12,795,429.	6,063,715.	5,694,239.	3,880,934.	2,312,345.
<b>c</b> Net investment earnings, gains, and losses	14,542,065.	-1,163,937.	681,288.	2,052,778.	1,810,497.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	12,197,663.	5,989,064.	4,354,414.	4,483,655.	4,761,397.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	74,699,445.	59,559,614.	60,648,900.	58,627,787.	57,177,730.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- |  |   |           |
|--|---|-----------|
| <b>a</b> Board designated or quasi-endowment | ▶ | _____ %   |
| <b>b</b> Permanent endowment                 | ▶ | 59.9000 % |
| <b>c</b> Term endowment                      | ▶ | 40.1000 % |
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes                      | No                       |
|------------------------------------|--------------------------|--------------------------|
| <b>(i)</b> Unrelated organizations | <input type="checkbox"/> | X                        |
| <b>(ii)</b> Related organizations  | X                        | <input type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		69,557,247.		69,557,247.
<b>b</b> Buildings		2,868,644,931.	1,087,511,741.	1,781,133,190.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		943,515,850.	711,301,240.	232,214,610.
<b>e</b> Other		488,808,756.	405,627,527.	83,181,229.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,166,086,276.

# PUBLIC INSPECTION COPY

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) OTHER INVESTMENTS	94,955,753.	END-OF-YEAR MARKET VALUE
(B) PRIVATE CAPITAL	1,554,975,292.	END-OF-YEAR MARKET VALUE
(C) CASH & CASH EQUIVALENTS	191,239,902.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUNDS	1,292,670,156.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE	157,690,193.	END-OF-YEAR MARKET VALUE
(F) NATURAL RESOURCES	248,414,228.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,539,945,524.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST RETIREMENT BENEFIT OBLIGATION	310,119,000.
(3) FINANCE LEASE LIABILITIES	175,739,015.
(4) DERIVATIVE INSTRUMENTS	73,800,303.
(5) TAXABLE BOND LIABILITY	885,370,609.
(6) RIGHT-OF-USE OPERATING LEASE LIABILITIES	368,754,498.
(7) MEDICARE ADVANCE PAYMENTS	246,289,232.
(8) OTHER NON-CURRENT LIABILITIES	61,715,930.
(9) NONCURRENT DEFERRED PAYROLL TAXES	30,118,322.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,151,906,909.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

# PUBLIC INSPECTION COPY

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

THE INTENDED USE FOR THE ORGANIZATION'S ENDOWMENT:

GENERATE EARNINGS AND SUBSEQUENT DISTRIBUTIONS TO SUPPORT CAPITAL

PURCHASES, OFFSET OPERATING COSTS, IMPROVE PATIENT SAFETY, SUPPORT THE

NEEDS OF PATIENTS AND FAMILIES, AND FUND OTHER PROGRAMS CONSISTENT WITH

THE CHARITABLE MISSION OF THE INSTITUTION.

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





# PUBLIC INSPECTION COPY

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GENERAL SUPPORT	0.		2,000.	MEDICAL EQUIPMENT	FMV
		SOUTH ASIA	GENERAL SUPPORT	0.		144,741.	MEDICAL EQUIPMENT	FMV

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

3 Enter total number of other organizations or entities ..... 2





# PUBLIC INSPECTION COPY

**Part IV Foreign Forms**

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

# PUBLIC INSPECTION COPY

**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 OR 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 TO ENSURE COMPLIANCE WITH LAWS, REGULATIONS, AND ANY TERMS

AND CONDITIONS OF THE TRANSFER. SUBRECIPIENTS ARE NOT PERMITTED UNDER THE

TERMS OF THE TRANSFER.

# PUBLIC INSPECTION COPY

**SCHEDULE H  
(Form 990)**

## Hospitals

OMB No. 1545-0047

# 2020

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			140,911,724.		140,911,724.	3.64%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			144,222,821.		144,222,821.	3.73%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			285,134,545.		285,134,545.	7.37%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			528,131.		528,131.	.01%
<b>f</b> Health professions education (from Worksheet 5) .....			100,398,064.	17,814,873.	82,583,191.	2.13%
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			12,878,365.		12,878,365.	.33%
<b>j Total.</b> Other Benefits .....			113,804,560.	17,814,873.	95,989,687.	2.47%
<b>k Total.</b> Add lines 7d and 7j .....			398,939,105.	17,814,873.	381,124,232.	9.84%





# PUBLIC INSPECTION COPY

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

**Section B. Facility Policies and Practices**

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

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

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1, 3

		Yes	No
<b>Community Health Needs Assessment</b>			
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? .....	<b>1</b>		X
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 .....	<b>2</b>		X
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 .....	<b>3</b>	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>			
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 community, and identify the persons the hospital facility consulted .....	<b>5</b>	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	<b>6a</b>	X	
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 .....	<b>6b</b>	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	<b>7</b>	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://CORPORATE.DUKEHEALTH.ORG/COMMUNITY</u>			
b <input checked="" type="checkbox"/> Other website (list url): <u>WWW.HEALTHYDURHAM.ORG</u>			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input type="checkbox"/> 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 .....	<b>8</b>	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 18</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	X	
a If "Yes," (list url): <u>HTTP://CORPORATE.DUKEHEALTH.ORG/COMMUNITY</u>			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10b</b>		
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)? .....	<b>12a</b>		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>		
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? \$			

# PUBLIC INSPECTION COPY

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

**Financial Assistance Policy (FAP)**

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b>	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status			
<b>g</b> <input type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b>	X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b>	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b>	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)			



# PUBLIC INSPECTION COPY

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

**Billing and Collections**

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

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

**Policy Relating to Emergency Medical Care**

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

# PUBLIC INSPECTION COPY

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

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

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

	Yes	No
<p><b>22</b> 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.</p> <p><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input checked="" type="checkbox"/> 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</p> <p><b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p><b>23</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>23</b>	x
<p><b>24</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>24</b>	x

**Schedule H (Form 990) 2020**

# PUBLIC INSPECTION COPY

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

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group DUKE RALEIGH HOSPITAL

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

		Yes	No
<b>Community Health Needs Assessment</b>			
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		X
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		X
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 .....	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>			
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 community, and identify the persons the hospital facility consulted .....	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X	
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	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://CORPORATE.DUKEHEALTH.ORG/COMMUNITY</u>			
b <input checked="" type="checkbox"/> Other website (list url): <u>HTTP://WWW.LIVEWELLWAKE.ORG</u>			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input type="checkbox"/> 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X	
a If "Yes," (list url): <u>HTTP://CORPORATE.DUKEHEALTH.ORG/COMMUNITY</u>			
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
b 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? \$			

# PUBLIC INSPECTION COPY

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

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group DUKE RALEIGH HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b>	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status			
<b>g</b> <input type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b>	X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b>	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b>	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)			

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

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

**Billing and Collections**

Name of hospital facility or letter of facility reporting group DUKE RALEIGH HOSPITAL

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

**Policy Relating to Emergency Medical Care**

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

# PUBLIC INSPECTION COPY

**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
<p><b>22</b> 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.</p> <p><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input checked="" type="checkbox"/> 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</p> <p><b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p><b>23</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>23</b>	x
<p><b>24</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>24</b>	x

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

**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

# PUBLIC INSPECTION COPY

**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



# PUBLIC INSPECTION COPY

**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).

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

# PUBLIC INSPECTION COPY

**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.

HOME BUILDS. ADDITIONALLY, AFFORDABLE HOUSING IS A FOCUS OF DUH AS PART

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.

THE DEVELOPMENT BROKE GROUND IN JULY 2019, AND THE MULTI-UNIT HOUSING

COMPLEX WAS FINISHED AND OCCUPIED IN 2021. THE LARGER DUKE UNIVERSITY

ALSO COMMITTED \$3 MILLION WITH THE CITY OF DURHAM TO DEVELOP AN

AFFORDABLE HOUSING LOAN 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 INCLUDE 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 INCLUDE 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 LONG-STANDING PROGRAMS SUPPORTED BY DUH SEEK TO INCREASE

# PUBLIC INSPECTION COPY

**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.

ACCESS TO CARE FOR UNINSURED, UNDERINSURED, AND/OR VULNERABLE

INDIVIDUALS AND FAMILIES. THOSE PROGRAMS INCLUDE:

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 FY2021: PADC WILL CONTINUE TO FOCUS ON COVID-19 RESPONSE

EFFORTS AND PROVIDE AS MANY SPECIALTY SERVICES AS POSSIBLE GIVEN

ONGOING COVID-19 DISRUPTIONS/DELAYS.

PROGRESS IN FY2021: PADC CONTINUED TO FOCUS ON COVID-19 RESPONSE

EFFORTS AND PARTNERED WITH NUMEROUS ORGANIZATIONS TO HELP INDIVIDUALS

IMPACTED BY COVID-19. PADC CONTINUED TO LINK AS MANY UNINSURED

INDIVIDUALS AS POSSIBLE TO SPECIALTY SERVICES IN SPITE OF

DISRUPTIONS/DELAYS THAT CONTINUED AS A RESULT OF COVID-19 IN FY2021.

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

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

# PUBLIC INSPECTION COPY

**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.

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 FY2021: CONTINUE CARE MANAGEMENT SERVICES AND

COVID-19 RESPONSE EFFORTS.

PROGRESS IN FY2021: LATCH CONTINUED TO PARTNER WITH VARIOUS DUKE AND

COMMUNITY ORGANIZATIONS IN COVID-19 RESPONSE EFFORTS DURING FY2021. IN

ADDITION, LATCH PROVIDED CARE MANAGEMENT SERVICES TO 772 INDIVIDUALS.

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

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

COMPLEX ISSUES THAT REQUIRE THE INTERACTION WITH MULTIPLE SPECIALISTS.

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

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

CENTRAL "QUARTERBACK" HELPING TO OVERSEE THE BIG PICTURE.

# PUBLIC INSPECTION COPY

**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.

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).

PLANS FOR FY2021: CONTINUE THE CCP SERVING CHILDREN WITH MULTIPLE

COMPLEX ISSUES AND THEIR FAMILIES.

PROGRESS IN FY2021: AS IN FY2020, CCP CONTINUED TO MAXIMIZE SERVICES TO

CHILDREN WITH MULTIPLE MEDICALLY COMPLEX ISSUES 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 CELEBRATED 25 YEARS OF SERVICE IN 2021. DURHAM PUBLIC SCHOOLS

CLOSED TO IN-PERSON LEARNING IN MARCH 2020 AS A RESULT OF COVID-19.

THE SOUTHERN HIGH SCHOOL WELLNESS CENTER PIVOTED TO PROVIDING

TELEHEALTH SERVICES (VIA PHONE AND VIDEO VISITS) IN 2021.

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

# PUBLIC INSPECTION COPY

**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.

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. IN LATE DECEMBER 2019, REPORTS OF CARBON  
MONOXIDE POISONINGS BEGAN AT THE MCDUGALD TERRACE APARTMENT COMPLEX.  
BY EARLY JANUARY 2020, THE DURHAM HOUSING AUTHORITY HAD RELOCATED  
HUNDREDS OF RESIDENTS TO 15 HOTELS ACROSS DURHAM. THE JFU TEAM DEPLOYED  
TO PROVIDE HEALTH CARE FOR THE RESIDENTS ACROSS THE 15 HOTEL SITES  
DURING JANUARY AND FEBRUARY. ALMOST ALL OF THE JFU IN HOME VISITS  
CEASED IN MARCH 2020 AS A RESULT OF COVID-19. AS A RESULT, THE JFU TEAM  
CONDUCTED FREQUENT WELL-CHECK CALLS AND PROVIDED TELEHEALTH SERVICES  
(VIA PHONE/VIDEO VISITS).

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

# PUBLIC INSPECTION COPY

**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.

SEEN BASED ON A SLIDING FEE SCALE. NO PATIENT IS DENIED CARE BASED ON

INABILITY TO PAY FOR SERVICES. THE LYON PARK CLINIC WAS THE FIRST OF

THE COLLABORATIVE NEIGHBORHOOD CLINICS, OPENING ITS DOORS FOR PATIENT

CARE IN APRIL 2003. THE WALLTOWN CLINIC OPENED IN JANUARY 2005 AND THE

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

FUNDS THROUGH A DUKE ENDOWMENT GRANT. CLINICS GENERATE REVENUE THROUGH

A CONTRACT WITH LINCOLN COMMUNITY HEALTH CENTER AND RECEIVE SIGNIFICANT

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

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

PRACTITIONERS AND FAMILY PHYSICIANS, WHO SERVE AS SUPERVISING DOCTORS.

EACH CLINIC IS SUPPORTED BY NURSING STAFF: CERTIFIED NURSING

ASSISTANTS, LICENSED PRACTICAL NURSES, OR CERTIFIED MEDICAL ASSISTANTS

AND A STAFF ASSISTANT. THE STAFF ASSISTANT PERFORMS ALL ADMINISTRATIVE

TASKS FOR THE CLINIC INCLUDING ANSWERING INCOMING PHONE CALLS,

REGISTRATION, SCHEDULING, ETC.

PLANS FOR FY2021: THE SOUTHERN HIGH SCHOOL WELLNESS CENTER, JUST FOR

US, AND THE NEIGHBORHOOD/COMMUNITY CLINICS HOPE TO RETURN TO

PRE-PANDEMIC LEVELS OF CLINICAL ENCOUNTERS OF 13,000+.

PROGRESS IN FY2021: THE SOUTHERN HIGH SCHOOL WELLNESS CENTER,

THE MICRO-CLINICS AND JUST FOR US CONTINUED TO ADJUST TO THE IMPACTS OF

COVID-19 AND PROVIDED 10,049 IN PERSON AND VIDEO/TELEHEALTH PATIENT

VISITS.

3. POVERTY

# PUBLIC INSPECTION COPY

**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.

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

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

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

AS UNINSURED OR UNDERINSURED HEALTH INSURANCE COVERAGE, AFFECT HEALTH

OUTCOMES. REASONS FOR THE ASSOCIATION BETWEEN ECONOMIC INSECURITY AND

HEALTH INCLUDE THE HEALTH EFFECTS OF STRESS RESULTING FROM ECONOMIC

INSECURITY, EFFECTS OF STRESS AND SPENDING LIMITATIONS ON FOOD

CONSUMPTION, AND RESTRICTED USE OF HEALTH SERVICES.

EFFECTIVE 7/1/2019, DU AND DUHS INCREASED THE MINIMUM WAGE TO \$15 PER

HOURLY FOR ALL EMPLOYEES.

SECOND CHANCES: SINCE SEPTEMBER 2018, DUKE NO LONGER REQUIRES JOB

APPLICANTS TO DISCLOSE CRIMINAL HISTORY DURING THE APPLICATION PROCESS.

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



# PUBLIC INSPECTION COPY

**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.

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

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

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

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

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 ARE LINKED

TO COMMUNITY RESOURCES. DUKE HOSPITAL CURRENTLY FUNDS TWO SOAR CASE

MANAGERS WHO HAVE SUCCESSFULLY HELPED MORE THAN 100 PATIENTS IN THE

LAST 3 YEARS.

PLANS FOR FY2021: RETURN TO PRE-PANDEMIC LEVELS OF REFERRALS AND

COMPLETED APPLICATIONS.

PROGRESS IN FY2021: FY2021 DID NOT BRING THE RELIEF FROM

THE COVID-19 PANDEMIC THAT THE WORLD HAD HOPED FOR, BUT THE SOAR

PROGRAM WAS ABLE TO SERVICE 20 CASES.

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 BENEFIT 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

# PUBLIC INSPECTION COPY

**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.

HOSPITALIZATIONS. THE BENEFITS PROVIDE CLIENTS SERVED WITH ACCESS TO HEALTHY FOOD, NEEDED MEDICAL CARE AND PRESCRIPTIONS, AS WELL AS OTHER SUPPORTIVE SERVICES. THE BENEFITS ALSO PROVIDE A COMMUNITY ECONOMIC STIMULUS, AS BENEFITS ARE SPENT LOCALLY IN PHARMACIES, GROCERY STORES, UTILITY COMPANIES, AND HEALTH CARE PROVIDERS. TO INCREASE THE REACH OF THE PROGRAM BEYOND GRANT FUNDING, BEC STAFF TRAIN VOLUNTEERS (FROM PARTNER COMMUNITY BASED ORGANIZATIONS AND DUKE) TO ASSIST CLIENTS IN DURHAM, GRANVILLE, AND PERSON COUNTIES. BEC CURRENTLY WORKS WITH 26 DUKE UNDERGRADUATES AND MEDICAL STUDENTS. THESE STUDENTS ENGAGE IN SERVICE, OUTREACH, AND ADVOCACY EFFORTS AS WELL AS BUILD MEANINGFUL INTERGENERATIONAL RELATIONSHIPS.

IN 2019 BEC LAUNCHED THE COPE INITIATIVE (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 TEACHING SELF-SUFFICIENT, SUSTAINABLE GARDENING PRACTICES, AND THE PROVISION OF COOKING CLASSES AT SENIOR CENTERS.

PLANS FOR FY2021: CONTINUE COVID-19 RESPONSE ASSISTANCE AND BEC. RETURN TO THE COMMUNITY GARDEN WORK WHEN ALLOWED.

PROGRESS IN FY2021: AS COVID-19 CONTINUED TO UPEND NUMEROUS ACTIVITIES, WORK ON THE COMMUNITY GARDEN DID NOT CONTINUE IN 2021. BEC DID ASSIST IN COVID-19 RESPONSE EFFORTS AND CONTINUED TO CONNECT ELIGIBLE INDIVIDUALS TO RESOURCES. BEC ASSISTED 475 INDIVIDUALS WITH AN AVERAGE OF 1.29 APPLICATIONS PER PERSON FOR BENEFIT PROGRAMS. THE

# PUBLIC INSPECTION COPY

**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.

TOTAL VALUE OF BENEFITS WAS \$1,957,098.

**4. MENTAL HEALTH**

MENTAL HEALTH AND SUBSTANCE USE DISORDERS HAVE DIRECT COSTS SUCH AS

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

INDIRECT COSTS SUCH AS MOTOR VEHICLE ACCIDENTS, PREMATURE DEATH,

COMORBID HEALTH CONDITIONS, DISABILITY, LOST PRODUCTIVITY,

UNEMPLOYMENT, POVERTY, SCHOOL DIFFICULTIES, ENGAGEMENT WITH SOCIAL

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

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

COLLABORATIVE INITIATIVES TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES

AND REDUCE SUBSTANCE ABUSE. DUH CONTINUES TO SERVE AS A KEY PARTNER IN

THE FOLLOWING ACTIVITIES:

\* COMMUNITY COALITIONS: DURHAM CRISIS COLLABORATIVE; PARTNERSHIP FOR A

HEALTHY DURHAM 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.

# PUBLIC INSPECTION COPY

**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.

\* DIVERSION CONTROL: PERMANENT DROP BOXES IN 5 OF 6 COUNTIES (DURHAM, FRANKLIN, PERSON, GRANVILLE, & VANCE).

\* CHRONIC PAIN PATIENT SUPPORT: CHRONIC PAIN SELF-MANAGEMENT WORKSHOPS AT LINCOLN COMMUNITY HEALTH CENTER; CHRONIC PAIN MANAGEMENT RESOURCES; KEY COMMUNITY PRESENTATIONS.

\* COUNTY-WIDE ADVERSE CHILDHOOD EXPERIENCES (ACES) AND COMMUNITY RESILIENCY MODEL (CRM): ACTIVITIES AND TRAINING.

PLANS FOR FY2021: CONTINUE TO SERVE AS A KEY PARTNER IN THE COLLABORATIVE ACTIVITIES WITH THE ABOVE ORGANIZATIONS TO REDUCE SUBSTANCE MISUSE AND INCREASE ACCESS TO MENTAL HEALTH SERVICES.

PROGRESS IN FY2021: DURHAM DETENTION CENTER MEDICATION-ASSISTED TREATMENT (MAT) PROGRAM NOW PROVIDES INDUCTION TREATMENT SERVICES (PHASE II OF MAT) FOR INDIVIDUALS WITH SUD (SUBSTANCE USE DISORDER). THEY ALSO RECEIVED APPROVAL FROM THE STATE TO BEGIN AN OPIOID TREATMENT PROGRAM WITHIN THE DETENTION CENTER. THE DETENTION CENTER HAS HIRED A LICENSED CLINICAL ADDICTIONS SPECIALIST (LCAS) AND PEER SUPPORT SPECIALIST TO CONTINUE CARE COORDINATION OF SERVICES.

DURHAM DEPARTMENT OF PUBLIC HEALTH BY WAY OF ALLIANCE HEALTH PROVIDED AN OPIOID USE DISORDER (OUD) PROVIDER TRAINING SERIES IN MAY 2021. SEVERAL DUKE PROVIDERS WERE AMONG THE PRESENTERS FOR THE TRAINING. AN UPDATED SUBSTANCE USE DISORDER RESOURCE GUIDE WAS PUT ON THE DURHAM

# PUBLIC INSPECTION COPY

**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.

PUBLIC HEALTH'S WEBSITE UNDER THE DJT TASK FORCE SECTION. THIS WAS A

COLLABORATION WITH THE DURHAM JOINS TOGETHER (DJT) PREVENTION EDUCATION

COMMITTEE.

ALLIANCE PURCHASED NALOXONE (NARCAN) AND DISSEMINATED TO PARTNERING

ORGANIZATION TO HELP WITH THE SHORTAGE OF NALOXONE ACCESS. ALLIANCE

PROVIDED ADDITIONAL FUNDING TO SUPPORT EFFORTS WITH DETENTION CENTER

MAT AND PEER SUPPORT SPECIALISTS (PSS) SERVICES.

DUHS SAFE OPIOID TASK FORCE: WAS CREATED TO IMPROVE THE SAFETY OF PAIN

MANAGEMENT BY ENCOURAGING CLINICAL PRACTICE STANDARDIZATION, WHERE

CLINICALLY APPROPRIATE, WHEN OPIOID THERAPY IS DESIGNATED FOR

TREATMENT. THE OPIOID SAFETY TASK FORCE PROVIDES RECOMMENDATIONS FOR

THE INITIATION AND MANAGEMENT OF OPIOID THERAPY ACROSS DUKE UNIVERSITY

HEALTH SYSTEM (DUHS) TO IMPROVE PERSONAL AND COMMUNITY SAFETY AND

REDUCE HARM ASSOCIATED WITH THE HIGH RISK TREATMENTS WHILE ENGAGING

PATIENTS IN THEIR OWN CARE. DUH ALONG WITH DUKE REGIONAL AND DUKE

RALEIGH HOSPITALS SERVES AS A PIVOTAL PLAYER IN ALL ASPECTS OF THE WORK

OF THE TASK FORCE.

PLANS FOR FY2021: CONTINUE THE WORK OF THE TASK FORCE.

PROGRESS IN FY2021: ACTIVE DUKE MAT PROVIDERS ARE LISTED IN EPIC (DUKE

ELECTRONIC HEALTH RECORD) FOR THE SCHEDULING OF PATIENTS REQUIRING MAT

SERVICES. THIS GREATLY ENHANCES THE ABILITY TO GET PATIENTS QUICKLY

SCHEDULED FOR MAT PROVIDERS.

# PUBLIC INSPECTION COPY

**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

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) ARE FOOD INSECURE.

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

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

LIFESTYLES PROGRAM SEEKS TO ADDRESS WEIGHT-RELATED HEALTH PROBLEMS FOR

CHILDREN BY OFFERING CARING PROVIDERS, FAMILY-CENTERED TREATMENT

PROGRAMS, HIGHLY TRAINED EDUCATORS AND RESEARCHERS, AND STRONG

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

FREE EVENING AND WEEKEND ACTIVITY SESSIONS FOR THE LARGER COMMUNITY.

THESE SESSIONS COVER VARIOUS THEMES THAT ENCOURAGE AND PROMOTE ACTIVE

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

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

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

ENVIRONMENT FOR ALL.

# PUBLIC INSPECTION COPY

**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.

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 FY2021: CONTINUE TO PROVIDE SERVICES VIA ZOOM AND OTHER

REMOTE PLATFORMS. RETURN TO IN PERSON ACTIVITIES WHEN ALLOWED.

PROGRESS IN FY2021: DUE TO THE ONGOING COVID-19 PRECAUTIONS, SERVICES

CONTINUED VIA ZOOM AND OTHER REMOTE PLATFORMS, ALTERNATING BETWEEN FUN

COOKING AND FITNESS ACTIVITIES.

COVID-19 RESPONSE

IN JULY OF 2020 DUKE UNIVERSITY HOSPITAL, THROUGH THE DUKE DIVISION OF

COMMUNITY HEALTH, PARTNERED WITH THE DURHAM COUNTY HEALTH DEPARTMENT

AND DURHAM PUBLIC SCHOOLS TO OPERATE A COVID-19 TESTING SITE IN EAST

DURHAM. THIS AREA CONSISTED OF TWO ZIP CODES EXPERIENCING DURHAM'S

HIGHEST BURDEN OF COVID-19. THE TESTING SITE WAS LOCATED AT A TRUSTED

# PUBLIC INSPECTION COPY

**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.

SITE, HOLTON WELLNESS CENTER, WHICH IS ONE OF THE DIVISION OF COMMUNITY

HEALTH'S CLINICS NOTED EARLIER IN THIS REPORT. THE DURHAM COUNTY

HEALTH DEPARTMENT'S CONTACT TRACERS HAD THE ABILITY TO DIRECTLY

SCHEDULE TESTING APPOINTMENTS - A UNIQUE FEATURE THAT ENABLED

INDIVIDUALS EXPOSED TO COVID-19 TO QUICKLY ACCESS TESTING. INDIVIDUALS

WITHOUT APPOINTMENTS WERE ALSO WELCOME TO UTILIZE THE SITE. IT WAS THE

FIRST COMMUNITY TESTING SITE IN DURHAM TO OFFER EVENING AND SATURDAY

HOURS. THE MAJORITY OF THE SITE'S STAFF WERE BILINGUAL OR

BILINGUAL-BICULTURAL. OVER A 9 MONTH PERIOD, MORE THAN 4 THOUSAND

PEOPLE WERE TESTED, MOSTLY (94%) ESSENTIAL WORKERS AND PEOPLE OF COLOR.

IN ADDITION TO TESTING, THE SITE OFFERED FOOD BOXES THROUGH

PARTNERSHIPS WITH THE FOOD BANK, LOCAL FOOD PANTRIES, AND FARMERS'

FOODSHARE AND CONNECTIONS TO OTHER RESOURCES TO HELP INDIVIDUALS AND

FAMILIES IMPACTED BY COVID-19.

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 PUBLICIZES ITS

FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE



# PUBLIC INSPECTION COPY

**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.

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

ADVANCE COMMUNITY HEALTH, ALLIANCE HEALTH, UNC REX HEALTHCARE, UNITED

WAY OF THE GREATER TRIANGLE, WAKE COUNTY HUMAN SERVICES, WAKE COUNTY

MEDICAL SOCIETY COMMUNITY HEALTH FOUNDATION, WAKEMED HEALTH AND

HOSPITALS, AND YOUTH THRIVE TO DEVELOP THE 2019 WAKE COUNTY COMMUNITY

HEALTH NEEDS ASSESSMENT (CHNA). THE PROCESS OF DETERMINING THE PRIORITY

HEALTH NEEDS FOR THE 2019 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, ALL INDIVIDUAL DATA MEASURES WERE

GROUPED INTO SIX CATEGORIES AND TWENTY-ONE CORRESPONDING FOCUS AREAS

BASED ON "COMMON THEMES".

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

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

AND AN INTERNET-BASED PRIORITIZATION SURVEY. ADDITIONALLY, KEY LEADERS

OF ORGANIZATIONS REPRESENTING BROAD INTERESTS OF THE COMMUNITY PROVIDED

INPUT THROUGH AN INTERNET-BASED SURVEY, PARTICIPATION ON THE STEERING

COMMITTEE, AND AN INTERNET-BASED PRIORITIZATION SURVEY. THE PROCESS

# PUBLIC INSPECTION COPY

**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.

ALSO HAD SIGNIFICANT INPUT AND DIRECTION FROM THE COMMUNITY HEALTH

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

5,900 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.

A PRIORITIZATION MATRIX WAS DEVELOPED TO IDENTIFY THE TOP PRIORITIES

FOR THE OVERALL COUNTY AND DETERMINE FINDINGS FOR EACH OF THE SERVICE

ZONES. 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 OCTOBER 2018 AND TO COMMUNITY

MEMBERS DURING THE PRIORITIZATION MEETINGS HELD ON JANUARY 31, 2019 AND

VIA THE WWW.WAKEGOV.COM/WELLBEING WEBSITE THROUGH MID-FEBRUARY 2019.

ADDITIONALLY, STEERING COMMITTEE MEMBERS WERE PROVIDED THE OPPORTUNITY

TO COMPLETE AN INTERNET-BASED SURVEY IN WHICH THEY WERE ASKED TO

IDENTIFY THEIR TOP THREE AREAS OF NEED BASED ON THE LIST OF TWENTY-ONE

FOCUS AREAS. COMMUNITY MEMBERS WERE ASKED TO PROVIDE THE SAME

INFORMATION. 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

# PUBLIC INSPECTION COPY

**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.

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 IN FISCAL YEAR 2020 AND PUBLISHED ON THE DUKE

HEALTH WEBSITE IN OCTOBER 2020, PRIOR TO THE DECEMBER 31, 2020 DEADLINE

PROVIDED IN IRS NOTICE 2020-56.

DUKE RALEIGH HOSPITAL:

PART V, SECTION B, LINE 6A: UNC REX HEALTHCARE, WAKEMED HEALTH AND

HOSPITALS.

DUKE RALEIGH HOSPITAL:

PART V, SECTION B, LINE 6B: UNITED WAY OF THE GREATER TRIANGLE, WAKE

COUNTY HUMAN SERVICES, ADVANCE COMMUNITY HEALTH, ALLIANCE HEALTH, YOUTH

THRIVE, AND THE WAKE COUNTY MEDICAL SOCIETY COMMUNITY HEALTH

FOUNDATION.

DUKE RALEIGH HOSPITAL:

PART V, SECTION B, LINE 11:

THE FOLLOWING FIVE PRIORITY AREAS WERE IDENTIFIED FOR 2020-2022:

1. TRANSPORTATION OPTIONS AND TRANSIT

2. EMPLOYMENT

3. ACCESS TO CARE

4. MENTAL HEALTH/SUBSTANCE USE DISORDERS

5. HOUSING AND HOMELESSNESS

# PUBLIC INSPECTION COPY

**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.

1. TRANSPORTATION OPTIONS AND TRANSIT

MANY ASPECTS OF DAILY LIFE REQUIRE THE USE OF TRANSPORTATION SUCH AS

EMPLOYMENT, EDUCATION, ACCESS TO NUTRITIONAL FOODS, AND ACCESS TO

HEALTHCARE SERVICES AND EACH OF THESE AREAS IMPACTS ONE'S OVERALL

HEALTH. THE TRANSPORTATION OPTIONS AND TRANSIT PRIORITY INCLUDES

INFORMATION RELATED TO HOW PEOPLE GET AROUND FOR WORK, SCHOOL, AND PLAY

AS WELL AS PUBLIC TRANSPORTATION AND OTHER TRANSPORTATION CHOICES.

THROUGH THE FOLLOWING ACTIONS, DUKE RALEIGH HOSPITAL WILL WORK

COLLABORATELY TO REDUCE BARRIERS TO TRANSPORTATION.

\* PROVIDE FINANCIAL SUPPORT TO COMMUNITY-BASED ORGANIZATIONS ADDRESSING

TRANSPORTATION BARRIERS FOR HEALTHCARE SERVICES.

\* CONTINUE TO SUPPORT ORGANIZATIONS SUCH AS THE GREATER RALEIGH CHAMBER

OF COMMERCE AND MIDTOWN RALEIGH ALLIANCE IN THEIR EFFORTS TO WORK

TOWARDS A RELIABLE TRANSPORTATION SYSTEM FOR ALL.

\* CONTINUE TO IDENTIFY PATIENTS WITH TRANSPORTATION NEEDS AND CONNECT

THEM WITH COMMUNITY RESOURCES SUCH AS THE LUNG CANCER INITIATIVE OF

NC'S GAS CARD PROGRAM, AMERICAN CANCER SOCIETY'S ROAD TO RECOVERY, THE

CARING COMMUNITY FOUNDATION, AND THE NCCARE360 NETWORK.

DUKE RALEIGH HOSPITAL SUPPORTED ORGANIZATIONS SUCH AS THE GREATER

RALEIGH CHAMBER OF COMMERCE AND MIDTOWN RALEIGH ALLIANCE, WHICH WORK

TOWARDS AN ENHANCED TRANSIT AND TRANSPORTATION SYSTEM FOR ALL

# PUBLIC INSPECTION COPY

**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.

RESIDENTS. DUKE RALEIGH ALSO PROVIDED \$20,000 OF SUPPORT IN FY2021 TO

THE LUNG CANCER INITIATIVE OF NC WHICH FUNDS A GAS CARD PROGRAM TO

LESSEN THE BURDEN OF LUNG CANCER PATIENTS SEEKING TREATMENT.

2. EMPLOYMENT

EMPLOYMENT IS ALSO A SOCIAL DETERMINANT OF HEALTH THAT ROSE TO THE TOP

OF THE WAKE COUNTY PRIORITIZATION MATRIX. THE EMPLOYMENT PRIORITY

INCLUDES INFORMATION RELATED TO HOW MANY PEOPLE HAVE JOBS, WHAT TYPES

OF JOBS THEY HAVE, AND WHETHER PEOPLE FEEL THEY CAN GET A GOOD JOB IN

WAKE COUNTY. A GOOD-PAYING JOB MAKES IT EASIER FOR WORKERS TO LIVE IN

HEALTHIER NEIGHBORHOODS, PROVIDE QUALITY EDUCATION FOR THEIR CHILDREN,

SECURE CHILD CARE SERVICES, AND BUY MORE NUTRITIOUS FOOD, ALL OF WHICH

AFFECT HEALTH.

TO ADDRESS THIS PRIORITY, DUKE RALEIGH HOSPITAL WILL EMPLOY THE

FOLLOWING STRATEGY/ACTION ITEMS TO SUPPORT EFFORTS TO INCREASE

EMPLOYMENT OPPORTUNITIES:

\* INCREASE IN MINIMUM WAGE: DUKE UNIVERSITY AND DUKE UNIVERSITY HEALTH

SYSTEM INCREASED MINIMUM WAGE TO \$15 EFFECTIVE JULY 1, 2019.

\* JOB GROWTH: AS A RESULT OF THE DUKE RALEIGH HOSPITAL SOUTH PAVILION

ADDITION SCHEDULED TO OPEN IN 2021, WE WILL GROW BY A FEW HUNDRED NEW

JOBS OVER THE NEXT FIVE YEARS WITH OVER TWO THIRDS OF THESE HIRES TO

HAPPEN BY THE END OF FISCAL YEAR 2022.

# PUBLIC INSPECTION COPY

**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.

\* SUPPORT COMMUNITY: EFFORTS TO PROMOTE ECONOMIC PROSPERITY FOR ALL.

THIS INCLUDES CONTINUED COLLABORATION WITH THE GREATER RALEIGH CHAMBER

OF COMMERCE AND WAKE COUNTY ECONOMIC DEVELOPMENT BY INVESTING IN THE

COMPETITIVE EDGE INITIATIVES AND PARTICIPATING IN THE TRIANGLE

DIVERSITY, EQUITY, AND INCLUSIVITY (DEI) ALLIANCE. THIS ALSO INCLUDES

COLLABORATING WITH ECONOMIC VITALITY ORGANIZATIONS IN WAKE COUNTY

INCLUDING THE CROSBY ADVOCACY GROUP.

\* PROVIDE OPPORTUNITIES TO PREPARE THE FUTURE HEALTHCARE WORKFORCE.

THIS INCLUDES CONTINUED PARTNERSHIP WITH WAKE TECHNICAL COMMUNITY

COLLEGE AND WAKE COUNTY PUBLIC SCHOOL SYSTEM (WCPSS). IN FY2020, WE

PROVIDED THOUSANDS OF HOURS FOR CLINICAL ROTATIONS FOR STUDENTS OF WAKE

TECH'S HEALTH SCIENCES PROGRAMS AS WELL AS ENGAGED WITH WCPSS CAREER

ACADEMIES SUCH AS ENLOE HIGH SCHOOL'S MEDICAL BIOSCIENCE ACADEMY.

3. ACCESS TO CARE

ACCESS TO CARE WAS IDENTIFIED AS A TOP PRIORITY IN THE 2013 AND 2016

WAKE COUNTY CHNAS AND REMAINS A TOP PRIORITY IN THE 2019 WAKE COUNTY

CHNA. THIS PRIORITY INCLUDES HOW AND WHY PEOPLE USE OR DO NOT USE

HEALTHCARE, HOW MANY PEOPLE HAVE HEALTH INSURANCE, HOW MUCH HEALTHCARE

THERE IS IN THE COMMUNITY, AND HOW MUCH INFORMATION THERE IS ABOUT

HEALTHCARE.

THE ABILITY TO ACCESS HEALTH SERVICES IS A CRITICAL PUBLIC HEALTH

ISSUE, AS PRIMARY AND PREVENTATIVE SERVICES CAN HELP TO PREVENT OR

MANAGE CHRONIC ILLNESSES AND THEREFORE IMPROVE THE HEALTH OF THE

# PUBLIC INSPECTION COPY

**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.

COMMUNITY. DUKE RALEIGH HOSPITAL IS ACTIVELY ENGAGED IN IMPROVING

ACCESS TO HEALTH SERVICES FOR ALL THROUGH STRATEGIC INITIATIVES AND

COMMUNITY PARTNERSHIPS. TO ADDRESS THIS PRIORITY DUKE RALEIGH HOSPITAL

WILL EMPLOY THE FOLLOWING MAJOR ACTIONS/ACTIVITIES:

\* CONTINUE TO PROVIDE FINANCIAL ASSISTANCE VIA DUKE UNIVERSITY HEALTH

SYSTEM'S FINANCIAL ASSISTANCE POLICIES. IN FISCAL YEAR 2021, DUKE

RALEIGH HOSPITAL PROVIDED APPROXIMATELY \$18.6 MILLION IN CHARITY CARE

AT ESTIMATED COST.

\* SUPPORT COMMUNITY PARTNERS WORKING TO PROVIDE CARE TO UNINSURED

POPULATIONS. THIS INCLUDES ORGANIZATIONS SUCH AS ALLIANCE MEDICAL

MINISTRY, URBAN MINISTRIES OF WAKE COUNTY, AND PROJECT ACCESS OF WAKE

COUNTY. IN FY21, DUKE RALEIGH PROVIDED \$30,000 IN FUNDING TO ALLIANCE

MEDICAL MINISTRY TO SUPPORT THEIR EFFORTS TO PROVIDE COMPREHENSIVE,

COMPASSIONATE AND AFFORDABLE HEALTHCARE TO WORKING, UNINSURED ADULTS IN

WAKE COUNTY. BETWEEN FY17-21, DUKE RALEIGH DONATED AND PACKED OVER

4,000 POUNDS OF RICE AND BEANS FOR URBAN MINISTRIES OF WAKE COUNTY'S

CLIENT CHOICE PANTRY, WHICH ENGAGED 50+ EMPLOYEES.

\* CONTINUE TO PROVIDE IN-KIND LAB SERVICES TO URBAN MINISTRIES OF WAKE

COUNTY'S OPEN DOOR CLINIC. IN FY2021, DUKE RALEIGH HOSPITAL PROVIDED

LAB TESTS IN-KIND FOR URBAN MINISTRIES OF WAKE COUNTY OPEN DOOR CLINIC

WORTH MORE THAN \$2 MILLION.

\* CONTINUE TO PROVIDE MONTHLY DIABETES EDUCATION CLASSES AT ALLIANCE

MEDICAL MINISTRY IN-KIND.

# PUBLIC INSPECTION COPY

**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.

\* CONTINUE TO PROVIDE DONATED CARE TO PROJECT ACCESS OF WAKE COUNTY, A

PRIVATE, NON-PROFIT PROGRAM THAT CONNECTS ELIGIBLE UNINSURED CLIENTS TO

HIGH QUALITY MEDICAL SERVICES. IN FY2021, DUKE RALEIGH HOSPITAL

PROVIDED APPROXIMATELY \$7.4 MILLION OF DONATED CARE TO PROJECT ACCESS

OF WAKE COUNTY CLIENTS.

\* EXPAND CAPACITY TO CONDUCT SOCIAL SCREENINGS AND SUPPORT LINKAGES TO

COMMUNITY RESOURCES. THIS INCLUDES PILOTING NCCARE360 IN FY2021 AS WELL

AS WORKING WITH THE DUKE BENEFITS ENROLLMENT CENTER.

\* CONTINUE TO EXPAND THE DUKE ELDER FAMILY/CAREGIVING TRAINING (DEFT)

PROGRAM AT DUKE RALEIGH HOSPITAL. THE DEFT CENTER PROVIDES

SKILLS-TRAINING, EDUCATION AND SUPPORT TO CAREGIVERS DISCHARGING HOME

AFTER A HOSPITAL STAY.

\* CONTINUE TO PROVIDE THE HEALTH LITERACY COURSE AS PART OF THE NURSE

RESIDENCY CURRICULUM THROUGH OUR CLINICAL EDUCATION DEPARTMENT. IN

FY2021, ONE HEALTH LITERACY CLASS WAS TAUGHT AS PART OF THE CURRICULUM

WITH A TOTAL OF 155 GRADUATE NURSES EDUCATED.

\* EXPAND COMMUNITY OUTREACH AND EDUCATION EFFORTS AROUND STROKE,

CARDIOVASCULAR DISEASE, DIABETES, CANCER, ORTHOPEDICS, SPORTS

MEDICINE AND MORE THROUGH PARTNERING WITH LOCAL ORGANIZATIONS,

AGENCIES, AND BUSINESSES. EACH YEAR, DUKE RALEIGH SPONSORS THE

MIDTOWN FARMERS MARKET, WHICH PROMOTES A HEALTHY LIFESTYLE AS WELL AS

PROVIDES A VENUE FOR DUKE RALEIGH TO SHARE HEALTHY EDUCATION FROM APRIL



# PUBLIC INSPECTION COPY

**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.

THROUGH NOVEMBER. IN THE FALL OF 2020, DUKE RALEIGH PROVIDED MORE THAN

1,500 EDUCATION RESOURCES TO EL PUEBLO IN SUPPORT OF THEIR ANNUAL

EVENT, Y SIGUE LA FESTA, AND PROVIDED \$2,500 IN SPONSORSHIPS IN FY21.

DUKE RALEIGH DEVELOPED PROGRAMMING AND PROVIDED FINANCIAL SUPPORT TO

INCREASE CHILDREN'S ACCESS TO NUTRITIOUS FOOD. IN FY21, DUKE RALEIGH

PROVIDED \$2,500 TO MEALS ON WHEELS OF WAKE COUNTY TO SUPPORT A VARIETY

OF NEEDS.

COVID-19 RESPONSE

DUKE RALEIGH PROVIDED OVER 1,300 COVID-19 CARE PACKAGES CONTAINING

EDUCATIONAL RESOURCES, MASKS, AND HAND SANITIZER TO COMMUNITY MEMBERS

IN ZIP CODE 27604 IN THE SUMMER OF 2020.

IN FY2021, DUKE RALEIGH HOSTED 5 COVID-19 VACCINATION EVENTS OFFERED TO

MORE THAN 3,000 RESIDENTS ACROSS THE COUNTY WITH A PARTICULAR FOCUS ON

LATINX AND AFRICAN-AMERICAN COMMUNITIES, IDENTIFIED AS THE MOST

VULNERABLE POPULATIONS IN RELATION TO VACCINATION.

4. MENTAL HEALTH/SUBSTANCE USE DISORDERS

MENTAL HEALTH/SUBSTANCE USE DISORDERS WAS AN IDENTIFIED PRIORITY IN

BOTH THE 2013 AND 2016 WAKE COUNTY CHNAS. WAKE COUNTY HAS EXPERIENCED

AN INCREASE IN THE PREVALENCE AND SEVERITY OF MENTAL HEALTH AND

SUBSTANCE USE PROBLEMS. THIS PRIORITY INCLUDES MENTAL HEALTH DISEASE

(LIKE DEPRESSION, ALZHEIMER'S AND SCHIZOPHRENIA), POOR MENTAL HEALTH

DAYS, AND HURTING ONESELF AS WELL AS ALCOHOL, OPIOID, AND ILLEGAL DRUG

USE AND DATA RELATED TO OVERDOSES. DUE TO THE SCOPE AND COMPLEXITY OF

# PUBLIC INSPECTION COPY

**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.

MENTAL HEALTH AND SUBSTANCE USE, A COLLECTIVE AND COLLABORATIVE

APPROACH IS NEEDED. DUKE RALEIGH HOSPITAL WILL CONTINUE TO WORK

COLLABORATIVELY AND SUPPORT OPPORTUNITIES TO IMPROVE ACCESS TO MENTAL

HEALTH SERVICES AND REDUCE SUBSTANCE USE BY ENGAGING IN THE FOLLOWING

MAJOR ACTIONS/ACTIVITIES:

\* FURTHER DEVELOP BEHAVIORAL HEALTH SERVICE LINE CAPABILITIES AT DUKE

RALEIGH HOSPITAL WITH DEDICATED SERVICE LINE LEADERSHIP, ROUNDING

NURSES, SOCIAL WORKERS, AND LEVERAGE THE USE OF NCCARE360 RESOURCES.

\* CONTINUE TO SERVE ON THE FOLLOWING COMMUNITY COALITIONS/WORKGROUPS:

NORTH CAROLINA ASSOCIATION (NCHA) BEHAVIORAL HEALTH WORKGROUP, WAKE

COUNTY DRUG OVERDOSE PREVENTION COALITION, AND WAKEBROOK COMMUNITY

PARTNERSHIP.

\* CONTINUE TO SUPPORT EFFORTS TO INCREASE COMMUNITY-BASED RESOURCES

THROUGH GRANTS AND SPONSORSHIPS. PAST ORGANIZATIONS SUPPORTED HAVE

INCLUDED TRIANGLE FAMILY SERVICES AND NATIONAL ALLIANCE ON MENTAL

ILLNESS (NAMI) WAKE COUNTY.

\* CONTINUE TO PARTICIPATE IN THE DUKE UNIVERSITY HEALTH SYSTEM OPIOID

TASK FORCE. THIS TASK FORCE PROVIDES RECOMMENDATIONS FOR THE

INITIATION AND MANAGEMENT OF OPIOID THERAPY ACROSS THE HEALTH SYSTEM TO

IMPROVE PERSONAL AND COMMUNITY SAFETY AND REDUCE HARM ASSOCIATED WITH

THE HIGH RISK TREATMENTS WHILE ENGAGING PATIENTS IN THEIR OWN CARE.

\* INCREASE CAPABILITIES TO PROVIDE MENTAL HEALTH FIRST AID TRAINING AND

# PUBLIC INSPECTION COPY

**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.

INCREASE COMMUNITY AWARENESS.

5. HOUSING AND HOMELESSNESS

HOUSING AND HOMELESSNESS ARE ALSO SOCIAL DETERMINANTS OF HEALTH THAT ROSE TO THE TOP OF THE WAKE COUNTY PRIORITIZATION MATRIX TO BECOME A PRIORITY AREA FOR THE COUNTY TO FOCUS ON OVER THE COMING YEARS. THE HOUSING AND HOMELESSNESS PRIORITY INCLUDES COST OF HOUSING, HOUSING CHOICES, AND HOW MANY PEOPLE ARE HOMELESS. HEALTHY HOMES PROMOTE GOOD PHYSICAL AND MENTAL HEALTH, AFFECTING THE OVERALL ABILITY OF FAMILIES TO MAKE HEALTHY CHOICES. DUKE RALEIGH HOSPITAL WILL SUPPORT EFFORTS TO INCREASE ACCESS TO SAFE AND HEALTHY HOUSING THROUGH THE FOLLOWING

ACTIONS:

\* EXPAND CAPABILITIES TO IDENTIFY PATIENTS WITH HOUSING/SHELTER NEEDS AND CONNECT THEM WITH COMMUNITY RESOURCES.

\* SUPPORT EFFORTS TO INCREASE COMMUNITY-BASED ORGANIZATIONS' CAPACITY TO PROVIDE SAFE, QUALITY, AFFORDABLE HOUSING AND SHELTER. IN FY2017-FY2021, DUKE RALEIGH HOSPITAL PROVIDED SUPPORT FOR HABITAT FOR HUMANITY OF WAKE COUNTY THROUGH FINANCIAL CONTRIBUTIONS AND EMPLOYEE VOLUNTEERISM.

\* CONTINUE SUPPORT FOR TRIANGLE FAMILY SERVICES, WHICH PROVIDES EMERGENCY HOUSING ASSISTANCE, RENTAL ASSISTANCE, AND STREET OUTREACH.

\* CONTINUE SUPPORT FOR RALEIGH WAKE PARTNERSHIP TO END AND PREVENT

# PUBLIC INSPECTION COPY

**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.

HOMELESS (THE PARTNERSHIP) EFFORTS. IN FY2020, DUKE RALEIGH DONATED

THERMAL BLANKETS IN SUPPORT.

\* CONTINUE SUPPORT FOR URBAN MINISTRIES OF WAKE COUNTY, WHICH RUNS THE

HELEN WRIGHT CENTER FOR WOMEN, A PROGRAM FOR SINGLE, HOMELESS WOMEN.

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:

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

# PUBLIC INSPECTION COPY

**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.

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

3. POVERTY

4. MENTAL HEALTH

5. OBESITY, DIABETES AND FOOD ACCESS

# PUBLIC INSPECTION COPY

**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 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: EFFECTIVE 7/1/2019, DU AND DUHS INCREASED THE MINIMUM WAGE TO \$15 PER HOUR FOR ALL EMPLOYEES.

FILL THAT BUS AND SALVATION ARMY ANGEL TREE: EMPLOYEES HAVE DONATED BINS OF SCHOOL SUPPLIES TO CRAYONS2CALCULATORS AND FILL THAT BUS! CAMPAIGN ANNUALLY SINCE 2015 TO SUPPORT DURHAM PUBLIC SCHOOLS. TEACHERS FROM THE SCHOOLS WITH THE HIGHEST POVERTY LEVELS WERE INVITED TO PICK OUT SUPPLIES NEEDED IN THEIR CLASSROOMS.

EACH DECEMBER, EMPLOYEES "ADOPT" 100 CHILDREN FROM DUKE REGIONAL'S SALVATION ARMY ANGEL TREE. CHILDREN IN DURHAM HAVE RECEIVED CLOTHING, BOOKS AND TOYS THANKS TO THE GENEROUS DONATIONS. EXTRA GIFTS ARE ALSO DONATED TO THE SALVATION ARMY FOR OTHER NEEDY FAMILIES IN THE AREA.

# PUBLIC INSPECTION COPY

**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.

2021 GOAL: DUKE REGIONAL HOSPITAL WILL AGAIN HOST AT LEAST ONE DRIVE

TO BENEFIT UNDERSERVED CHILDREN OR FAMILIES IN OUR COMMUNITY.

2021 PROGRESS: DUKE REGIONAL HOSPITAL SUPPORTED CRAYONS2CALCULATOR FILL

THE BUS! CAMPAIGN, THE SALVATION ARMY TREE GIFT DRIVE AND A FOOD DRIVE

FOR THE NORTH CAROLINA FOOD BANK OF CENTRAL AND EASTERN NC.

EDUCATION: DUKE REGIONAL HOSPITAL HAS IDENTIFIED EDUCATION AS A

PRIORITY OF ITS COMMUNITY STRATEGY TO HELP PREVENT POVERTY. DUKE

REGIONAL HOSPITAL IS COMMITTED TO HELP TRAIN THE HEALTHCARE WORKERS OF

THE FUTURE. IN FY20, DRH INVESTED \$4.7 MILLION IN TEACHING AND TRAINING

HEALTHCARE PROFESSIONALS. DURING FISCAL YEARS 2017 THROUGH 2020, DRH

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.

FY2021 GOAL: DRH WILL CONTINUE THE SAME LEVEL OF SUPPORT.

FY2021 PROGRESS: DRH INVESTED \$4.7 MILLION IN TEACHING AND TRAINING

HEALTHCARE PROFESSIONALS. DUE TO COVID-19, IN-PERSON SHADOWING AND

VOLUNTEER OPPORTUNITIES WERE HALTED IN MARCH 2020, BUT THE HOSPITAL

CONTINUED TO FIND CREATIVE WAYS TO ENGAGE STUDENTS VIRTUALLY AND

WELCOMED CLINICAL STUDENTS BACK TO CAMPUS USING A SLOW AND MEASURED

# PUBLIC INSPECTION COPY

**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.

RE-ENTRY OF STUDENTS STARTING IN THE SUMMER OF 2020. SINCE THAT TIME,

MORE CLINICAL STUDENTS HAVE RETURNED AND CONTINUE TO FOLLOW ALL DUHS

RESTRICTIONS AS NEEDED.

CITY OF MEDICINE ACADEMY: DUKE REGIONAL HOSPITAL 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 HOSPITAL HOSTS STUDENTS FOR

CLINICAL ROTATIONS AND INTERNSHIPS, PROVIDES CPR TRAINING AND HOSTS THE

ANNUAL SENIOR AWARDS NIGHT IN THE HOSPITAL AUDITORIUM.

2021 GOAL: DUKE REGIONAL HOSPITAL WILL CONTINUE ITS PARTNERSHIP WITH

CMA.

2021 PROGRESS: DUKE REGIONAL CONTINUED TO PARTNER WITH CMA.

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

THE STATE FOR PROJECT SEARCH, A PARTNERSHIP WITH DURHAM PUBLIC SCHOOLS,

OE ENTERPRISES, NORTH CAROLINA VOCATIONAL REHABILITATION AND ALLIANCE

BEHAVIORAL HEALTH THAT PROVIDES CAREER DEVELOPMENT EXPERIENCES TO

SENIOR HIGH SCHOOL STUDENTS WITH DEVELOPMENTAL DISABILITIES.

2021 GOAL: DUKE REGIONAL HOSPITAL WILL CONTINUE TO SERVE AS A HOST SITE

FOR PROJECT SEARCH.

2021 PROGRESS: DUKE REGIONAL HOSPITAL CONTINUED TO SERVE AS A HOST SITE



# PUBLIC INSPECTION COPY

**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.

FOR PROJECT SEARCH ADDING 7 NEW GRADUATES BRINGING THE TOTAL NUMBER OF

GRADUATES TO 77 TO DATE. APPROXIMATELY HALF ARE EMPLOYED IN THE

COMMUNITY, WITH THREE GRADUATES WORKING AT DUKE REGIONAL HOSPITAL.

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 70 PERCENT OF LCHC PATIENTS

ARE UNINSURED AND 84% ARE LIVING AT OR BELOW 100% OF THE FEDERAL

POVERTY LEVEL. IN ADDITION TO GENEROUS FINANCIAL SUPPORT, DUKE REGIONAL

HOSPITAL PROVIDES ENGINEERING, ENVIRONMENTAL, LABORATORY, PHARMACY AND

RADIOLOGY SERVICES. THE TOTAL DUKE REGIONAL HOSPITAL CONTRIBUTION TO

LCHC IN FY 2021, INCLUDING MONETARY AND IN-KIND SERVICES, WAS \$8.1

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 2021, DUKE REGIONAL HOSPITAL

CONTRIBUTED MORE THAN \$2.6 MILLION TO THE COUNTY TO SUPPORT DURHAM EMS.

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

NO CHARGE TO UNINSURED AND UNDERINSURED DURHAM RESIDENTS LIVING AT OR

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

ACCESS TO PRIMARY HEALTH CARE THROUGH LINCOLN COMMUNITY HEALTH CENTER.

DRH HAS PROVIDED OFFICE SPACE AND TECHNOLOGICAL SUPPORT FOR PADC AS

WELL AS EPISODES OF CARE FOR PADC PATIENTS.

# PUBLIC INSPECTION COPY

**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.

2021 GOAL: CONTINUE A SIMILAR LEVEL OF SUPPORT.

2021 PROGRESS: DUKE REGIONAL HOSPITAL CONTINUED TO PROVIDE OFFICE

SPACE, TECHNOLOGICAL SUPPORT AND EPISODES OF CARE IN FY2021 UNTIL

PROJECT ACCESS RELOCATED TO A NON-HOSPITAL BUILDING. IN DECEMBER 2020,

DRH PROVIDED FINANCIAL SUPPORT (\$11,667) IN LIEU OF PROVIDING SPACE.

FINANCIAL ASSISTANCE: EACH YEAR DUKE REGIONAL HOSPITAL PROVIDES

NO-COST OR DISCOUNTED URGENT OR EMERGENT HEALTH CARE SERVICES TO

PATIENTS WHO WERE UNABLE TO PAY. IN FY 2021 DUKE REGIONAL PROVIDED

\$30.5 MILLION (AT ESTIMATED COST) IN FINANCIAL ASSISTANCE.

**4. MENTAL HEALTH**

IN 2021, DUKE REGIONAL OPENED THE NEW BEHAVIORAL HEALTH CENTER NORTH

DURHAM AND EXPANDED EMERGENCY DEPARTMENT TO PROVIDE MORE COMPREHENSIVE

CARE FOR OUR BEHAVIORAL HEALTH PATIENTS. THIS \$102.4 MILLION PROJECT

EXPANDED THE HOSPITAL'S EMERGENCY ROOM AND CONSOLIDATED INPATIENT,

OUTPATIENT, AND EMERGENCY BEHAVIORAL HEALTH SERVICES ON DUKE REGIONAL'S

CAMPUS, WITH THE GOAL OF PROVIDING BETTER COORDINATION OF CARE FOR

BEHAVIORAL HEALTH PATIENTS IN DURHAM AND REGIONALLY. THE CENTER

INCORPORATES MEETING SPACE SPECIALLY DESIGNED TO BE USED BY

COMMUNITY-BASED ORGANIZATIONS PROVIDING SERVICES FOR BEHAVIORAL HEALTH

PATIENTS AND THEIR FAMILIES.

**5. OBESITY, DIABETES, AND FOOD ACCESS**

# PUBLIC INSPECTION COPY

**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.

BEYOND ITS CLINICAL SERVICE LINES IN THE HOSPITAL, DRH COLLABORATES

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

UNIVERSITY 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.

IN ADDITION TO THE ABOVE ACTIVITIES SPECIFICALLY RELATED TO THE CHNA

IDENTIFIED HEALTH PRIORITIES, DUKE REGIONAL HOSPITAL SUPPORTS HEALTH

NEEDS OF ITS COMMUNITY IN THE FOLLOWING WAYS:

THE LOOK GOOD FEEL BETTER PROGRAM IS A NON-MEDICAL, BRAND-NEUTRAL

PROGRAM THAT PROVIDES SUPPORT FOR FEMALE CANCER TREATMENT PATIENTS WHO

HAVE EXPERIENCED HAIR LOSS OR OTHER PHYSICAL APPEARANCE CHANGES DUE TO

CHEMOTHERAPY OR RADIATION TREATMENTS. FOR MORE THAN A DECADE, DRH HAS

SUPPORTED THIS PROGRAM AS A HOST SITE. DUE TO COVID-19, DUKE REGIONAL

SPONSORED THE MONTHLY WORKSHOPS IN A VIRTUAL FORMAT DURING FY2021.

STROKE SUPPORT: DUKE REGIONAL OFFERS A MONTHLY STROKE SUPPORT GROUP

THAT PROVIDES EDUCATION, SUPPORT AND RESOURCES FOR INDIVIDUALS WHO HAVE

BEEN AFFECTED BY STROKE. THE SUPPORT GROUP STARTED IN 2006 AND

TYPICALLY HOSTS 20-25 PARTICIPANTS A MONTH. DUKE REGIONAL CONTINUED

THE MONTHLY STROKE SUPPORT PROGRAM IN A VIRTUAL FORMAT DURING FY2021.

COVID-19: WITH STRONG COMMUNITY PARTNERSHIPS, DUKE REGIONAL

COORDINATED THE HEALTH SYSTEM EFFORTS TO PROVIDE COVID-19 VACCINATIONS

EQUITABLY IN DURHAM BY MANAGING THE DAILY OPERATIONS FOR THE CLINICS

# PUBLIC INSPECTION COPY

**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.

FOCUSED ON SERVING OUR MOST VULNERABLE COMMUNITY MEMBERS. THE HOSPITAL

OPENED AN ON-SITE CLINIC IN DECEMBER 2020 TO VACCINATE COMMUNITY

PROVIDERS AND, ONCE ELIGIBLE, EDUCATORS. IT PARTNERED WITH DURHAM

PUBLIC SCHOOLS AND DURHAM COUNTY HEALTH DEPARTMENT IN JANUARY 2021 TO

OPEN A VACCINATION SITE AT SOUTHERN SCHOOL OF ENERGY AND

SUSTAINABILITY, LOCATED IN ONE OF THE ZIP CODES MOST DISPROPORTIONATELY

IMPACTED BY COVID-19. WHEN STUDENTS RETURNED TO CAMPUS IN APRIL 2021,

THE HOSPITAL PARTNERED WITH THE CITY OF DURHAM TO MOVE THE CLINIC TO

THE OLD WHEELS SKATE PARK. THE HOSPITAL PARTNERED WITH NUMEROUS

COMMUNITY ORGANIZATIONS TO BRING "POP-UP" OR "MOBILE" VACCINATIONS

WHERE THEY WERE MOST NEEDED, CONDUCTING MORE THAN 30 EVENTS IN FY2021.

IN TOTAL, THE HOSPITAL DISTRIBUTED MORE THAN 44,000 DOSES OF COVID-19

VACCINE WITH THESE EFFORTS CONTINUING IN FY2022.

FUNDRAISING AND OUTREACH: DUKE REGIONAL CONDUCTS A NUMBER OF

FUNDRAISING AND OUTREACH ACTIVITIES IN THE DURHAM COMMUNITY AND BEYOND.

DUKE REGIONAL EMPLOYEES RAISE FUNDS EACH YEAR FOR CHARITABLE

ORGANIZATIONS, INCLUDING DUKE COMMUNITY GIVING, AMERICAN HEART

ASSOCIATION HEART WALK, AND MARCH OF DIMES. IN FY2021, DUKE REGIONAL

RAISED \$29,035 FOR LOCAL CHARITIES. THE HOSPITAL CONTINUES TO PARTNER

WITH LOCAL NONPROFITS ON ENDEAVORS THAT EDUCATE OUR COMMUNITY ABOUT

HEALTH INITIATIVES AND DISPARITIES AND PROVIDES OFFICE SPACE FOR THE

DURHAM COMMUNITY HEALTH COALITION. IN FY2021, DRH PARTNERED WITH THE

AMERICAN RED CROSS TO HOST FOUR BLOOD DRIVES, COLLECTING 79 UNITS OF

BLOOD.

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL

# PUBLIC INSPECTION COPY

**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 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.



# PUBLIC INSPECTION COPY

## Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

NOT APPLICABLE

PART I, LINE 5A, 5B, AND 5C:

DUE TO COVID-19, DUKE UNIVERSITY HEALTH SYSTEM (DUHS) DID NOT BUDGET BY

SPECIFIC PATIENT REVENUE DEDUCTIONS IN FY2021 TO BE ABLE TO SEPARATELY

IDENTIFY THE BUDGET AMOUNT FOR FREE OR DISCOUNTED CARE. INSTEAD, DUHS

FORECASTED NET PATIENT REVENUE AND PROVIDED FREE OR DISCOUNTED CARE TO

THE MEDICALLY INDIGENT DURING FY2021 REGARDLESS OF BUDGET OR FORECAST

CONSIDERATIONS.

PART I, LINE 6A:

NOT APPLICABLE

PART I, LINE 7, COLUMN F:

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

10.3%.

# PUBLIC INSPECTION COPY

Schedule H (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 10

## Part VI Supplemental Information (Continuation)

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.

CHARITY CARE, UNREIMBURSED MEDICAID, AND COMMUNITY HEALTH IMPROVEMENT

SERVICES INCLUDE FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT COSTS

PROVIDED BY DUHS' SUPPORT CORPORATIONS, DUKE UNIVERSITY AFFILIATED

PHYSICIANS AND DUKE INTEGRATED NETWORK, THAT FILE SEPARATE 990S BUT ARE

NOT REQUIRED TO COMPLETE A SCHEDULE H SINCE NOT A HOSPITAL. TOTAL NET

COMMUNITY BENEFIT EXPENSES FOR THESE ENTITIES TOTALED \$16.9 MILLION IN

FY2021.

PART II, COMMUNITY BUILDING ACTIVITIES:

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

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

BENEFIT REPORTING PURPOSES.

PART III, LINE 1 AND LINE 2:

THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) REVISED ITS

ACCOUNTING GUIDANCE RELATED TO UNCOMPENSATED CARE IN JUNE 2019 TO

REFLECT CHANGES IN BAD DEBT REPORTING RESULTING FROM FINANCIAL

ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS UPDATE 2014-09,

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

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

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

UNCOLLECTIBLE AMOUNTS FROM SELF-PAY PATIENTS THAT WERE PREVIOUSLY

Schedule H (Form 990)

032271 04-01-20



# PUBLIC INSPECTION COPY

Schedule H (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 10

## Part VI Supplemental Information (Continuation)

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

\$29,205,000 IN FISCAL YEAR 2021. DUHS USED THE COST-TO-CHARGE RATIO

FROM WORKSHEET 2 TO ESTIMATE COST.

PART III, LINE 3:

DUHS PRESUMPTIVELY SCREENS ALL UNINSURED PATIENTS AND ALL PATIENTS

ENTERING THROUGH THE EMERGENCY DEPARTMENT, REGARDLESS OF INSURANCE

STATUS, FOR FINANCIAL ASSISTANCE. WHILE THESE PRESUMPTIVE PROCESSES

IDENTIFY A SUBSET OF PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WITHOUT

NEEDING DIRECT INPUT FROM THE PATIENT, THOSE WHO DO NOT FALL UNDER THE

PRESUMPTIVE SCREENING CRITERIA WILL NEED TO PROVIDE INFORMATION TO

QUALIFY FOR FINANCIAL ASSISTANCE UNDER DUHS' FINANCIAL ASSISTANCE

POLICY. 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 OF THOSE PATIENTS WHO FAIL

TO APPLY FOR OR PROVIDE INFORMATION NEEDED TO DETERMINE THEIR

ELIGIBILITY UNDER THE DUHS FAP. DUHS, INC. FOLLOWS ITS MISSION TO THE

COMMUNITY AND PROVIDES EMERGENT SERVICES TO PATIENTS REGARDLESS OF

THEIR ABILITY TO PAY. PATIENTS WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE

ARE REPORTED AS AN IMPLICIT PRICE CONCESSION INSTEAD BECAUSE OF THOSE

PATIENTS' INABILITY OR UNWILLINGNESS TO PROVIDE THE NECESSARY

Schedule H (Form 990)

032271 04-01-20

89

18590516 145628 56-2070036

2020.05094 DUKE UNIVERSITY HEALTH SY 56-20701

# PUBLIC INSPECTION COPY

Schedule H (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 10

**Part VI** Supplemental Information (Continuation)

DOCUMENTATION REQUIRED TO DETERMINE FINANCIAL ASSISTANCE CLASSIFICATION.

PART III, LINE 4:

PAGES 19-21 IN THE FY2021 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, 2021 DUHS CONSOLIDATED FINANCIAL

STATEMENTS ARE \$412,603,000 AS COMPARED TO \$160,317,133 AS REPORTED IN

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

\$412,603,000 IS DERIVED FROM THE COST ACCOUNTING SYSTEM WHICH INCLUDES

ALL PAYMENTS AND COSTS ASSOCIATED WITH MEDICARE PATIENTS, WHEREAS THE

AMOUNT REPORTED IN SECTION B OF SCHEDULE H IS DERIVED BASED ON IRS

INSTRUCTIONS. IRS INSTRUCTIONS SPECIFY THAT ONLY A PORTION OF COSTS

ASSOCIATED WITH MEDICARE BENEFICIARIES BE REPORTED ON SCHEDULE H.

SIGNIFICANT MEDICARE COSTS EXCLUDED FROM SCHEDULE H DATA INCLUDE THOSE

ASSOCIATED WITH MEDICARE PATIENTS COVERED UNDER MANAGED CARE PLANS AND

COSTS REIMBURSED THROUGH MEANS NOT REPORTED ON THE COST REPORT.

PART III, LINE 8:

MEDICARE RATES AND THE NUMBER OF MEDICARE PATIENTS DUHS TREATS ARE NOT

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

PROVIDING CARE TO MEDICARE BENEFICIARIES. DUHS CONTINUES TO SERVE THE

MEDICARE POPULATION AS MEDICARE REIMBURSEMENT RATES DECLINE RELATIVE TO

THE COST OF CARE. THEREFORE, ANY LOSS RELATED TO PROVIDING CARE FOR

MEDICARE PATIENTS SHOULD BE CLASSIFIED AS A COMMUNITY BENEFIT. DUHS

FOLLOWED THE MEDICARE COST REPORT RULES AND GUIDELINES IN DETERMINING

Schedule H (Form 990)

# PUBLIC INSPECTION COPY

**Part VI** Supplemental Information (Continuation)

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 HEALTH (FORMERLY KNOWN AS OFFICE OF COMMUNITY RELATIONS) HAS  
PLAYED A CENTRAL ROLE IN CONDUCTING A DURHAM HEALTH SUMMIT. THIS IS AN  
EVENT THAT ATTRACTS HUNDREDS OF COMMUNITY MEMBERS, HEALTH OFFICIALS,  
ELECTED OFFICIALS, AND DUHS EXECUTIVES AND PHYSICIANS TO RAISE  
AWARENESS OF KEY HEALTH ISSUES IN THE COMMUNITY AND SEEK COLLABORATIVE  
SOLUTIONS TO THESE ISSUES. THE SUMMIT HAS PRODUCED A NUMBER OF  
COMMUNITY-DRIVEN HEALTH CARE PROGRAMS AND INITIATIVES, INCLUDING

# PUBLIC INSPECTION COPY

Schedule H (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 10

**Part VI** Supplemental Information (Continuation)

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

INFORMATION ABOUT THEIR BILL OR OBTAIN A CHARITY CARE APPLICATION.

COMMUNITY INFORMATION:

Schedule H (Form 990)

032271 04-01-20

# PUBLIC INSPECTION COPY

Schedule H (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 10

## Part VI Supplemental Information (Continuation)

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 (PSA) 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) 2020 DATA. THE WEIGHTED AVERAGE MEDIAN HOUSEHOLD

INCOME IN ITS PSA IS \$71,807. APPROXIMATELY 67% OF INPATIENT DISCHARGES

FROM DUHS FACILITIES IN FFY 2020 WERE PATIENTS FROM ITS PSA. THE

POPULATION IN DUHS' PSA IS EXPECTED TO GROW AT A HIGHER RATE OVER THE

NEXT 5 YEARS FROM 2020 TO 2025 COMPARED TO NC'S OVERALL EXPECTED

POPULATION GROWTH RATE. THE PSA 5-YEAR CAGR IS EXPECTED TO BE 1.8%

COMPARED TO THE OVERALL ESTIMATED NC RATE OF 1.1%. 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 HEALTH, 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,

Schedule H (Form 990)

# PUBLIC INSPECTION COPY

**Part VI** Supplemental Information (Continuation)

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

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

DIRECT CONTACT FOR COMMUNITY MEMBERS WHO HAVE QUESTIONS OR CONCERNS

ABOUT COMMUNITY ISSUES OR ABOUT ACCESS TO HEALTH CARE SERVICES. THE

OFFICE ALSO PROVIDES DIRECT FINANCIAL SUPPORT TO A VARIETY OF COMMUNITY

GROUPS THROUGH THE BUILDING HEALTHY COMMUNITIES GRANTS PROGRAM. THE

ASSOCIATE VICE-PRESIDENT AND STAFF SERVE ON A NUMBER OF HEALTH

CARE-RELATED COMMUNITY BOARDS AND HEALTH-RELATED COMMITTEES. STAFF FROM

THE OFFICE OF COMMUNITY HEALTH 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

# PUBLIC INSPECTION COPY

**Part VI** Supplemental Information (Continuation)

DETERMINE HOW DUKE HEALTH CAN ASSIST THE FAITH COMMUNITY TO SUPPORT HEALTH MINISTRY ACTIVITIES IN THEIR COMMUNITY AND PLACES OF WORSHIP.

DUHS' CEO ALSO HAS A CHANCELLOR'S COMMUNITY HEALTH ADVISORY BOARD TO PROVIDE FEEDBACK ON A VARIETY OF ISSUES, INCLUDING USE OF DUHS RESOURCES, HEALTH SERVICE DELIVERY SYSTEMS AND LONG-RANGE GOALS TO REDUCE HEALTH RISKS AND DISPARITIES IN DURHAM COUNTY. THE BOARD INCLUDES STATE AND LOCAL ELECTED OFFICIALS, NEIGHBORHOOD COUNCILS AND OTHER GRASSROOTS ORGANIZATIONS, POLITICAL GROUPS, LOCAL PHYSICIANS, THE DURHAM PUBLIC SCHOOLS, AMONG OTHERS. DUHS MAINTAINS A BUILDING HEALTHY COMMUNITIES GRANTS COMMITTEE TO REVIEW COMMUNITY REQUESTS FOR PHILANTHROPIC ASSISTANCE THAT PROMOTE HEALTH AND WELLNESS. DUKE HEALTH PROVIDES VARIOUS OPPORTUNITIES FOR STUDENTS TO INTERACT WITH DIFFERENT HEALTH CARE PROFESSIONALS ACROSS THE SYSTEM. THE OFFICE OF COMMUNITY HEALTH, 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 HEALTH 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

# PUBLIC INSPECTION COPY

**Part VI** Supplemental Information (Continuation)

CENTER, AND STAFF AFFILIATED WITH LINCOLN COMMUNITY HEALTH CENTER  
HEALTHCARE FOR THE HOMELESS CLINIC VOLUNTEER TIME AND RESOURCES AT THIS  
IMPORTANT EVENT. STUDENTS FROM THE DUKE SCHOOLS OF MEDICINE AND NURSING  
ENGAGE COMMUNITIES IN DURHAM AND BEYOND IN ACTIVITIES THAT INCLUDE FREE  
BLOOD PRESSURE SCREENINGS FOR THE HOMELESS, AND IDENTIFYING THE HEALTH  
CARE NEEDS OF A LOW WEALTH COMMUNITY SCHOOL AND DEVELOPING A CURRICULUM  
FOR STUDENTS AND PARENTS THAT ADDRESSES THOSE NEEDS.

COVID-19 RESPONSE:

COVID-19 CONTINUED TO IMPACT OUR COMMUNITY'S HEALTH IN 2021.  
FORTUNATELY, VACCINATIONS TO PREVENT SERIOUS ILLNESS AND DEATH BECAME  
AVAILABLE. AT DUKE, WE VACCINATED 153,555 PATIENTS AND TEAM MEMBERS.  
FOR THE 5,765 PATIENTS WHO NEEDED COVID-19 TREATMENT AT DUKE HOSPITALS,  
WE COMMITTED OURSELVES TO ACHIEVING EQUITABLE HEALTH OUTCOMES. DUE TO  
THE IMPACT OF SYSTEMIC RACISM, PEOPLE OF COLOR ARE DISPROPORTIONATELY  
HOSPITALIZED WITH SEVERE CASES OF COVID-19. BUT ONCE WITHIN OUR WALLS,  
WE ENSURED THAT THERE WERE NO DISPARITIES IN CARE, TREATMENT, OR  
OUTCOME AMONG WHITE, AFRICAN AMERICAN, OR LATINX PATIENTS. AT DUKE WE  
ARE PROUD THAT PATIENTS WHO WERE HOSPITALIZED WITH COVID-19 RECEIVED  
THE HIGHEST QUALITY CARE.

ALL THREE DUHS HOSPITALS PROVIDED EXTENSIVE OUTREACH, STAFFING AND  
RESOURCES TO ADVANCE EQUITABLE ACCESS TO COVID-19 TESTING AND THE  
DISTRIBUTION OF VACCINES.

BETWEEN AUGUST OF 2020 AND MAY 2021, DUKE UNIVERSITY HEALTH SYSTEM  
(DUHS) SERVED AS LEAD ENTITY FOR REGION 3 OF THE NC DHHS COVID-19



# PUBLIC INSPECTION COPY

**Part VI** Supplemental Information (Continuation)

SUPPORT SERVICES PROGRAM (SSP). LOCAL COMMUNITY BASED ORGANIZATIONS  
(CBOS) PROVIDED SERVICES ACROSS A 7 COUNTY REGION, INCLUDING DURHAM,  
FRANKLIN, GRANVILLE, NASH, VANCE, WAKE AND WARREN. DUHS CONTRACTED WITH  
NOT ONLY ORGANIZATIONS WITH THE BEST OVERALL REACH, BUT ALSO WITH THOSE  
WHO COULD GENERATE IMPACT WITHIN HIGHLY MARGINALIZED POPULATIONS (HMP)  
DISPROPORTIONALLY AFFECTED BY THE PANDEMIC. THE ACCOMPLISHMENTS WERE  
THE RESULT OF AN INTENTIONALITY OF PARTNERSHIPS MADE TO MOST  
EFFECTIVELY REACH THESE AREAS. AS OF THE PROGRAM'S CONCLUSION, OUR  
NETWORK OF CBOS SERVED OVER 14,500 FOOD BOXES, OVER 65,000 MEALS AND  
MORE THAN 13,000 PACKAGES OF COVID-19 SUPPLIES TO HOUSEHOLDS IN OUR 7  
COUNTIES. ADDITIONALLY, NEARLY \$4 MILLION IN RELIEF PAYMENTS WERE  
DISPERSED TO JUST UNDER 5,000 HOUSEHOLDS. IN TOTAL THE PROGRAM SERVED  
8,199 UNIQUE HOUSEHOLDS REACHING APPROXIMATELY 35 THOUSAND INDIVIDUALS.  
SURVEY RESULTS INDICATED THAT 88% OF PARTICIPANTS WERE ABLE TO  
QUARANTINE SAFELY FROM COVID-19 AS A DIRECT RESULT OF THESE SERVICES.  
  
ADDITIONAL HOSPITAL-SPECIFIC COVID-19 COMMUNITY RESPONSE ACTIVITIES CAN  
BE FOUND IN THE RESPECTIVE HOSPITAL PART V, SECTION C SUPPLEMENTAL  
INFORMATION.

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). DPC IS  
A BROAD NETWORK OF COMMUNITY-BASED SERVICES THAT INCLUDE FAMILY  
MEDICINE, PEDIATRICS, INTERNAL MEDICINE, AND URGENT CARE. THE  
HOSPITALS PROVIDE ROUTINE INPATIENT AND OUTPATIENT CARE. IN DURHAM  
COUNTY, DUH AND DRH WORK TOGETHER TO MAXIMIZE FACILITY UTILIZATION

# PUBLIC INSPECTION COPY

Schedule H (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 10

## Part VI Supplemental Information (Continuation)

PROVIDING ROUTINE AND ADVANCED LEVELS OF CARE. DUH ALSO OPERATES A  
TRAUMA CENTER WITH AIR AMBULANCE SERVICE. DRAH SERVES THE WAKE COUNTY  
AREA AS A COMMUNITY HOSPITAL. THE DRAH CAMPUS HAS SEVERAL MEDICAL  
OFFICE BUILDINGS ENHANCING CONVENIENCE FOR THE PATIENT IN NON-EMERGENT  
CASES AND PROVIDES STREAMLINED ACCESS TO HIGH-DEMAND PROCEDURES SUCH AS  
CARDIAC CATHETERIZATION AND RADIOLOGY PROCEDURES. DUHS CONTINUES TO  
EXPAND ITS AMBULATORY FOOTPRINT TO PROVIDE CARE CLOSE TO PATIENTS'  
HOMES, EXTEND ACCESS TO NEW COMMUNITIES AND MEET GROWING POPULATION  
NEEDS EFFICIENTLY AND EFFECTIVELY. DUHS' POPULATION HEALTH MANAGEMENT  
OFFICE WITHIN DUKE INTEGRATED NETWORK, INC. IS THE CENTRAL ENTITY AT  
DUKE GUIDING CARE TRANSFORMATION FOR VALUE BASED CARE, INCLUDING CARE  
MANAGEMENT PROGRAMS AND DEPLOYMENT OF RELATED DATA AND ANALYTICS  
PROGRAMS, AS WELL AS FOSTERING RELATIONSHIPS WITH PAYERS, COMMUNITY  
RESOURCES, AND PHYSICIANS WITHIN THE SERVICE AREA. DUHS ALSO OPERATES  
HOME HEALTH AND HOME INFUSION SERVICES TO TREAT AND CARE FOR PATIENTS  
IN THE COMFORT OF THEIR HOME. THIS IS OBVIOUSLY PRACTICAL FOR PATIENTS  
NOT REQUIRING AN INPATIENT STAY BUT IN NEED OF ONGOING CARE AT A  
SUB-ACUTE LEVEL. FINALLY, HOSPICE PROVIDES PALLIATIVE CARE FOR  
PATIENTS NOT RESPONDING TO CURATIVE CARE. PAIN MANAGEMENT, SYMPTOM  
MANAGEMENT, AND PSYCHOLOGICAL AND SPIRITUAL SUPPORT PROVIDE A ROUNDED  
APPROACH TO COMPASSIONATELY ASSIST TERMINAL PATIENTS AND THEIR FAMILIES  
WITH THE PROCESS OF DYING. ALL OF THE OPERATING UNITS OF DUHS WORK  
TOGETHER TO PROVIDE THE RIGHT LEVEL OF CARE FOR THE PATIENT IN THE MOST  
BENEFICIAL MANNER. IN ADDITION TO THE REACTIVE ACTIVITIES OF  
DIAGNOSTIC CARE, DUHS ALSO SUPPORTS AND PROMOTES HEALTH AND WELL-BEING  
AT DUKE HEALTH & FITNESS CENTER, AND DUKE INTEGRATIVE MEDICINE. THESE  
SERVICES INCLUDE A MEDICALLY-BASED WEIGHT LOSS PROGRAM, MEDICALLY-BASED  
FITNESS, WELLNESS AND REHABILITATION PROGRAMS.

Schedule H (Form 990)

# PUBLIC INSPECTION COPY

**Part VI** Supplemental Information (Continuation)

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

PART VI, LINE 7:

NORTH CAROLINA

# PUBLIC INSPECTION COPY

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

# 2020

**Open to Public  
Inspection**

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

**Part I** **General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A PLACE AT THE TABLE P.O. BOX 26205 RALEIGH, NC 27611	47-2959935	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ALLIANCE FOR NC NONPROFITS, INC. 530 N BLOUNT ST RALEIGH, NC 27604	46-1358968	501(C)(6)	10,000.	0.			GENERAL SUPPORT
ALLIANCE MEDICAL MINISTRY, INC. 101 DONALD ROSS DR RALEIGH, NC 27610	56-2168673	501(C)(3)	45,000.	0.			COMMUNITY SUPPORT
AMERICAN NATIONAL RED CROSS 4737 UNIVERSITY DR DURHAM, NC 27707	53-0196605	501(C)(3)	25,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE TRIANGLE - 808 AVIATION PKWY, SUITE 900 - MORRISVILLE, NC 27560	56-2109717	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
BOYS CLUB OF WAKE COUNTY, INC. 701 N RALEIGH BLVD RALEIGH, NC 27610	56-0863051	501(C)(3)	40,000.	0.			SPONSORSHIP

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 54

**3** Enter total number of other organizations listed in the line 1 table ▶ 4

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

**Schedule I (Form 990) 2020**

# PUBLIC INSPECTION COPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGES POINTE HOUSING CORP P.O. BOX 11531 DURHAM, NC 27703	56-2085686	501(C)(3)	12,500.	0.			GENERAL SUPPORT
CAPSTONE EVENT GROUP, LLC 3803-B COMPUTER DR, SUITE 205 RALEIGH, NC 27609	46-4157559		12,000.	0.			SPONSORSHIP
CENTER FOR VOLUNTEER CAREGIVING 1150 SE MAYNARD RD, STE 210 CARY, NC 27511	58-2067482	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
CHILD CARE SERVICES ASSOCIATION P.O. BOX 901 CHAPEL HILL, NC 27514	56-1514058	501(C)(3)	7,500.	0.			GENERAL SUPPORT
CHILDRENS CANCER PARTNERSHIP 900 S PINE ST SPARTANBURG, SC 29302	20-2511033	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
CHILDRENS FLIGHT OF HOPE, INC. 1005 DRESSER CT RALEIGH, NC 27609	56-1762824	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
CITY OF DURHAM 807 E MAIN ST #2-300 ATTN C ST DURHAM, NC 27701	56-6000225		25,000.	0.			COMMUNITY SUPPORT
COMMUNITIES IN PARTNERSHIP P.O. BOX 11247 DURHAM, NC 27703	47-5567396	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT
COMMUNITY HEALTH COALITION, INC. P.O. BOX 15176 DURHAM, NC 27704-2755	56-2269385	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT

# PUBLIC INSPECTION COPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE REGIONAL HOSPITAL AUXILIARY 3643 NORTH ROXBORO STREET DURHAM, NC 27704	58-1781247	501(C)(3)	10,800.	0.			GENERAL SUPPORT
DUKE SCHOOL FOR CHILDREN 3716 ERWIN RD DURHAM, NC 27705	58-1521494	501(C)(3)	25,000.	0.			GENERAL SUPPORT
DURHAM ACADEMY, INC. 3601 RIDGE RD DURHAM, NC 27705	56-0538019	501(C)(3)	25,000.	0.			GENERAL SUPPORT
DURHAM CRISIS RESPONSE CENTER 206 N DILLARD ST DURHAM, NC 27701-3404	58-1496427	501(C)(3)	38,350.	0.			COMMUNITY SUPPORT
EL CENTRO HISPANO, INC. 2000 CHAPEL HILL RD, #26A DURHAM, NC 27707	56-2011661	501(C)(3)	20,800.	0.			COMMUNITY SUPPORT
EL FUTURO, INC. 2020 E CHAPEL HILL ROAD, SUITE DURHAM, NC 27707	80-0122334	501(C)(3)	35,000.	0.			COMMUNITY SUPPORT
EMILY KRZYZEWSKI FAMILY LIFE CENTER - 904 W CHAPEL HILL ST - DURHAM, NC 27701	56-2230469	501(C)(3)	10,000.	0.			SPONSORSHIP
FAMILIES MOVING FORWARD 300 N QUEEN ST DURHAM, NC 27701	56-1633998	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
FAMILY VIOLENCE PREVENTION CTR 1012 OBERLINE RD, SUITE 100 RALEIGH, NC 27605	58-1320613	501(C)(3)	30,000.	0.			GENERAL SUPPORT

# PUBLIC INSPECTION COPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT 100, INC. P.O. BOX 4875 GREENSBORO, NC 27404-4875	56-1705456	501(C)(3)	30,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF DURHAM 215 N CHURCH ST DURHAM, NC 27701	58-1674794	501(C)(3)	75,000.	0.			COMMUNITY SUPPORT
HABITAT FOR HUMANITY OF WAKE COUNTY - 2420 RALEIGH BLVD - RALEIGH, NC 27604	56-1492703	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
HOUSING FOR NEW HOPE, INC. 18 W COLONY PLACE, SUITE 250 DURHAM, NC 27705	58-2089068	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
LIFE SKILLS FOUNDATION P.O. BOX 51129 DURHAM, NC 27712	20-3676000	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
LUCY DANIELS CTR FOR EARLY CHILDHOOD - 9003 WESTON PKWY - CARY, NC 27513	58-1863104	501(C)(3)	16,000.	0.			COMMUNITY SUPPORT
LUNG CANCER INITIATIVE 5171 GLENWOOD AVE, #401 RALEIGH, NC 27612	26-2300885	501(C)(3)	20,000.	0.			SPONSORSHIP
MEDICAL FOUNDATION OF NC, INC. SUITE 4100 BONDURANT HALL, CB 7 CHAPEL HILL, NC 27599-7145	56-6057494	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MIDTOWN EVENTS, LLC P.O. BOX 19107 RALEIGH, NC 27619	27-1832351		50,000.	0.			SPONSORSHIP

# PUBLIC INSPECTION COPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDTOWN RALEIGH ALLIANCE 920 PAVERSTONE DR., ST. G RALEIGH, NC 27615	45-2559048	501(C)(6)	12,000.	0.			SPONSORSHIP
NATIONAL HUMANITIES CENTER 7 T W ALEXANDER DR RTP, NC 27709	59-1735367	501(C)(3)	10,000.	0.			SPONSORSHIP
NC PHYSICIANS HEALTH PROGRAM, INC. 220 HORIZON DRIVE, #201 RALEIGH, NC 27615	56-1846599	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NORTH CAROLINA INSTITUTE OF MEDICINE - 630 DAVIS DR, STE 100 - MORRISVILLE, NC 27560	56-1506066		10,000.	0.			GENERAL SUPPORT
NORTH CAROLINA SYMPHONY SOCIETY 3700 GLENWOOD AVE, SUITE 130 RALEIGH, NC 27612	56-0556755	501(C)(3)	12,500.	0.			SPONSORSHIP
ORANGE COUNTY RAPE CRISIS CENTER 1506 E FRANKLIN ST, #200 CHAPEL HILL, NC 27514-2825	58-1356356	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
PARTNERSHIP EFFORT FOR THE ADVANCEMENT OF CHILDRENS HEALTH - 800 N MANGUM ST, SUITE 105 - DURHAM, NC 27701	20-4317882	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC. - 6065 ROSWELL RD, STE 505 - ATLANTA, GA 30328	58-1966822	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PROJECT ACCESS OF DURHAM COUNTY 4206 N ROXBORO ST, STE 100 DURHAM, NC 27704	26-1925378	501(C)(3)	11,667.	0.			GENERAL SUPPORT



# PUBLIC INSPECTION COPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RECOVERY COMMUNITITES OF NORTH CAROLINA, INC. - 824 N BLOODWORTH ST - RALEIGH, NC 27604	46-3288242	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
RESCUE MISSIONS MINISTRIES, INC. P.O. BOX 11368 DURHAM, NC 27703	58-1482590	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE OF DURHAM 506 ALEXANDER AVE DURHAM, NC 27705	56-1220376	501(C)(3)	50,000.	0.			COMMUNITY SUPPORT
SAMARITAN HEALTH CENTER P.O. BOX 51339 DURHAM, NC 27717	26-3770762	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
SENIOR PHARMASSIST, INC. 406 RIGSBEE AVE, STE 201 DURHAM, NC 27701-2186	56-2084639	501(C)(3)	51,000.	0.			GENERAL SUPPORT
SOUTHEASTERN EFFORTS DEVELOPING SUSTAINABLE SPACES, INC. - 706 GILBERT ST - DURHAM, NC 27701	56-1876445	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
SOUTHLIGHT HEALTHCARE 3125 POPLARWOOD CT, SUITE 203 RALEIGH, NC 27604	56-0988422	501(C)(3)	10,000.	0.			SPONSORSHIP
STEPUP DURHAM 112 BROADWAY ST, SUITE B DURHAM, NC 27701	47-4578727	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
SUSAN G KOMEN BREAST CANCER FOUNDATION - P.O. BOX 801889 - DALLAS, TX 75380	75-1835298	501(C)(3)	55,000.	0.			SPONSORSHIP

# PUBLIC INSPECTION COPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROSA, INC. 1820 JAMES ST DURHAM, NC 27707-2024	56-1861158	501(C)(3)	53,350.	0.			COMMUNITY SUPPORT
UNITING NC, INC. 201 W MAIN ST, #100 DURHAM, NC 27701	26-3275886	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UPSTREAM WORKS 106 DRAYTON COURT CHAPEL HILL, NC 27516	82-5298960	501(C)(3)	15,000.	0.			GENERAL SUPPORT
URBAN MINISTRIES OF DURHAM 410 LIBERTY ST DURHAM, NC 27701	58-1505891	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
URBAN MINISTRIES OF WAKE COUNTY 1390 CAPITAL BLVD RALEIGH, NC 27603	58-1422700	501(C)(3)	27,500.	0.			COMMUNITY SUPPORT
WAKE TECH COMM COLL FOUNDATION 9101 FAYETTEVILLE RD RALEIGH, NC 27603-5696	23-7017752	501(C)(3)	31,600.	0.			SPONSORSHIP
WOMENS CENTER OF WAKE COUNTY 400 S WEST STREET RALEIGH, NC 27601	58-1316004	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT

# PUBLIC INSPECTION COPY

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE	17	12,988.	0.		

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

SCHEDULE I, PART I, LINE 2

DUKE UNIVERSITY HEALTH SYSTEM, INC. PROVIDES GENERAL SUPPORT TO LOCAL

ORGANIZATIONS BASED ON OUR AWARENESS OF THEIR ACTIVITIES WITHIN THE

LOCAL COMMUNITY. DUKE UNIVERSITY HEALTH SYSTEM, INC. ALSO MAINTAINS A

BUILDING HEALTHY COMMUNITIES GRANTS PROGRAM THAT REVIEWS COMMUNITY

REQUESTS FOR PHILANTHROPIC ASSISTANCE THAT PROMOTE HEALTH AND WELLNESS.

# PUBLIC INSPECTION COPY

**SCHEDULE J  
(Form 990)**

## Compensation Information

OMB No. 1545-0047

# 2020

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <p style="text-align: center;">DUKE UNIVERSITY HEALTH SYSTEM, INC.</p>	Employer identification number <p style="text-align: center;">56-2070036</p>
--	---

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

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

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

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

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) A EUGENE WASHINGTON MD DIRECTOR/PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	1,327,996.	648,542.	19,500.	34,741.	17,828.	2,048,607.	
(2) KENNETH C MORRIS FORMER OFFICER	(i)	603,401.	75,491.	1,000,000.	34,741.	6,735.	1,720,368.	
	(ii)	0.	0.	0.	0.	0.	0.	
(3) VINCENT E PRICE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	1,456,976.	0.	19,500.	34,741.	22,040.	1,533,257.	
(4) WILLIAM J FULKERSON MD EXECUTIVE VP, DUHS	(i)	958,995.	0.	94,847.	34,741.	8,767.	1,097,350.	
	(ii)	0.	0.	0.	0.	0.	0.	
(5) JOHN P MORDACH SVP, CFO, TREASURER	(i)	450,546.	486,050.	18,000.	0.	17,095.	971,691.	
	(ii)	0.	0.	0.	0.	0.	0.	
(6) THOMAS A OWENS MD PRESIDENT, DUH AND SVP, DUHS	(i)	641,889.	100,000.	19,500.	34,741.	12,598.	808,728.	
	(ii)	0.	0.	0.	0.	0.	0.	
(7) RICHARD PATRICK SHANNON PHYSICIAN	(i)	673,800.	35,192.	19,500.	34,741.	16,029.	779,262.	
	(ii)	0.	0.	0.	0.	0.	0.	
(8) MARY E KLOTMAN MD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	708,776.	0.	19,500.	34,741.	14,910.	777,927.	
(9) JEFFREY M FERRANTI CIO/VP FOR MEDICAL INFORMATICS	(i)	477,697.	73,500.	19,500.	34,741.	27,412.	632,850.	
	(ii)	103,128.	0.	0.	0.	0.	103,128.	
(10) KEITH STOVER COO, PRMO	(i)	460,546.	40,000.	19,500.	30,790.	24,113.	574,949.	
	(ii)	0.	0.	0.	0.	0.	0.	
(11) KATHLEEN GALBRAITH PRESIDENT, DUKE REGIONAL HOSPITAL	(i)	409,544.	74,630.	18,000.	27,624.	28,759.	558,557.	
	(ii)	0.	0.	0.	0.	0.	0.	
(12) ARLENE N CHUA PHYSICIAN	(i)	384,360.	61,012.	44,165.	30,800.	21,412.	541,749.	
	(ii)	0.	0.	0.	0.	0.	0.	
(13) ROBERT N WILLIS VP FINANCE/CONTROLLER/CAO	(i)	432,008.	40,000.	19,500.	28,777.	16,869.	537,154.	
	(ii)	0.	0.	0.	0.	0.	0.	
(14) MONTE D BROWN MD VP FOR ADMINISTRATION/SECRETARY	(i)	425,800.	0.	32,600.	30,263.	18,989.	507,652.	
	(ii)	0.	0.	0.	0.	0.	0.	
(15) MARY K MARTIN CHIEF OPERATING OFFICER, DUH	(i)	385,154.	25,187.	0.	27,601.	30,572.	468,514.	
	(ii)	0.	0.	0.	0.	0.	0.	
(16) MARY ANN FUCHS VP-PATIENT CARE/CHIEF NURSE EXEC	(i)	385,024.	0.	0.	24,217.	8,727.	417,968.	
	(ii)	0.	0.	0.	0.	0.	0.	

# PUBLIC INSPECTION COPY

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

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

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

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ERIK PAULSON DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	342,224.	0.	19,500.	23,391.	25,860.	410,975.	0.
(18) ANN REED DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	303,218.	0.	0.	18,766.	6,762.	328,746.	0.
(19) LEIGH BLEECKER INTERIM PRESIDENT, DUKE RALEIGH HOSE	(i)	221,626.	77,000.	0.	13,353.	14,081.	326,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) DAVID W ZAAS PART YEAR PRESIDENT, DUKE RALEIGH HO	(i)	256,948.	0.	9,750.	34,111.	8,515.	309,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

# PUBLIC INSPECTION COPY

**Part III** Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

KENNETH C. MORRIS RECEIVED A TOTAL OF \$3,000,000 RELATED TO HIS SEPARATION FROM EMPLOYMENT, ISSUED IN TWO PAYMENTS. \$1,000,000 IS INCLUDED ON THE CURRENT SCHEDULE J DETAILS. \$2,000,000 WILL BE INCLUDED ON FORM 990, SCHEUDLE J, FYE 06/30/2022.

SCHEDULE J, PART I, LINE 4B

A. EUGENE WASHINGTON, MD PARTICIPATED IN AND RECEIVED PAYMENTS OF \$500,000 UNDER A DEFERRED COMPENSATION PLAN DESCRIBED UNDER SECTION 457(F) OF THE INTERNAL REVENUE CODE. SUCH AMOUNTS WERE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AS DEFINED UNDER IRC SECTION 457(F).

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS:

DUHS MAINTAINS AN EXECUTIVE INCENTIVE COMPENSATION PLAN. PAYMENTS UNDER THE PLAN ARE BASED ON PRE-ESTABLISHED PERFORMANCE METRICS AND A FIXED CALCULATION METHODOLOGY APPROVED BY THE DUHS COMPENSATION COMMITTEE WITH ASSISTANCE AND INPUT FROM AN EXECUTIVE COMPENSATION CONSULTING FIRM ASSURING COMPARABILITY WITH SIMILAR SYSTEMS. THE PLAN ALLOWS FOR A

# PUBLIC INSPECTION COPY

**Part III** Supplemental Information

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

MODIFICATION TO AN INDIVIDUAL'S INCENTIVE PAYMENT BASED ON LEADERSHIP

COMPETENCIES AND OTHER FACTORS WITH PAYOUTS (AND MODIFICATIONS, IF ANY)

APPROVED BY THE DUHS COMPENSATION COMMITTEE.



# PUBLIC INSPECTION COPY

ENTITY

1

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

## Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

Name of the organization <p style="text-align: center;">DUKE UNIVERSITY HEALTH SYSTEM, INC.</p>	Employer identification number <p style="text-align: center;">56-2070036</p>
--	---

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	04/24/18	273,320,000.	SEE PART VI		X		X		X
B NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	05/30/12	214,598,930.	SEE PART VI		X		X		X
C NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	03/19/15	128,325,000.	SEE PART VI		X		X		X
D NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DLB5	06/28/12	326,853,753.	SEE PART VI	X			X		X

Part II Proceeds										
1-13	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
1 Amount of bonds retired	26,985,000.		193,290,000.		6,705,000.		25,705,000.			
2 Amount of bonds legally defeased							273,285,000.			
3 Total proceeds of issue	273,320,000.		214,760,000.		128,325,000.		326,995,394.			
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds							14,871,185.			
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds							2,737,864.			
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds							309,386,345.			
11 Other spent proceeds	273,320,000.		214,760,000.		128,325,000.					
12 Other unspent proceeds										
13 Year of substantial completion					2009		2013			
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)?	X		X		X			X		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

Schedule K (Form 990) 2020

# PUBLIC INSPECTION COPY

ENTITY 2

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

**Supplemental Information on Tax-Exempt Bonds**  
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ► Attach to Form 990. ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**  
Open to Public Inspection

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	07/25/18	28,650,000.	SEE PART VI		X		X		X
<b>B</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DUD1	05/26/16	383,990,154.	SEE PART VI		X		X		X
<b>C</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DVK4	08/11/16	140,200,389.	SEE PART VI		X		X		X
<b>D</b> NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	04/21/15	40,000,000.	SEE PART VI		X		X		X

Part II Proceeds										
1 Amount of bonds retired	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
2 Amount of bonds legally defeased										
3 Total proceeds of issue	28,650,000.		383,990,154.		140,200,389.		19,035,078.			
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows			201,888,819.		139,008,505.					
7 Issuance costs from proceeds			2,101,335.		1,191,884.					
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds							19,035,078.			
11 Other spent proceeds	28,650,000.		180,000,000.							
12 Other unspent proceeds										
13 Year of substantial completion								2017		
	Yes	No	Yes	No	Yes	No	Yes	No		
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)?	X		X			X		X		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X		X			X		
16 Has the final allocation of proceeds been made?	X		X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

Schedule K (Form 990) 2020

# PUBLIC INSPECTION COPY

ENTITY

3

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

## Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

Name of the organization <p style="text-align: center;">DUKE UNIVERSITY HEALTH SYSTEM, INC.</p>	Employer identification number <p style="text-align: center;">56-2070036</p>
--	---

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	10/26/17	1,937,324.	SEE PART VI		X		X		X
B NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	05/10/18	38,062,676.	SEE PART VI		X		X		X
C											
D											

Part II Proceeds										
1 Amount of bonds retired	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
2 Amount of bonds legally defeased										
3 Total proceeds of issue	1,937,324.		9,262,883.							
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	1,937,324.		9,262,883.							
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion	2018		2020							
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)?		X		X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X						
16 Has the final allocation of proceeds been made?	X		X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Schedule K (Form 990) 2020

# PUBLIC INSPECTION COPY

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....						X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....						X		X
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....					X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....						X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		.00 %		.00 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		.00 %		.00 %
<b>6</b> Total of lines 4 and 5 .....		%		%		.00 %		.00 %
<b>7</b> Does the bond issue meet the private security or payment test? .....						X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?					X			X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		.07 %		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....					X			
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....					X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X		X		X		X
<b>b</b> Exception to rebate? .....		X		X		X		X
<b>c</b> No rebate due? .....	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X		X		X			X

# PUBLIC INSPECTION COPY

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....				X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....				X		X		X
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....			X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....				X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		.00 %		.00 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		.00 %		.00 %
<b>6</b> Total of lines 4 and 5 .....		%		%		.00 %		.00 %
<b>7</b> Does the bond issue meet the private security or payment test? .....				X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?				X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....			X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X		X		X		X
<b>b</b> Exception to rebate? .....		X		X		X		X
<b>c</b> No rebate due? .....	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X		X			X		X

# PUBLIC INSPECTION COPY

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		.00 %		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		.00 %		%		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		.00 %		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X		X				
<b>b</b> Exception to rebate? .....		X		X				
<b>c</b> No rebate due? .....	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X				







# PUBLIC INSPECTION COPY

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X					

**Part V Procedures To Undertake Corrective Action**

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

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

SCHEDULE K, PART I, COLUMN F

BOND ISSUE A:

THE PURPOSE OF THE BONDS ISSUED 04/24/18 WAS TO CONVERT THE 2005A REVENUE REFUNDING BONDS TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE. THE PURPOSE OF THE BONDS ISSUED 03/22/2012 WAS TO REFUND THE 2005ABC BONDS ISSUED ON 08/21/2009, WHICH REFUNDED THE ORIGINAL 2005ABC BONDS ISSUED ON 5/19/2005. THE PURPOSE OF THE BONDS ISSUED 05/19/2005 WAS TO PARTIALLY REFUND THE 1996C BONDS ISSUED ON 10/24/1996, 1998A BONDS ISSUED ON 08/27/1998, AND THE 1998B BONDS ISSUED ON 10/13/1998.

THE BONDS ISSUED 04/24/18 WERE ALSO ISSUED TO CONVERT THE 2016(B) AND 2016(C) BONDS TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE. SEE ALSO BOND ISSUE B(2) BELOW.

BOND ISSUE B:

THE PURPOSE OF THE BONDS ISSUED 05/30/2012 WAS TO PARTIALLY REFUND THE 2005ABC BONDS ISSUED ON 03/22/12, WHICH REFUNDED THE 2005ABC BONDS ISSUED ON 08/21/2009, WHICH REFUNDED THE ORIGINAL 2005ABC BONDS ISSUED ON 5/19/2005. THE PURPOSE OF THE BONDS ISSUED 05/19/2005 WAS TO

# PUBLIC INSPECTION COPY

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

PARTIALLY REFUND THE 1996C BONDS ISSUED ON 10/24/1996, 1998A BONDS ISSUED ON 08/27/1998, AND THE 1998B BONDS ISSUED ON 10/13/1998.

**BOND ISSUE C:**

THE PURPOSE OF THE BONDS ISSUED 03/19/2015 WAS TO REFUND THE 2006ABC BONDS ISSUED ON 10/06/2011, WHICH REFUNDED THE BONDS ISSUED 11/15/2006 FOR HOSPITAL IMPROVEMENTS INCLUDING: ROUTINE INFRASTRUCTURE, RENOVATION AND IMPROVEMENT PROJECTS AT DUKE UNIVERSITY HOSPITAL AND DUKE RALEIGH HOSPITAL, IMPROVEMENTS TO INFORMATION SYSTEMS, RENOVATION AND EXPANSION OF EMERGENCY DEPARTMENT AT DUKE UNIVERSITY HOSPITAL, HELIPORT AND NEW ROOF IMPROVEMENTS AT DUKE UNIVERSITY HOSPITAL, AND PHASES 1 AND 2 OF AN OPERATING ROOM SUITE RENOVATION AND EXPANSION AT DUKE UNIVERSITY HOSPITAL.

**BOND ISSUE D:**

THE PURPOSE OF THE BONDS ISSUED 06/28/12 WAS TO FINANCE PART OF THE COST OF HOSPITAL CAPITAL IMPROVEMENTS INCLUDING: THE CONSTRUCTION OF A MAJOR TERTIARY CARE ADDITION TO DUKE UNIVERSITY HOSPITAL REFERRED TO AS THE DUKE MEDICINE PAVILION (DMP) WHICH INCLUDED A NEW 609,000 SQUARE FOOT TERTIARY CARE ADDITION INCLUDING FOUR 24-BED INTENSIVE CARE UNITS, TWO 32 BED INTERMEDIATE/STEP-DOWN UNITS, 16 OPERATING ROOMS, EXPANDED IMAGING FACILITIES, AND PATIENT AND FAMILY ORIENTED AMENITIES; A 9,000 SQUARE FOOT SOUTH CONCOURSE CONNECTOR CORRIDOR BETWEEN THE EXISTING CANCER CENTER AND DUKE CLINICS AND THE DMP; A 46,000 SQUARE FOOT NORTH CONCOURSE CONNECTOR CORRIDOR BETWEEN THE DMP AND DUKE UNIVERSITY HOSPITAL-NORTH; RENOVATION OF APPROXIMATELY 29,000 SQUARE FEET IN DUKE UNIVERSITY HOSPITAL AND ROAD IMPROVEMENT AND VEHICLE PARKING PROJECTS REQUIRED TO COMPLETE AND OPERATE THE NEW ADDITION.

**BOND ISSUE A (2):**

THE 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 1985B BONDS ISSUED ON 10/02/1985 FOR THE ACQUISITION OF A MAINTENANCE BUILDING, PARKING, AND A DEBT SERVICE FUND, AND TO REFUND THE ORIGINAL 1993A BONDS ISSUED ON 08/12/1993. THE PURPOSE OF THE BONDS ISSUED 08/12/1993 WAS TO PARTIALLY REFUND THE 1991D BONDS ISSUED ON 7/1/1991 AND THE 1985A BONDS ISSUED ON 10/02/1985. THE 2012C BONDS WERE PAID OFF EFFECTIVE JUNE 1, 2015.

# PUBLIC INSPECTION COPY

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions. *(continued)***BOND ISSUE B (2):**

THE 2016B AND 2016C REVENUE REFUNDING BONDS WERE CONVERTED TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE ON 04/24/18. THE PURPOSE OF THE BONDS ISSUED 05/26/16 WAS TO REFUND THE ORIGINAL 2009A BONDS ISSUED ON 10/22/09 TO FINANCE HOSPITAL IMPROVEMENTS INCLUDING THE AMBULATORY CANCER CENTER AT DUKE UNIVERSITY HOSPITAL AND OTHER RENOVATION AND IMPROVEMENT PROJECTS AT DUKE RALEIGH HOSPITAL, AND TO REFUND THE 2005C BONDS ISSUED ON 05/30/12 AND TO PARTIALLY REFUND THE 2005B BONDS ISSUED ON 05/30/12. THE PURPOSE OF THE BONDS ISSUED ON 05/30/2012 WAS TO PARTIALLY REFUND THE 2005ABC BONDS ISSUED ON 03/22/12, WHICH REFUNDED THE 2005ABC BONDS ISSUED ON 08/21/2009, WHICH REFUNDED THE ORIGINAL 2005ABC BONDS ISSUED ON 5/19/2005. THE PURPOSE OF THE BONDS ISSUED 05/19/2005 WAS TO PARTIALLY REFUND THE 1996C BONDS ISSUED ON 10/24/1996, 1998A BONDS ISSUED ON 08/27/1998, AND THE 1998B BONDS ISSUED ON 10/13/1998.

**BOND ISSUE C (2):**

THE PURPOSE OF THE BONDS ISSUED 08/11/16 WAS TO REFUND THE ORIGINAL 2010A BONDS ISSUED ON 04/2/10 TO FINANCE HOSPITAL CAPITAL IMPROVEMENTS INCLUDING: THE CONSTRUCTION OF A MAJOR TERTIARY CARE ADDITION TO DUKE UNIVERSITY HOSPITAL REFERRED TO AS THE DUKE MEDICINE PAVILION (DMP) WHICH INCLUDED A NEW 582,000 SQUARE FOOT TERTIARY CARE ADDITION INCLUDING FOUR 24-BED INTENSIVE CARE UNITS, TWO 32 BED INTERMEDIATE /STEP-DOWN UNITS, 16 OPERATING ROOMS, EXPANDED IMAGING FACILITIES, AND PATIENT AND FAMILY ORIENTED AMENITIES; A 9,000 SQUARE FOOT SOUTH CONCOURSE CONNECTOR CORRIDOR BETWEEN THE EXISTING CANCER CENTER AND DUKE CLINICS AND THE DMP; A 46,000 SQUARE FOOT NORTH CONCOURSE CONNECTOR CORRIDOR BETWEEN THE DMP AND DUKE UNIVERSITY HOSPITAL-NORTH; RENOVATION OF APPROXIMATELY 29,000 SQUARE FEET IN DUKE UNIVERSITY HOSPITAL AND ROAD IMPROVEMENT AND VEHICLE PARKING PROJECTS REQUIRED TO COMPLETE AND OPERATE THE NEW ADDITION.

**BOND ISSUE D (2):**

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

**BOND ISSUE A (3):**

SCHEDULE NO. 1 OF THE FINANCING LEASE PROGRAM WITH TD EQUIPMENT FINANCE IN THE PRINCIPAL AMOUNT OF \$1,937,324 TO FINANCE MEDICAL, COMPUTER,

# PUBLIC INSPECTION COPY

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

OFFICE, AND CAPITAL EQUIPMENT ISSUE PRICE DIFFERS FROM THAT SHOWN ON FORM 8038 BECAUSE FORM 8038 ASSUMED ALL SCHEDULES UNDER THE PROGRAM WOULD BE DRAWN DOWN AS ONE (\$40,000,000) ISSUE, BUT NOW SCHEDULE NO. 1 IS SINGLE ISSUE.

## BOND ISSUE B (3):

DRAW-DOWN FINANCING LEASE PROGRAM WITH TD EQUIPMENT FINANCE, OTHER THAN SCHEDULE 1, IN THE MAXIMUM PRINCIPAL AMOUNT OF \$38,062,676 TO FINANCE MEDICAL, COMPUTER, OFFICE, AND CAPITAL EQUIPMENT.

## SCHEDULE K, PART II, LINE 2, BOND ISSUE (D):

ON 01/14/20, PROCEEDS OF THE SERIES 2020 TAXABLE BONDS WERE USED IN PART TO REFUND \$273,285,000 OF THE 2012A BONDS, WHICH WAS ALL OF THE 2012A BONDS MATURING AFTER JUNE 1, 2022.

## SCHEDULE K, PART II, LINE 3, BOND ISSUE (B):

PROCEEDS INCLUDE ISSUE PRICE PLUS ORIGINAL ISSUE DISCOUNT / UPFRONT FEE PAID DIRECTLY BY DUHS TO THE BANK UPON ISSUANCE.

## SCHEDULE K, PART II, LINE 3, BOND ISSUE (D):

PROCEEDS INCLUDE INVESTMENT EARNINGS.

## SCHEDULE K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (3):

PROCEEDS REFLECT ACTUAL PRINCIPAL DRAWN DOWN UNDER DRAW DOWN FINANCING LEASE PROGRAM.

## SCHEDULE K, PART III, B (2), LINES 4-6:

RESPONSES REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE ALLOCABLE TO THE REFUNDING OF THE 2009A BONDS.

## SCHEDULE K, PART III, LINE 8C, BOND ISSUE (C) :

DISPOSITION WAS THE SUBJECT OF A CLOSING AGREEMENT ACCEPTED AND CLOSED WITH THE IRS IN OCTOBER 2014 THROUGH THE TAX EXEMPT BONDS VOLUNTARY CLOSING AGREEMENT PROGRAM.

## SCHEDULE K, PART IV, LINE 2C, BOND ISSUES (A), (B), (C), (D), B (2), AND C (2):

BOND ISSUE (A) COMPLETED 06/01/19; (B) COMPLETED 05/30/17; (C) COMPLETED 09/30/16; (D) COMPLETED 05/31/17; B(2) COMPLETED 06/01/19; AND C(2) COMPLETED 08/01/17. AS TO D(2), A(3), AND B(3), NO ARBITRAGE COMPUTATION WAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED.

# PUBLIC INSPECTION COPY

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

BOND ISSUES (A), (B), AND A (2):

THESE PROCEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO  
CURRENTLY REFUND THE PRIOR BONDS.

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

SALES PROCEEDS ALLOCATED UPON ISSUANCE AND NOT INVESTED.



# PUBLIC INSPECTION COPY

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BIOVENTUS, LLC	SEE PART V	296,839.	SEE PART V		X

**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:

TWO DUHS, INC. DIRECTORS ARE ALSO DIRECTORS OF BIOVENTUS, LLC

(C) AMOUNT OF TRANSACTION: \$296,839

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

(E) SHARING OF ORGANIZATION REVENUE? = NO

# PUBLIC INSPECTION COPY

**SCHEDULE M  
(Form 990)**

## Noncash Contributions

OMB No. 1545-0047

# 2020

**Open to Public  
Inspection**

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

Name of the organization <p style="text-align: center;">DUKE UNIVERSITY HEALTH SYSTEM, INC.</p>	Employer identification number <p style="text-align: center;">56-2070036</p>
--	---

<b>Part I</b> Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	6	47,676.	MARKET QUOTE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( CARE PACKAGES ) .....	X	1	3,571.	FMV
26 Other ▶ ( _____ ) .....				
27 Other ▶ ( _____ ) .....				
28 Other ▶ ( _____ ) .....				

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

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** Schedule M (Form 990) 2020



# PUBLIC INSPECTION COPY

**Part II**

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

SCHEDULE M, LINE 32B:

DUKE UNIVERSITY HEALTH SYSTEM, INC. USES INVESTMENT BROKERS TO SELL

INVESTMENTS. DUKE UNIVERSITY HEALTH SYSTEM, INC. MAY OCCASIONALLY USE

THIRD PARTIES TO SELL OTHER TYPES OF NON-CASH CONTRIBUTIONS, AS THE

NEED ARISES.

# PUBLIC INSPECTION COPY

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

Department of the Treasury  
Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

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

DUHS, AS PART OF DUKE HEALTH, IS COMMITTED TO ADVANCING HEALTH TOGETHER

BY DELIVERING TOMORROW'S HEALTH CARE TODAY, ACCELERATING DISCOVERY AND

ITS TRANSLATION, CREATING EDUCATION THAT IS TRANSFORMING, BUILDING

HEALTHY COMMUNITIES, AND CONNECTING WITH THE WORLD TO IMPROVE HEALTH

GLOBALLY.

FORM 990, PART III, LINE 4A

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HISTORY AND ORGANIZATION

IN 1925, JAMES B. DUKE WILLED \$4 MILLION TO ESTABLISH DUKE UNIVERSITY

HOSPITAL AND ITS MEDICAL SCHOOL TO IMPROVE HEALTH CARE IN THE

CAROLINAS, THEN A POOR REGION LACKING HOSPITALS AND HEALTH CARE

PROVIDERS. DUKE UNIVERSITY HOSPITAL HAS GROWN TO BE RECOGNIZED AS ONE

OF THE WORLD'S GREAT HEALTH CARE PROVIDERS. IN 1998 AND CONCURRENT

WITH ACQUIRING CONTROL OF TWO LOCAL COMMUNITY HOSPITALS, THE DUKE

UNIVERSITY BOARD OF TRUSTEES ESTABLISHED DUKE UNIVERSITY HOSPITAL AS

THE FLAGSHIP OF THE NEWLY INCORPORATED DUKE UNIVERSITY HEALTH SYSTEM,

INC. (DUHS) TO MANAGE A WIDE RANGE OF HEALTH CARE PROGRAMS AT THE SAME

HIGH LEVEL OF QUALITY THAT HAS TRADITIONALLY MADE DUKE UNIVERSITY

HOSPITAL A WORLD LEADER. THIS NETWORK OF REGIONAL HEALTH CARE

ORGANIZATIONS IS DEDICATED TO EMPLOYING DUKE'S STRENGTHS IN PATIENT

CARE, EDUCATION, AND RESEARCH. DUHS IS A COMPONENT OF DUKE HEALTH WHICH

CONCEPTUALLY INTEGRATES THE DUKE UNIVERSITY SCHOOL OF MEDICINE,

DUKE-NUS MEDICAL SCHOOL, DUKE UNIVERSITY SCHOOL OF NURSING, DUKE

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

UNIVERSITY HEALTH SYSTEM, PRIVATE DIAGNOSTIC CLINIC (DUKE PHYSICIANS PRACTICE), AND INCORPORATES THE HEALTH AND HEALTH RESEARCH PROGRAMS WITHIN THE DUKE GLOBAL HEALTH INSTITUTE AS WELL AS THOSE IN SCHOOLS AND CENTERS ACROSS DUKE UNIVERSITY, INCLUDING THE DUKE ROBERT J. MARGOLIS CENTER FOR HEALTH POLICY. THE DUKE HEALTH CLINICAL ENTERPRISE IS INTENDED TO FUNCTION AS A FULLY ALIGNED AND UNIFIED ORGANIZATION FOCUSED ON IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE, DELIVERING ADVANCED TREATMENT FOR THOSE WHO NEED IT, AND EXTENDING NEW KNOWLEDGE BEYOND OUR SYSTEMS TO THE BENEFIT OF OTHERS. LEVERAGING THE DEPTH AND BREADTH OF CAPABILITIES THAT EXIST ACROSS DUKE HEALTH AND THE ENTIRE UNIVERSITY, WE PLAN TO ACHIEVE THE VISION TO DELIVER TOMORROW'S HEALTH CARE TODAY BY LEADING IN THE DELIVERY OF HIGHEST-QUALITY, PATIENT CENTERED CARE, INTEGRATING TO OPTIMIZE COORDINATION OF CARE, GROWING AND EXTENDING OUR REACH LOCALLY, REGIONALLY, AND NATIONALLY, INVESTING IN INNOVATION TO CREATE SUSTAINABLE DIFFERENTIATION AND VALUE AND DELIVERING ON THE PROMISE OF POPULATION HEALTH.

MANY PROGRAM SERVICE ACCOMPLISHMENTS ARE INCLUDED IN SCHEDULE H OF THIS FORM INCLUDING THE FINANCIAL COMMITMENT MADE TO THE COMMUNITY BY DUHS IN TERMS OF CHARITY CARE AND OTHER DIRECT AND MEASURABLE INVESTMENTS. FURTHER DETAIL OF DUHS' COMMITMENT TO PROMOTING HEALTH, WELLNESS, AND ACCESS TO QUALITY CARE FOR THE PEOPLE AND COMMUNITIES IT SERVES IS REPORTED IN DUHS' ANNUAL COMMUNITY BENEFIT REPORT. THE COMMUNITY BENEFIT REPORT IS AVAILABLE ONLINE AT <HTTPS://CORPORATE.DUKEHEALTH.ORG/COMMUNITY>.

FORM 990, PART V, LINE 3B:

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

18590516 145628 56-2070036

131  
2020.05094 DUKE UNIVERSITY HEALTH SY 56-20701

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

THE ORGANIZATION DID NOT HAVE UNRELATED BUSINESS GROSS INCOME OF \$1,000 OR

MORE DURING THE FISCAL YEAR ENDED JUNE 30, 2021. HOWEVER THE ORGANIZATION

HAS FILED FORM 990-T FOR THE FISCAL YEAR ENDED JUNE 30, 2021 IN ORDER TO

CARRY FORWARD THE NET OPERATING LOSS.

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

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, GERALD HASSELL, 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 ERIK PAULSON.

DIRECTOR AND PRESIDENT/CEO, A. EUGENE WASHINGTON, MD, AND OFFICERS WILLIAM

J. FULKERSON, MD, AND JOHN P. MORDACH ARE DIRECTORS AND OFFICERS OF DURHAM

CASUALTY COMPANY, LTD.

DIRECTOR AND PRESIDENT/CEO, A. EUGENE WASHINGTON, MD, AND OFFICERS WILLIAM

J. FULKERSON, MD, ANN M. REED, AND ERIK PAULSON ARE BOARD MEMBERS OF

PRIVATE DIAGNOSTIC CLINIC, PLLC.

OFFICERS WILLIAM J. FULKERSON, MD AND JOHN P. MORDACH 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:

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

132

18590516 145628 56-2070036

2020.05094 DUKE UNIVERSITY HEALTH SY 56-20701

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

DUHS DELEGATES CONTROL TO A SUPPORTING ORGANIZATION FOR THE MANAGEMENT OF INVESTMENTS.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED THE ARTICLES OF INCORPORATION EFFECTIVE JULY 1,

2020 STATING THE FOLLOWING REPORTABLE UPDATE TO ARTICLE IX:

THE BOARD OF DIRECTORS SHALL INCLUDE FIVE (5) EX OFFICIO MEMBERS, WHO SHALL

BE THE INDIVIDUALS SERVING AS PRESIDENT OF DUKE UNIVERSITY, THE CHANCELLOR

FOR HEALTH AFFAIRS OF DUKE UNIVERSITY/PRESIDENT AND CHIEF EXECUTIVE OFFICER

OF THE CORPORATION, THE CHAIR OF THE BOARD OF TRUSTEES OF DUKE UNIVERSITY,

THE DEAN OF THE DUKE UNIVERSITY SCHOOL OF MEDICINE AND THE CHAIR OF THE

BOARD OF THE DUKE UNIVERSITY SCHOOL OF MEDICINE FACULTY PRACTICE PLAN.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE BOARD OF DIRECTORS OF DUHS, OTHER THAN THE EX OFFICIO

MEMBERS, WILL BE NOMINATED BY THE BOARD OF DIRECTORS OF DUHS, AND WILL BE

APPOINTED BY THE BOARD OF TRUSTEES OF DUKE UNIVERSITY. MEMBERS OF THE

BOARD OF DIRECTORS OF DUHS WILL BE SUBJECT TO REMOVAL AT THE DISCRETION OF

THE BOARD OF TRUSTEES OF DUKE UNIVERSITY IN ACCORDANCE WITH THE BYLAWS OF

DUHS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE DUHS BYLAWS PROVIDE THAT DUHS MUST OBTAIN DUKE UNIVERSITY BOARD OF

TRUSTEES APPROVAL FOR CERTAIN SIGNIFICANT TRANSACTIONS REGARDING DEBT

ISSUANCES, CAPITAL ACQUISITIONS AND TANGIBLE PERSONAL AND REAL PROPERTY

SALES.

FORM 990, PART VI, SECTION B, LINE 11B:

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

133

18590516 145628 56-2070036

2020.05094 DUKE UNIVERSITY HEALTH SY 56-20701

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page 2

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

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 DISTRIBUTED TO INDIVIDUALS INCLUDING OFFICERS, DIRECTORS, AND KEY EMPLOYEES, RELYING ON SELF DISCLOSURE OF ALL THOSE SUBJECT TO THE COI POLICY.

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

THE DUHS COMPENSATION COMMITTEE, COMPRISED OF MEMBERS OF THE DUHS BOARD OF DIRECTORS, REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION FOR CERTAIN DISQUALIFIED PERSONS AND OTHER KEY EMPLOYEES. THE DUHS COMPENSATION COMMITTEE REVIEWS AND RECOMMENDS TO THE DUKE UNIVERSITY COMPENSATION COMMITTEE THE COMPENSATION FOR THE PRESIDENT AND CEO OF DUHS WHO IS ALSO AN OFFICER OF DUKE UNIVERSITY. DUHS HAS ADOPTED A STATEMENT OF COMPENSATION PHILOSOPHY THAT ARTICULATES BROAD OBJECTIVES TO HELP GUIDE THE DUHS COMPENSATION COMMITTEE IN ITS MISSION. THE DUHS COMPENSATION COMMITTEE ENGAGES THE SERVICES OF AN OUTSIDE EXECUTIVE COMPENSATION CONSULTING FIRM TO ESTABLISH COMPARABILITY DATA OF OTHER HEALTH CARE SYSTEMS OF SIMILAR SIZE AND COMPLEXITY AS DUHS. THE DUHS COMPENSATION COMMITTEE REVIEWS THE MARKET ANALYSIS THEN DETERMINES THE REASONABLENESS AND APPROPRIATENESS OF ALL ASPECTS OF EXECUTIVE COMPENSATION. THE DUHS COMPENSATION COMMITTEE ALSO SETS THE METRICS AND APPROVES THE PAYOUTS FOR THE DUHS INCENTIVE

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

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, SECTION B, LINE 16B:

DUHS HAS ALWAYS PUT TERMS AND SAFEGUARDS IN AGREEMENTS WITH THIRD PARTIES

TO PROTECT THE ASSETS AND EXEMPT STATUS OF THE ORGANIZATION, EVEN THOUGH A

WRITTEN POLICY WAS NOT IN PLACE. DURING FYE 06/30/2022, DUHS APPROVED AND

DISSEMINATED A WRITTEN POLICY THAT REQUIRES DUHS TO EVALUATE ITS

PARTICIPATION IN JOINT VENTURE ARRANGEMENTS AND NEGOTIATE TERMS AND

SAFEGUARDS TO PROTECT THE ORGANIZATION'S ASSETS AND EXEMPT STATUS.

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:

IN ADDITION TO PROVIDING THE ORGANIZATION'S FORM 990 UPON REQUEST, THE

ORGANIZATION'S FORM 990 IS AVAILABLE TO THE PUBLIC ON SEVERAL THIRD PARTY

WEBSITES. WHILE THE ORGANIZATION DOES NOT PROVIDE THE FORM 990 DIRECTLY TO

THESE THIRD PARTIES, THE FORM 990 IS OBTAINED FROM THE INTERNAL REVENUE

SERVICE. THE THIRD PARTIES SUBSEQUENTLY AND INDEPENDENTLY PROVIDE ACCESS TO

THE FORM 990 ON THEIR PLATFORM.

FORM 990, PART VI, SECTION C, LINE 19:

DUKE UNIVERSITY HEALTH SYSTEM, INC.'S GOVERNING DOCUMENTS (ARTICLES OF

INCORPORATION AND ANY SUBSEQUENT AMENDMENTS OR RESTATEMENTS) ARE AVAILABLE

TO THE PUBLIC ON THE NORTH CAROLINA SECRETARY OF STATE WEBSITE. DUKE

UNIVERSITY HEALTH SYSTEM, INC. MAKES ITS CONFLICT OF INTEREST POLICY AND

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page 2

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

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. INDEPENDENTLY

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT:

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

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

NONPERIODIC CHANGES IN DEFINED BENEFIT PLANS: 563,080,004.

NET TRANSFERS TO THE UNIVERSITY AND AFFILIATES: -223,325,859.

CHANGE IN MARKET VALUE OF DERIVATIVES: 26,297,345.

DEEMED DIVIDEND: -11,039,237.

TOTAL TO FORM 990, PART XI, LINE 9 355,012,253.

FORM 990, PART XII, LINE 3B:

FEDERAL AWARDS RECEIVED BY THE ORGANIZATION ARE INCLUDED IN THE DUKE

UNIVERSITY FY2021 SINGLE AUDIT, AND THE ASSOCIATED REPORT WILL BE

ISSUED BY THE EXTENDED DEADLINE OF SEPTEMBER 30, 2022.

PAGE 1, LINE B - REASON FOR AMENDING ORIGINALLY FILED FORM 990:

DUKE UNIVERSITY HEALTH SYSTEM, INC. IS FILING AN AMENDED RETURN TO

REVISE AN AMOUNT REPORTED ON SCHEDULE J, COLUMN F AND INCLUDE A

DISCLOSURE ON SCHEDULE J, PART III.



# PUBLIC INSPECTION COPY

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization <p style="text-align: center;">DUKE UNIVERSITY HEALTH SYSTEM, INC.</p>	Employer identification number <p style="text-align: center;">56-2070036</p>
--	---

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DUKE PRMO, LLC 615 DOUGLAS STREET, SUITE 700 DURHAM, NC 27705	MEDICAL BILLING	NORTH CAROLINA	170,019,389.	2,002,986.	DUKE UNIVERSITY HEALTH SYSTEM, INC.
DUHS GLOBAL, LLC 310 BLACKWELL STREET, 4TH FLOOR, BOX 104124 DURHAM, NC 27710	SUPPORT	NORTH CAROLINA	0.	0.	DUKE UNIVERSITY HEALTH SYSTEM, INC.
SAME DAY SURGERY CENTER FRANKLIN, LLC 310 BLACKWELL STREET, 4TH FLOOR, BOX 104124 DURHAM, NC 27710	SUPPORT	NORTH CAROLINA	0.	0.	DUKE UNIVERSITY HEALTH SYSTEM, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMER ASSOC FOR GIFTED CHILDREN - 56-1686219 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
ASSOCIATED HEALTH SVCS, INC. - 56-1845329 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	HEALTHCARE	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DU SPECIAL VENTURES FUND, INC. - 56-1465177 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE ALUMNI ASSOCIATION, INC. - 56-1594088 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X

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

Schedule R (Form 990) 2020

# PUBLIC INSPECTION COPY

Schedule R (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DUKE CORPORATE EDUCATION - 42-1672476 310 BLACKWELL ST. DURHAM, NC 27701	EDUCATION	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE GIFT PROPERTIES, INC. - 57-1211078 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE GLOBAL, INC. - 61-1588319 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE INTEGRATED NETWORK, INC. - 46-3129771 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DUKE MEDICINE GLOBAL SUPP. CORP.- 61-1593721 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE QUALITY NETWORK, INC. - 46-1340679 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DUKE SCHOLARLY EXHIBITS, INC. - 56-1701245 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE UNIV AFFILIATED PHYSICIANS - 56-1902501 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	HEALTHCARE	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DUKE UNIV PHILANTHROPIES, INC. - 57-1211099 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE UNIV SCH OF MED RESEARCH FDN 56-2247203 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE UNIVERSITY - 56-0532129 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	EDUCATION	NORTH CAROLINA	501(C)(3)	LINE 2	N/A		X
DUMAC, INC. - 90-0754895 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X

# PUBLIC INSPECTION COPY

Schedule R (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DURHAM ASSET MGMT COMPANY, INC. - 56-1757238 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DURHAM REALTY, INC. - 56-1917936 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
GOTHIC CORPORATION - 56-1776668 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
GOTHIC HSP CORPORATION - 27-1325761 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
HIGH POINT REALTY ASSOCIATES, INC. - 56-1917939, 324 BLACKWELL STREET, STE 850, DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
INNOVATIONS IN HEALTHCARE, INC. - 32-0358709 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
RUTH K BROAD BIOMED. RES. FDN. - 65-0045051 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
THE CTR FOR DOCUMENTARY STUDIES - 56-1655039 1317 PETTIGREW STREET DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
THE LORD FDN OF NORTH CAROLINA - 56-1415423 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE JANJUN SERVICES, INC. - 47-1150667 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE JULDEC SERVICES, INC. - 47-1143245 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE ALLMO SERVICES, INC. - 47-1133466 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X

# PUBLIC INSPECTION COPY

Schedule R (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DUKE INVESTMENT EDUCATION, INC. - 47-5555092 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
FSB REALTY, INC. - 81-1309454 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE AFFILIATIONS NETWORK, INC. - 81-2623775 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
TRIANGLE FIBER GROUP - 81-5328550 310 BLACKWELL STREET, 4TH FLOOR DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE UNIV. FED. CRED. UNION - 56-1632379 2200 WEST MAIN STREET DURHAM, NC 27705	BANKING	NORTH CAROLINA	501(C)(1)		N/A		X
WATTS COLLEGE OF NURSING, INC. - 83-3076664 324 BLACKWELL STEET, STE 850 DURHAM, NC 27701	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DUKE FACULTY PRACTICE, INC. - 86-2109896 324 BLACKWELL STREET, STE 850 DURHAM, NC 27701	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	DUKE UNIVERSITY		X
DONALD R WATSON FOUNDATION, INC. - 56-1861816, 601 SOUTH COLLEGE ROAD, WILMINGTON, NC 28403	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	N/A		X
FAMILY HEALTH MINISTRIES, INC. - 56-2206165 P.O. BOX 16783 CHAPEL HILL, NC 27516	HEALTH CLINICS	NORTH CAROLINA	501(C)(3)	LINE 10	DUKE UNIVERSITY		X
SUSAN H & WILBUR H MARCY TRUST - 59-1932547 P.O. BOX 1328 WINTER PARK, FL 32790	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	N/A		X

# PUBLIC INSPECTION COPY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BLACKWELL PARTNERS, LLC - SERIES A - 20-8075455, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
CANYON BLUE INV FD 27-0186996 AVE OF STARS L.A., CA 90067	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
CD FUND, LP - 27-0130641 MCKINNEY AVE DALLAS, TX 75201	INVESTMENTS	TX	N/A	N/A				X	N/A		X	
LYRICAL BLUE RL PT 27-2994514 32 N. DEAN ST. ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DUKE CE LS INC. - 20-2004016 310 BLACKWELL STREET DURHAM, NC 27701	REAL ESTATE	NC	N/A	C CORP					X
DUKE CE (SEA) PRIVATE LIMITED 1 RAFFLES PLACE, TOWER 2 SINGAPORE, SINGAPORE 048616	SUPPORT	SINGAPORE	N/A	C CORP					X
DUKE CORP EDU INDIA PRIVATE - 42-1672476 ACADEMIC BLOCK, NEW CAMPUS VASTRAPUR, AHMEDABAD, INDIA 380015	CONSULTING	INDIA	N/A	C CORP					X
DUKE CORPORATE EDUCATION LIM - 42-1672476 165 FLEET STREET LONDON, UNITED KINGDOM EC4A 2DY	EDUCATION CONSULTING	UNITED KINGDOM	N/A	C CORP					X
DUKE CORPORATE EDUCATION RSA - 42-1672476 GROUND FLOOR, TWICKEHNHAM BLDG BRYANSTON, JOHANNESBURG, SOUTH AFRICA 02021	CONSULTING	SOUTH AFRICA	N/A	C CORP					X

# PUBLIC INSPECTION COPY

Schedule R (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LYRICAL-BLUE RGNT 45-3626577 32 N. DEAN ST. ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
SBER LUCKY STRIKE 20-3891303 310 BLACKWELL ST. DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				X	N/A		X	
MANGUM II LLC - 46-5135858 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	NC	N/A	N/A				X	N/A		X	
LS INVESTOR, LLC 20-3891381 310 BLACKWELL ST. DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				X	N/A		X	
DILWEG BLUE PF LP 47-1225569 5310 S. ALSTON AVE., STE 210 DURHAM, NC 27713	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
LYRICAL BLUE RL PT IV 47-2172270, 32 N. DEAN ST., ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
LYRICAL BLUE CHP PT 35-2503856, 32 N. DEAN ST., ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
LIQUID RLT PTR II TE - 20-4362819, 10 MARKET ST #769 CAMANA BAY, GRAND CAYMAN, CAYMAN ISLANDS KY1-9006	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
STRATUS CAPITAL PARTNERS C LP 50 LOTHIAN ROAD, FESTIVAL SQUARE, EDINBURGH, UNITED KINGDOM EH3 9WJ	INVESTMENTS	UNITED KINGDOM	N/A	N/A				X	N/A		X	

# PUBLIC INSPECTION COPY

Schedule R (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ALTOS HYBRID D LLC - 47-3996176, 2882 SAND HILL ROAD, SUITE 100, MENLO PARK, CA 94025	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
GPE HOLDCO, LLC - 47-5652832 2000 AVE. OF THE STARS 11TH FL LOS ANGELES, CA 90067	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
BLACKWELL PARTNERS, LLC - SERIES C - 81-1264533, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
BLACKWELL PARTNERS, LLC - SERIES B - 47-2530719, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
BLACKWELL PARTNERS, LLC - SERIES D - 81-3385353, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
BLACKWELL PARTNERS, LLC - SERIES E - 81-1511048, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
ALTOS HYBRID 2D, LLC - 81-5176567, 2882 SAND HILL ROAD, STE 100, MENLO PARK, CA 94025	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
GILEAD CAPITAL PARTNERS, LP - 32-0520146, 157 COLUMBUS AVE, SUITE 403, NEW YORK, NY 10023	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
TOWER VIEW LIMITED 89 NEXUS WAY, CAMANA BAY, GRAND CAYMAN, CAYMAN ISLANDS KY1-9007	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A				X	N/A		X	

# PUBLIC INSPECTION COPY

Schedule R (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ENIAC SPECIAL GAMMA, LLC - 85-5033123, 604 MISSION STREET, 10TH FL, SAN FRANCISCO, CA 94105	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
LYRICAL-BLUE 100 KINGSHIGHWAY PARTNERS, L.P. - 82-3708328, 32 N. DEAN ST., ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
LYRICAL-BLUE SOTP PARTNERS, L.P. - 81-4468378, 32 N. DEAN ST., ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
WASHINGTON GOTHIC, L.P. - 83-4516893, 593 WASHINGTON STREET, WELLESLEY, MA 02482	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
DUKE TRIANGLE ENDOSCOPY CENTER, LLC - 20-4257024, 1A BURTON HILLS BLVD, NASHVILLE, TN 37215	HEALTHCARE	NC	N/A	N/A				X	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				X	N/A		X	
DWELLWORKS CO-INVESTMENT, LLC - 83-2165945, 7 TIMES SQUARE, STE 4307, NEW YORK, NY 10036	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
BEP LEGACY 1C, LLC - 27-3871932, 1001 FANNIN ST., STE 800, HOUSTON, TX 77002	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
WELLINGTON TRUST CO, NA - CTF OPP. FIXED INC. ALLOC II POR. - 83-1264831, 280 CONGRESS STREET, BOSTON, MA 02210	INVESTMENTS	DE	N/A	N/A				X	N/A		X	





# PUBLIC INSPECTION COPY

Schedule R (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DUKE GLOBAL CONSULTING (KUNSHAN) 1666 WEI CHEN NAN RD KUNSHAN PR, KUNSHAN, CHINA 215300	CONSULTING	CHINA	N/A	C CORP					X
DUKE MEDICAL STRATEGIES, INC. - 56-1993799 2200 WEST MAIN STREET, STE 920 DURHAM, NC 27705	HEALTHCARE	NC	N/A	C CORP					X
DUKE MEDICINE ASIA PTE. LTD 5 SHENTON WAY # 07-00 UIC BLD SINGAPORE, SINGAPORE 068808	MEDICAL RESEARCH	SINGAPORE	N/A	C CORP					X
DURHAM CASUALTY COMPANY, LTD - 98-0113277 AON HOUSE, 30 WOODBOURNE AVE PEMBROKE, BERMUDA HM 08	INSURANCE	BERMUDA	DUHS, INC.	C CORP	85,519,140.	316,045,515.	100%	X	
GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET, QUEENSGATE HOUSE GRAND CAYMAN, CAYMAN ISLANDS KY1-1108	INVESTMENTS	CAYMAN ISLANDS	N/A	C CORP					X
HEALTH SYSTEM MEDICAL STRATEGIES, INC. - 56-2222444, 324 BLACKWELL STREET, STE 850, DURHAM, NC 27701	HEALTH CARE	NC	DUHS, INC.	C CORP	138,686.	11,326.	100%	X	
MARATHON BLUE CAYMAN FUND 89 NEXUS WAY, PO BOX 31106 GRAND CAYMAN, CAYMAN ISLANDS KY1-1205	INVESTMENTS	CAYMAN ISLANDS	N/A	C CORP					X
GHI HOLDINGS MAURITIUS 9TH FL, ORANGE TOWER CYBERCITY EBENE, MAURITIUS	INVESTMENTS	MAURITIUS	N/A	C CORP					X
GHI ERP LTD 9TH FL, ORANGE TOWER CYBERCITY EBENE, MAURITIUS	INVESTMENTS	MAURITIUS	N/A	C CORP					X
GHI HSP LTD 9TH FL, ORANGE TOWER CYBERCITY EBENE, MAURITIUS	INVESTMENTS	MAURITIUS	N/A	C CORP					X
GHI JBD LTD 9TH FL, ORANGE TOWER CYBERCITY EBENE, MAURITIUS	INVESTMENTS	MAURITIUS	N/A	C CORP					X
GHI LTP LTD 9TH FL, ORANGE TOWER CYBERCITY EBENE, MAURITIUS	INVESTMENTS	MAURITIUS	N/A	C CORP					X



# PUBLIC INSPECTION COPY

**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> DUKE UNIVERSITY AFFILIATED PHYSICIANS, INC.	R	54,570,500.	FMV
<b>(2)</b> ASSOCIATED HEALTH SERVICES, INC.	R	14,523,886.	FMV
<b>(3)</b> DUKE AFFILIATIONS NETWORK, INC.	S	148,525.	FMV
<b>(4)</b> DUKE INTERGRATED NETWORK, INC.	R	10,517,473.	FMV
<b>(5)</b> WATTS COLLEGE OF NURSING, INC.	R	469,337.	FMV
<b>(6)</b> DURHAM CASUALTY COMPANY, INC.	S	19,250,123.	FMV

# PUBLIC INSPECTION COPY

Schedule R (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) DURHAM CASUALTY COMPANY, INC.	R	9,958,854.	FMV
(8) DUKE TRIANGLE ENDOSCOPY CENTER, LLC	L	162,446.	FMV
(9) DUKE TRIANGLE ENDOSCOPY CENTER, LLC	Q	174,456.	FMV
(10) GOTHIC HSP CORPORATION	B	783,214,448.	FMV
(11) GOTHIC HSP CORPORATION	C	725,391,476.	FMV
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



