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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

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 for instructions and the latest information.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DUKE UNIVERSITY HEALTH SYSTEM, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2200 W. MAIN STREET, STE 300 City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27705	D Employer identification number 56-2070036
F Name and address of principal officer: CRAIG T. ALBANESE, MD 615 DOUGLAS ST., STE. 700, DURHAM, NC 27705		E Telephone number (919) 684-1860
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 6,272,727,142.
J Website: WWW.DUKEHEALTH.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1998 M State of legal domicile: NC

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	26017
	6 Total number of volunteers (estimate if necessary)	6	505
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	65,812,130.	17,395,022.
	9 Program service revenue (Part VIII, line 2g)	4,061,183,925.	4,441,855,976.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	372,772,809.	95,601,985.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100,737,132.	117,981,685.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,600,505,996.	4,672,834,668.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,048,176.
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)		2,016,472,500.	2,251,243,997.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		285,902.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,155,618,846.	2,369,918,261.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,174,139,522.	4,623,216,546.
19 Revenue less expenses. Subtract line 18 from line 12	426,366,474.	49,618,122.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,260,774,039.	7,958,888,279.
	21 Total liabilities (Part X, line 26)	2,800,050,325.	2,835,375,323.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,460,723,714.	5,123,512,956.

Part II Signature Block

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

Sign Here	Signature of officer CRAIG T. ALBANESE, MD, CEO	Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name	Firm's EIN	Check if self-employed <input type="checkbox"/> PTIN
	Firm's address		Phone no.

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

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Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 3,842,016,118. including grants of \$ 2,054,288.) (Revenue \$ 4,542,702,009.)

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 3,842,016,118.

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Part IV Checklist of Required Schedules

		Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X	
3 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>	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X	
5 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6 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>	6		X
7 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>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
9 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>	9		X
10 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>	10	X	
11 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.			
a 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>	11a	X	
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>	11b	X	
c 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>	11c		X
d 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>	11d	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X	
f 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>	11f		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		X
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>	12b	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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>	14b	X	
15 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>	15		X
16 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>	16		X
17 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> See instructions	17		X
18 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>	18	X	
19 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>	19		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21 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>	21	X	

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Part IV Checklist of Required Schedules *(continued)*

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

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	567	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a		26017
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	18		
b Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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	33.00 33.20	X		X				0.	3,142,252.	51,351.
(2) VINCENT E PRICE DIRECTOR	3.00 48.30	X						0.	1,751,192.	55,185.
(3) WILLIAM J FULKERSON MD FORMER OFFICER	0.00 56.00						X	0.	1,763,663.	43,312.
(4) JOHN P MORDACH SVP, CFO, PART YEAR TREASURER	40.00 0.60			X				1,582,991.	0.	66,153.
(5) THOMAS A OWENS MD EXECUTIVE VICE PRESIDENT, DUHS	61.00 0.70			X				1,441,308.	0.	50,390.
(6) CRAIG T ALBANESE MD CEO	60.00 0.70			X				1,407,490.	0.	53,451.
(7) MARY E KLOTMAN MD DIRECTOR	11.00 44.30	X						0.	1,235,581.	51,873.
(8) JEFFREY M FERRANTI SENIOR VP/CHIEF DIGITAL OFFICER	40.00 0.00					X		1,047,207.	129,186.	65,117.
(9) RICHARD PATRICK SHANNON CHIEF QUALITY OFFICER	40.00 0.20					X		991,774.	0.	55,032.
(10) RHONDA BRANDON CHIEF HR OFFICER	50.00 0.10					X		822,395.	0.	64,332.
(11) MONTE D BROWN MD VP FOR ADMINISTRATION/SECRETARY	60.00 0.10			X				781,615.	0.	55,164.
(12) KEITH STOVER VP FINANCE/COO, PRMO	40.00 0.00					X		715,086.	0.	61,821.
(13) MARY K MARTIN CHIEF OPERATING OFFICER, DUH	40.00 0.00				X			679,639.	0.	66,153.
(14) ROBERT N WILLIS VP FINANCE/CONTROLLER/CAO/INTERIM TR	50.00 0.70			X				684,760.	0.	53,493.
(15) KATHLEEN GALBRAITH PART YEAR PRESIDENT, DUKE REGIONAL H	60.00 2.00				X			619,168.	0.	101,748.
(16) JOHN SMITH VP FINANCE	40.00 0.00					X		649,908.	0.	50,745.
(17) BARBARA M GRIFFITH MD PRESIDENT, DUKE RALEIGH HOSPITAL	40.00 0.00				X			612,137.	0.	62,567.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARY ANN FUCHS VP PATIENT CARE/CHIEF NURSING OFFICE	50.00 0.10				X			625,223.	0.	44,749.
(19) DEVDUTTA SANGVAI MD PART YEAR PRESIDENT, DUKE REGIONAL H	40.00 0.20				X			539,272.	8,564.	112,431.
(20) MOIRA RYNN MD DIRECTOR	2.00 40.10	X						0.	483,799.	54,853.
(21) ERIK PAULSON DIRECTOR	1.00 61.00	X						0.	456,004.	61,515.
(22) LEIGH BLEECKER FORMER KEY EMPLOYEE	65.00 0.00						X	405,081.	0.	49,609.
(23) GAIL BELVETT MD DDS DIRECTOR	4.00 0.00	X						990.	0.	0.
(24) LESLIE E BAINS DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) DENISE BENNETT DIRECTOR	2.00 0.00	X						0.	0.	0.
(26) GERALD HASSELL DIRECTOR	2.00 4.00	X						0.	0.	0.
1b Subtotal								13,606,044.	8,970,241.	1,331,044.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								13,606,044.	8,970,241.	1,331,044.

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 4,241

		Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X	
5 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>	5		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	208,195,956.
AYA HEALTHCARE INC, 5930 CORNERSTONE COURT W #300, SAN DIEGO, CA 92121	CONTRACT NURSING	47,026,399.
ROBINS & MORTON GROUP, PO BOX 11407 DEPT #5870, BIRMINGHAM, AL 35209	CONSTRUCTION SERVICES	20,993,669.
ARAMARK SERVICES, INC., 1101 MARKET ST 12TH FLOOR, PHILADELPHIA, PA 19107	FOOD SERVICES	19,982,847.
WHITING TURNER CONTRACTING CO 300 E JOPPA ROAD, TOWSON, MD 21286	CONSTRUCTION SERVICES	17,907,352.

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 359

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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 (check all that apply)						(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			
(27) WILLIAM HAWKINS DIRECTOR	4.00 6.00	X						0.	0.	0.
(28) ROSEMARY JACKSON, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) FEDERICO MANON DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) CARMICHAEL S ROBERTS DIRECTOR	1.00 2.10	X						0.	0.	0.
(31) NANCY M SCHLICHTING DIRECTOR	2.00 2.00	X						0.	0.	0.
(32) LAURENE SPERLING DIRECTOR	8.00 6.10	X						0.	0.	0.
(33) SUSAN M STALNECKER DIRECTOR	4.00 0.10	X						0.	0.	0.
(34) G RICHARD WAGONER JR DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) JIM WHITEHURST DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

232201
04-01-22

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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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	63,870.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	9,402,519.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,928,633.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 37,351.				
	h Total. Add lines 1a-1f		17,395,022.				
	Program Service Revenue	2 a PATIENT REVENUE	Business Code				
		622110	4,402,793,657.	4,402,793,657.			
b ANCILLARY MEDICAL SVCS		622110	39,062,319.	39,062,319.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			4,441,855,976.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		81,132,069.			81,132,069.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		6,393,855.			6,393,855.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				19,414,817.			
	b Less: rental expenses ...	6b		14,675,973.			
	c Rental income or (loss)	6c		4,738,844.			
	d Net rental income or (loss)			4,738,844.		4,738,844.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				1599610713.			
	b Less: cost or other basis and sales expenses	7b	1583575967.	1,564,830.			
	c Gain or (loss)	7c	16,034,746.	-1,564,830.			
	d Net gain or (loss)			14,469,916.		14,469,916.	
8 a Gross income from fundraising events (not including \$ 63,870. of contributions reported on line 1c). See Part IV, line 18	8a		133,029.				
		b Less: direct expenses	8b	75,704.			
		c Net income or (loss) from fundraising events		57,325.		57,325.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a BILLING FEES	Business Code					
		622110	54,275,159.	54,275,159.			
	b NET BENEFIT COMPONENTS	622110	39,264,000.	39,264,000.			
	c LAB SERVICES	621511	5,525,317.	5,525,317.			
	d All other revenue	622110	7,727,185.	1,781,557.		5,945,628.	
	e Total. Add lines 11a-11d		106,791,661.				
12 Total revenue. See instructions		4,672,834,668.	4,542,702,009.	0.	112,737,637.		

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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>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,991,996.	1,991,996.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	62,292.	62,292.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,626,179.	469,442.	11,050,578.	106,159.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	574,939.	149,898.	425,041.	
7 Other salaries and wages	1,807,462,417.	1,412,511,927.	394,831,689.	118,801.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	118,482,171.	90,788,197.	27,687,007.	6,967.
9 Other employee benefits	189,976,645.	150,103,147.	39,860,343.	13,155.
10 Payroll taxes	123,121,646.	95,643,399.	27,462,486.	15,761.
11 Fees for services (nonemployees):				
a Management	21,271,430.	21,271,430.		
b Legal	10,316,564.	4,195,698.	6,120,866.	
c Accounting	648,777.		648,777.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,834,779.		4,834,779.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	366,701,076.	205,947,314.	160,753,762.	
12 Advertising and promotion	3,365,439.	53,629.	3,309,967.	1,843.
13 Office expenses	37,123,032.	22,888,770.	14,211,046.	23,216.
14 Information technology	79,200,528.	6,153,424.	73,047,104.	
15 Royalties				
16 Occupancy	83,220,828.	55,011,737.	28,209,091.	
17 Travel	10,386,149.	9,492,495.	893,654.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,518,743.	1,562,714.	3,956,029.	
20 Interest	56,473,509.	56,473,509.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	197,160,687.	174,576,539.	22,584,148.	
23 Insurance	13,496,274.	13,496,274.		
24 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.)				
a MEDICAL SUPPLIES	1,287,743,293.	1,287,743,293.		
b MEDICAID ASSESSMENT	101,187,677.	101,187,677.		
c EQUIPMENT RENTAL & MAIN	96,056,736.	64,888,966.	31,167,770.	
d INTERVIEW & RECRUITING	12,567,509.	7,581,721.	4,985,788.	
e All other expenses	-17,354,769.	57,770,630.	-75,125,399.	
25 Total functional expenses. Add lines 1 through 24e	4,623,216,546.	3,842,016,118.	780,914,526.	285,902.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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	
Assets	1 Cash - non-interest-bearing	117,763.	1	127,009.	
	2 Savings and temporary cash investments	472,331,439.	2	484,647,422.	
	3 Pledges and grants receivable, net	882,384.	3	1,591,928.	
	4 Accounts receivable, net	561,593,108.	4	643,735,889.	
	5 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		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net	84,177.	7	73,077.	
	8 Inventories for sale or use	137,742,780.	8	117,660,579.	
	9 Prepaid expenses and deferred charges	35,959,046.	9	42,037,222.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,603,694,420.			
	b Less: accumulated depreciation	10b 2,540,939,008.	2,165,937,441.	10c	2,062,755,412.
	11 Investments - publicly traded securities	719,112,041.	11	707,532,851.	
	12 Investments - other securities. See Part IV, line 11	3,681,086,884.	12	3,454,131,263.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	21,965,765.	14	24,168,891.	
	15 Other assets. See Part IV, line 11	463,961,211.	15	420,426,736.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,260,774,039.	16	7,958,888,279.		
Liabilities	17 Accounts payable and accrued expenses	512,026,066.	17	436,023,395.	
	18 Grants payable		18		
	19 Deferred revenue	9,664,456.	19	10,304,827.	
	20 Tax-exempt bond liabilities	636,101,119.	20	605,293,427.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	248,385,750.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,642,258,684.	25	1,535,367,924.	
	26 Total liabilities. Add lines 17 through 25	2,800,050,325.	26	2,835,375,323.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	5,403,296,138.	27	5,062,532,715.	
	28 Net assets with donor restrictions	57,427,576.	28	60,980,241.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	5,460,723,714.	32	5,123,512,956.	
33 Total liabilities and net assets/fund balances	8,260,774,039.	33	7,958,888,279.		

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,672,834,668.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,623,216,546.
3	Revenue less expenses. Subtract line 2 from line 1	3	49,618,122.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,460,723,714.
5	Net unrealized gains (losses) on investments	5	-75,612,199.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-311,216,681.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,123,512,956.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <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 on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		X
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	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X	
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 _____	3b	X	

Form **990** (2022)

PUBLIC INSPECTION COPY

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
DUKE UNIVERSITY HEALTH SYSTEM, INC.	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).)
- 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 on 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		
Total						

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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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
1 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"/>
2 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"/>
3a 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 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"/>
c 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"/>
4a 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 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"/>
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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"/>
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined on 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"/>
c Did a disqualified person (as defined on 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"/>
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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?		
2 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>		
3 By reason of the relationship described on 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>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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>	Yes	No
b Did the activities described on 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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
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>		

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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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d	
e Discount 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 Minimum Asset Amount (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 Distributable Amount. 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).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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 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) 2022

LHA

232041 11-08-22

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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												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f 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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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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>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		183,938.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		237,702.
j Total. Add lines 1c through 1i			421,640.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3 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."

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

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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 for instructions and the latest information.

OMB No. 1545-0047

2022

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 July 25, 2006, 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

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Schedule D (Form 990) 2022

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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):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	57,427,577.	74,699,445.	59,559,614.	60,648,900.	58,627,787.
b Contributions	10,278,031.	5,159,602.	12,795,429.	6,063,715.	5,694,239.
c Net investment earnings, gains, and losses	-2,178,352.	-2,443,178.	14,542,065.	-1,163,937.	681,288.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,547,015.	19,988,293.	12,197,663.	5,989,064.	4,354,414.
f Administrative expenses					
g End of year balance	60,980,241.	57,427,577.	74,699,445.	59,559,614.	60,648,900.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____%
- b** Permanent endowment 67.6919 %
- c** Term endowment 32.3081 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		86,040,386.		86,040,386.
b Buildings		3,003,270,844.	1,291,529,981.	1,711,740,863.
c Leasehold improvements				
d Equipment		1,023,281,885.	802,223,912.	221,057,973.
e Other		491,101,305.	447,185,115.	43,916,190.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,062,755,412.

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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) PRIVATE CAPITAL	1,480,939,087.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	900,225,663.	END-OF-YEAR MARKET VALUE
(C) CASH & CASH EQUIVALENTS	506,857,421.	END-OF-YEAR MARKET VALUE
(D) NATURAL RESOURCES	280,718,144.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE	157,405,009.	END-OF-YEAR MARKET VALUE
(F) OTHER INVESTMENTS	127,985,939.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,454,131,263.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RIGHT-OF-USE OPERATING LEASE ASSETS	304,389,176.
(2) ESTIMATED THIRD PARTY PAYOR SETTLEMENT	74,097,222.
(3) OTHER NON-CURRENT ASSETS	41,940,338.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	420,426,736.

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) TAXABLE BOND LIABILITY	882,735,602.
(3) RIGHT-OF-USE OPERATING LEASE LIABILITIES	331,682,334.
(4) FINANCE LEASE LIABILITIES	140,981,386.
(5) POST RETIREMENT BENEFIT OBLIGATION	108,264,000.
(6) 457 PLAN OBLIGATIONS	25,178,173.
(7) DERIVATIVE INSTRUMENTS	21,860,199.
(8) LONG TERM DISABILITY LIABILITY	9,617,000.
(9) OTHER NON-CURRENT LIABILITIES	15,049,230.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,535,367,924.

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 ...

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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.

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

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.

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

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 FASB ASC

740 AND CONSIDERED ITS TAX POSITIONS. BASED ON THAT ANALYSIS, THE

PROVISIONS OF FASB ASC 740 ARE DEEMED IMMATERIAL TO THE DUKE UNIVERSITY

HEALTH SYSTEM, INC. FINANCIAL STATEMENTS AND THEREFORE NO FASB ASC 740

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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		\$18,039,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	SEMINAR		2,000.
EAST ASIA AND THE PACIFIC	0	0	SEMINAR		19,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	SEMINAR		2,000.
SOUTH AMERICA	0	0	SEMINAR		2,000.
SUB-SAHARAN AFRICA	0	0	SEMINAR		9,000.
NORTH AMERICA	0	0	SEMINAR		15,000.
3 a Subtotal	0	0			\$18,088,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			\$18,088,000.

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

Schedule F (Form 990) 2022

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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

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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.

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

	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
	GALA (event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	196,899.			196,899.
2 Less: Contributions	63,870.			63,870.
3 Gross income (line 1 minus line 2)	133,029.			133,029.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	31,225.			31,225.
6 Rent/facility costs				
7 Food and beverages	37,650.			37,650.
8 Entertainment	3,341.			3,341.
9 Other direct expenses	3,488.			3,488.
10 Direct expense summary. Add lines 4 through 9 in column (d)				75,704.
11 Net income summary. Subtract line 10 from line 3, column (d)				57,325.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

13a	%
13b	%
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

FORM 990, SCHEDULE G, PART I, LINE 2B

DUKE UNIVERSITY HEALTH SYSTEM, INC. SUPPORTS THE FUNDRAISING ACTIVITIES

PERFORMED BY EMPLOYEES OF DUKE UNIVERSITY. SUCH ACTIVITIES ARE DESIGNED

TO DEVELOP SUPPORT FOR BOTH THE UNIVERSITY AND THE DUKE UNIVERSITY

HEALTH SYSTEM, INC.'S EDUCATIONAL, RESEARCH AND HEALTHCARE

PURPOSES.

DUKE UNIVERSITY RECEIVES AND DIRECTS THE CONTRIBUTIONS AS APPROPRIATE

TO DUKE UNIVERSITY HEALTH SYSTEM, INC. DUKE UNIVERSITY HEALTH SYSTEM, INC. HAS NOT ENTERED INTO ANY ARRANGEMENTS WITH FUNDRAISERS UNDER WHICH

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Part IV Supplemental Information *(continued)*

THE ORGANIZATION MADE PAYMENTS EXCLUSIVELY FOR SUCH EXPENSES BUT NOT

FOR PROFESSIONAL FUNDRAISING SERVICES.

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**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 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		
3 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.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? 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 Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? 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 _____ %		
c 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.		
4 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	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			159,367,231.		159,367,231.	3.45%
b Medicaid (from Worksheet 3, column a)			297,692,860.		297,692,860.	6.44%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			457,060,091.		457,060,091.	9.89%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,731,685.		2,731,685.	.06%
f Health professions education (from Worksheet 5)			103,578,001.	23,731,222.	79,846,779.	1.73%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			13,607,100.		13,607,100.	.29%
j Total. Other Benefits			119,916,786.	23,731,222.	96,185,564.	2.08%
k Total. Add lines 7d and 7j			576,976,877.	23,731,222.	553,245,655.	11.97%

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Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: DUKE 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
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		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 21</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>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	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 21</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? \$			

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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:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance status			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	X	
15 Explained the method for applying for financial assistance?	15	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	16	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

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Part V Facility Information *(continued)*

Billing and Collections

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

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 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		
19 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)		
20 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

21 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)		

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Part V Facility Information *(continued)*

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

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

	Yes	No
<p>22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:</p> <p>a <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 <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>c <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>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</p> <p>If "Yes," explain in Section C.</p>	23	x
<p>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</p> <p>If "Yes," explain in Section C.</p>	24	x

Schedule H (Form 990) 2022

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Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: DUKE RALEIGH 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
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		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 22</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 22</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? \$			

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Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

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

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Part V Facility Information *(continued)*

Billing and Collections

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

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 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		
19 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)		
20 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

21 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)		

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Part V Facility Information *(continued)*

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

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

	Yes	No
<p>22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:</p> <p>a <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 <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>c <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>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</p> <p>If "Yes," explain in Section C.</p>	23	x
<p>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</p> <p>If "Yes," explain in Section C.</p>	24	x

Schedule H (Form 990) 2022

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Schedule H (Form 990) 2022

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 8

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 2020 COMMUNITY HEALTH ASSESSMENT REPORT WAS PUBLISHED BY DURHAM

COUNTY IN 2021. THE 2020 SURVEY WAS CONDUCTED BETWEEN MAY AND

SEPTEMBER 2019, AND CARRIED OUT BY 243 COMMUNITY VOLUNTEERS,

PARTNERSHIP MEMBERS, AND STAFF FROM DURHAM COUNTY DEPARTMENT OF PUBLIC

HEALTH AND DUKE HEALTH. THE COUNTY WIDE SURVEY SAMPLE SIZE WAS DOUBLED

IN 2019 TO ANALYZE DATA BY RACE AND ETHNICITY. THE ASSESSMENT INCLUDED

612 RESIDENT SURVEYS IN COUNTY WIDE AND HISPANIC OR LATINO NEIGHBORHOOD

SAMPLES. COMMUNITY LISTENING SESSIONS WERE CONDUCTED VIA ZOOM DUE TO

COVID-19 RESTRICTIONS. THE COMMUNITY HEALTH ASSESSMENT TEAM -

COMPRISED OF MEMBERS REPRESENTING LOCAL GOVERNMENTS, HEALTH CARE

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Part V Facility Information *(continued)*

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

SYSTEMS, COLLEGES & UNIVERSITIES, COMMUNITY-BASED ORGANIZATIONS AND

NON-PROFITS IN SECTORS OF PHYSICAL AND MENTAL HEALTH, TRANSPORTATION,

EDUCATION, HOUSING, RESEARCH, FOOD ACCESS, PLANNING ENVIRONMENT AND

MORE 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 2022

(TAX YEAR 2021).

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 THE SAME FIVE

HEALTH PRIORITIES FOR 2021-2023 AS THOSE OF THE PREVIOUS ASSESSMENT

CYCLE:

1. AFFORDABLE HOUSING

2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE

3. POVERTY

4. MENTAL HEALTH

5. OBESITY, DIABETES AND FOOD ACCESS

THE DUKE UNIVERSITY HOSPITAL IMPLEMENTATION PLAN CONTAINING DETAILED

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Part V Facility Information *(continued)*

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

DESCRIPTIONS OF HOW DUKE HOSPITAL PLANS TO ADDRESS EACH PRIORITY ALONG

WITH PROGRESS REPORTS CAN BE FOUND ON THE DUKEHEALTH.ORG WEBSITE. DUH

CONSIDERS THE IMPLEMENTATION PLAN TO BE A "WORKING PLAN" THAT WILL

CONTINUE TO EVOLVE OVER THE THREE YEAR PERIOD IN ORDER TO ENSURE THE

EFFICACY OF STRATEGIES INTENDED TO MEET EXPRESSED COMMUNITY HEALTH

NEEDS. THE 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.

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.

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).

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Part V Facility Information (continued)

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

DUH HAS PARTNERED WITH HABITAT FOR HUMANITY OF DURHAM ON A NUMBER OF HOME BUILDS. ADDITIONALLY, AFFORDABLE HOUSING IS A FOCUS OF DUH AS PART OF THE LARGER DUKE UNIVERSITY.

DUKE'S WORK RELATED TO AFFORDABLE HOUSING IS LED BY DUKE UNIVERSITY'S OFFICE OF DURHAM AND PUBLIC AFFAIRS. FOR INSIGHT INTO THIS AND OTHER WORK LED BY THE OFFICE OF DURHAM AND COMMUNITY AFFAIRS, SEE: [HTTPS://COMMUNITY.DUKE.EDU/PROGRAMS-INITIATIVES/HOUSING-NEIGHBORHOODS/](https://community.duke.edu/programs-initiatives/housing-neighborhoods/).

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.

A NUMBER OF PROGRAMS SUPPORTED BY DUH SEEK TO INCREASE ACCESS TO CARE FOR UNINSURED, UNDERINSURED, AND/OR VULNERABLE INDIVIDUALS AND FAMILIES ARE DESCRIBED BELOW:

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.

DURING FY2023, PADC SERVED 2,000 PEOPLE PROVIDING MORE THAN 3,000

EPISODES OF CARE FROM SPECIALTY PHYSICIANS AND OTHER PROVIDERS. PADC'S

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Part V Facility Information *(continued)*

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

DURHAM HOMELESS TRANSITIONS PROGRAM WORKED WITH MORE THAN 40 UNHOUSED

PERSONS AND ITS HEALTH EQUIPMENT LOAN PROGRAM PROVIDED 1,000 PIECES OF

DURABLE MEDICAL EQUIPMENT TO PADC CLIENTS.

LOCAL ACCESS TO COORDINATED HEALTHCARE (LATCH): AIMS TO IMPROVE HEALTH

KNOWLEDGE AND SELF-CARE, ACCESS TO HEALTH CARE AND HEALTH SERVICES

UTILIZATION OUTCOMES AMONG DURHAM COUNTY'S UNINSURED. THE 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). 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.

DURING FISCAL YEAR 2023, LATCH CONTINUED TO SERVE UNINSURED INDIVIDUALS

IN DURHAM COUNTY.

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

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Part V Facility Information (continued)

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

SPECIALISTS. ON AVERAGE THESE CHILDREN WORK WITH 13 SPECIALISTS.

THROUGH THE CCP PARENTS 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).

DURING FY23, THE 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.

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

FRAIL ELDERLY AND DISABLED. JFU IS A COLLABORATION OF DUKE, LINCOLN

COMMUNITY HEALTH CENTER, DURHAM DEPARTMENT OF SOCIAL SERVICES (DSS),

THE LOCAL AREA MENTAL HEALTH ENTITY, AND THE DURHAM HOUSING AUTHORITY.

DUH PROVIDES THE MAJORITY OF ONGOING SUPPORT FOR THE PROGRAM. THROUGH

JFU, AN INTERDISCIPLINARY TEAM OF PROVIDERS SERVES CLIENTS IN THEIR

HOMES, PROVIDING MEDICAL CARE, MANAGEMENT OF CHRONIC ILLNESSES, AND

CASE MANAGEMENT. EACH PARTICIPANT RECEIVES A HOME VISIT EVERY 5 WEEKS

UNLESS THERE IS AN ACUTE EPISODE OR A HOSPITAL DISCHARGE, FOR WHICH A

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Part V Facility Information *(continued)*

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

VISIT IS SCHEDULED IMMEDIATELY. VISITS INCLUDE MEDICATION

RECONCILIATION, SOCIAL ISSUES, SUPPORT SERVICES, CHRONIC DISEASE

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

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

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

NEIGHBORHOOD/COMMUNITY CLINICS: DUH IN PARTNERSHIP WITH LINCOLN

COMMUNITY HEALTH CENTER COLLABORATIVELY OPERATES THREE COMMUNITY HEALTH

CLINICS: THE LYON PARK COMMUNITY CLINIC, THE WALLTOWN NEIGHBORHOOD

CLINIC AND THE HOLTON WELLNESS CENTER. THE CLINICS WERE DESIGNED TO

PROVIDE PRIMARY CARE, HEALTH EDUCATION, AND DISEASE PREVENTION TO THE

UNDERSERVED POPULATIONS OF DURHAM. THE CLINICS PROVIDE MEDICAL CARE FOR

PERSONS WITH AND WITHOUT HEALTH INSURANCE. THOSE WITHOUT INSURANCE ARE

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

INABILITY TO PAY FOR SERVICES. CLINICS RECEIVE SIGNIFICANT SUPPORT FROM

DUH. THE CLINICS OPERATE AS FAMILY MEDICINE PRACTICES AND ARE OPEN 5

DAYS A WEEK.

DURING FISCAL YEAR 2023, THE SOUTHERN HIGH SCHOOL WELLNESS CENTER, THE

MICRO-CLINICS AND JUST FOR US PROVIDED 10,587 IN-PERSON AND

VIDEO/TELEHEALTH PATIENT VISITS.

3. POVERTY

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

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

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

AS UNINSURED OR UNDERINSURED HEALTH INSURANCE COVERAGE, AFFECT HEALTH

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Part V Facility Information *(continued)*

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

OUTCOMES.

IN 2017, DUKE IMPLEMENTED A PLAN TO GRADUALLY INCREASE THE MINIMAM WAGE

FOR ALL EMPLOYEES TO \$15 PER HOUR, MORE THAN TWICE THE MINIMUM FEDERAL

OR STATE HOURLY WAGE. THESE EFFORTS CONTINUED OVER SEVERAL YEARS,

CULMINATING IN 2019 WITH A MINIMUM WAGE INCREASE TO \$15 FOR ALL

EMPLOYEES. ON JULY 1, 2022, DUKE UNIVERSITY, INCLUDING DUKE UNIVERSITY

HEALTH SYSTEM, INCREASED THE MINIMUM WAGE TO \$17 PER HOUR FOR ALL

EMPLOYEES WORKING AT LEAST 20 HOURS PER WEEK AND 36 WEEKS PER YEAR.

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). 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. DUH FUNDS

TWO SOAR CASE MANAGERS.

DURING FY23, DUH CONTINUED TO ASSIST PATIENTS REFERRED TO THE SOAR

PROGRAM.

BENEFITS ENROLLMENT COUNSELING (BEC) HELPS SENIORS AND THOSE WITH

DISABILITIES AND A LIMITED INCOME FIND AND ENROLL IN ALL THE BENEFIT

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Part V Facility Information (continued)

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

PROGRAMS FOR WHICH THEY ARE ELIGIBLE. THE GOAL OF THE SERVICE IS TO
ENABLE OLDER ADULTS TO ENJOY LIFE AND LIVE INDEPENDENTLY IN THEIR HOMES
AND COMMUNITIES FOR AS LONG AS POSSIBLE. FOR THOSE WITH LIMITED INCOME
AND RESOURCES, ADDITIONAL SUPPORT CAN BE CRITICAL IN MAINTAINING THEIR
HEALTH AND AVOIDING COSTLY HOSPITALIZATIONS. THE BENEFITS PROVIDE
CLIENTS SERVED WITH ACCESS TO HEALTHY FOOD, NEEDED MEDICAL CARE AND
PRESCRIPTIONS, AS WELL AS OTHER SUPPORTIVE SERVICES. THE BENEFITS ALSO
PROVIDE A COMMUNITY ECONOMIC STIMULUS, AS BENEFITS ARE SPENT LOCALLY IN
PHARMACIES, GROCERY STORES, UTILITY COMPANIES, AND HEALTH CARE
PROVIDERS. TO INCREASE THE REACH OF THE PROGRAM BEYOND GRANT FUNDING,
BEC STAFF TRAIN VOLUNTEERS (FROM PARTNER COMMUNITY BASED ORGANIZATIONS
AND DUKE) TO ASSIST CLIENTS IN DURHAM, GRANVILLE, AND PERSON COUNTIES.
BEC WORKS WITH DUKE UNDERGRADUATES AND MEDICAL STUDENTS WHO ENGAGE IN
SERVICE, OUTREACH, AND ADVOCACY EFFORTS AS WELL AS BUILD MEANINGFUL
INTERGENERATIONAL RELATIONSHIPS.

BEC PROGRAMS INCLUDE 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.

BEC SAW SUBSTANTIAL GROWTH IN FY23 FROM FY22, SERVING 485 UNIQUE
CLIENTS, UP FROM 350 IN FY22. THE ESTIMATED VALUE OF BENEFITS TO
CLIENTS INCREASED FROM \$1.2 MILLION IN FY22 TO OVER \$1.5 MILLION IN
FY23.

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Part V Facility Information *(continued)*

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

4. MENTAL HEALTH

DUH PARTNERS WITH AND SUPPORTS A NUMBER OF COLLABORATIVE INITIATIVES TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES AND REDUCE SUBSTANCE ABUSE.

DUH SERVES 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 CLINIC PHARMACY, MAIN STREET, GURLEY'S, JOSEF'S, & DUKE CANCER SPECIALTY); DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH; DURHAM MOBILE CRISIS UNIT.

* PROVIDER EDUCATION: PROVIDER TOOLKITS AND CME EDUCATION; USE OF PAIN AGREEMENTS; USE OF CONTROLLED SUBSTANCE REPORTING SYSTEM (CSRS); CHRONIC PAIN PROVIDER CONSULTATION CALLS.

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

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

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Part V Facility Information (continued)

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

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

RESILIENCY MODEL (CRM): ACTIVITIES AND TRAINING.

DURING FISCAL YEAR 2023 DUKE CONTINUED TO WORK WITH COMMUNITY PARTNERS

TO DEVELOP COMMUNITY-BASED SUPPORTIVE SERVICES FOR INDIVIDUALS LIVING

WITH OPIOID USE DISORDER/SUBSTANCE USE DISORDER.

DUHS SAFE OPIOID 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 THESE 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.

5. OBESITY, DIABETES, AND FOOD ACCESS

OBESITY IS A STRONG CONTRIBUTOR TO 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.

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

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

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Part V Facility Information *(continued)*

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

FREE EVENING AND WEEKEND ACTIVITY SESSIONS FOR THE LARGER COMMUNITY.

THESE SESSIONS COVER VARIOUS THEMES THAT ENCOURAGE AND PROMOTE ACTIVE

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

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

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

ENVIRONMENT FOR ALL.

BULL CITY FIT EMPOWERS THE WHOLE FAMILY TO INCREASE KNOWLEDGE AND

PRACTICE OF PHYSICAL ACTIVITY AND HEALTHY EATING; ADDRESS CURRENT

WEIGHT-RELATED ILLNESS AND PREVENT CHRONIC DISEASE THROUGH INCREASED

ACTIVITY LEVELS; IMPROVE QUALITY OF LIFE BY PROMOTING HEALTHY

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

LIFELONG COMMITMENT TO A HEALTHY LIFESTYLE.

PARTNERS OF BULL CITY FIT 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.

DURING FY2023, DUH AND THE PARTNERSHIP SUCCESSFULLY SECURED A

MULTI-YEAR IMPLEMENTATION GRANT TO CARRY OUT THE COMMUNITY-DRIVEN

ACTIVITIES DEVELOPED DURING THE 2022 PLANNING GRANT PERIOD.

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Schedule H (Form 990) 2022

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 8

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.

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

COUNSELORS.

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

SERVICES, AND OTHER ELECTIVE SERVICES, WERE BILLED AT AN AMOUNT EQUAL

TO GROSS CHARGES.

DUKE RALEIGH HOSPITAL:

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

COLLABORATED WITH ADVANCE COMMUNITY HEALTH, ALLIANCE HEALTH, CITRIX,

UNITED WAY, UNC REX HEALTHCARE, WAKE COUNTY HEALTH & HUMAN SERVICES,

WAKE COUNTY MEDICAL SOCIETY COMMUNITY HEALTH FOUNDATION, WAKEMED HEALTH

AND HOSPITALS, AND YOUTH THRIVE TO DEVELOP THE 2022 WAKE COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE CHNA INCLUDED ANALYSIS

OF EXISTING STATISTICS FROM LOCAL, COUNTY, STATE, AND NATIONAL SOURCES

AS WELL AS INPUT FROM 1,073 WAKE COUNTY RESIDENTS AND ORGANIZATIONAL

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.

LEADERS. COMMUNITY INPUT WAS GATHERED THROUGH INTERNET-BASED AND TELEPHONE SURVEYS, FOCUS GROUPS, AND AN INTERNET-BASED PRIORITIZATION SURVEY. ADDITIONAL ACTION WAS TAKEN BY THE CHNA STEERING COMMITTEE MEMBERS TO PROMOTE ENGAGEMENT DURING PRIORITIZATION, THROUGH DIRECT OUTREACH TO MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY COMMUNITIES AND THOSE WHO WERE UNDERREPRESENTED. THIS JOINT CHNA AND RELATED IMPLEMENTATION PLAN WERE ADOPTED BY THE DUHS BOARD OF DIRECTORS AND PUBLISHED ON THE DUKE HEALTH WEBSITE IN FISCAL YEAR 2023.

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, WAKE COUNTY HEALTH & HUMAN SERVICES, ADVANCE COMMUNITY HEALTH, ALLIANCE HEALTH, CITRIX, NORTH CAROLINA INSTITUTE FOR PUBLIC HEALTH, YOUTH THRIVE, AND THE WAKE COUNTY MEDICAL SOCIETY COMMUNITY HEALTH FOUNDATION.

DUKE RALEIGH HOSPITAL:

PART V, SECTION B, LINE 11:

THE FOLLOWING THREE PRIORITY AREAS WERE IDENTIFIED FOR 2023-2025:

1. AFFORDABLE HOUSING & HOMELESSNESS
2. ACCESS TO HEALTHCARE
3. MENTAL HEALTH

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.

THE DUKE RALEIGH HOSPITAL IMPLEMENTATION PLAN CONTAINING DETAILED

DESCRIPTIONS OF HOW DUKE RALEIGH PLANS TO ADDRESS EACH PRIORITY ALONG

WITH PROGRESS REPORTS CAN BE FOUND ON THE DUKEHEALTH.ORG WEBSITE.

1. AFFORDABLE HOUSING & HOMELESSNESS

THE AFFORDABLE HOUSING AND HOMELESSNESS PRIORITY INCLUDES COST OF

HOUSING, HOUSING CHOICES, AND HOW MANY PEOPLE ARE HOMELESS. DUKE

HEALTH ACKNOWLEDGES THAT HEALTHY HOMES PROMOTE GOOD PHYSICAL AND MENTAL

HEALTH, AFFECTING THE OVERALL ABILITY OF FAMILIES TO MAKE HEALTHY

CHOICES.

DUKE RALEIGH PARTNERS WITH NON-PROFIT ORGANIZATIONS THAT WORK TO ENSURE

THAT HOMELESSNESS IS INFREQUENT IN WAKE COUNTY BY INCREASING EFFORTS TO

ADVANCE AFFORDABLE HOUSING LIKE THE WAKE COUNTY CONTINUUM OF CARE-NC

507 (COC). A DRAH REPRESENTATIVE ATTENDED THE NC 507 STRATEGIC SYSTEM

DESIGN CLINIC THAT BROUGHT TOGETHER KEY STAKEHOLDERS TO UNDERSTAND AND

DISCUSS ALIGNING SYSTEMS COMPONENTS WITH BEST PRACTICES, UNDERSTAND THE

IMPORTANCE OF QUALITY DATA COLLECTION AND DATA-DRIVEN DECISION MAKING

TO BETTER ALLOCATE FUNDS AND RESOURCES TOWARDS EFFECTIVE AND EFFICIENT

INTERVENTIONS TO END HOMELESSNESS, IDENTIFY RECOMMENDATIONS TO IMPROVE

THE LOCAL SYSTEMS TO END HOMELESSNESS, AND ENGAGE IN PLANNING TO

DEVELOP ACTIONS TO ADDRESS RECOMMENDATIONS.

DUKE RALEIGH SUPPORTS WAKE COC DURING WHITE FLAG WHICH PROVIDES

TEMPORARY EMERGENCY SHELTER TO PEOPLE EXPERIENCING HOMELESSNESS DURING

SEVERE WEATHER (NIGHTS WHEN THE TEMPERATURE OR WINDCHILL IS EXPECTED TO

BE BELOW 35 DEGREES). DUKE RALEIGH SUPPORTS THE FOLLOWING

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.

ORGANIZATIONS FINANCIALLY AND THROUGH EMPLOYEE VOLUNTEERISM THAT WORK

TOWARDS ADVANCING AFFORDABLE HOUSING AND ADDRESSING HOMELESSNESS:

HEALING TRANSITIONS, TRIANGLE FAMILY SERVICES, HABITAT FOR HUMANITY,

AND URBAN MINISTRIES OF WAKE COUNTY.

2. ACCESS TO HEALTHCARE

ACCESS TO HEALTHCARE 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 PREVENT OR

MANAGE CHRONIC ILLNESSES AND THEREFORE IMPROVE THE HEALTH OF THE

COMMUNITY. DUKE RALEIGH IS ACTIVELY ENGAGED IN IMPROVING ACCESS TO

HEALTH SERVICES FOR ALL THROUGH STRATEGIC INITIATIVES AND COMMUNITY

PARTNERSHIPS. THE BULLET POINTS BELOW DESCRIBE THE PROGRESS MADE BY

DUKE RALEIGH DURING FY2023 ON INITIATIVES TO ADDRESS ACCESS TO

HEALTHCARE:

* PROVIDED APPROXIMATELY \$19.8 MILLION (AT ESTIMATED COST) IN FINANCIAL

ASSISTANCE TO PATIENTS.

* DUKE RALEIGH ALSO SUPPORTED COMMUNITY PARTNERS WORKING TO PROVIDE

CARE TO UNINSURED POPULATIONS. THESE COMMUNITY ORGANIZATIONS INCLUDE

PROJECT ACCESS, URBAN MINISTRIES OF WAKE COUNTY, ALLIANCE MEDICAL

MINISTRY, INTER-FAITH FOOD SHUTTLE, AND MEALS ON WHEELS.

* DUKE RALEIGH PROVIDED IN-KIND LAB SERVICES TO URBAN MINISTRIES OF

WAKE COUNTY'S OPEN-DOOR CLINIC AT AN ESTIMATED ANNUAL VALUE OF \$2

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.

MILLION.

* DONATED AND PACKED 5,000+ POUNDS OF RICE AND BEANS FOR URBAN

MINISTRIES OF WAKE COUNTY'S CLIENT CHOICE PANTRY BETWEEN FY17-FY23.

* ORGANIZED TWO HEAD AND NECK CANCER SCREENING EVENTS IN FY23 RESULTING

IN APPROXIMATELY 450 LIVES REACHED AND 56 SCREENING COMPLETED.

* ORGANIZED A BACK-TO-SCHOOL GIVEAWAY FOR A LOCAL VULNERABLE COMMUNITY

AND A LOCAL TITLE 1 SCHOOL RESULTING IN APPROXIMATELY 200 LIVES REACHED

AND 100 BAGS DISTRIBUTED.

* SPONSORED THE MIDTOWN FARMERS MARKET WHICH PROMOTES A HEALTHY

LIFESTYLE AS WELL AS PROVIDES A VENUE FOR DUKE RALEIGH TO SHARE HEALTHY

EDUCATION FROM APRIL-NOVEMBER HOSTING 4 DAYS FOCUSED ON MENTAL HEALTH,

WELL-BEING AND CANCER CARE.

3. MENTAL HEALTH

WAKE COUNTY HAS EXPERIENCED AN INCREASE IN THE PREVALENCE AND SEVERITY

OF MENTAL HEALTH ISSUES. WHILE THE IMPACTS OF MENTAL HEALTH ARE FAR

REACHING, PRIORITIZATION DISCUSSIONS HAVE PLACED SPECIAL EMPHASIS ON

SEVERAL POPULATIONS SPECIFICALLY IMPACTED BY MENTAL HEALTH IDENTIFYING

THE RELATIONSHIP BETWEEN DISCRIMINATION, RACISM, AND MENTAL HEALTH.

DUE TO THE SCOPE AND COMPLEXITY OF MENTAL HEALTH AND ITS TIE TO

PHYSICAL HEALTH, A COLLECTIVE AND COLLABORATIVE APPROACH IS NEEDED.

THE BULLET POINTS BELOW DESCRIBE THE PROGRESS MADE BY DUKE RALEIGH

DURING FY2023 ON INITIATIVES TO ADDRESS ACCESS TO MENTAL HEALTH

SERVICES.

* PROVIDED FINANCIAL SUPPORT TO TRIANGLE FAMILY SERVICES TO SUPPORT

THEIR EFFORTS TO EXPAND ACCESS TO SUSTAINABLE MENTAL HEALTH SERVICES IN

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.

OUR COMMUNITY

* PROVIDED SUPPORT FOR THE ADVERSE CHILDHOOD EXPERIENCES (ACES)

RESILIENCE IN WAKE COUNTY INITIATIVE. THIS IS A MULTI-SECTOR,

COMMUNITY-DRIVEN MOVEMENT TO ADDRESS AND PREVENT ACES AND BUILD

RESILIENCE IN WAKE COUNTY.

* HOSTED A MENTAL HEALTH AND WELLBEING POPUP AT THE MIDTOWN FARMERS

MARKET IN JULY 2022

* SPONSORED THE NATIONAL ASSOCIATION OF MENTAL ILLNESS CELEBRATION OF

COURAGE WALK AS A \$2,500 SPONSOR AND PRESENTER THE DAY OF IN SEPTEMBER

2022

* PARTICIPATED IN THE NORTH CAROLINA BEHAVIORAL HEALTH WORKGROUP.

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, WERE BILLED AT AN AMOUNT EQUAL

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Schedule H (Form 990) 2022

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 8

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.

TO GROSS CHARGES.

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 5: AS PART OF DUKE HEALTH, DUKE REGIONAL

HOSPITAL ("DRH") PARTNERED WITH DURHAM COUNTY DEPARTMENT OF PUBLIC

HEALTH AND THE PARTNERSHIP FOR A HEALTHY DURHAM TO CONDUCT THE 2020

DURHAM COMMUNITY HEALTH ASSESSMENT. THE 2020 SURVEY WAS CONDUCTED

BETWEEN MAY AND SEPTEMBER 2019, AND CARRIED OUT BY 243 COMMUNITY

VOLUNTEERS, PARTNERSHIP MEMBERS, AND STAFF FROM DURHAM COUNTY

DEPARTMENT OF PUBLIC HEALTH AND DUKE HEALTH. THE COUNTY WIDE SURVEY

SAMPLE SIZE WAS DOUBLED IN 2019 TO ANALYZE DATA BY RACE AND ETHNICITY.

THE ASSESSMENT INCLUDED 612 RESIDENT SURVEYS IN COUNTY WIDE AND

HISPANIC OR LATINO NEIGHBORHOOD SAMPLES. COMMUNITY LISTENING SESSIONS

WERE CONDUCTED VIA ZOOM DUE TO COVID-19 RESTRICTIONS. THE COMMUNITY

HEALTH ASSESSMENT TEAM COMPRISED OF REPRESENTATIVES FROM LOCAL

GOVERNMENTS, HEALTH CARE SYSTEMS, COLLEGES & UNIVERSITIES,

COMMUNITY-BASED ORGANIZATIONS AND NON-PROFITS IN SECTORS OF PHYSICAL

AND MENTAL HEALTH, TRANSPORTATION, EDUCATION, HOUSING, RESEARCH, FOOD

ACCESS, PLANNING ENVIRONMENT AND MORE - 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 2022 (TAX YEAR 2021).

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

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

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 2021-2023:

1. AFFORDABLE HOUSING

2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE

3. POVERTY

4. MENTAL HEALTH

5. OBESITY, DIABETES AND FOOD ACCESS

THE DUKE REGIONAL HOSPITAL IMPLEMENTATION PLAN CONTAINING DETAILED

DESCRIPTIONS OF HOW DUKE REGIONAL PLANS TO ADDRESS EACH PRIORITY ALONG

WITH PROGRESS REPORTS CAN BE FOUND ON THE DUKEHEALTH.ORG WEBSITE. 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. THE IMPLEMENTATION PLAN DOES NOT CONTAIN DESCRIPTIONS OF THE

COMMUNITY HEALTH IMPROVEMENT WORK CARRIED OUT BY OTHER COMPONENTS OF

DUKE HEALTH OR DUKE UNIVERSITY BUT REPRESENTS ONLY DUKE REGIONAL

HOSPITAL'S CONTINUALLY EVOLVING VARIETY OF PROGRAMS AND ACTIVITIES IN

THE FIVE PRIORITY AREAS TO IMPROVE HEALTH WITHIN THE DURHAM COMMUNITY.

1 AND 3. AFFORDABLE HOUSING AND 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.

MINIMUM WAGE, IN 2017, DUKE IMPLEMENTED A PLAN TO GRADUALLY INCREASE THE MINIMAM WAGE FOR ALL EMPLOYEES TO \$15 PER HOUR, MORE THAN TWICE THE MINIMUM FEDERAL OR STATE HOURLY WAGE. THESE EFFORTS CONTINUED OVER SEVERAL YEARS, CULMINATING IN 2019 WITH A MINIMUM WAGE INCREASE TO \$15 FOR ALL EMPLOYEES. ON JULY 1, 2022, DUKE UNIVERSITY, INCLUDING DUKE UNIVERSITY HEALTH SYSTEM, INCREASED THE MINIMUM WAGE TO \$17 PER HOUR FOR ALL EMPLOYEES WORKING AT LEAST 20 HOURS PER WEEK AND 36 WEEKS PER YEAR.

FILL THAT BUS AND SALVATION ARMY ANGEL TREE: EMPLOYEES HAVE DONATED BINS OF SCHOOL SUPPLIES TO CRAYONS2CALCULATORS AND FILL THAT BUS! CAMPAIGN EACH YEAR 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.

DURING FY2023, 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 ADDRESS POVERTY. DUKE

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Part V Facility Information *(continued)*

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

REGIONAL HOSPITAL IS COMMITTED TO HELP TRAIN THE HEALTHCARE WORKERS OF

THE FUTURE. 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 VOLUNTEER PROGRAM FOR AREA HIGH SCHOOL

STUDENTS TO GAIN EXPERIENCES IN A HEALTH CARE SETTING EACH SUMMER. DUE

TO COVID-19, IN-PERSON VOLUNTEER OPPORTUNITIES WERE HALTED IN MARCH

2020, BUT DRH CONTINUED TO FIND CREATIVE WAYS TO ENGAGE STUDENTS

VIRTUALLY AND WELCOMED CLINICAL STUDENTS BACK TO CAMPUS USING A SLOW

AND MEASURED RE-ENTRY OF STUDENTS STARTING IN THE SUMMER OF 2020.

SINCE THAT TIME, CLINICAL STUDENTS AND VOLUNTEERS HAVE RETURNED TO THE

HOSPITAL SETTING.

DRH INVESTED \$5.9 MILLION IN FISCAL YEAR 2023 TO TRAIN AND TEACH

TOMORROW'S HEALTHCARE PROFESSIONALS.

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.

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

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

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.

OE ENTERPRISES, NORTH CAROLINA VOCATIONAL REHABILITATION AND ALLIANCE

HEALTH THAT PROVIDES CAREER DEVELOPMENT EXPERIENCES TO SENIOR HIGH

SCHOOL STUDENTS WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES. DUKE

REGIONAL HOSPITAL CONTINUED TO SERVE AS A HOST SITE FOR PROJECT SEARCH

ADDING 6 NEW GRADUATES IN 2023 FOR A TOTAL OF GRADUATES TO 95 TO DATE.

APPROXIMATELY HALF ARE STILL EMPLOYED IN THE COMMUNITY, WITH FOUR

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 50 PERCENT OF LCHC PATIENTS

ARE UNINSURED AND 52% ARE LIVING AT OR BELOW 100% OF THE FEDERAL

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

PROVIDES ENGINEERING, ENVIRONMENTAL, LABORATORY, PHARMACY AND RADIOLOGY

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

2023, INCLUDING MONETARY AND IN-KIND SERVICES, WAS

\$8.8 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 2023, DUKE REGIONAL HOSPITAL

CONTRIBUTED \$2.8 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

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.

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

ACCESS TO PRIMARY HEALTH CARE THROUGH LINCOLN COMMUNITY HEALTH CENTER.

IN FY2023, DUKE REGIONAL HOSPITAL PROVIDED FINANCIAL SUPPORT OF \$20,000

IN LIEU OF PROVIDING SPACE AFTER PADC RELOCATED TO A NON-HOSPITAL

BUILDING IN FY2021.

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 2023 DUKE REGIONAL PROVIDED

\$31.9 MILLION (AT ESTIMATED COST) IN FINANCIAL ASSISTANCE.

IN ADDITION, DUKE REGIONAL HOSPITAL PROVIDED \$500,000 IN PATIENT

SPONSORSHIP SERVICES, WHICH INCLUDES EXPENSES SUCH AS PAYMENT FOR

POST-ACUTE CARE, DURABLE MEDICAL EQUIPMENT, LODGING AND MEALS BASED ON

SPECIFIC INDIGENT FUNDING GUIDELINES.

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

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Part V Facility Information *(continued)*

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

PATIENTS AND THEIR FAMILIES.

5. OBESITY, DIABETES, AND FOOD ACCESS

BEYOND ITS CLINICAL SERVICE LINES IN THE HOSPITAL, DRH COLLABORATES

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

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 AND HAVE CONTINUED

IN THIS FORMAT THROUGH THE PRESENT TIME.

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 (WITH A COMBINATION OF

SURVIVORS AND CARE GIVERS). DURING FISCAL YEAR 2023, DUKE REGIONAL

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Schedule H (Form 990) 2022

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 8

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.

CONTINUED THE MONTHLY STROKE SUPPORT PROGRAM AND MOVED TO HYBRID

MEETINGS (PARTICIPANTS CHOSE TO ATTEND IN PERSON OR VIRTUALLY).

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 (INCLUDING UNITED WAY OF

THE GREATER TRIANGLE), AND THE AMERICAN HEART ASSOCIATION. IN FY2023,

DUKE REGIONAL RAISED \$29,857 TO SUPPORT 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

FY2023, DRH PARTNERED WITH THE AMERICAN RED CROSS TO HOST 5 BLOOD

DRIVES. THESE DRIVES RESULTED IN COLLECTING 103 UNITS OF BLOOD.

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL

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

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

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

ITS BILLING INVOICES THAT PATIENTS SHOULD CONTACT PATIENT ACCOUNT

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

THIS COMMENT REFERENCES GOVERNMENT-SPONSORED PROGRAMS, MONTHLY PAYMENT

PROGRAMS, AND OTHER FINANCIAL ASSISTANCE PROGRAMS AVAILABLE FOR

PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA. DUHS ALSO PUBLICIZED ITS

FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE

COUNSELORS.

232098 11-18-22

Schedule H (Form 990) 2022

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Part V Facility Information *(continued)*

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

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL

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

SERVICES, AND OTHER ELECTIVE SERVICES, WERE BILLED AT AN AMOUNT EQUAL

TO GROSS CHARGES.

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Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of facility (describe)
1 DUKE HEALTH CENTER ARRINGTON 5601 ARRINGTON PARK DRIVE MORRISVILLE, NC 27560	SPECIALTY
2 DUKE MEADOWMONT CHAPEL HILL 802 W BARBEE CHAPEL ROAD, SUITE 100 CHAPEL HILL, NC 27517	SPECIALTY
3 DUKE IMAGING SERVICES 3700 NW CARY PARKWAY, SUITE 120 CARY, NC 27513	INDEPENDENT DIAGNOSTIC TESTING FACILITY
4 DUKE HEALTH IMAGING AT HERITAGE 3000 ROGERS RD WAKE FOREST, NC 27587	INDEPENDENT DIAGNOSTIC TESTING FACILITY
5 DUKE PTOT AT HILLSBOROUGH 267 SOUTH CHURTON HILLSBOROUGH, NC 27278	SPECIALTY
6 DUKE HEALTH IMAGING AT HOLLY SPRINGS 401 IRVING PKWY HOLLY SPRINGS, NC 27540	INDEPENDENT DIAGNOSTIC TESTING FACILITY
7 HOCK FAMILY PAVILION 4023 NORTH ROXBORO ROAD DURHAM, NC 27704	HOSPICE
8 DUKE IMAGING COLEY HALL 66 VILCOM CENTER DR, SUITE 101 CHAPEL HILL, NC 27514	INDEPENDENT DIAGNOSTIC TESTING FACILITY

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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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

NOT APPLICABLE

PART I, LINE 6A:

NOT APPLICABLE

PART I, LINE 7, COLUMN F:

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

12.5%.

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

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Schedule H (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 10

Part VI Supplemental Information (Continuation)

PROVIDED BY DUHS' SUPPORT CORPORATIONS, DUKE UNIVERSITY AFFILIATED
PHYSICIANS, ASSOCIATED HEALTH SERVICES, DUKE INTEGRATED NETWORK, AND
WATTS COLLEGE OF NURSING 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 \$25.9 MILLION IN FY2023.

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:

DUHS PROVIDED UNCOMPENSATED CARE AT ESTIMATED COSTS IN THE FORM OF
IMPLICIT PRICE CONCESSIONS (CONSIDERED BAD DEBT EXPENSE PRIOR TO
ADOPTION OF ACCOUNTING STANDARDS UPDATE 2014-16, "REVENUE FROM
CONTRACTS WITH CUSTOMERS" IN FY2019) ASSOCIATED WITH UNCOLLECTIBLE
PATIENT ACCOUNTS AT AN ESTIMATED COST OF \$31,791,000 IN FISCAL YEAR
2023. 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

Schedule H (Form 990)

PUBLIC INSPECTION COPY

Schedule H (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 10

Part VI Supplemental Information (Continuation)

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
DOCUMENTATION REQUIRED TO DETERMINE FINANCIAL ASSISTANCE
CLASSIFICATION.

PART III, LINE 4:

PAGES 17-20 IN THE FY2023 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, 2023 DUHS CONSOLIDATED FINANCIAL
STATEMENTS ARE \$502,845,000 AS COMPARED TO \$154,015,255 AS REPORTED IN
SECTION B, LINE 7 OF SCHEDULE H. THE DUHS TOTAL MEDICARE SHORTFALL OF
\$502,845,000 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

Schedule H (Form 990)

PUBLIC INSPECTION COPY

Schedule H (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 10

Part VI Supplemental Information (Continuation)

ASSOCIATED WITH MEDICARE PATIENTS COVERED UNDER MANAGED CARE PLANS AND

COSTS REIMBURSED THROUGH MEANS NOT REPORTED ON THE COST REPORT.

PART III, LINE 8:

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

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

PROVIDING CARE TO MEDICARE BENEFICIARIES. DUHS CONTINUES TO SERVE THE

MEDICARE POPULATION AS MEDICARE REIMBURSEMENT RATES DECLINE RELATIVE TO

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

MEDICARE PATIENTS SHOULD BE CLASSIFIED AS A COMMUNITY BENEFIT. DUHS

FOLLOWED THE MEDICARE COST REPORT RULES AND GUIDELINES IN DETERMINING

THE COSTS REPORTED ON LINE 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. DUHS IS A LEAD PARTNER ON THE

DEVELOPMENT OF COMMUNITY HEALTH NEEDS ASSESSMENTS IN DURHAM COUNTY AND

WAKE COUNTY. DUHS ACTIVELY VOLUNTEERS TO COLLECT DATA AND PARTICIPATE

ON COMMITTEES IDENTIFYING THE PRIORITIES AND DEVELOPING STRATEGIES TO

ADDRESS THE IDENTIFIED PRIORITIES. IN 2019, DUHS BEGAN A PILOT OF

SCREENING ITS PATIENTS FOR UNMET SOCIAL NEEDS INCLUDING FOOD

Schedule H (Form 990)

232271 04-01-22

PUBLIC INSPECTION COPY

Schedule H (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 10

Part VI Supplemental Information (Continuation)

INSECURITY, HOUSING INSECURITY, TRANSPORTATION, AND MENTAL HEALTH. THE SCREENING IS MANAGED THROUGH EPIC AND WHEN PATIENTS SCREEN POSITIVE FOR A SOCIAL NEED, DUHS MAKES AN IMMEDIATE REFERRAL, THROUGH A STATEWIDE SYSTEM CALLED NCCARE360, TO COMMUNITY-BASED RESOURCES THAT PROVIDE SUPPORT SERVICES IN THE IDENTIFIED AREA(S). OVER 50 SITES ARE PARTICIPATING IN THE SCREENING OF SOCIAL NEEDS. DUKE UNIVERSITY'S BOARD OF TRUSTEES APPROVED THE STRATEGIC COMMUNITY IMPACT PLAN (SCIP) IN 2019 WHICH OUTLINES FIVE COMMUNITY FOCUS AREAS AND PRIORITIES BASED ON COMMUNITY LISTENING SESSIONS: (1) HOUSING (PRIORITY: AFFORDABLE HOUSING AND INFRASTRUCTURE; (2) EDUCATION (PRIORITY: EARLY CHILDHOOD DEVELOPMENT); (3) EMPLOYMENT (PRIORITY: COLLEGE AND CAREER READINESS); (4) HEALTH (PRIORITY: FOOD SECURITY); AND (5) COMMUNITY (PRIORITY: NONPROFIT CAPACITY). THESE FOCUS AREAS ALIGN WITH THE CHNA PRIORITIES AND PATIENT SCREENING DATA. DUHS HAS EMBRACED THE SCIP AS AN INTEGRAL PART OF ITS STRATEGIC GOAL TO ADVANCE HEALTH EQUITY.

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 FINANCIAL ASSISTANCE 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

Schedule H (Form 990)

PUBLIC INSPECTION COPY

Schedule H (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 10

Part VI Supplemental Information (Continuation)

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 FINANCIAL ASSISTANCE APPLICATION.

COMMUNITY INFORMATION:

PART VI, LINE 4:

DUHS SERVES A BROAD, CULTURALLY, RACIALLY AND SOCIALLY DIVERSE
GEOGRAPHIC AND DEMOGRAPHIC REGION. DUHS' HOME CITY OF DURHAM IS THE
CORE, BUT DUHS' REACH EXTENDS INTO THE SURROUNDING RESEARCH TRIANGLE
AREA OF NORTH CAROLINA AND THE STATE'S LARGER NORTHERN PIEDMONT REGION,
AS WELL AS STATEWIDE, NATIONALLY AND GLOBALLY. DUHS' PRIMARY SERVICE
AREA (PSA) IS A 7-COUNTY REGION IN NC THAT INCLUDES ALAMANCE, DURHAM,
GRANVILLE, ORANGE, PERSON, VANCE AND WAKE COUNTIES. WITH A POPULATION
OF ALMOST 2.1 MILLION, THIS 7-COUNTY REGION REPRESENTS APPROXIMATELY
19% OF NC'S POPULATION BASED ON FEDERAL FISCAL YEAR (FFY) 2022 DATA.
THE WEIGHTED AVERAGE MEDIAN HOUSEHOLD INCOME IN ITS PSA IS \$74,695.
APPROXIMATELY 67% OF INPATIENT DISCHARGES FROM DUHS FACILITIES IN FFY
2022 WERE PATIENTS FROM ITS PSA. THE POPULATION IN DUHS' PSA IS
EXPECTED TO GROW AT A HIGHER RATE OVER THE NEXT 5 YEARS FROM 2023 TO
2028 COMPARED TO NC'S OVERALL EXPECTED POPULATION GROWTH RATE. THE PSA
5-YEAR CAGR IS EXPECTED TO BE 1.2% COMPARED TO THE OVERALL ESTIMATED NC
RATE OF 0.7%. DUHS' SECONDARY SERVICE AREA COVERS 15 COUNTIES IN NORTH
CAROLINA AND SOUTHERN VIRGINIA WITH A POPULATION OF APPROXIMATELY 2

Schedule H (Form 990)

232271 04-01-22

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Part VI Supplemental Information (Continuation)

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 (OCH). OCH REPORTS DUALY TO (1) THE

CHANCELLOR/CEO OF THE HEALTH SYSTEM AND (2) DUKE'S VICE PRESIDENT OF

COMMUNITY AFFAIRS TO FACILITATE LEVERAGING ASSETS ACROSS THE ENTIRE

DUKE ENTERPRISE TO ASSESS AND ADDRESS COMMUNITY NEEDS. OCH ALSO

FACILITATES THE DEVELOPMENT OF COORDINATED, SYSTEM-LEVEL INITIATIVES TO

ADDRESS IDENTIFIED COMMUNITY NEEDS IN PARTNERSHIP WITH COMMUNITY-BASED

ORGANIZATIONS. OCH ORGANIZES ANNUAL HEALTH SUMMITS TO BRING COMMUNITY

MEMBERS, ELECTED OFFICIALS, PROVIDERS, AND OTHERS TOGETHER TO GENERATE

AND SHARE INFORMATION, COLLECT ADDITIONAL DATA, AND DEVELOP STRATEGIES

COLLABORATIVELY IN SOCIAL DRIVERS AREAS. DUHS' OFFICE OF COMMUNITY

HEALTH ASSOCIATE VICE PRESIDENT SERVES AS A FULL-TIME LIAISON IN DURHAM

AND IN DUHS' PRIMARY SERVICE AREAS. THE OFFICE SPONSORS AND FACILITATES

COMMUNITY EVENTS SUCH AS THE ANNUAL COMMUNITY HEALTH SUMMIT AND SIMILAR

REGIONAL AND STATE HEALTH SUMMITS THAT RAISE AWARENESS OF COMMUNITY

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

SOLVING HEALTH-RELATED SOCIAL NEED (HRSN) 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 COMMUNITY BOARDS AND HEALTH-RELATED

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Schedule H (Form 990)

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 10

Part VI Supplemental Information (Continuation)

COMMITTEES. STAFF FROM THE OFFICE OF COMMUNITY HEALTH AND DUHS

REPRESENTATIVES IMMERSSED IN COMMUNITY ENGAGEMENT ACTIVITIES CREATED

FORMAL PRINCIPLES OF COMMUNITY ENGAGEMENT THAT COMMIT DUHS AND ITS

COMMUNITY PARTNERS TO DEVELOPING PROPOSED PROJECTS AND INITIATIVES

BASED ON TRUST, RESPECT, DIVERSITY, SAFETY AND COMMUNITY-IDENTIFIED

NEEDS. THESE PRINCIPLES HAVE BEEN INCORPORATED INTO COMMUNITY-BASED

HEALTHCARE PROJECTS INCLUDING COMMUNITY CLINICS, FOCUS GROUPS, CHNA

IMPLEMENTATION PLANS, AND DUHS' ANNUAL HEALTH SUMMIT.

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.

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, 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.

Schedule H (Form 990)

232271 04-01-22

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Part VI Supplemental Information (Continuation)

DUHS FORMED A COMMUNITY HEALTH EXECUTIVE COUNCIL COMPRISED OF LEADERS

ACROSS DUKE HEALTH TO OVERSEE STRATEGIES DESIGNED TO ADVANCE HEALTH

EQUITY AND ADDRESS HEALTH-RELATED SOCIAL NEEDS. ADDITIONALLY, SEVERAL

COMMITTEES/COUNCILS HAVE BEEN FORMED AROUND SPECIFIC HEALTH-RELATED

SOCIAL NEEDS TO DISCUSS COMMUNITY STATUS, CAPACITY NEEDS OF

COMMUNITY-BASED ORGANIZATIONS, AND TO INFORM SYSTEM-LEVEL EFFORTS.

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 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. DUHS IS A KEY

PARTICIPANT IN THE ANNUAL BULL CITY FRESH START EVENT. STAFF FROM THE

DUKE SCHOOL OF NURSING, DUKE EYE CENTER, AND STAFF AFFILIATED WITH

LINCOLN COMMUNITY HEALTH CENTER HEALTHCARE FOR THE HOMELESS CLINIC

VOLUNTEER TIME AND RESOURCES AT THIS IMPORTANT EVENT. STUDENTS FROM THE

DUKE SCHOOLS OF MEDICINE AND NURSING ENGAGE COMMUNITIES IN DURHAM AND

BEYOND IN ACTIVITIES THAT INCLUDE FREE BLOOD PRESSURE SCREENINGS FOR

THE HOMELESS, AND IDENTIFYING THE HEALTH CARE NEEDS OF A LOW WEALTH

COMMUNITY SCHOOL AND DEVELOPING A CURRICULUM FOR STUDENTS AND PARENTS

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Part VI Supplemental Information (Continuation)

THAT ADDRESSES THOSE NEEDS. STUDENTS HAVE ALSO FORMED FOOD SECURITY INITIATIVES INCLUDING ROOT CAUSES' FRESH PRODUCE PROGRAM THAT DISTRIBUTES FOOD TO COMMUNITY RESIDENTS BASED ON PROVIDER PRESCRIPTIONS. OCH IS ALSO AN ADVISOR TO A STUDENT-LED GROUP CALLED THE FOOD RECOVERY NETWORK THAT PACKAGES UNUSED, PREPARED MEALS FROM DINING SERVICES ACROSS THE UNIVERSITY AND DELIVERS THEM TO COMMUNITY-BASED ORGANIZATIONS FOR DISTRIBUTION TO COMMUNITY MEMBERS IN NEED.

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 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

PUBLIC INSPECTION COPY

Part VI Supplemental Information (Continuation)

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.

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 for the latest information.

OMB No. 1545-0047

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALICE AYCOCK POE CTR FOR HEALTH EDUCATION - 224 SUNNYBROOK RD - RALEIGH, NC 27610	56-1500678	501(C)(3)	12,500.	0.			SPONSORSHIP
ALLIANCE MEDICAL MINISTRY, INC. 101 DONALD ROSS DR RALEIGH, NC 27610	56-2168673	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT
AMERICAN HEART ASSOCIATION, INC. PO BOX 4002900 DES MOINES, IA 50340-2900	13-5613797	501(C)(3)	150,000.	0.			SPONSORSHIP
BIG BROTHERS BIG SISTERS OF THE TRIANGLE - 808 AVIATION PKWY SUITE 900 - MORRISVILLE, NC 27560	56-2109717	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
BOYS & GIRLS CLUBS OF DURHAM & ORANGE COUNTIES - 1010 MARTIN LUTHER KING JR PKW - DURHAM, NC 27713	56-6001906	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
CAPSTONE EVENT GROUP, LLC 3803-B COMPUTER DR SUITE 205 RALEIGH, NC 27609	46-4157559		13,000.	0.			SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 59.
- 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) 2022

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING HOUSE, INC. 2625 PICKETT RD DURHAM, NC 27705-5603	56-1647154	501(C)(3)	43,833.	0.			GENERAL SUPPORT
CAROL EMMOTT FOUNDATION 4931 SW 76TH AVE #229 PORTLAND, OR 97225	84-1882898	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH - 7200 STONEHENGE DR - RALEIGH, NC 27613	56-0529943	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
CENTER FOR VOLUNTEER CAREGIVING 1150 SE MAYNARD RD STE 210 CARY, NC 27511	58-2067482	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
CHATHAM OUTREACH ALLIANCE PO BOX 1326 PITTSBORO, NC 27312	56-1668767	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
CHILDRENS CANCER PARTNERS 900 S PINE ST STE F SPARTANBURG, SC 29302	20-2511033	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
CHILDRENS FLIGHT OF HOPE, INC. 1005 DRESSER CT RALEIGH, NC 27609	56-1762824	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT
COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM, NC 27703	47-5567396	501(C)(3)	60,000.	0.			COMMUNITY SUPPORT
COMMUNITY EMPOWERMENT FUND 208 N COLUMBIA ST SUITE 100 CHAPEL HILL, NC 27514-3504	27-0428981	501(C)(3)	7,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DURHAM CENTER FOR SENIOR LIFE 406 RIGSBEE AVE SUITE 202 DURHAM, NC 27701	56-0886647	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
DURHAM SUCCESS SUMMIT, INC. 732 9TH STREET #596 DURHAM, NC 27705	86-2985757	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
EL CENTRO HISPANO, INC. 2000 CHAPEL HILL RD #26A DURHAM, NC 27707	56-2011661	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
EL FUTURO, INC. 2020 E CHAPEL HILL ROAD SUITE 23 DURHAM, NC 27707	80-0122334	501(C)(3)	59,000.	0.			COMMUNITY SUPPORT
FAMILY VIOLENCE PREVENTION CENTER, INC. - 1012 OBERLINE RD SUITE 100 - RALEIGH, NC 27605	58-1320613	501(C)(3)	62,500.	0.			COMMUNITY SUPPORT
FIGHT FOR 1 OF US, INC. 8024 GLENWOOD AVE SUITE 200 RALEIGH, NC 27607	27-4754653	501(C)(3)	16,750.	0.			SPONSORSHIP
FOOD BANK OF CENTRAL AND EASTERN 1924 CAPITAL BLVD RALEIGH, NC 27604	56-1283426	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
FRIENDS OF FREMONT PEOPLE'S FREE 106 PANAMINT DRIVE DURHAM, NC 27705	92-0823631	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
GET HAPPY 115 WINDERMERE DRIVE, 404 DURHAM, NC 27712	86-3862455	501(C)(3)	7,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT 100, INC. PO BOX 4875 GREENSBORO, NC 27404-4875	56-1705456	501(C)(3)	30,000.	0.			SPONSORSHIP
GREATER RALEIGH CHAMBER OF COMMERCE - 800 S SALISBURY ST - RALEIGH, NC 27601	56-0370850	501(C)(6)	62,625.	0.			COMMUNITY SUPPORT/SPONSORSHIP
HEALING TRANSITIONS, INC. 1251 GOODE STREET RALEIGH, NC 27603	56-2135246	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
HOUSING FOR NEW HOPE, INC. 18 W COLONY PLACE SUITE 250 DURHAM, NC 27705	58-2089068	501(C)(3)	25,525.	0.			COMMUNITY SUPPORT
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR RALEIGH, NC 27620	56-1753180	501(C)(3)	20,250.	0.			COMMUNITY SUPPORT
JUSTICEMATTERS, INC. PO BOX 199 DURHAM, NC 27702	27-1378558	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
LATIN 19 100 W MORGAN ST DURHAM, NC 27701	87-2248916	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
LIFE SKILLS FOUNDATION PO BOX 51129 DURHAM, NC 27712	20-3676000	501(C)(3)	14,750.	0.			COMMUNITY SUPPORT
MEALS ON WHEELS OF DURHAM, INC. 2522 ROSS RD DURHAM, NC 27703	56-1729111	501(C)(3)	5,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDTOWN EVENTS, LLC 4321 LASSITER AT NORTH HILLS AVE ST RALEIGH, NC 27609	27-1832351		20,000.	0.			SPONSORSHIP
MIDTOWN RALEIGH ALLIANCE 7413 SIX FORKS RD STE 259 RALEIGH, NC 27615	45-2559048	501(C)(3)	13,000.	0.			SPONSORSHIP
MUDCATS BASEBALL, LLC ONE BREWERS WAY MILWAUKEE, WI 53214	27-4165120		6,000.	0.			SPONSORSHIP
NATIONAL INSTITUTE OF MINORITY ECON - 114 PARRISH ST - DURHAM, NC 27702	56-1579041	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
NORTH CAROLINA SECRETARY OF STATE PO BOX 29622 RALEIGH, NC 27626	56-1611340		0.	7,517.	FMV	COMMUNITY SUPPORT	COMMUNITY SUPPORT
NORTH CAROLINA SYMPHONY SOCIETY, INC. - 3700 GLENWOOD AVE SUITE 130 - RALEIGH, NC 27612	56-0556755	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
NURSES ON BOARDS COALITION PO BOX 14535 MADISON, WI 53708	82-1962611	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OPEN TABLES MINISTRY PO BOX 51363 DURHAM, NC 27717	27-0977564	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
REINVESTMENT PARTNERS PO BOX 1929 DURHAM, NC 27702-1929	31-1587628	501(C)(3)	10,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESCUE MISSIONS MINISTRIES, INC. PO BOX 11368 DURHAM, NC 27703	58-1482590	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
RONALD MCDONALD HOUSE OF DURHAM 506 ALEXANDER AVE DURHAM, NC 27705	56-1220376	501(C)(3)	50,000.	0.			SPONSORSHIP
SAMARITAN HEALTH CENTER PO BOX 51339 DURHAM, NC 27717	26-3770762	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
SENIOR PHARMASSIST, INC. 406 RIGSBEE AVE STE 201 DURHAM, NC 27701-2186	56-2084639	501(C)(3)	11,000.	0.			COMMUNITY SUPPORT
STEPUP DURHAM 112 BROADWAY ST SUITE B DURHAM, NC 27701	47-4578727	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
STRONGHER TOGETHER, INC. PO BOX 52142 DURHAM, NC 27707	82-1595797	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
STUDENT U 600 E UMSTEAD ST DURHAM, NC 27701	27-3460491	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT
SUNRISE COMMUNITY FOR RECOVERY AND 50 S FRENCH BROAD AVE STE 246 ASHVILLE, NC 28802	20-5775122	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
SUSAN G KOMEN BREAST CANCER FOUNDATION - 13770 NOEL RD STE 801889 - DALLAS, TX 75380	75-1835298	501(C)(3)	110,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TABLE MINISTRIES, INC. 209 E MAIN STREET CARRBORO, NC 27510	26-1471735	501(C)(3)	17,500.	0.			COMMUNITY SUPPORT
TRIANGLE FAMILY SERVICES 3937 WESTERN BLVD RALEIGH, NC 27606	56-0547491	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
TROSA, INC. 1820 JAMES ST DURHAM, NC 27707-2024	56-1861158	501(C)(3)	55,000.	0.			COMMUNITY SUPPORT
UNC HEALTH FOUNDATION, INC. PO BOX 1050 CB# 7565 CHAPEL HILL, NC 27514	56-6057494	501(C)(3)	100,000.	0.			COMMUNITY SUPPORT
URBAN MINISTRIES OF DURHAM, INC. PO BOX 249 DURHAM, NC 27702	58-1505891	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
URBAN MINISTRIES OF WAKE COUNTY 1390 CAPITAL BLVD RALEIGH, NC 27603	58-1422700	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
WAKE COUNTY CONTINUMN OF CARE PO BOX 12044 RALEIGH, NC 27605	65-1267717	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
WAKE COUNTY MEDICAL SOCIETY COMM 7474 CREEDMOOR ROAD, #164 RALEIGH, NC 27613	56-2205175	501(C)(3)	8,333.	0.			SPONSORSHIP
WAKE TECH COMM COLL FOUNDATION 9101 FAYETTEVILLE RD RALEIGH, NC 27603-5696	23-7017752	501(C)(3)	17,000.	0.			COMMUNITY SUPPORT

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST END COMMUNITY FOUNDATION, INC. - PO BOX 51398 - DURHAM, NC 27717	56-1858174	501(C)(3)	6,500.	0.			COMMUNITY SUPPORT
WOMENS CENTER OF WAKE COUNTY, INC. 400 S WEST STREET RALEIGH, NC 27601	58-1316004	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
YMCA OF THE TRIANGLE AREA, INC. 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 27607	56-0591307	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT

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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	61	62,292.	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.

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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2022

Open to Public
Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

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

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

3 Indicate which, if any, of the following the 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
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	1,574,285.	1,547,467.	20,500.	37,164.	19,338.	3,198,754.	
(2) VINCENT E PRICE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	1,730,692.	0.	20,500.	37,164.	23,691.	1,812,047.	
(3) WILLIAM J FULKERSON MD FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	952,651.	730,131.	80,881.	37,164.	9,235.	1,810,062.	
(4) JOHN P MORDACH SVP, CFO, PART YEAR TREASURER	(i)	890,430.	672,061.	20,500.	37,164.	31,870.	1,652,025.	
	(ii)	0.	0.	0.	0.	0.	0.	
(5) THOMAS A OWENS MD EXECUTIVE VICE PRESIDENT, DUHS	(i)	855,279.	505,470.	80,559.	37,164.	15,990.	1,494,462.	
	(ii)	0.	0.	0.	0.	0.	0.	
(6) CRAIG T ALBANESE MD CEO	(i)	1,123,435.	263,555.	20,500.	37,164.	19,941.	1,464,595.	
	(ii)	0.	0.	0.	0.	0.	0.	
(7) MARY E KLOTMAN MD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	811,689.	403,392.	20,500.	37,164.	17,328.	1,290,073.	
(8) JEFFREY M FERRANTI SENIOR VP/CHIEF DIGITAL OFFICER	(i)	579,609.	447,098.	20,500.	37,164.	30,135.	1,114,506.	
	(ii)	93,942.	35,244.	0.	0.	0.	129,186.	
(9) RICHARD PATRICK SHANNON CHIEF QUALITY OFFICER	(i)	709,932.	261,342.	20,500.	37,164.	24,508.	1,053,446.	
	(ii)	0.	0.	0.	0.	0.	0.	
(10) RHONDA BRANDON CHIEF HR OFFICER	(i)	521,551.	280,344.	20,500.	37,164.	28,824.	888,383.	
	(ii)	0.	0.	0.	0.	0.	0.	
(11) MONTE D BROWN MD VP FOR ADMINISTRATION/SECRETARY	(i)	445,237.	304,240.	32,138.	37,164.	19,403.	838,182.	
	(ii)	0.	0.	0.	0.	0.	0.	
(12) KEITH STOVER VP FINANCE/COO, PRMO	(i)	474,434.	220,075.	20,577.	37,164.	26,178.	778,428.	
	(ii)	0.	0.	0.	0.	0.	0.	
(13) MARY K MARTIN CHIEF OPERATING OFFICER, DUH	(i)	506,635.	173,004.	0.	37,164.	30,617.	747,420.	
	(ii)	0.	0.	0.	0.	0.	0.	
(14) ROBERT N WILLIS VP FINANCE/CONTROLLER/CAO/INTERIM TR	(i)	447,603.	216,657.	20,500.	37,164.	17,739.	739,663.	
	(ii)	0.	0.	0.	0.	0.	0.	
(15) KATHLEEN GALBRAITH PART YEAR PRESIDENT, DUKE REGIONAL H	(i)	354,308.	249,860.	15,000.	37,164.	65,700.	722,032.	
	(ii)	0.	0.	0.	0.	0.	0.	
(16) JOHN SMITH VP FINANCE	(i)	387,894.	241,514.	20,500.	37,164.	14,793.	701,865.	
	(ii)	0.	0.	0.	0.	0.	0.	

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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 and/or 1099-NEC 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) BARBARA M GRIFFITH MD PRESIDENT, DUKE RALEIGH HOSPITAL	(i)	498,612.	113,333.	192.	36,474.	27,673.	676,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MARY ANN FUCHS VP PATIENT CARE/CHIEF NURSING OFFICE	(i)	423,366.	201,857.	0.	37,164.	8,915.	671,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DEVDUTTA SANGVAI MD PART YEAR PRESIDENT, DUKE REGIONAL H	(i)	375,724.	163,548.	0.	36,552.	77,085.	652,909.	0.
	(ii)	8,564.	0.	0.	0.	0.	8,564.	0.
(20) MOIRA RYNN MD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	432,006.	51,793.	0.	37,164.	19,054.	540,017.	0.
(21) ERIK PAULSON DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	363,084.	72,420.	20,500.	37,164.	25,508.	518,676.	0.
(22) LEIGH BLEECKER FORMER KEY EMPLOYEE	(i)	246,661.	158,279.	141.	37,028.	13,324.	455,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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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.

PART I, LINE 1A:

CRAIG T. ALBANESE, MD USED FIRST CLASS OR CHARTER TRAVEL SERVICES. SUCH TRAVEL WAS FOR BUSINESS PURPOSES AND NOT INCLUDED IN TAXABLE INCOME.

BARBARA M GRIFFITH MD, KEITH STOVER, PRISCILLA RAMSEUR AND LEIGH BLEECKER RECEIVED A BENEFIT THAT WAS GROSSED UP TO COMPENSATE FOR WITHHOLDING OF TAXES.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS:

DUHS MAINTAINS AN EXECUTIVE INCENTIVE COMPENSATION PLAN. PAYMENTS UNDER THE PLAN ARE BASED ON PRE-ESTABLISHED PERFORMANCE METRICS AND A FIXED CALCULATION METHODOLOGY APPROVED BY THE DUHS COMPENSATION COMMITTEE WITH ASSISTANCE AND INPUT FROM AN EXECUTIVE COMPENSATION CONSULTING FIRM ASSURING COMPARABILITY WITH SIMILAR SYSTEMS. THE PLAN ALLOWS FOR A MODIFICATION TO AN INDIVIDUAL'S INCENTIVE PAYMENT BASED ON LEADERSHIP COMPETENCIES AND OTHER FACTORS WITH PAYOUTS (AND MODIFICATIONS, IF ANY) APPROVED BY THE DUHS COMPENSATION COMMITTEE.

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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 for instructions and the latest information.

OMB No. 1545-0047
2022
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>
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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	03/01/22	267,805,000.	SEE PART VI		X		X		X
B NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONE	02/14/22	121,620,000.	SEE PART VI		X		X		X
C NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DUD1	05/26/16	383,990,154.	SEE PART VI		X		X		X
D NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DVK4	08/11/16	140,200,389.	SEE PART VI		X		X		X

Part II Proceeds										
Line	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
1 Amount of bonds retired	18,650,000.				255,625,000.					
2 Amount of bonds legally defeased										
3 Total proceeds of issue	267,805,000.		121,620,000.		383,990,154.		140,200,389.			
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										
11 Other spent proceeds	267,805,000.		121,620,000.		180,000,000.					
12 Other unspent proceeds										
13 Year of substantial completion			2009							
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) 2022

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 for instructions and the latest information.

OMB No. 1545-0047
2022
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>
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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
NORTH CAROLINA MEDICAL CARE A COMMISSION	52-1309402	NONE	05/10/18	38,062,676.	SEE PART VI		X		X		X
B											
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	22,841,278.									
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	22,841,278.									
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion	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								
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								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Schedule K (Form 990) 2022

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Part III Private Business Use

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

Part IV Arbitrage

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

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Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a 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						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of				%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

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

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

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 03/01/22 WAS TO CONVERT THE 2005A AND 2005B REVENUE REFUNDING BONDS TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE. THE PURPOSE OF THE BONDS ISSUED 05/30/2012 WAS TO PARTIALLY REFUND THE 2005ABC BONDS ISSUED ON 03/22/2012. 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 03/01/22 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 (D) BELOW.

BOND ISSUE B:

THE PURPOSE OF THE BONDS ISSUED 02/14/22 WAS TO CONVERT THE 2006ABC BONDS TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE. THE

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

PURPOSE OF THE BONDS ISSUED 3/19/2015 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 C:

THE 2016B AND 2016C REVENUE REFUNDING BONDS WERE CONVERTED TO BEAR INTEREST AT A NEW BANK BOUGHT INDEX FLOATING RATE ON 03/01/22. 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 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 D:

THE PURPOSE OF THE BONDS ISSUED 08/11/16 WAS TO REFUND THE ORIGINAL 2010A BONDS ISSUED ON 04/02/10 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.

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

BOND ISSUE A(2):

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

SCHEDULE K, PART II, LINE 3, BOND ISSUES A(2):

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

SCHEDULE K, PART III, LINES 4-6, BOND ISSUE C:

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

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

BOND ISSUE (C) COMPLETED 06/01/19; AND (D) COMPLETED 08/01/21. AS TO A(2), NO ARBITRAGE COMPUTATION WAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED.

BOND ISSUES (A) AND (B):

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

BOND ISSUES A(2):

SALES PROCEEDS ALLOCATED UPON ISSUANCE AND NOT INVESTED.

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SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2022

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification number 56-2070036
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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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
AGILITI HEALTH, INC.	SEE PART V	779,203.	SEE PART V		X
GARRY BARTELS	SEE PART V	73,113.	SEE PART V		X
XIOMARA BOYCE	SEE PART V	76,785.	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: AGILITY HEALTH, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

AGILITY HEALTH, INC. DIRECTOR IS ALSO A DUHS, INC. DIRECTOR

(C) AMOUNT OF TRANSACTION: \$779,203

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

(E) SHARING OF ORGANIZATION REVENUE? = NO

(A) NAME OF INTERESTED PERSON: GARRY BARTELS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

GARRY BARTELS IS A FAMILY MEMBER OF A DUHS, INC. DIRECTOR

(C) AMOUNT OF TRANSACTION: \$73,113

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

(E) SHARING OF ORGANIZATION REVENUE? = NO

(A) NAME OF INTERESTED PERSON: XIOMARA BOYCE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

XIOMARA BOYCE IS A FAMILY MEMBER OF A DUHS, INC. DIRECTOR

(C) AMOUNT OF TRANSACTION: \$76,785

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

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Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION REVENUE? = NO

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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 Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	1.	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		6,825.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	10,000.	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 (ENTERTAINMENT)	X	21	21,150.	VARIOUS
26 Other (SPORTS)	X	10	3,250.	VARIOUS
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	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.			

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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.

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SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

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

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Schedule O (Form 990) 2022

232211 10-28-22

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Schedule O (Form 990) 2022

Page 2

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification number 56-2070036
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UNIVERSITY HEALTH SYSTEM, PRIVATE DIAGNOSTIC CLINIC (DUKE PHYSICIANS PRACTICE), AND INCORPORATES THE HEALTH AND HEALTH RESEARCH PROGRAMS WITHIN THE DUKE GLOBAL HEALTH INSTITUTE AS WELL AS THOSE IN SCHOOLS AND CENTERS ACROSS DUKE UNIVERSITY, INCLUDING THE DUKE ROBERT J. MARGOLIS CENTER FOR HEALTH POLICY. THE DUKE HEALTH CLINICAL ENTERPRISE IS INTENDED TO FUNCTION AS A FULLY ALIGNED AND UNIFIED ORGANIZATION FOCUSED ON IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE, DELIVERING ADVANCED TREATMENT FOR THOSE WHO NEED IT, AND EXTENDING NEW KNOWLEDGE BEYOND OUR SYSTEMS TO THE BENEFIT OF OTHERS. LEVERAGING THE DEPTH AND BREADTH OF CAPABILITIES THAT EXIST ACROSS DUKE HEALTH AND THE ENTIRE UNIVERSITY, WE PLAN TO ACHIEVE THE VISION TO DELIVER TOMORROW'S HEALTH CARE TODAY BY LEADING IN THE DELIVERY OF HIGHEST-QUALITY, PATIENT CENTERED CARE, INTEGRATING TO OPTIMIZE COORDINATION OF CARE, GROWING AND EXTENDING OUR REACH LOCALLY, REGIONALLY, AND NATIONALLY, INVESTING IN INNOVATION TO CREATE SUSTAINABLE DIFFERENTIATION AND VALUE AND DELIVERING ON THE PROMISE OF POPULATION HEALTH.

MANY PROGRAM SERVICE ACCOMPLISHMENTS ARE INCLUDED IN SCHEDULE H OF THIS FORM INCLUDING THE FINANCIAL COMMITMENT MADE TO THE COMMUNITY BY DUHS IN TERMS OF CHARITY CARE AND OTHER DIRECT AND MEASURABLE INVESTMENTS. 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:

232212 10-28-22

Schedule O (Form 990) 2022

117

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2022.05090 DUKE UNIVERSITY HEALTH SY 56-20701

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Schedule O (Form 990) 2022

Page 2

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification number 56-2070036
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THE ORGANIZATION DID NOT HAVE UNRELATED BUSINESS GROSS INCOME OF \$1,000 OR

MORE DURING THE FISCAL YEAR ENDED JUNE 30, 2023. HOWEVER THE ORGANIZATION

HAS FILED FORM 990-T FOR THE FISCAL YEAR ENDED JUNE 30, 2023 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, PORTUGAL, GREECE,

HUNGARY, ISRAEL, BERMUDA

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

DIRECTORS WILLIAM HAWKINS, GERALD HASSELL, VINCENT E. PRICE, CARMICHAEL S.

ROBERTS, NANCY M. SCHLICHTING, AND LAURENE M. SPERLING ARE TRUSTEES OF DUKE

UNIVERSITY. DIRECTOR AND PRESIDENT, 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: MOIRA RYNN, MD AND ERIK PAULSON, MD.

DIRECTOR AND PRESIDENT, A. EUGENE WASHINGTON, MD, OFFICERS CRAIG T.

ALBANESE, MD, ROBERT N. WILLIS, JOHN P. MORDACH AND THOMAS A. OWENS, MD

SERVED AS DIRECTORS AND OFFICERS OF DURHAM CASUALTY COMPANY, LTD. DURING

FISCAL YEAR ENDED JUNE 30, 2023.

DIRECTOR AND PRESIDENT, A. EUGENE WASHINGTON, MD, AND DIRECTORS MORIA RYNN,

MD AND ERIK PAULSON SERVED AS BOARD MEMBERS OF PRIVATE DIAGNOSTIC CLINIC,

PLLC. DURING FISCAL YEAR ENDED JUNE 30, 2023.

OFFICERS CRAIG T. ALBANESE, MD, ROBERT N. WILLIS, JOHN P. MORDACH AND

THOMAS A. OWENS, MD SERVED AS DIRECTORS AND OFFICERS OF HEALTH SYSTEM

MEDICAL STRATEGIES, INC. DURING FISCAL YEAR ENDED JUNE 30, 2023.

WILLIAM HAWKINS AND SUSAN STALNECKER ARE BOTH DIRECTORS OF BIOVENTUS, LLC.

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Schedule O (Form 990) 2022

Page 2

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification number 56-2070036
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LAURENE SPERLING IS A DIRECTOR OF AGILITI HEALTH, INC.

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

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

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

THE ORGANIZATION AMENDED THE ARTICLES OF INCORPORATION EFFECTIVE JULY 1, 2023 STATING THE FOLLOWING REPORTABLE UPDATE TO ARTICLE IX:

THE BOARD OF DIRECTORS SHALL INCLUDE FOUR (4) EX OFFICIO MEMBERS, WHO SHALL BE THE INDIVIDUALS SERVING AS PRESIDENT OF DUKE UNIVERSITY, THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION, THE CHAIR OF THE BOARD OF TRUSTEES OF DUKE UNIVERSITY, AND THE EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS/DEAN OF THE DUKE UNIVERSITY SCHOOL OF MEDICINE.

THE ORGANIZATION AMENDED THE BYLAWS EFFECTIVE JULY 1, 2023 STATING THE FOLLOWING REPORTABLE UPDATES:

THE BOARD OF DIRECTORS SHALL INCLUDE FOUR (4) EX OFFICIO MEMBERS, WHO SHALL BE THE INDIVIDUALS SERVING AS PRESIDENT OF DUKE UNIVERSITY, THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION, THE CHAIR OF THE BOARD OF TRUSTEES OF DUKE UNIVERSITY, AND THE EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS/DEAN OF THE DUKE UNIVERSITY SCHOOL OF MEDICINE.

THE CEO SHALL BE NOMINATED BY THE PRESIDENT OF DUKE UNIVERSITY AND APPOINTED BY THE BOARD OF DIRECTORS OF THE CORPORATION. THE CEO SHALL REPORT TO THE PRESIDENT OF DUKE UNIVERSITY; AND TO THE BOARD OF DIRECTORS OF THE CORPORATION.

ONLY THE PRESIDENT OF DUKE UNIVERSITY HAS THE POWER TO REMOVE THE CHIEF

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Schedule O (Form 990) 2022

Page 2

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

EXECUTIVE OFFICER OF THE CORPORATION, AFTER APPROPRIATE CONSULTATION.

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

THE MEMBERS OF THE BOARD OF DIRECTORS OF DUHS, OTHER THAN THE EX OFFICIO MEMBERS, WILL BE NOMINATED BY THE BOARD OF DIRECTORS OF DUHS, AND WILL BE APPOINTED BY THE BOARD OF TRUSTEES OF DUKE UNIVERSITY. MEMBERS OF THE BOARD OF DIRECTORS OF DUHS WILL BE SUBJECT TO REMOVAL AT THE DISCRETION OF THE BOARD OF TRUSTEES OF DUKE UNIVERSITY IN ACCORDANCE WITH THE BYLAWS OF DUHS.

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

THE DUHS BYLAWS PROVIDE THAT DUHS MUST OBTAIN DUKE UNIVERSITY BOARD OF TRUSTEES APPROVAL FOR CERTAIN SIGNIFICANT TRANSACTIONS REGARDING DEBT ISSUANCES, CAPITAL ACQUISITIONS AND TANGIBLE PERSONAL AND REAL PROPERTY SALES.

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

AFTER STAFF PREPARATION AND MANAGEMENT REVIEW, THE DUHS FORM 990 IS PRESENTED TO THE DUHS COMPLIANCE/AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION. DUHS BOARD LEVEL COMMENT AND DISCUSSION ARE INCORPORATED INTO THE FORM AS APPROPRIATE PRIOR TO FILING. A FINAL VERSION OF THE FORM IS MADE AVAILABLE TO THE DUHS BOARD OF DIRECTORS FOR FURTHER REVIEW AND COMMENT BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

DUHS MONITORS AND ENFORCES COMPLIANCE RELATED TO CONFLICT OF INTEREST VIA AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE DISTRIBUTED TO INDIVIDUALS INCLUDING OFFICERS, DIRECTORS, AND KEY EMPLOYEES, RELYING ON SELF

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Schedule O (Form 990) 2022

Page 2

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

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 FOLLOWS 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. DUHS

PUTS TERMS AND SAFEGUARDS IN AGREEMENTS WITH THIRD PARTIES TO PROTECT THE

ASSETS AND EXEMPT STATUS OF THE ORGANIZATION.

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Schedule O (Form 990) 2022

Page 2

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

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

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, ND, OR, PA, RI, SC, TN, UT

VA, WV, 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

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. INDEPENDENTLY

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT:

[HTTPS://CORPORATE.DUKEHEALTH.ORG/FINANCIAL-INFORMATION](https://corporate.dukehealth.org/financial-information)

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

NONPERIODIC CHANGES IN DEFINED BENEFIT PLANS: -119,082,320.

NET TRANSFERS TO THE UNIVERSITY AND AFFILIATES: -192,134,361.

TOTAL TO FORM 990, PART XI, LINE 9 -311,216,681.

FORM 990, PART XII, LINE 3B:

FEDERAL AWARDS RECEIVED BY THE ORGANIZATION ARE INCLUDED IN THE DUKE

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Schedule O (Form 990) 2022

Page 2

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

UNIVERSITY FY2023 SINGLE AUDIT. ITS AUDIT UNDER THE UNIFORM

ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS

FOR FEDERAL AWARDS WAS ISSUED BY THE DUE DATE OF MARCH 31, 2024.

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SCHEDULE R
(Form 990)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to 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>
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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	187,573,782.	470,416.	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 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
ASSOCIATED HEALTH SVCS, INC. - 56-1845329 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	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 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X

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Schedule R (Form 990) 2022

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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 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE GLOBAL, INC. - 61-1588319 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE INTEGRATED NETWORK, INC. - 46-3129771 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DUKE MEDICINE GLOBAL SUPP. CORP.- 61-1593721 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE QUALITY NETWORK, INC. - 46-1340679 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DUKE SCHOLARLY EXHIBITS, INC. - 56-1701245 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE UNIV AFFILIATED PHYSICIANS - 56-1902501 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	HEALTHCARE	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DUKE UNIV PHILANTHROPIES, INC. - 57-1211099 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE UNIV SCH OF MED RESEARCH FDN 56-2247203 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE UNIVERSITY - 56-0532129 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	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

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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 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DURHAM REALTY, INC. - 56-1917936 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	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, 2200 W. MAIN STREET, STE 300, DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
INNOVATIONS IN HEALTHCARE, INC. - 32-0358709 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
RUTH K BROAD BIOMED. RES. FDN. - 65-0045051 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	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 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE JANJUN SERVICES, INC. - 47-1150667 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE JULDEC SERVICES, INC. - 47-1143245 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X
DUKE ALLMO SERVICES, INC. - 47-1133466 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY		X

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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 AFFILIATIONS NETWORK, INC. - 81-2623775 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	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 2200 W. MAIN STREET, STE 300 DURHAM, NC 27705	SUPPORT	NORTH CAROLINA	501(C)(3)	12 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	
DUKE HEALTH INTEGRATED PRACTICE, INC. - 86-2109896, 2200 W. MAIN STREET, STE 300, DURHAM, NC 27705	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
LENOX BAKER CHILDREN'S HOSPITAL FOUNDATION, INC. - 56-1550944, 1513 TYONEK DRIVE, DURHAM, NC 27703	FINANCIAL SUPPORT	NORTH CAROLINA	501(C)(3)	LINE 4	DUKE UNIVERSITY HEALTH SYSTEM, INC.	X	

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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	
LYRICAL BLUE RL PT 27-2994514 32 N. DEAN ST. ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
LYRICAL-BLUE RGNT 45-3626577 32 N. DEAN ST. ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	

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

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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	
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 47-1542108, 32 N. DEAN ST., ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
STRATUS SCP II INVESTORS - C LP, 50 LOTHIAN ROAD, FESTIVAL SQUARE, EDINBURGH, UNITED KINGDOM EH3 9WJ	INVESTMENTS	UNITED KINGDOM	N/A	N/A				X	N/A		X	
ALTOS HYBRID D LLC - 47-3996176, 2882 SAND HILL ROAD, SUITE 100, MENLO PARK, CA 94025	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
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	

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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	
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	
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	
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	
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	

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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 DELTA, LLC - 84-2355221, 604 MISSION STREET, 10TH FL, SAN FRANCISCO, CA 94105	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
STRATUS SCP III INVESTORS - GAMMA LP, 50 LOTHIAN ROAD, FESTIVAL SQUARE, EDINBURGH, UNITED KINGDOM EH3 9WJ	INVESTMENTS	UNITED KINGDOM	N/A	N/A				X	N/A		X	
STRATUS SCP COINVESTMENT II - FIP-M, RUA FUNCHAL, 418, 28 ANDAR VILA OLIMPIA, SAO PAULO, BRAZIL 04551-060	INVESTMENTS	BRAZIL	N/A	N/A				X	N/A		X	
MANGUM, LLC - 46-1275587 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	NC	N/A	N/A				X	N/A		X	
CPF HEARTBEAT HEALTH INVES. B, LLC - 88-1256134, 980 N. MICHIGAN AVE., STE 1998, CHICAGO, IL 60611	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
CPF TRIAS INVESTMENT, LLC - 87-4202934, 980 N. MICHIGAN AVE., STE 1998, CHICAGO, IL 60611	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
CPF HEARTBEAT HEALTH INV. A, LLC - 88-1279232, 980 N. MICHIGAN AVENUE, SUITE 1998, CHICAGO, IL 60611	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
CPF TRIAS INVESTMENT II, LLC - 87-4204000, 980 N. MICHIGAN AVE., STE 1998, CHICAGO, IL 60611	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
THRIVE CAPITAL PARTNERS IV SEGMENT, LLC - 47-4031040, 295 LAFAYETTE STREET, NEW YORK, NY 10012	INVESTMENTS	DE	N/A	N/A				X	N/A		X	

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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	
MANGUM III, LLC - 92-3565585 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>	
MANGUM III, LLC - SERIES A - 92-3592240, 280 S. MANGUM STREET, STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>	

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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	44,300,589.	318,039,272.	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, 2200 W. MAIN STREET, STE 300, DURHAM, NC 27705	HEALTH CARE	NC	DUHS, INC.	C CORP	-21,147.	14,452.	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

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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
MCP PRIVATE CAPITAL (FEEDER) FUND I LP 6 RUE GABRIEL LIPPMANN LUXEMBOURG, LUXEMBOURG L-5365	INVESTMENTS	LUXEMBOURN/A		C CORP					X
DUKE INDIA SERVICES PRIVATE LIMITED #302, PRIDE ELITE, #10 MUSEUM ROAD BANGALORE, KARNATAKA, INDIA 560001	MEDICAL RESEARCH	INDIA	N/A	C CORP					X
VITA BELLAVISTA CASA 84 S.R.L. EDIFICIO BLP, CENTRO EMPRESARIAL VIA LINDORA SAN JOSE, SANTA ANA/BELLEN, COSTA RICA KM3	REAL ESTATE	COSTA RICA	N/A	C CORP					X
VITA BELLAVISTA CASA DIECINUEVE S.R.L. EDIFICIO BLP, CENTRO EMPRESARIAL VIA LINDORA SAN JOSE, SANTA ANA/BELLEN, COSTA RICA KM3	REAL ESTATE	COSTA RICA	N/A	C CORP					X
DUKE GLOBAL GERMANY GMBH ESCHERSHEIMER LANDSTR. 14 FRANKFURT, GERMANY 60322	EDUCATION	GERMANY	N/A	C CORP					X

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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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	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
(1) DUKE UNIVERSITY AFFILIATED PHYSICIANS, INC.	R	57,833,668.	FMV
(2) ASSOCIATED HEALTH SERVICES, INC.	S	9,191,043.	FMV
(3) DUKE AFFILIATIONS NETWORK, INC.	R	434,702.	FMV
(4) DUKE INTERGRATED NETWORK, INC.	R	9,597,900.	FMV
(5) WATTS COLLEGE OF NURSING, INC.	R	387,113.	FMV
(6) DURHAM CASUALTY COMPANY, INC.	S	14,629,560.	FMV

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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	11,185,116.	FMV
(8) DUKE TRIANGLE ENDOSCOPY CENTER, LLC	L	171,031.	FMV
(9) DUKE TRIANGLE ENDOSCOPY CENTER, LLC	Q	174,456.	FMV
(10) GOTHIC HSP CORPORATION	B	294,940,146.	FMV
(11) GOTHIC HSP CORPORATION	C	431,930,716.	FMV
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

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Part VII Supplemental Information

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