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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)

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.**2024**

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization DUKE UNIVERSITY HEALTH SYSTEM, INC.		D Employer identification number 56-2070036	
	Doing business as		E Telephone number (919) 684-1860	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,566,867,630.	
	2200 W. MAIN STREET, STE 300		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27705		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: THOMAS A. OWENS, MD 615 DOUGLAS ST., STE. 700, DURHAM, NC 27705		If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number		
J Website: WWW.DUKEHEALTH.ORG		L Year of formation: 1998		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		M State of legal domicile: NC		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT		
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	27913
	6	Total number of volunteers (estimate if necessary)	6	840
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	6,430,372.	22,693,142.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,330,811,108.	5,656,796,724.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	295,728,981.	296,004,546.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,330,171.	189,615,154.
			5,766,300,632.	6,165,109,566.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,834,150.	2,180,270.
	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)	2,271,542,301.	2,366,707,000.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	371,437.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,800,243,408.	3,030,609,171.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,073,619,859.	5,399,496,441.	
19	Revenue less expenses. Subtract line 18 from line 12	692,680,773.	765,613,125.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	8,567,717,732.	8,966,684,526.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,007,778,584.	3,293,100,431.
		5,559,939,148.	5,673,584,095.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LISA M. GOODLETT, SENIOR VP, CFO, TREASURER		Type or print name and title		
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Firm's name	Firm's EIN			Phone no.
	Firm's address				

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

LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24

Form 990 (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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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 \$ 4,579,795,039. including grants of \$ 2,180,270. Revenue \$ 5,798,226,085.)
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 4,579,795,039.

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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 noncash 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	649	
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	27913	
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? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	15	X	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	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? <i>If "Yes," complete Form 6069.</i>	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	1a	21	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12	
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 CHANCELLOR EMERITUS FOR HEALTH AFF.	0.00 33.00						X	0.	2,285,670.	71,327.
(2) CRAIG T ALBANESE MD DIRECTOR/CEO	42.00 0.20	X		X				2,279,485.	0.	59,414.
(3) MONTE D BROWN MD VP FOR ADMINISTRATION/SECRETARY	60.00 0.20			X				2,213,088.	0.	55,851.
(4) VINCENT E PRICE DIRECTOR	3.00 48.30	X						0.	2,137,417.	62,628.
(5) THOMAS A OWENS MD EXECUTIVE VP, DUHS & COO	55.00 0.80			X				1,853,877.	0.	76,073.
(6) MARY E KLOTMAN MD DIRECTOR	12.00 49.20	X						0.	1,522,644.	58,317.
(7) GREGORY PAULY PRESIDENT DUH/ACUTE CARE SERVICES/VI	60.00 1.00				X			1,420,831.	65,000.	79,404.
(8) JEFFREY M FERRANTI VP & CHIEF DIGITAL OFFICE	40.00 0.00					X		1,126,154.	211,189.	77,229.
(9) JOHN A QUELCH EXECUTIVE VICE CHANCELLOR, DKU	25.00 15.00					X		855,423.	411,254.	73,505.
(10) LISA M GOODLETT SENIOR VP, CFO, TREASURER	50.00 0.80			X				1,253,560.	0.	62,316.
(11) RICHARD P SHANNON MD CHIEF QUALITY OFFICER	40.00 0.20					X		1,173,438.	5,000.	59,329.
(12) MARY K MARTIN CHIEF OPERATING OFFICER, DUH	40.00 0.00				X			1,151,375.	0.	79,565.
(13) PETER GROSSI DIRECTOR	1.00 40.00	X						0.	1,076,490.	54,947.
(14) ALISON TOTH DIRECTOR	1.00 60.00	X						8,482.	1,031,831.	49,664.
(15) ERIK PAULSON DIRECTOR	1.00 60.00	X						0.	1,002,049.	73,226.
(16) HOWARD FRANCIS MD DIRECTOR	1.00 40.00	X						0.	1,010,605.	62,358.
(17) KEITH STOVER VP FINANCE/COO, PRMO	40.00 0.00					X		915,292.	0.	71,448.

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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) RHONDA BRANDON CHIEF HR OFFICER	40.00 0.10					X		907,056.	0.	74,213.
(19) ROBERT N WILLIS FORMER OFFICER	50.00 0.30						X	799,072.	0.	60,996.
(20) DEVDUTTA SANGVAI MD PRESIDENT, DUKE REGIONAL HOSPITAL	60.00 0.20				X			631,801.	5,250.	181,170.
(21) TERRY MCDONNELL SVP-PART YEAR PATIENT CARE	40.00 0.10				X			675,480.	0.	71,308.
(22) BARBARA M GRIFFITH MD PRESIDENT, DUKE RALEIGH HOSPITAL	40.00 0.00				X			673,969.	0.	68,011.
(23) WILLIAM J FULKERSON MD FORMER OFFICER	17.00 39.00						X	201,901.	448,111.	49,534.
(24) LEIGH BLEECKER FORMER KEY EMPLOYEE	0.10 65.10						X	539,968.	0.	57,054.
(25) JASON CARTER INTERIM PRESIDENT, DUKE REGIONAL HOS	55.00 0.20				X			457,658.	0.	79,671.
(26) BRYAN YOURICH CHIEF PHARMACY OFFICER, DUHS	40.00 0.00				X			416,477.	0.	62,810.
1b Subtotal								19,554,387.	11,212,510.	1,831,368.
c Total from continuation sheets to Part VII, Section A								705,713.	616.	111,882.
d Total (add lines 1b and 1c)								20,260,100.	11,213,126.	1,943,250.

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 5,375

	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>	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>	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>		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
KERNODLE CLINIC, INC. 1234 HUFFMAN MILL RD, BURLINGTON, NC 27215	MEDICAL SERVICES	38,177,475.
VAYA WORKFORCE SOLUTIONS, LLC PO BOX 713427, CHICAGO, IL 60601	CONTRACT NURSING	31,693,840.
ARAMARK SERVICES, INC., 1101 MARKET ST 12TH FLOOR, PHILADELPHIA, PA 19107	FOOD SERVICES	23,909,807.
ROBINS & MORTON GROUP, PO BOX 11407 DEPT #5870, BIRMINGHAM, AL 35209	CONSTRUCTION SERVICES	15,949,732.
C T WILSON CONSTRUCTION CO INC 150 GOLDEN DR #200, DURHAM, NC 27705	CONSTRUCTION SERVICES	10,283,620.
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	395	

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) PRISCILLA RAMSEUR FORMER KEY EMPLOYEE	50.00 0.10						X	381,982.	0.	51,809.
(28) KATIE MCKITTRICK PART YEAR SECRETARY	40.00 0.00			X				220,868.	0.	46,784.
(29) MARY ANN FUCHS FORMER KEY EMPLOYEE	50.00 0.00						X	102,863.	0.	13,289.
(30) GAIL BELVETT MD DDS DIRECTOR	4.00 0.00	X						0.	616.	0.
(31) LESLIE E BAINS DIRECTOR	2.00 0.00	X						0.	0.	0.
(32) DENISE BENNETT DIRECTOR	2.00 0.00	X						0.	0.	0.
(33) FEDERICO MANON DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) CARMICHAEL S ROBERTS JR DIRECTOR	1.00 1.00	X						0.	0.	0.
(35) NANCY M SCHLICHTING DIRECTOR	2.00 2.00	X						0.	0.	0.
(36) LAURENE SPERLING DIRECTOR	8.00 6.00	X						0.	0.	0.
(37) G RICHARD WAGONER JR DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) DENISE BARNES DIRECTOR	0.00 0.00	X						0.	0.	0.
(39) GARHENG KONG MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) THOMAS H LISTER DIRECTOR	6.00 2.00	X						0.	0.	0.
(41) GERALD HASSELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) AMANDA RICHARDS DIRECTOR	2.00 0.00	X						0.	0.	0.
(43) ADAM SILVER DIRECTOR	2.00 6.10	X						0.	0.	0.
Total to Part VII, Section A, line 1c								705,713.	616.	111,882.

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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	85,170.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,325,401.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	21,282,571.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 184,899.				
	h Total. Add lines 1a-1f			22,693,142.			
Program Service Revenue	2 a PATIENT REVENUE	Business Code					
		622110	5,586,790,990.	5,586,790,990.			
	b ANCILLARY MEDICAL SVCS	622110	70,005,734.	70,005,734.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			5,656,796,724.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		103,223,741.			103,223,741.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		6,676,368.			6,676,368.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				1,453,639.			
	b Less: rental expenses ...	6b	1,213,040.				
	c Rental income or (loss)	6c	240,599.				
	d Net rental income or (loss)			240,599.		240,599.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				1593240358.			
	b Less: cost or other basis and sales expenses	7b	1400459553.				
	c Gain or (loss)	7c	92,780,805.				
d Net gain or (loss)			192,780,805.		192,780,805.		
8 a Gross income from fundraising events (not including \$ 85,170. of contributions reported on line 1c). See Part IV, line 18	8a		175,720.				
		b Less: direct expenses	8b	85,471.			
		c Net income or (loss) from fundraising events			90,249.		90,249.
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	74,141,565.	74,141,565.			
	b NET BENEFIT COMPONENTS	622110	67,254,000.	67,254,000.			
	c DEEMED DIVIDEND	622110	19,965,031.			19,965,031.	
	d All other revenue	622110	21,247,342.	33,796.		21,213,546.	
e Total. Add lines 11a-11d			182,607,938.				
12 Total revenue. See instructions			6,165,109,566.	5,798,226,085.	0.	344,190,339.	

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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 ...	2,075,662.	2,075,662.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	83,508.	83,508.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,100.	21,100.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17,053,709.	1,971,382.	14,755,288.	327,039.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,456,984.	293,346.	2,163,638.	
7 Other salaries and wages	1,867,312,998.	1,424,531,547.	442,781,451.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,437,151.	98,229,787.	31,207,364.	
9 Other employee benefits	228,437,360.	186,836,453.	41,582,855.	18,052.
10 Payroll taxes	122,008,798.	92,300,495.	29,700,107.	8,196.
11 Fees for services (nonemployees):				
a Management	23,482,326.	23,369,224.	113,102.	
b Legal	6,681,397.	770,282.	5,911,115.	
c Accounting	644,490.		644,490.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,540,385.	6,540,385.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	257,504,795.	111,308,657.	146,196,138.	
12 Advertising and promotion	3,820,205.	33,112.	3,786,553.	540.
13 Office expenses	48,507,577.	33,601,225.	14,885,983.	20,369.
14 Information technology	91,057,797.	6,728,529.	84,328,944.	324.
15 Royalties				
16 Occupancy	88,237,391.	61,901,603.	26,335,788.	
17 Travel	17,264,061.	15,675,578.	1,587,291.	1,192.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	6,907,132.	1,294,631.	5,611,808.	693.
20 Interest	70,068,054.	70,068,054.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	170,472,396.	151,707,190.	18,765,206.	
23 Insurance	2,552,184.	2,552,184.		
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	1,652,200,872.	1,652,200,872.		
b STATE PROVIDER ASSESS.	331,709,239.	331,709,239.		
c MEDICAL DIRECTOR & COV.	150,336,312.	150,336,312.		
d EQUIPMENT RENTAL & MAIN	130,184,578.	97,423,903.	32,760,675.	
e All other expenses	-27,562,020.	56,230,779.	-83,787,831.	-4,968.
25 Total functional expenses. Add lines 1 through 24e	5,399,496,441.	4,579,795,039.	819,329,965.	371,437.
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	106,008.	1	94,529.	
	2 Savings and temporary cash investments	232,323,432.	2	432,556,014.	
	3 Pledges and grants receivable, net	1,134,231.	3	3,541,810.	
	4 Accounts receivable, net	710,495,762.	4	824,514,621.	
	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	61,977.	7	50,876.	
	8 Inventories for sale or use	126,004,704.	8	137,082,976.	
	9 Prepaid expenses and deferred charges	45,130,849.	9	42,476,489.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,827,047,676.			
	b Less: accumulated depreciation	10b 2,826,694,949.	2,000,763,666.	10c	2,000,352,727.
	11 Investments - publicly traded securities	901,451,389.	11	791,875,611.	
	12 Investments - other securities. See Part IV, line 11	3,636,061,648.	12	3,826,505,713.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	28,218,074.	14	31,533,324.	
	15 Other assets. See Part IV, line 11	885,965,992.	15	876,099,836.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,567,717,732.	16	8,966,684,526.		
Liabilities	17 Accounts payable and accrued expenses	429,058,277.	17	502,861,301.	
	18 Grants payable		18		
	19 Deferred revenue	8,892,426.	19	10,205,585.	
	20 Tax-exempt bond liabilities	572,621,422.	20	714,047,847.	
	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	298,730,708.	24	398,970,472.	
	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	1,698,475,751.	25	1,667,015,226.	
	26 Total liabilities. Add lines 17 through 25	3,007,778,584.	26	3,293,100,431.	
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	5,494,921,685.	27	5,588,135,850.	
	28 Net assets with donor restrictions	65,017,463.	28	85,448,245.	
	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	5,559,939,148.	32	5,673,584,095.	
33 Total liabilities and net assets/fund balances	8,567,717,732.	33	8,966,684,526.		

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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	6,165,109,566.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,399,496,441.
3	Revenue less expenses. Subtract line 2 from line 1	3	765,613,125.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,559,939,148.
5	Net unrealized gains (losses) on investments	5	79,632,645.
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	-731,600,823.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,673,584,095.

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		

Form **990** (2024)

PUBLIC INSPECTION COPY

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization <p style="text-align: center; margin: 0;">DUKE UNIVERSITY HEALTH SYSTEM, INC.</p>	Employer identification number <p style="text-align: center; margin: 0;">56-2070036</p>
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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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 6, column (f), divided by line 11, column (f))	14	
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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>		
11a		
11b		
11c		

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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

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>		
1		

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?		
1		
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>		
2		
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>		
3		

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>		
2a		
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>		
2b		
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>		
3a		
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>		
3b		

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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 (describe in Part VI). 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) <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 EINs 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) 2024

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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>THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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		160,948.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		179,746.
j Total. Add lines 1c through 1i			340,694.
2a Did the activities in line 1 cause the organization to not be 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	1	
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.

DUKE UNIVERSITY HEALTH SYSTEM, INC. PAYS MEMBERSHIP DUES TO OTHER ORGANIZATIONS. PER THE MEMBERSHIP DUES INVOICES, SOME OF THESE ORGANIZATIONS PROVIDE A DISCLOSURE OF LOBBYING PERCENTAGE OF THE DUES RECEIVED.

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SCHEDULE D (Form 990)

(Rev. December 2024)

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

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 on line 2a	2c
d Number of conservation easements included on line 2c 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 2d 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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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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	1,528,520,833.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	1,086,003,337.	END-OF-YEAR MARKET VALUE
(C) CASH & CASH EQUIVALENTS	612,968,883.	END-OF-YEAR MARKET VALUE
(D) NATURAL RESOURCES	261,895,567.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE	172,545,044.	END-OF-YEAR MARKET VALUE
(F) OTHER INVESTMENTS	164,572,049.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	3,826,505,713.	

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, line 13, col. (B))		

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	464,251,474.
(2) PREPAID PENSION ASSET	189,583,000.
(3) ESTIMATED THIRD PARTY PAYOR SETTLEMENT	148,199,953.
(4) OTHER NON-CURRENT ASSETS	74,065,409.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	876,099,836.

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	876,522,593.
(3) RIGHT-OF-USE OPERATING LEASE LIABILITIES	494,937,844.
(4) FINANCE LEASE LIABILITIES	134,622,659.
(5) POST RETIREMENT BENEFIT OBLIGATION	50,523,000.
(6) 457 PLAN OBLIGATIONS	37,635,013.
(7) PROFESSIONAL LIABILITY COSTS	20,626,598.
(8) DERIVATIVE INSTRUMENTS	17,615,803.
(9) OTHER NON-CURRENT LIABILITIES	34,531,716.
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,667,015,226.

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 SPECIFIC DISCLOSURES ARE MADE IN THE AUDITED FINANCIAL STATEMENTS OF DUKE UNIVERSITY HEALTH SYSTEM, INC. AND ITS AFFILIATES FOR FISCAL YEAR ENDED JUNE 30, 2025.

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SCHEDULE F (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification number 56-2070036
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		\$91,245,000.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	SEMINAR		8,000.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	STUDY ABROAD	12,000.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	SEMINAR		47,000.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	SEMINAR		19,000.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	SEMINAR		2,000.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	SEMINAR		10,000.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANTMAKING		1,000.
3 a Subtotal	0	0			\$91,344,000.
b Total from continuation sheets to Part I	0	0			22,000.
c Totals (add lines 3a and 3b)	0	0			\$91,366,000.

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

Schedule F (Form 990) (Rev. 12-2024)

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTMAKING		20,000.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	SEMINAR		2,000.
Totals					22,000.

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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 the 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 the 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 the 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 the 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 the 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 the 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	260,890.			260,890.
2 Less: Contributions	85,170.			85,170.
3 Gross income (line 1 minus line 2)	175,720.			175,720.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	30,360.			30,360.
6 Rent/facility costs				
7 Food and beverages	43,406.			43,406.
8 Entertainment	10,500.			10,500.
9 Other direct expenses	1,205.			1,205.
10 Direct expense summary. Add lines 4 through 9 in column (d)				85,471.
11 Net income summary. Subtract line 10 from line 3, column (d)				90,249.

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

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

Name _____

Address _____

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

2024

Open to Public
Inspection

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.

Department of the Treasury
Internal Revenue Service

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 (FAP) during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP 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</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	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</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		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?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	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)			167,472,118.		167,472,118.	3.10%
b Medicaid (from Worksheet 3, column a)			58,075,510.		58,075,510.	1.08%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			225,547,628.		225,547,628.	4.18%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,218,190.		3,218,190.	.06%
f Health professions education (from Worksheet 5)			122,712,488.	28,574,650.	94,137,838.	1.74%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			15,416,207.		15,416,207.	.29%
j Total. Other benefits			141,346,885.	28,574,650.	112,772,235.	2.09%
k Total. Add lines 7d and 7j			366,894,513.	28,574,650.	338,319,863.	6.27%

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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 (CHNA)			
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 2 immediately preceding tax years, did the hospital facility conduct a 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			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 24</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 24</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
<p>Did the hospital facility have in place during the tax year a written FAP that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>300</u> %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	13	X	
<p>14 Explained the basis for calculating amounts charged to patients?</p>	14	X	
<p>15 Explained the method for applying for financial assistance?</p> <p>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):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application</p> <p>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</p> <p>d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>	15	X	
<p>16 Was widely publicized within the community served by the hospital facility?</p> <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u></p> <p>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></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>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)</p> <p>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)</p> <p>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</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>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</p> <p>j <input checked="" type="checkbox"/> Other (describe in Section C)</p>	16	X	

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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 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) on line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) 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 FAP?	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

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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 (CHNA)			
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 2 immediately preceding tax years, did the hospital facility conduct a 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			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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: 20 <u>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
<p>Did the hospital facility have in place during the tax year a written FAP that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>300</u> %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	13	X	
<p>14 Explained the basis for calculating amounts charged to patients?</p>	14	X	
<p>15 Explained the method for applying for financial assistance?</p> <p>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):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application</p> <p>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</p> <p>d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>	15	X	
<p>16 Was widely publicized within the community served by the hospital facility?</p> <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.DUKEHEALTH.ORG</u></p> <p>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></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>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)</p> <p>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)</p> <p>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</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>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</p> <p>j <input checked="" type="checkbox"/> Other (describe in Section C)</p>	16	X	

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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 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) on line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) 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 FAP?	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

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Part V Facility Information (continued)

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

NOTE: THIS SCHEDULE H CONTAINS REFERENCES TO DUKE AND DUKE HEALTH WHICH ARE MEANT TO ENCOMPASS FOR THE PURPOSES OF THIS SCHEDULE DUKE UNIVERSITY HEALTH SYSTEM (DUHS), DUKE UNIVERSITY SCHOOL OF MEDICINE, AND DUKE UNIVERSITY SCHOOL OF NURSING.

PART V, SECTION B:

GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL

PART V, SECTION B, LINE 5: DUKE UNIVERSITY HOSPITAL ("DUH")

DUH COLLABORATES WITH THE PARTNERSHIP FOR A HEALTHY DURHAM (THE STATE CERTIFIED HEALTHY CAROLINIANS GROUP) AND THE DURHAM COUNTY HEALTH DEPARTMENT TO CONDUCT THE DURHAM COUNTY COMMUNITY HEALTH ASSESSMENT AND DEVELOPS STRATEGIES TO ADDRESS IDENTIFIED NEEDS. FACULTY AND STAFF OF DUH AND FROM ACROSS DUKE UNIVERSITY SERVE ON THE PARTNERSHIP FOR A HEALTHY DURHAM COMMITTEES.

THE 2023 COMMUNITY HEALTH ASSESSMENT REPORT WAS PUBLISHED BY DURHAM COUNTY IN 2024. THE 2023 ASSESSMENT PROCESS INCLUDED 205 COUNTY-WIDE SURVEYS ADMINISTERED BY MORE THAN 50 VOLUNTEERS AND 176 COMUNIDAD LATINA SAMPLE SURVEYS ADMINISTERED BY SEVEN PAID CONTRACTORS. COMMUNITY MEMBERS, PARTNERSHIP FOR A HEALTHY DURHAM MEMBERS, STAFF FROM DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH AND DUKE UNIVERSITY, AND CONTRACTORS ADMINISTERED THE SURVEYS BETWEEN SEPTEMBER OF 2022 AND APRIL OF 2023. LISTENING SESSIONS CONDUCTED THROUGHOUT DURHAM DISPLAYED SURVEY RESULTS AND ENGAGED COMMUNITY MEMBERS IN DETERMINING THE TOP HEALTH PRIORITIES. THE COMMUNITY HEALTH ASSESSMENT TEAM - COMPRISED OF REPRESENTATIVES FROM DUKE UNIVERSITY HEALTH SYSTEM, LOCAL UNIVERSITIES, LOCAL GOVERNMENT, SCHOOLS, NON-PROFIT ORGANIZATIONS AND BUSINESSES WORKED TO DIRECT THE ACTIVITIES OF THE ASSESSMENT AND PROVIDE WRITTEN CONTENT AND EXPERTISE ON ISSUES OF INTEREST. THIS JOINT CHNA AND RELATED IMPLEMENTATION PLAN WAS ADOPTED BY THE DUHS BOARD OF DIRECTORS AND PUBLISHED ON THE DUKE HEALTH WEBSITE IN FISCAL YEAR 2025 (TAX YEAR 2024).

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 FIVE HEALTH PRIORITY AREAS IDENTIFIED BY THE CHNA FOR FISCAL YEARS 2025-2027 ARE LISTED BELOW AND REMAIN THE SAME AS THOSE IDENTIFIED IN THE PREVIOUS CHNA EXCEPT FOR THE THIRD PRIORITY - POVERTY. IN THE LATEST ASSESSMENT "VIOLENT CRIME" WAS THE THIRD HEALTH PRIORITY NAMED, BUT IN CONSIDERATION OF UTILIZING AN ASSETS-BASED APPROACH, THE PRIORITY BROADENED TO "COMMUNITY SAFETY AND WELLBEING":

1. AFFORDABLE HOUSING
2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE
3. COMMUNITY SAFETY AND WELLBEING
4. MENTAL HEALTH
5. PHYSICAL ACTIVITY, NUTRITION AND FOOD ACCESS

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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.

THE DUKE UNIVERSITY HOSPITAL IMPLEMENTATION PLAN CONTAINING DETAILED 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 48% OF HOUSEHOLDS IN DURHAM, AND ALMOST HALF OF THEM ARE DEFINED AS COST-BURDENED (I.E. PAYING MORE THAN 30% OF THEIR MONTHLY INCOME FOR HOUSING).

DUH HAS PARTNERED WITH HABITAT FOR HUMANITY OF DURHAM ON A NUMBER OF 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 COMMUNITY AFFAIRS. FOR INSIGHT INTO THIS AND OTHER WORK LED BY THE OFFICE OF DURHAM AND COMMUNITY AFFAIRS, SEE: [HTTPS://COMMUNITY.DUKE.EDU/OUR-FOCUS-AREAS/NEIGHBORHOODS-HOUSING-AND-INFRASTRUCTURE/](https://community.duke.edu/our-focus-areas/neighborhoods-housing-and-infrastructure/).

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 BY PHYSICIANS, HOSPITALS INCLUDING DUH, LABS, CLINICS AND OTHER PROVIDERS PARTICIPATING IN THE PADC NETWORK.

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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.

DURING FY2025, PADC SERVED 2,000 PEOPLE PROVIDING MORE THAN 3,000 EPISODES OF CARE FROM SPECIALTY PHYSICIANS AND OTHER PROVIDERS. PADC'S 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.

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. SHS'S STUDENT POPULATION IS 100% TOTAL ECONOMICALLY DISADVANTAGED AND 47% OF ITS STUDENT POPULATION IDENTIFIES AS HISPANIC/LATINO.

JUST FOR US (JFU): PROVIDES AN IN-HOME CARE PROGRAM FOR LOW-INCOME, FRAIL ELDERLY AND PERSONS WITH DISABILITIES. 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 VISIT IS SCHEDULED IMMEDIATELY. VISITS INCLUDE MEDICATION RECONCILIATION, SOCIAL ISSUES, SUPPORT SERVICES, CHRONIC DISEASE MANAGEMENT, AND POST-HOSPITAL CARE. JFU ALSO UTILIZES MOBILE LAB AND IMAGING SERVICES. THE HEALTH CARE TEAM CONSISTS OF A CLINICAL PROVIDER (PA, NP OR MD), OCCUPATIONAL THERAPIST, REGISTERED DIETITIAN, SOCIAL WORKER, PHLEBOTOMIST, AND COMMUNITY HEALTH WORKER. JFU ALSO OFFERS FACILITATED TELEHEALTH SPECIALTY VISITS.

NEIGHBORHOOD/COMMUNITY CLINICS: DUH IN PARTNERSHIP WITH LINCOLN COMMUNITY HEALTH CENTER COLLABORATIVELY OPERATES THREE COMMUNITY HEALTH CLINICS: THE LYON PARK COMMUNITY CLINIC, THE WALLTOWN NEIGHBORHOOD CLINIC AND THE HOLTON WELLNESS CENTER. THE CLINICS ARE 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 2025, THE SOUTHERN HIGH SCHOOL WELLNESS CENTER, THE NEIGHBORHOOD CLINICS AND JUST FOR US EXPERIENCED SOME STAFFING SHORTAGES, BUT WERE STILL ABLE TO PROVIDE MORE THAN 10,500 PATIENT VISITS.

BENEFITS ENROLLMENT COUNSELING (BEC) : RECEIVES GRANT FUNDING THROUGH THE NATIONAL COUNCIL ON AGING TO HELP SENIORS AND THOSE WITH DISABILITIES AND A LIMITED INCOME FIND AND ENROLL IN ALL THE BENEFIT PROGRAMS FOR WHICH THEY ARE ELIGIBLE. THE GOAL OF THE SERVICE IS TO ENABLE OLDER ADULTS TO ENJOY LIFE AND LIVE INDEPENDENTLY IN THEIR HOMES AND COMMUNITIES FOR AS LONG AS POSSIBLE. FOR THOSE WITH LIMITED INCOME AND

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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.

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. THE PROGRAM SERVES AS A PARTNER SITE FOR DUKE SERVICE-LEARNING, THE SCHOOL OF MEDICINE'S MASTER OF BIOMEDICAL SCIENCES PROGRAM, AND DUKE PRIMARY CARE'S LEADERSHIP TRACK.

THE BEC CONTINUED TO EDUCATE STUDENT VOLUNTEERS, PROVIDING OPPORTUNITY FOR CLIENT ENGAGEMENT IN LONGITUDINAL RELATIONSHIPS, WITH TRAINING AROUND MEDICARE, SOCIAL SECURITY AND BENEFIT PROGRAMS TO UNDERGRADUATE AND GRADUATE STUDENTS ALIKE. THE BEC HELPED 448 CLIENTS SECURE \$2.85 MILLION IN BENEFITS IN FY25.

3. COMMUNITY SAFETY AND WELLBEING

DURHAM COMMUNITY HEALTH ASSESSMENT SURVEY RESPONDENTS NOTED THAT NEIGHBORHOOD VIOLENCE WAS A PRIMARY CAUSE OF STRESS (12%). SPECIFICALLY, RESPONDENTS NOTED VIOLENT CRIME (18%), THEFT (4.7%), AND GANG ACTIVITY (4.2%) AS HAVING THE GREATEST IMPACT ON QUALITY OF LIFE.

DUKE UNIVERSITY HOSPITAL VIOLENCE RECOVERY PROGRAM REFRAMES VIOLENCE AS A PREVENTABLE HEALTH ISSUE. FOUR TEAM MEMBERS SUPPORT RESIDENTS IN THE CITY OF DURHAM AND DURHAM COUNTY WHO HAVE EXPERIENCED VIOLENCE, WITH THE GOAL OF PREVENTING READMISSION TO THE DUKE TRAUMA CENTER.

INTENSIVE CASE MANAGEMENT STARTS IN THE EMERGENCY DEPARTMENT WITH THE PATIENT AND FAMILY MEMBERS. THROUGHOUT A HOSPITAL STAY, PROGRAM STAFF MEET WITH THE PATIENT AND FAMILY. TEAM MEMBERS FOLLOW RESIDENTS FOR UP TO ONE YEAR. DURING THAT TIME, CASE MANAGEMENT SUPPORT INCLUDES TACKLING CONCERNS AROUND HOUSING, TRANSPORTATION, MENTAL HEALTH, EMPLOYMENT, LIFE SKILLS AND MORE.

THE OFFICE OF COMMUNITY HEALTH SERVES ON THE STEERING COMMITTEE. THE WORK DONE CENTERS ON SUPPORTING EFFORTS TO UNIFY RESEARCH AND PRACTICAL EFFORTS ACROSS DUKE, WHILE ALSO FACILITATING THE WORK OF THE THREE SPECIALIZED SUBCOMMITTEES FOCUSED ON RESEARCH, FEASIBILITY FOR A NEW CENTER AND PEDIATRIC HEALTH RESPONSES.

4. MENTAL HEALTH

MOST DURHAM COMMUNITY HEALTH ASSESSMENT SURVEY RESPONDENTS (67.1%) REPORTED THAT THEY HAD FEWER THAN SIX BAD DAYS IN THE PAST 30 DAYS. UNFORTUNATELY, ALMOST 10% REPORTED THEY HAD GREATER THAN 20 BAD DAYS IN THE PAST 30 DAYS. FORTY PERCENT OF RESPONDENTS NOTED THAT THEIR MENTAL HEALTH WORSENE SINCE MARCH OF 2020. IN TERMS OF STRESS, FINANCIAL STRESS WAS THE MOST REPORTED REASON FOLLOWED BY WORK AND PERSONAL RELATIONSHIPS.

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Part V Facility Information (continued)

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

IN 2021, DUKE OPENED THE DUKE BEHAVIORAL HEALTH CENTER ON DUKE REGIONAL HOSPITAL'S CAMPUS AND EXPANDED THE HOSPITAL'S EMERGENCY ROOM. THE \$102.4 MILLION CENTER AND EXPANDED EMERGENCY ROOM 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 SPECIFICALLY DESIGNED FOR COMMUNITY BASED ORGANIZATIONS PROVIDING SERVICES FOR BEHAVIORAL HEALTH PATIENTS AND THEIR FAMILIES.

DUKE PARTNERS WITH AND SUPPORTS THE INITIATIVES LISTED BELOW TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES:

* INTEGRATED EMERGENCY ROOM DIVERSION PROGRAM: DUKE HEALTH AND ALLIANCE HEALTH COLLABORATE THROUGH AN INTEGRATED EMERGENCY ROOM DIVERSION PROGRAM THAT INCLUDES EMBEDDING CONTRACT SOCIAL WORKERS AND CRISIS LIAISONS DIRECTLY WITHIN DUKE'S EMERGENCY DEPARTMENTS TO STREAMLINE TRANSITIONS TO SPECIALIZED CARE.

* DURHAM FAMILIAR FACES INITIATIVE: DUKE HEALTH IS AN ACTIVE AND CENTRAL PARTNER IN THE DURHAM FAMILIAR FACES INITIATIVE (DFFI). THIS PROGRAM IS SPECIFICALLY DESIGNED TO ADDRESS THE NEEDS OF "HIGH UTILIZERS", INDIVIDUALS WHO FREQUENTLY CYCLE THROUGH THE EMERGENCY DEPARTMENT, THE COUNTY JAIL, AND THE HOMELESS SHELTERS DUE TO UNTREATED MENTAL HEALTH OR SUBSTANCE ABUSE DISORDERS.

* PEDIATRIC EMERGENCY DEPARTMENT EXTENSION AREA: THE PEDIATRIC ED EXTENSION AREA WHICH OPENED IN EARLY 2024 SERVED APPROXIMATELY 250 YOUTH RANGING FROM 6 TO 17 YEARS OLD DURING THE FIRST 10 MONTHS OF BEING OPEN. CLINICAL DATA SHOWED THAT MOVING CHILDREN TO THIS DEDICATED SPACE LEAD TO A MARKED DECREASE IN THE NEED FOR RAPID BEHAVIORAL RESPONSE INTERVENTIONS.

5. PHYSICAL ACTIVITY, NUTRITION AND FOOD ACCESS

MOST DURHAM COUNTY HEALTH ASSESSMENT SURVEY RESPONDENTS REPORTED THAT WALKING WAS THEIR PRIMARY FORM OF EXERCISE FOLLOWED BY LIFTING WEIGHTS AND GARDENING. TIME AND COST WERE THE MOST COMMON REASONS FOR NOT EATING HEALTHY, BUT 83% OF RESPONDENTS REPORTED THAT THEY NEVER WORRIED ABOUT FOOD RUNNING OUT BEFORE THEY COULD BUY MORE.

DUKE HEALTH, IN PARTNERSHIP WITH THE DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH, SECURED A MULTI-YEAR GRANT TOTALING \$750,000 FROM THE DUKE ENDOWMENT TO BECOME A PART OF THE ENDOWMENT'S HEALTHY PEOPLE, HEALTHY CAROLINA'S INITIATIVE. THIS INITIATIVE SUPPORTS COALITIONS AIMED AT IMPROVING THE HEALTH AND WELL-BEING OF COMMUNITIES TO REDUCE CHRONIC DISEASE AND PLACES SIGNIFICANT EMPHASIS ON PHYSICAL ACTIVITY, NUTRITION AND FOOD ACCESS.

DURING FISCAL YEAR 2025 THE PARTNERSHIP FOR A HEALTHY DURHAM'S PHYSICAL ACTIVITY, NUTRITION AND FOOD ACCESS COMMITTEE (PANFA) ENCOURAGED CHILDREN TO ENGAGE IN PHYSICAL ACTIVITY BY MAKING ENHACEMENTS TO SCHOOL AND PUBLIC PLAYGROUNDS. FOUR HUNDRED THIRTEEN CHILDREN PARTICIPATED IN

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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.

TRACKING PHYSICAL ACTIVITY AND TEACHERS WERE SURVEYED REGARDING PHYSICAL ACTIVITY LEVELS AND ANY OTHER IMPACTS OF THE ENHANCEMENTS. SEVENTY-TWO PERCENT OF THE STUDENTS GOT 30-60 MINUTES OF ACTIVITY COMPARED TO 68% BEFORE THE ENHANCEMENTS. THE PERCENTAGE OF TIME STUDENTS SPENT BEING ACTIVE WHILE OUTSIDE INCREASED FROM 68% TO 86%. TEACHERS NOTED FEWER DISCIPLINE ISSUES DURING RECESS AS MORE STUDENTS ENGAGED IN PHYSICAL ACTIVITY. TEACHERS ALSO NOTED THAT STUDENTS SEEMED MORE INTERESTED AND ENGAGED IN CLASS.

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 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.

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Part V Facility Information *(continued)*

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

DUKE RALEIGH HOSPITAL:

PART V, SECTION B, LINE 11:

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

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

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 THE 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). DRAH REPRESENTATIVES 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 CONTINUES TO SUPPORT 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) AND IN EFFORTS TO ELIMINATE HOMELESSNESS.

DUKE RALEIGH HOSTED AN INTERNAL EDUCATION FAIR TO PROMOTE JOB PLACEMENT AND CAREER ADVANCEMENT OPPORTUNITIES FOR TEAM MEMBERS. DUKE RALEIGH WILL CONTINUE STRENGTHENING PATHWAYS THAT SUPPORT ECONOMIC STABILITY, INCLUDING INITIATIVES THAT HELP ADDRESS HOUSING INSECURITY AND HOMELESSNESS THROUGH IMPROVED JOB ACCESS AND CAREER MOBILITY.

DUKE RALEIGH SUPPORTS THE FOLLOWING ORGANIZATIONS FINANCIALLY AND THROUGH EMPLOYEE VOLUNTEERISM THAT WORK TOWARDS ADVANCING AFFORDABLE HOUSING AND ADDRESSING HOMELESSNESS: HEALING TRANSITIONS, TRIANGLE FAMILY SERVICES, AND URBAN MINISTRIES OF WAKE COUNTY.

2. ACCESS TO HEALTHCARE

ACCESS TO HEALTHCARE INCLUDES HOW AND WHY PEOPLE USE OR DO NOT USE

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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.

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 FY 2025 ON INITIATIVES TO ADDRESS ACCESS TO HEALTHCARE:

* PROVIDED APPROXIMATELY \$18.8 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 OF WAKE COUNTY, URBAN MINISTRIES OF WAKE COUNTY'S OPEN DOOR CLINIC, URBAN MINISTRIES OF WAKE COUNTY'S CLIENT CHOICE PANTRY, AND ALLIANCE MEDICAL MINISTRY.

- DUKE RALEIGH PROVIDED IN-KIND LAB SERVICES TO URBAN MINISTRIES OF WAKE COUNTY'S OPEN-DOOR CLINIC AT AN ESTIMATED ANNUAL VALUE OF \$1.67 MILLION.

- DONATED AND PACKED 5,750+ POUNDS OF RICE AND BEANS FOR URBAN MINISTRIES OF WAKE COUNTY'S CLIENT CHOICE PANTRY BETWEEN FY17-25 (ENGAGING 30+ EMPLOYEES ANNUALLY).

- ASSEMBLED AND DONATED 500+ FLU KITS TO URBAN MINISTRIES OF WAKE COUNTY AND ALLIANCE MINISTRIES AT THE HEIGHT OF FLU AND COVID BETWEEN FY23-25.

- PROVIDED FINANCIAL SUPPORT TO ALLIANCE MEDICAL MINISTRY TO SUPPORT THEIR EFFORTS TO PROVIDE COMPREHENSIVE, COMPASSIONATE AND AFFORDABLE HEALTHCARE TO WORKING UNINSURED ADULTS IN WAKE COUNTY.

*PARTICIPATED IN COMMUNITY HEALTH FAIRS AND SCREENING EVENTS DESIGNED TO EXPAND ACCESS TO CARE, PARTICULARLY IN UNDERSERVED SPECIALTIES AND POPULATIONS BY BRINGING PREVENTATIVE SERVICES, EDUCATION AND CONNECTIONS TO CARE DIRECTLY INTO HIGH-NEED NEIGHBORHOODS.

DUKE RALEIGH PARTICIPATED IN THE FOLLOWING EVENTS DURING FY 2025:

- RALEIGH FIREBIRDS STEM & HEALTHCARE FAIR - VOCAL HEALTH
- RALEIGH FIREBIRDS HEAD & NECK CANCER SCREENING EVENT
- BLACK FAMILY WELLNESS EXPO HEAD & NECK CANCER SCREENING, SPEECH LANGUAGE PATHOLOGY, VOICE CARE AND AUDIOLOGY ASSESSMENTS
- HEARING LOSS STIGMA PRESENTATION

* PROVIDED HOLIDAY SUPPORT TO A LOCAL TITLE I MIDDLE AND HIGH SCHOOL PARTNER, ASSISTING MORE THAN 17 STUDENTS AND THEIR FAMILIES WITH ESSENTIAL RESOURCES DURING THE THANKSGIVING AND WINTER HOLIDAY SEASON, HELPING TO STRENGTHEN FAMILY STABILITY AND ADDRESS IMMEDIATE SOCIAL NEEDS THAT IMPACT OVERALL 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.

* PARTNERED WITH MEDASSIST IN COLLABORATION WITH THE BUILDING HEALTHY COMMUNITIES GRANT TO PROVIDE FREE OVER THE COUNTER MEDICATIONS TO COMMUNITY MEMBERS IN NEED.

* 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. IN FY25, DUKE RALEIGH HOSTED ONE SATURDAY FOCUSED ON THE IMPORTANCE OF THE FLU VACCINE AND HAND WASHING.

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 FY 2025 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 OUR COMMUNITY.

* COLLABORATED WITH THE OFFICE OF COMMUNITY HEALTH TO HOST A YOUTH MENTAL HEALTH MINI SUMMIT IN PARTNERSHIP WITH SOUTHEAST RALEIGH PROMISE AND THE SOUTHEAST RALEIGH YMCA. THIS CONVENING FOCUSED ON EMERGING YOUTH MENTAL HEALTH CONCERNS, COMMUNITY-DRIVEN SOLUTIONS, AND STRENGTHENING LOCAL SUPPORT NETWORKS.

*PARTNERED WITH THE OFFICE OF COMMUNITY HEALTH TO SERVE AS PRESENTING SPONSORS OF THE ANNUAL NAMI WAKE COUNTY WALK. AS PART OF THE EFFORT, WE BROUGHT TOGETHER MENTAL HEALTH PROVIDERS AND CLINICIANS TO DEMONSTRATE SUPPORT FOR OUR COMMUNITY AND RAISE AWARENESS OF MENTAL HEALTH NEEDS.

*DEVELOPED A PROGRAM IN FY25 TO SUPPORT MINORS HOLDING IN THE ED WITH A COMFORTING AND SAFE, QUILT-MAKING ACTIVITY.

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.

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Part V Facility Information (continued)

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

DUKE RALEIGH 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.

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 2023 DURHAM COMMUNITY HEALTH ASSESSMENT. THE 2023 COMMUNITY HEALTH ASSESSMENT REPORT WAS PUBLISHED BY DURHAM COUNTY IN 2024. THE 2023 ASSESSMENT PROCESS INCLUDED 205 COUNTY-WIDE SURVEYS ADMINISTERED BY MORE THAN 50 VOLUNTEERS AND 176 COMUNIDAD LATINA SAMPLE SURVEYS ADMINISTERED BY 7 PAID CONTRACTORS. COMMUNITY MEMBERS, PARTNERSHIP FOR A HEALTHY DURHAM MEMBERS, STAFF FROM DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH AND DUKE UNIVERSITY AND CONTRACTORS ADMINISTERED THE SURVEYS BETWEEN SEPTEMBER OF 2022 AND APRIL OF 2023. LISTENING SESSIONS CONDUCTED THROUGHOUT DURHAM DISPLAYED SURVEY RESULTS AND ENGAGED COMMUNITY MEMBERS IN DETERMINING THE TOP HEALTH PRIORITIES. THE COMMUNITY HEALTH ASSESSMENT TEAM-COMPRISED OF REPRESENTATIVES FROM DUKE UNIVERSITY HEALTH SYSTEM, LOCAL UNIVERSITIES, LOCAL GOVERNMENTS, SCHOOLS, NON-PROFIT ORGANIZATIONS AND BUSINESSES WORKED TO DIRECT THE ACTIVITIES OF THE ASSESSMENT AND PROVIDE WRITTEN CONTENT AND EXPERTISE ON ISSUES OF INTEREST. THIS JOINT CHNA AND RELATED IMPLEMENTATION PLAN WAS ADOPTED BY THE DUHS BOARD OF DIRECTORS AND PUBLISHED ON THE DUKE HEALTH WEBSITE IN FISCAL 2025 (TAX YEAR 2024).

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

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

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

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

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 11:

THE ASSESSMENT IDENTIFIED FIVE HEALTH PRIORITIES FOR FISCAL YEARS 2025-2027:

1. AFFORDABLE HOUSING
2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE
3. COMMUNITY SAFETY AND WELLBEING
4. MENTAL HEALTH
5. PHYSICAL ACTIVITY, NUTRITION 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

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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.

HOSPITAL'S CONTINUALLY EVOLVING VARIETY OF PROGRAMS AND ACTIVITIES IN THE FIVE PRIORITY AREAS TO IMPROVE HEALTH WITHIN THE DURHAM COMMUNITY.

1. AFFORDABLE HOUSING

AFFORDABLE HOUSING IS A FOCUS OF THE LARGER DUKE UNIVERSITY. DUKE UNIVERSITY'S OFFICE OF DURHAM AND COMMUNITY AFFAIRS LEADS DUKE'S WORK RELATED TO AFFORDABLE HOUSING. INSIGHT INTO THIS AND OTHER WORK LED BY THE OFFICE OF DURHAM AND COMMUNITY AFFAIRS IS AVAILABLE ON THEIR WEBSITE
[HTTPS://COMMUNITY.DUKE.EDU/OUR-FOCUS-AREAS/NEIGHBORHOODS-HOUSING-AND-INFRASTRUCTURE/](https://community.duke.edu/our-focus-areas/neighborhoods-housing-and-infrastructure/).

IN ADDITION, DUKE IMPLEMENTED A PLAN TO GRADUALLY INCREASE THE MINIMUM 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. IN JULY 2024, DUKE'S MINIMUM WAGE INCREASED TO \$18 PER HOUR.

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 2025, INCLUDING MONETARY AND IN-KIND SERVICES, WAS \$10.2 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 2025, DUKE REGIONAL HOSPITAL CONTRIBUTED \$3.1 MILLION TO THE COUNTY TO SUPPORT DURHAM EMS AND DURHAM RECOVERY RESPONSE CENTER.

PROJECT ACCESS OF DURHAM COUNTY (PADC): PADC COORDINATES SPECIALTY CARE AT NO CHARGE TO UNINSURED AND UNDERINSURED DURHAM RESIDENTS LIVING AT OR BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. THESE RESIDENTS HAVE ACCESS TO PRIMARY HEALTH CARE THROUGH LINCOLN COMMUNITY HEALTH CENTER. IN FY 2025, DUKE REGIONAL HOSPITAL PROVIDED FINANCIAL SUPPORT OF \$20,000 TO PADC.

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 2025 DUKE REGIONAL PROVIDED \$27.9 MILLION (AT ESTIMATED COST) IN FINANCIAL ASSISTANCE. IN ADDITION, DUKE REGIONAL ABSORBED \$3.3 MILLION IN MEDICAID CARE LOSSES IN FY 2025 DUE TO GOVERNMENT REIMBURSEMENTS NOT FULLY MEETING THE COST OF TREATMENT.

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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.

COMMUNITY HEALTH IMPROVEMENT SERVICES: IN 2025, DUKE REGIONAL HOSPITAL PROVIDED \$700,000 IN PATIENT SPONSORSHIP SERVICES, WHICH INCLUDES EXPENSES SUCH AS PAYMENT FOR HOSPITALIZATION, TRANSPORTATION, PATIENT CARE SUPPLIES, DURABLE MEDICAL EQUIPMENT, OUTPATIENT CARE AND LODGING BASED ON SPECIFIC INDIGENT FUNDING GUIDELINES.

3. COMMUNITY SAFETY AND WELLBEING

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 FROM 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 FY 2025 DUKE REGIONAL ALSO SUPPORTED A FOOD DRIVE FOR NORTH CAROLINA FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA AND A COAT DRIVE FOR OPEN TABLE MINISTRIES IN DURHAM.

LOOK GOOD FEEL BETTER: 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. DURING FY 2025 DUKE REGIONAL SPONSORED THE MONTHLY WORKSHOPS IN A VIRTUAL FORMAT.

STROKE SUPPORT: DUKE REGIONAL OFFERS A MONTHLY STROKE SUPPORT GROUP THAT OFFERS EDUCATION, SUPPORT AND RESOURCES FOR INDIVIDUALS WHO HAVE BEEN AFFECTED BY STROKE. THE STROKE GROUP HAS ADAPTED ITS FORMAT THROUGH THE YEARS AND IS CURRENTLY MEETING BOTH VIRTUALLY AND IN PERSON.

EDUCATION INITIATIVES: EDUCATION IS AN UPSTREAM DRIVER OF HEALTH AND SOCIAL OUTCOMES. DUKE REGIONAL THEREFORE INTEGRATES EDUCATION INITIATIVES INTO ITS COMMUNITY STRATEGY TO ADVANCE THE PRIORITIES IDENTIFIED ABOVE, PARTICULARLY ACCESS TO HEALTHCARE AND COMMUNITY WELL-BEING AND IS COMMITTED TO HELPING TRAIN THE HEALTHCARE WORKERS OF THE FUTURE.

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.

PROJECT SEARCH: DUKE REGIONAL HOSPITAL WAS THE FIRST HOST HOSPITAL IN THE STATE FOR PROJECT SEARCH, A PARTNERSHIP WITH DURHAM PUBLIC SCHOOLS, OE ENTERPRISES, NORTH CAROLINA DIVISION OF EMPLOYMENT AND INDEPENDENCE

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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.

FOR PEOPLE WITH DISABILITIES ("EIPD") 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 8 NEW GRADUATES IN 2025 FOR A TOTAL OF 111 GRADUATES TO DATE.

FUNDRAISING AND OUTREACH: DUKE REGIONAL HOSPITAL CONDUCTS A NUMBER OF FUNDRAISING AND OUTREACH ACTIVITIES IN THE DURHAM COMMUNITY AND BEYOND. DUKE REGIONAL RAISED \$16,127 TO SUPPORT LOCAL CHARITIES DURING FY 2025.

THE HOSPITAL CONTINUES TO PARTNER WITH LOCAL NONPROFITS ON ENDEAVERS THAT EDUCATE THE COMMUNITY ABOUT HEALTH INITIATIVES AND DISPARITIES AND PROVIDES OFFICE SPACE FOR THE DURHAM COMMUNITY HEALTH COALITION. IN FY 2025, DUKE REGIONAL HOSPITAL PARTNERED WITH THE AMERICAN RED CROSS TO HOST THREE BLOOD DRIVES THAT RESULTED IN 83 UNITS OF BLOOD COLLECTED.

4. MENTAL HEALTH

IN 2021, DUKE REGIONAL OPENED THE NEW BEHAVIORAL HEALTH CENTER NORTH DURHAM AND EXPANDED EMERGENCY DEPARTMENT TO PROVIDE MORE COMPREHENSIVE CARE FOR OUR BEHAVIORAL HEALTH PATIENTS. THIS \$102.4 MILLION PROJECT EXPANDED THE HOSPITAL'S EMERGENCY ROOM AND CONSOLIDATED INPATIENT, OUTPATIENT AND EMERGENCY BEHAVIORAL HEALTH SERVICES ON DUKE REGIONAL'S CAMPUS, WITH THE GOAL OF PROVIDING BETTER COORDINATION OF CARE FOR BEHAVIORAL HEALTH PATIENTS IN DURHAM AND REGIONALLY. THE CENTER INCORPORATES MEETING SPACE SPECIALLY DESIGNED TO BE USED BY COMMUNITY-BASED ORGANIZATIONS PROVIDING SERVICES FOR BEHAVIORAL HEALTH PATIENTS AND THEIR FAMILIES.

5. PHYSICAL ACTIVITY, NUTRITION AND FOOD ACCESS

WHILE DUKE REGIONAL HOSPITAL DOES NOT LEAD FACILITY SPECIFIC PROGRAMS FOCUSED ON THIS HEALTH PRIORITY, THE NEED IS ADDRESSED THROUGH BROADER DUKE HEALTH INITIATIVES THAT BENEFIT THE DUKE REGIONAL HOSPITAL COMMUNITY. DUKE HEALTH, IN PARTNERSHIP WITH THE DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH, SECURED A MULTI-YEAR GRANT TOTALING \$750,000 FROM THE DUKE ENDOWMENT TO BECOME A PART OF THE ENDOWMENT'S HEALTHY PEOPLE, HEALTHY CAROLINAS INITIATIVE. THE INITIATIVE SUPPORTS COALITIONS AIMED AT IMPROVING THE HEALTH AND WELL-BEING OF COMMUNITIES TO REDUCE CHRONIC DISEASE. THE COALITIONS PLACE SIGNIFICANT EMPHASIS ON PHYSICAL ACTIVITY, NUTRITION AND FOOD ACCESS. DURHAM'S COALITION IS THE PARTNERSHIP FOR A HEALTHY DURHAM'S PHYSICAL ACTIVITY, NUTRITION AND FOOD ACCESS COMMITTEE.

SEVERAL HEALTHY PEOPLE, HEALTHY CAROLINAS RELATED INITIATIVES WERE INITIATED DURING THE FIRST IMPLEMENTATION YEAR. THE FOOD RECOVERY PROGRAM SAVED OVER 2,000 POUNDS OF FOOD, FEEDING 1,725 PEOPLE. THE VAPING PREVENTION PROGRAM WAS SUCCESSFULLY INTRODUCED INTO ONE ELEMENTARY SCHOOL IN THE SPRING, TEACHING 33 STUDENTS. SIX LEADERS AND EIGHT COMMUNITY MEMBERS TRAINED IN SELF-MANAGEMENT SKILLS FOR CHRONIC ILLNESS IN A TRAIN-THE-TRAINER MODEL. PANFA COLLABORATED WITH CITY TRANSPORTATION STAFF TO INSTALL A BIKE FIX-IT STATION, A FREE RESOURCE FOR BICYCLISTS TO FIX MECHANICAL ISSUES, CONNECTING MULTIPLE PARKS. PANFA MEMBERS ENGAGE IN THE CITY'S VISION ZERO PLAN AND THE JOINT CITY

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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.

AND COUNTY BIKE AND PEDESTRIAN PLAN, BOTH AIMING TO IMPROVE SAFETY OF STREETS AND ACCESS TO SAFE ACTIVITY.

DURING FISCAL YEAR 2025, PANFA ENCOURAGED CHILDREN TO ENGAGE IN PHYSICAL ACTIVITY BY MAKING ENHANCEMENTS TO SCHOOL AND PUBLIC PLAYGROUNDS. FOUR HUNDRED THIRTEEN CHILDREN PARTICIPATED IN TRACKING PHYSICAL ACTIVITY AND TEACHERS WERE SURVEYED REGARDING PHYSICAL ACTIVITY LEVELS AND OTHER IMPACTS OF THE ENHANCEMENTS. SEVENTY-TWO PERCENT OF THE STUDENTS GOT 30-60 MINUTES OF ACTIVITY COMPARED TO 68% BEFORE THE ENHANCEMENTS. THE PERCENTAGE OF TIME THE STUDENTS SPENT BEING ACTIVE WHILE OUTSIDE INCREASED FROM 68% TO 86%. TEACHERS NOTED FEWER DISCIPLINE ISSUES DURING RECESS AS MORE STUDENTS ENGAGED IN PHYSICAL ACTIVITY. TEACHERS ALSO NOTED THAT STUDENTS SEEMED MORE INTERESTED AND ENGAGED IN CLASS.

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

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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 FAP.
- 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

6.8%.

PART I, LINE 7:

CHARITY CARE AT COST IS DETERMINED USING THE COST-TO-CHARGE CALCULATION FROM WORKSHEET 2, IN ORDER TO CALCULATE THE AMOUNTS REPORTED ON THE TABLE. UNREIMBURSED MEDICAID IS DETERMINED USING A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS.

CHARITY CARE, UNREIMBURSED MEDICAID, AND COMMUNITY HEALTH IMPROVEMENT SERVICES INCLUDE FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT COSTS PROVIDED BY DUHS' SUPPORT CORPORATIONS, DUKE HEALTH INTEGRATED PRACTICE, 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. TOTAL ESTIMATED NET COMMUNITY BENEFIT EXPENSES FOR THESE ENTITIES TOTALED \$112.5 MILLION IN FY2025.

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 \$36,043,000 IN FISCAL YEAR 2025. DUHS USED THE COST-TO-CHARGE RATIO FROM WORKSHEET 2 TO ESTIMATE COST.

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Part VI Supplemental Information (Continuation)

PART III, LINE 3:

DUHS PRESUMPTIVELY SCREENS ALL UNINSURED PATIENTS AND ALL PATIENTS ENTERING THROUGH THE EMERGENCY DEPARTMENT, REGARDLESS OF INSURANCE STATUS, FOR FINANCIAL ASSISTANCE. WHILE THESE PRESUMPTIVE PROCESSES IDENTIFY A SUBSET OF PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WITHOUT NEEDING DIRECT INPUT FROM THE PATIENT, THOSE WHO DO NOT FALL UNDER THE PRESUMPTIVE SCREENING CRITERIA WILL NEED TO PROVIDE INFORMATION TO QUALIFY FOR FINANCIAL ASSISTANCE UNDER DUHS' FINANCIAL ASSISTANCE POLICY. A PORTION OF IMPLICIT PRICE CONCESSIONS (FORMERLY CONSIDERED BAD DEBT EXPENSE) SHOULD BE INCLUDED AS A COMMUNITY BENEFIT, BUT THE PORTION THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY IS INDETERMINABLE BECAUSE OF THOSE PATIENTS WHO FAIL TO APPLY FOR OR PROVIDE INFORMATION NEEDED TO DETERMINE THEIR ELIGIBILITY UNDER THE DUHS FAP. DUHS, INC. FOLLOWS ITS MISSION TO THE COMMUNITY AND PROVIDES EMERGENT SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. PATIENTS WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE ARE REPORTED AS AN IMPLICIT PRICE CONCESSION INSTEAD BECAUSE OF THOSE PATIENTS' INABILITY OR UNWILLINGNESS TO PROVIDE THE NECESSARY DOCUMENTATION REQUIRED TO DETERMINE FINANCIAL ASSISTANCE CLASSIFICATION.

PART III, LINE 4:

PAGES 18-21 IN THE FY2025 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, 2025 DUHS CONSOLIDATED FINANCIAL STATEMENTS ARE \$708,572,000 AS COMPARED TO \$145,202,505 AS REPORTED IN SECTION B, LINE 7 OF SCHEDULE H. THE DUHS TOTAL MEDICARE SHORTFALL OF \$708,572,000 IS DERIVED FROM THE COST ACCOUNTING SYSTEM WHICH INCLUDES ALL PAYMENTS AND COSTS ASSOCIATED WITH MEDICARE PATIENTS, WHEREAS THE AMOUNT REPORTED IN SECTION B OF SCHEDULE H IS DERIVED BASED ON IRS INSTRUCTIONS. IRS INSTRUCTIONS SPECIFY THAT ONLY A PORTION OF COSTS ASSOCIATED WITH MEDICARE BENEFICIARIES BE REPORTED ON SCHEDULE H. SIGNIFICANT MEDICARE COSTS EXCLUDED FROM SCHEDULE H DATA INCLUDE THOSE ASSOCIATED WITH MEDICARE PATIENTS COVERED UNDER MANAGED CARE PLANS, COSTS REIMBURSED THROUGH MEANS NOT REPORTED ON THE COST REPORT, AND UNREIMBURSED COSTS PROVIDED BY DUHS' SUPPORT CORPORATIONS THAT ARE NOT REQUIRED TO FILE A COST REPORT OR COMPLETE A SCHEDULE H.

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

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Part VI Supplemental Information (Continuation)

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 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 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

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Part VI Supplemental Information (Continuation)

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 2.1 MILLION, THIS 7-COUNTY REGION REPRESENTS APPROXIMATELY 19.3% OF NC'S POPULATION BASED ON FEDERAL FISCAL YEAR (FFY) 2024 DATA. THE WEIGHTED AVERAGE MEDIAN HOUSEHOLD INCOME IN ITS PSA IS \$74,695. APPROXIMATELY 68% OF INPATIENT DISCHARGES FROM DUHS FACILITIES IN FFY 2024 WERE PATIENTS FROM ITS PSA. THE POPULATION IN DUHS' PSA IS EXPECTED TO GROW AT A HIGHER RATE OVER THE NEXT 5 YEARS FROM 2025 TO 2029 COMPARED TO NC'S OVERALL EXPECTED POPULATION GROWTH RATE. THE PSA 5-YEAR CAGR IS EXPECTED TO BE 1.1% COMPARED TO THE OVERALL ESTIMATED NC RATE OF 0.9%. DUHS' SECONDARY SERVICE AREA COVERS 15 COUNTIES IN NORTH CAROLINA AND SOUTHERN VIRGINIA WITH A POPULATION OF APPROXIMATELY 2 MILLION.

PROMOTION OF COMMUNITY HEALTH:

PART VI, LINE 5:

DUHS PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES THROUGH A NUMBER OF COMMUNITY BUILDING ACTIVITIES. CENTRAL TO MANY OF THE EFFORTS IS DUHS' OFFICE OF COMMUNITY HEALTH (OCH). OCH REPORTS DUALY TO (1) THE 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. FURTHERMORE, 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 TO ADDRESS SOCIAL DRIVERS OF HEALTH.

DUHS' OFFICE OF COMMUNITY HEALTH'S CHIEF COMMUNITY HEALTH AND SOCIAL IMPACT OFFICER IS 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 IDENTIFIED BY THE COMMUNITY. IN ADDITION, THE OFFICE PROVIDES A POINT OF DIRECT CONTACT FOR COMMUNITY MEMBERS WHO HAVE QUESTIONS OR CONCERNS ABOUT COMMUNITY ISSUES OR ACCESS TO HEALTH CARE SERVICES. THE OFFICE ALSO PROVIDES DIRECT FINANCIAL SUPPORT TO A VARIED PORTFOLIO OF COMMUNITY GROUPS THROUGH THE BUILDING HEALTHY COMMUNITIES GRANTS PROGRAM.

THE CHIEF HEALTH AND SOCIAL IMPACT OFFICER AND STAFF SERVE ON A NUMBER OF COMMUNITY BOARDS AND HEALTH-RELATED 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.

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Part VI Supplemental Information (Continuation)

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.

DUHS' CEO ALSO HAS A 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 GRANT COMMITTEE TO REVIEW COMMUNITY REQUESTS FOR PHILANTHROPIC ASSISTANCE THAT PROMOTE HEALTH, WELLNESS, AND ECONOMIC MOBILITY.

DUHS FORMED A COMMUNITY HEALTH EXECUTIVE COUNCIL IN 2022 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. EACH YEAR, DUKE RALEIGH HOSPITAL PARTNERS WITH ENLOE MAGNET HIGH SCHOOL AND SOUTHEAST RALEIGH MAGNET HIGH SCHOOL TO HOST A STEAM CAREER FAIR AND GUIDED HOSPITAL TOUR IN WAKE COUNTY. CLINICAL AND NON-CLINICAL TEAM MEMBERS ACROSS THE HOSPITAL PARTICIPATE TO HELP STUDENTS EXPLORE THE MANY ROLES THAT SHAPE PATIENT CARE AND COMMUNITY HEALTH. THE EVENT IS DESIGNED TO SPARK CURIOSITY, HIGHLIGHT THE BREADTH OF CAREERS IN HEALTHCARE, AND SUPPORT EARLY PIPELINE DEVELOPMENT FOR THE NEXT GENERATION OF HEALTH PROFESSIONALS.

DURHAM-ORANGE MEDICAL SOCIETY AND THE DURHAM ACADEMY OF MEDICINE, DENTISTRY AND PHARMACY (AN ASSOCIATION FOR AFRICAN-AMERICAN MEDICAL PROFESSIONALS) HELP 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. DUKE FACULTY ARE INVOLVED WITH MENTORING STUDENTS AND CLASSROOM LECTURES AT THE CITY MEDICINE ACADEMY.

STUDENTS FROM THE DUKE SCHOOLS OF MEDICINE AND NURSING ENGAGE COMMUNITIES IN DURHAM AND BEYOND IN ACTIVITIES THAT INCLUDE FREE BLOOD PRESSURE SCREENINGS FOR THE HOMELESS, AND IDENTIFYING THE HEALTH CARE NEEDS OF A LOW WEALTH COMMUNITY SCHOOL AND DEVELOPING A CURRICULUM FOR STUDENTS AND PARENTS THAT ADDRESSES THOSE NEEDS. STUDENTS HAVE ALSO FORMED FOOD SECURITY INITIATIVES INCLUDING ROOT CAUSES' FRESH PRODUCE PROGRAM THAT DISTRIBUTES FOOD TO DUKE PATIENTS BASED ON PROVIDER PRESCRIPTIONS. OCH IS ALSO AN ADVISOR TO A STUDENT-LED GROUP AT DUKE CALLED THE FOOD RECOVERY NETWORK THAT PACKAGES UNUSED, PREPARED MEALS FROM DINING SERVICES ACROSS THE UNIVERSITY AND DELIVERS THEM TO

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Part VI Supplemental Information (Continuation)

COMMUNITY-BASED ORGANIZATIONS FOR DISTRIBUTION TO COMMUNITY MEMBERS IN NEED.

AFFILIATED HEALTH CARE SYSTEM ROLES:

PART VI, LINE 6:

DUHS PROVIDES HEALTH CARE SERVICES ACROSS THE FULL CONTINUUM OF CARE, FROM WELLNESS AND PREVENTATIVE SERVICES TO HOSPICE. DUHS' HEALTH CARE NETWORK INCLUDES FOUR HOSPITALS, AN EXTENSIVE AMBULATORY AND CLINIC NETWORK, AND AN INTEGRATED PHYSICIAN PRACTICE ORGANIZATION.

DUHS IS ANCHORED BY DUKE UNIVERSITY HOSPITAL, WHICH OPERATES AS A SINGLE MULTI-CAMPUS HOSPITAL, INCLUDING ITS FLAGSHIP ACADEMIC MEDICAL CENTER LOCATED ON THE DUKE UNIVERSITY CAMPUS IN DURHAM, NORTH CAROLINA (THE DUKE UNIVERSITY HOSPITAL-UNIVERSITY CAMPUS) AND A COMMUNITY HOSPITAL LOCATED IN RALEIGH, NORTH CAROLINA (DUKE RALEIGH HOSPITAL). THE UNIVERSITY CAMPUS LOCATION IS AN ACADEMIC MEDICAL CENTER THAT PROVIDES COMPREHENSIVE DIAGNOSTIC AND THERAPEUTIC SERVICES AND SERVES AS A TEACHING AND RESEARCH HOSPITAL FOR STUDENTS OF MEDICINE, NURSING, AND ALLIED HEALTH SCIENCES. DUKE RALEIGH HOSPITAL IS A GENERAL ACUTE CARE COMMUNITY HOSPITAL PROVIDING SERVICES PRIMARILY TO RESIDENTS OF WAKE COUNTY AND SURROUNDING COMMUNITIES. DUHS ALSO OPERATES DUKE REGIONAL HOSPITAL, A GENERAL ACUTE CARE COMMUNITY HOSPITAL LOCATED IN DURHAM, NORTH CAROLINA, PROVIDING CARE TO RESIDENTS OF DURHAM AND SURROUNDING COMMUNITIES.

ON APRIL 1, 2025, DUHS, THROUGH A WHOLLY CONTROLLED AFFILIATE, ACQUIRED LAKE NORMAN REGIONAL MEDICAL CENTER IN MOORESVILLE, NORTH CAROLINA, AND NOW OPERATES THIS FACILITY AS DUKE HEALTH LAKE NORMAN HOSPITAL, A COMMUNITY HOSPITAL SERVING SOUTHERN IREDELL COUNTY AND THE SURROUNDING REGION.

ACROSS ITS HOSPITALS AND AMBULATORY OPERATIONS, DUHS OFFERS A COMPREHENSIVE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC, EMERGENCY, REHABILITATIVE, BEHAVIORAL HEALTH, AND SPECIALTY SERVICES. DUHS' AMBULATORY FOOTPRINT INCLUDES A BROAD NETWORK OF CLINICS, PRIMARY CARE PRACTICES, AND SPECIALTY CLINICS LOCATED THROUGHOUT ITS SERVICE AREA.

DUKE HEALTH INTEGRATED PRACTICE (DHIP) IS DUHS' EMPLOYED PHYSICIAN AND CLINICAL PRACTICE ORGANIZATION AND SUPPORTS THE DELIVERY OF PRIMARY AND MULTI-SPECIALTY CARE ACROSS THE SYSTEM. DUHS ALSO PROVIDES HOME HEALTH, HOME INFUSION, AND HOSPICE SERVICES, ENABLING CARE TO BE DELIVERED IN OUTPATIENT AND HOME-BASED SETTINGS WHEN CLINICALLY APPROPRIATE.

DUHS' OPERATING UNITS WORK TOGETHER TO PROVIDE COORDINATED CARE AT THE APPROPRIATE LEVEL OF SERVICE, WITH AN EMPHASIS ON ACCESS, QUALITY AND COMMUNITY BENEFIT.

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

PART VI, LINE 7:

NORTH CAROLINA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
ALLIANCE MEDICAL MINISTRY INC 101 DONALD ROSS DR RALEIGH, NC 27610	56-2168673	501(C)(3)	50,000.	0.			COMMUNITY SUPPORT
AMERICAN HEART ASSOCIATION INC PO BOX 843384 DALLAS, TX 75284-3384	13-5613797	501(C)(3)	75,000.	0.			SPONSORSHIP
AUTISM SUPPORT AND ADVOCACY CENTER 1901 CHAPEL HILL RD DURHAM, NC 27707	26-4613218	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
BACKPACK PROJECT DURHAM 1400 WEST MAIN ST BOX 97347 DURHAM, NC 27708	92-3221822	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
BLACK FARMERS MARKET PO BOX 13633 DURHAM, NC 27709	87-2075264	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
BOYS & GIRLS CLUBS OF DURHAM & ORAN - 1010 MARTIN LUTHER KING JR PKW - DURHAM, NC 27713	56-6001906	501(C)(3)	11,000.	0.			COMMUNITY SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **61.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (Rev. 12-2024)

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
BOYS CLUB OF WAKE COUNTY INC 701 N RALEIGH BLVD RALEIGH, NC 27610	56-0863051	501(C)(3)	20,000.	0.			SPONSORSHIP
CAPSTONE EVENT GROUP INC 3803-B COMPUTER DR SUITE 205 RALEIGH, NC 27609	46-4157559		7,500.	0.			SPONSORSHIP
CENTRAL PARK SCHOOL FOR CHILDREN 724 FOSTER ST DURHAM, NC 27701	20-1582345	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
CHILDRENS CANCER PARTNERS 900 S PINE ST STE F SPARTANBURG, SC 29302	20-2511033	501(C)(3)	8,500.	0.			COMMUNITY SUPPORT
CHILDRENS FLIGHT OF HOPE INC 751 CORPORATE CENTER DR STE 130 RALEIGH, NC 27607	56-1762824	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
CITY OF MEDICINE VOLUNTEER MEDICAL 6409 FAYETTEVILLE RD STE 120 #334 DURHAM, NC 27713	86-2706784	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM, NC 27703	47-5567396	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT
COMMUNITY FOUNDATION OF MIDDLE TN 3421 BELMONT BLVD NASHVILLE, TN 37215	62-1471789	501(C)(3)	50,000.	0.			COMMUNITY SUPPORT
COMMUNITY HEALTH COALITION INC PO BOX 15176 DURHAM, NC 27704-2755	56-2269385	501(C)(3)	8,500.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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 CHILDRENS INITIATIVE 2101 ANGIER AVE #200 DURHAM, NC 27703	32-0263133	501(C)(3)	8,500.	0.			COMMUNITY SUPPORT
DURHAM NATIVITY SCHOOL 1004 N MANGUM ST DURHAM, NC 27701	56-2274228	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
DURHAM PUBLIC SCHOOLS FOUNDATION 600 E UMSTEAD ST DURHAM, NC 27701	82-2803464	501(C)(3)	100,000.	0.			COMMUNITY SUPPORT
DURHAM SUCCESS SUMMIT INC 732 9TH STREET #596 DURHAM, NC 27705	86-2985757	501(C)(3)	7,250.	0.			COMMUNITY SUPPORT
EL CENTRO HISPANO INC 2000 CHAPEL HILL RD #26A DURHAM, NC 27707	56-2011661	501(C)(3)	7,500.	0.			SPONSORSHIP
EMILY KRZYZEWSKI FAMILY LIFE CENTER - 904 W CHAPEL HILL ST - DURHAM, NC 27701	56-2230469	501(C)(3)	25,000.	0.			SPONSORSHIP
EMPOWERED PARENTS IN COMMUNITY PO BOX 51431 DURHAM, NC 27717	84-1926159	501(C)(3)	7,500.	0.			SPONSORSHIP
FAMILIES MOVING FORWARD PO BOX 25426 DURHAM, NC 27702	56-1633998	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
FAMILY VIOLENCE PREVENTION CTR INC 1012 OBERLINE RD SUITE 100 RALEIGH, NC 27605	58-1320613	501(C)(3)	30,000.	0.			SPONSORSHIP

Schedule I (Form 990)

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
FIGHT FOR 1 OF US INC 8024 GLENWOOD AVE SUITE 200 RALEIGH, NC 27607	27-4754653	501(C)(3)	30,000.	0.			SPONSORSHIP
FOOD BANK OF CENTRAL & EASTERN NC 1924 CAPITAL BLVD RALEIGH, NC 27604	56-1283426	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
GREAT 100 INC PO BOX 4875 GREENSBORO, NC 27404-4875	56-1705456	501(C)(3)	20,000.	0.			SPONSORSHIP
HABITAT FOR HUMANITY OF DURHAM 1823 CHAPEL HILL RD DURHAM, NC 27707	58-1674794	501(C)(3)	75,000.	0.			COMMUNITY SUPPORT
HELENE FOUNDATION 13200 STRICKLAND RD #114-308 RALEIGH, NC 27613	27-0810112	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
HOLT BROTHERS FOUNDATION INC 421 FAYETTEVILLE ST SUITE 1300 RALEIGH, NC 27601	56-6570426	501(C)(3)	7,500.	0.			SPONSORSHIP
HOUSING FOR NEW HOPE INC 18 W COLONY PLACE SUITE 250 DURHAM, NC 27705	58-2089068	501(C)(3)	35,000.	0.			COMMUNITY SUPPORT
IMMERSION FOR SPANISH LANGUAGE AQUI - PO BOX 16278 - CHAPEL HILL, NC 27516	45-5336885	501(C)(3)	8,500.	0.			COMMUNITY SUPPORT
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR RALEIGH, NC 27620	56-1753180	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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
IVY COMMUNITY CENTER INC 4222 FAYETTEVILLE ROAD DURHAM, NC 27713	56-1932352	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
JEWISH FFEDERATION OF DURHAM CHAPEL - 1937 W CORNWALLIS RD - DURHAM, NC 27705	58-1384316	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
L ARCHE NORTH CAROLINA 504 W CHAPEL HILL ST DURHAM, NC 27701	47-4421582	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
LATIN 19 604 CHALFANT CT RALEIGH, NC 27607	87-2248916	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
LINCOLN COMMUNITY HEALTH CENTER INC - 1301 FAYETTEVILLE ST - DURHAM, NC 27707	56-1031244	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
MEALS ON WHEELS OF WAKE COUNTY 1001 BLAIR DRIVE SUITE 100 RALEIGH, NC 27603	56-1061085	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
MIDTOWN EVENTS LLC PO BOX 19107 RALEIGH, NC 27619	27-1832351		10,000.	0.			SPONSORSHIP
MIDTOWN RALEIGH ALLIANCE 7413 SIX FORKS RD STE 259 RALEIGH, NC 27615	45-2559048	501(C)(3)	22,000.	0.			SPONSORSHIP
NAMI WAKE COUNTY PO BOX 12562 RALEIGH, NC 27605	56-1552949	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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
NORTH CAROLINA ORGANIZING COMMITTEE - 401 HARRISON OAKS BLVD #210 - CARY, NC 27513	93-2199231	501(C)(3)	350,000.	0.			SPONSORSHIP
NORTH CAROLINA VICTIM ASSISTANCE NE - 1053 WHITAKER MILL RD STE 115 - RALEIGH, NC 27604	56-1525424	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
OAK CITY CARES INC 1430 S WILMINGTON ST. RALEIGH, NC 27603	83-0826329	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
PROJECT ENLIGHTENMENT FOUNDATION PO BOX 30574 RALEIGH, NC 27622	20-5407465	501(C)(3)	8,000.	0.			COMMUNITY SUPPORT
RECOVERY COMMUNITY OF DURHAM 1209 N ELIZABETH ST DURHAM, NC 27701	47-3923808	501(C)(3)	6,200.	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)	12,500.	0.			COMMUNITY SUPPORT
SENIOR PHARMASSIST INC 406 RIGSBEE AVE STE 201 DURHAM, NC 27701-2186	56-2084639	501(C)(3)	10,000.	0.			SPONSORSHIP
SOUTHLIGHT HEALTHCARE 3125 POPLARWOOD CT SUITE 203 RALEIGH, NC 27604	56-0988422	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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
STUDENT U 600 E UMSTEAD ST DURHAM, NC 27701	27-3460491	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
SUSAN G KOMEN BREAST CANCER FOUNDATION - 13770 NOEL ROAD - DALLAS, TX 75380	75-1835298	501(C)(3)	55,000.	0.			SPONSORSHIP
TABLE MINISTRIES INC 311 E MAIN ST CARRBORO, NC 27510	26-1471735	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
TRIANGLE FAMILY SERVICES 3937 WESTERN BLVD RALEIGH, NC 27606	56-0547491	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
UNC HEALTH FOUNDATION INC 123 WEST FRANKLIN ST SUITE 510 CHAPEL HILL, NC 27516	56-6057494	501(C)(3)	50,000.	0.			GENERAL SUPPORT
URBAN MINISTRIES OF DURHAM 410 LIBERTY ST DURHAM, NC 27701	58-1505891	501(C)(3)	72,500.	0.			COMMUNITY SUPPORT
VELLE CARES FOUNDATION 2741 JORDAN BLVD NEW HILL, NC 27562	46-3479904	501(C)(3)	50,000.	0.			GENERAL SUPPORT
WAKEMED PO BOX 14549 RALEIGH, NC 27620	56-2001346	501(C)(3)	35,000.	0.			GENERAL SUPPORT
WEST END COMMUNITY FOUNDATION INC 1309 HALLEY ST DURHAM, NC 27707	56-1858174	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE	73	67,258.	0.		
WATTS COLLEGE OF NURSING SCHOLARSHIPS	19	16,250.	0.		

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

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

PUBLIC INSPECTION COPY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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

Part I Questions Regarding Compensation

		Yes	No								
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)			
<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)										
<p>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</p>	1b	X									
<p>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?</p>	2	X									
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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					
<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										
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X									
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b		X								
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		X								
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.											
<p>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:</p> <p>a The organization?</p>	5a		X								
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b		X								
<p>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:</p> <p>a The organization?</p>	6a		X								
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b		X								
<p>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</p>	7	X									
<p>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</p>	8		X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

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

Schedule J (Form 990) (Rev. 12-2024)

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 CHANCELLOR EMERITUS FOR HEALTH AFF.	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	995,113.	1,267,557.	23,000.	42,072.	32,472.	2,360,214.	0.
(2) CRAIG T ALBANESE MD DIRECTOR/CEO	(i)	1,583,735.	672,750.	23,000.	42,072.	22,513.	2,344,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MONTE D BROWN MD VP FOR ADMINISTRATION/SECRETARY	(i)	488,464.	657,136.	1,067,488.	42,072.	15,313.	2,270,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VINCENT E PRICE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	2,114,417.	0.	23,000.	42,072.	27,489.	2,206,978.	0.
(5) THOMAS A OWENS MD EXECUTIVE VP, DUHS & COO	(i)	1,177,120.	653,757.	23,000.	42,072.	37,821.	1,933,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARY E KLOTMAN MD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,147,203.	356,274.	19,167.	42,072.	19,983.	1,584,699.	0.
(7) GREGORY PAULY PRESIDENT DUH/ACUTE CARE SERVICES/VI	(i)	1,090,031.	250,000.	80,800.	42,072.	40,864.	1,503,767.	0.
	(ii)	0.	0.	65,000.	0.	230.	65,230.	0.
(8) JEFFREY M FERRANTI VP & CHIEF DIGITAL OFFICE	(i)	621,020.	482,134.	23,000.	42,072.	37,132.	1,205,358.	0.
	(ii)	115,827.	95,362.	0.	0.	385.	211,574.	0.
(9) JOHN A QUELCH EXECUTIVE VICE CHANCELLOR, DKU	(i)	725,423.	107,000.	23,000.	42,072.	33,754.	931,249.	0.
	(ii)	411,254.	0.	0.	0.	1,379.	412,633.	0.
(10) LISA M GOODLETT SENIOR VP, CFO, TREASURER	(i)	881,319.	250,000.	122,241.	42,072.	23,080.	1,318,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RICHARD P SHANNON MD CHIEF QUALITY OFFICER	(i)	763,447.	386,991.	23,000.	42,072.	19,725.	1,235,235.	0.
	(ii)	0.	0.	5,000.	0.	31.	5,031.	0.
(12) MARY K MARTIN CHIEF OPERATING OFFICER, DUH	(i)	768,696.	382,679.	0.	42,072.	39,983.	1,233,430.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PETER GROSSI DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	882,479.	171,011.	23,000.	42,072.	15,742.	1,134,304.	0.
(14) ALISON TOTH DIRECTOR	(i)	0.	0.	8,482.	0.	28.	8,510.	0.
	(ii)	995,931.	12,900.	23,000.	42,072.	10,810.	1,084,713.	0.
(15) ERIK PAULSON DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	847,600.	131,449.	23,000.	42,072.	33,881.	1,078,002.	0.
(16) HOWARD FRANCIS MD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	852,552.	135,053.	23,000.	42,072.	23,029.	1,075,706.	0.

Schedule J (Form 990) (Rev. 12-2024)

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				
(17) KEITH STOVER VP FINANCE/COO, PRMO	(i)	561,042.	331,250.	23,000.	42,072.	31,151.	988,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) RHONDA BRANDON CHIEF HR OFFICER	(i)	622,602.	261,454.	23,000.	42,072.	34,121.	983,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) ROBERT N WILLIS FORMER OFFICER	(i)	618,211.	157,861.	23,000.	42,072.	20,889.	862,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) DEVDUTTA SANGVAI MD PRESIDENT, DUKE REGIONAL HOSPITAL	(i)	477,884.	153,917.	0.	42,072.	140,597.	814,470.	0.
	(ii)	0.	0.	5,250.	0.	31.	5,281.	0.
(21) TERRY MCDONNELL SVP-PART YEAR PATIENT CARE	(i)	508,888.	62,720.	103,872.	42,072.	30,840.	748,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) BARBARA M GRIFFITH MD PRESIDENT, DUKE RALEIGH HOSPITAL	(i)	510,170.	163,799.	0.	42,072.	27,546.	743,587.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) WILLIAM J FULKERSON MD FORMER OFFICER	(i)	0.	201,901.	0.	0.	0.	201,901.	0.
	(ii)	425,111.	0.	23,000.	42,072.	8,785.	498,968.	0.
(24) LEIGH BLEECKER FORMER KEY EMPLOYEE	(i)	351,869.	188,099.	0.	42,072.	16,063.	598,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) JASON CARTER INTERIM PRESIDENT, DUKE REGIONAL HOS	(i)	357,924.	16,000.	83,734.	42,072.	38,775.	538,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) BRYAN YOURICH CHIEF PHARMACY OFFICER, DUHS	(i)	310,828.	84,240.	21,409.	42,072.	21,723.	480,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) PRISCILLA RAMSEUR FORMER KEY EMPLOYEE	(i)	287,549.	94,433.	0.	42,072.	10,620.	434,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) KATIE MCKITTRICK PART YEAR SECRETARY	(i)	209,077.	10,500.	1,291.	26,958.	20,459.	268,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) MARY ANN FUCHS FORMER KEY EMPLOYEE	(i)	0.	102,863.	0.	13,289.	1.	116,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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:

CHARTER TRAVEL

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

TAX INDEMNIFICATION

GREGORY PAULY, LISA M. GOODLETT, TERRY MCDONNELL AND JASON CARTER RECEIVED A BENEFIT THAT WAS GROSSED UP TO COMPENSATE FOR WITHHOLDING OF TAXES. SUCH AMOUNTS WERE INCLUDED IN THEIR TAXABLE INCOME.

PART I, LINE 4A:

SEVERANCE PAYMENT

MONTE D. BROWN, MD RECEIVED A PAYMENT IN CONNECTION WITH A SEPARATION AGREEMENT. SUCH AMOUNTS WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B (III).

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS:

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

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

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DUD1	05/26/16	383,990,154.	SEE PART VI		X		X		X
B NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DVK4	08/11/16	140,200,389.	SEE PART VI		X		X		X
C NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DZV6	06/25/25	522,841,295.	SEE PART VI		X		X		X
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	383,990,154.		140,200,389.		522,841,295.					
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.		3,196,295.					
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds					10,034,031.					
11 Other spent proceeds	180,000,000.				344,645,000.					
12 Other unspent proceeds					164,965,969.					
13 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X					
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				
16 Has the final allocation of proceeds been made?	X		X			X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

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

Schedule K (Form 990) (Rev. 12-2024)

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					
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? ...	X							
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 %		.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 government00 %		.00 %					
6 Total of lines 4 and 500 %		.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		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X			
b Exception to rebate?		X		X		X		
c No rebate due?	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			

	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		X		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		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

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

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

SCHEDULE K, PART I, COLUMN F

BOND ISSUE A:

THE 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 B:
THE PURPOSE OF THE BONDS ISSUED 08/11/16 WAS TO REFUND THE ORIGINAL

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

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.

BOND ISSUE C:

THE PURPOSE OF THE BONDS ISSUED 06/25/25 WAS TO REFINANCE THE 2005A, 2005B, 2016B AND 2016C BONDS ISSUED ON 03/01/22, AND TO REFINANCE THE 2006ABC BONDS ISSUED ON 02/14/22. THE BONDS WERE ALSO ISSUED TO FINANCE THE CONSTRUCTION OF DUKE HEALTH CARY BUILDING 200, WHICH WILL CONSIST OF A FREESTANDING EMERGENCY DEPARTMENT, AN AMBULATORY SURGERY CENTER, SPECIALITY CLINICS, AND OTHER MEDICAL FACILITIES.

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 (A) ABOVE.

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 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

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

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.

NOTE FOR SCHEDULE K, PART III, LINES 4-6, BOND ISSUE A:
RESPONSES REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE ALLOCABLE TO THE REFUNDING OF THE 2009A BONDS.

NOTE FOR SCHEDULE K, PART IV, LINE 2C, BOND ISSUES (A) AND (B):
BOND ISSUE (A) COMPLETED 06/01/19 (NO ARBITRAGE DUE AT THAT TIME AND THEREFORE NOT DUE IN 2024 AS NO MORE PROCEEDS WERE INVESTED). BOND ISSUE (B) COMPLETED 08/01/21. AS TO (C), NO ARBITRAGE COMPUTATION WAS NECESSARY BECAUSE ARBITRAGE IS NOT YET DUE.

NOTE FOR BOND ISSUE (C):
A PORTION OF THESE PROCEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO CURRENTLY REFUND THE PRIOR BONDS AS DESCRIBED ABOVE.

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SCHEDULE L
(Form 990)
(Rev. December 2024)

Transactions With Interested Persons

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.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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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
(1) AGILITI HEALTH, INC.	SEE PART V	1,652,356.	SEE PART V		X
(2) GARRY BARTELS	SEE PART V	79,874.	SEE PART V		X
(3) XIOMARA BOYCE	SEE PART V	79,364.	SEE PART V		X
(4) SAM KLOTMAN	SEE PART V	129,881.	SEE PART V		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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: \$1,652,356

(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: \$79,874

(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: \$79,364

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

(E) SHARING OF ORGANIZATION REVENUE? = NO

(A) NAME OF INTERESTED PERSON: SAM KLOTMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SAM KLOTMAN IS A FAMILY MEMBER OF A DUHS, INC. DIRECTOR

(C) AMOUNT OF TRANSACTION: \$ 129,881

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

(E) SHARING OF ORGANIZATION REVENUE? = NO

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

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Complete if the organizations answered "Yes" on Form 990, Part IV, line 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>
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Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,400.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	153,339.	MARKET QUOTE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	3	700.	
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (ENTERTAINMENT)	X	31	26,660.	VARIOUS
26 Other (SPORTS)	X	4	2,800.	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 on 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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Schedule M (Form 990) 2024

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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, PART I, LINE 32B:

DUKE UNIVERSITY HEALTH SYSTEM, INC. USES INVESTMENT BROKERS TO SELL
INVESTMENTS. DUKE UNIVERSITY HEALTH SYSTEM, INC. MAY OCCASIONALLY USE
THIRD PARTIES TO SELL OTHER TYPES OF NON-CASH CONTRIBUTIONS, AS THE
NEED ARISES.

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SCHEDULE O (Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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
UNIVERSITY HEALTH SYSTEM, OUR PHYSICIAN PRACTICE, DUKE HEALTH
INTEGRATED 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](https://corporate.dukehealth.org/community).

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification number 56-2070036
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FORM 990, PART V, LINE 3B:

THE ORGANIZATION DID NOT HAVE UNRELATED BUSINESS GROSS INCOME OF \$1,000 OR MORE DURING THE FISCAL YEAR ENDED JUNE 30, 2025. HOWEVER THE ORGANIZATION HAS FILED FORM 990-T FOR THE FISCAL YEAR ENDED JUNE 30, 2025 IN ORDER TO CARRY FORWARD THE NET OPERATING LOSS.

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

SWEDEN, NORWAY, UNITED KINGDOM, HUNGARY, ISRAEL, BERMUDA, CANADA, LUXEMBOURG, POLAND

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

DIRECTORS TOM LISTER, VINCENT E. PRICE, CARMICHAEL S. ROBERTS, NANCY M. SCHLICHTING, ADAM SILVER, AND LAURENE M. SPERLING ARE TRUSTEES OF DUKE UNIVERSITY. DIRECTORS MARY E. KLOTMAN, MD AND VINCENT E. PRICE ARE OFFICERS OF DUKE UNIVERSITY. DIRECTOR AND CEO CRAIG T. ALBANESE, MD AND OFFICER THOMAS A. OWENS, MD ARE DIRECTORS AND OFFICERS OF DUKE HEALTH INTEGRATED PRACTICE, INC. DIRECTOR MARY E. KLOTMAN, MD IS A DIRECTOR OF DUKE HEALTH INTEGRATED PRACTICE, INC. OFFICER LISA M. GOODLETT IS AN OFFICER OF DUKE HEALTH INTEGRATED PRACTICE, INC. THE FOLLOWING INDIVIDUALS ARE EMPLOYEES OF DUKE HEALTH INTEGRATED PRACTICE, INC: ALISON TOTH, HOWARD FRANCIS, MD, ERIK PAULSON, MD AND PETER GROSSI. OFFICERS LISA M. GOODLETT AND THOMAS A. OWENS, MD SERVED AS DIRECTORS AND OFFICERS OF DURHAM CASUALTY COMPANY, LTD. OFFICERS MONTE D BROWN, MD, LISA M. GOODLETT, AND THOMAS A. OWENS, MD SERVED AS DIRECTORS AND OFFICERS OF HEALTH SYSTEM MEDICAL STRATEGIES, 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 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.

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Schedule O (Form 990) 2024

Page 2

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification number 56-2070036
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FORM 990, PART VI, SECTION B, LINE 12C:

DUHS MONITORS AND ENFORCES COMPLIANCE RELATED TO CONFLICT OF INTEREST VIA AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE DISTRIBUTED TO INDIVIDUALS INCLUDING OFFICERS, DIRECTORS, AND KEY EMPLOYEES, RELYING ON SELF DISCLOSURE OF ALL THOSE SUBJECT TO THE COI POLICY.

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

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

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 VII, SECTION A
(COMPENSATION REPORTING/HIGHEST COMPENSATED EMPLOYEES):

PUBLIC INSPECTION COPY

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM, INC.	Employer identification number 56-2070036
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THE ORGANIZATION DETERMINED THE INDIVIDUALS REPORTED AS THE "FIVE HIGHEST COMPENSATED EMPLOYEES" ON FORM 990, PART VII, SECTION A IN ACCORDANCE WITH THE APPLICABLE FORM 990 INSTRUCTIONS, WHICH CONSIDER REPORTABLE COMPENSATION PAID BY THE FILING ORGANIZATION AND BY RELATED ORGANIZATIONS. BECAUSE CERTAIN PERSONNEL HAVE SPLIT-FUNDED OR DUAL-ROLE ARRANGEMENTS ACROSS RELATED ORGANIZATIONS, AN INDIVIDUAL MAY BE AMONG THE FIVE HIGHEST COMPENSATED EMPLOYEES OF MORE THAN ONE RELATED ORGANIZATION BASED ON TOTAL REPORTABLE COMPENSATION, EVEN IF A SUBSTANTIAL PORTION OF THAT COMPENSATION IS PAID BY A RELATED ORGANIZATION. RELATED-ORGANIZATION COMPENSATION IS REPORTED ON PART VII, SECTION A, COLUMNS (E) AND (F), AS APPLICABLE (AND ON SCHEDULE J, IF APPLICABLE).

FOR ADDITIONAL TRANSPARENCY TO READERS, THE ORGANIZATION IS ALSO PROVIDING THE FOLLOWING INFORMATION, WHICH IS NOT REQUIRED BY FORM 990: THE INDIVIDUALS WHO WOULD HAVE BEEN INCLUDED AS THE ORGANIZATION'S FIVE HIGHEST COMPENSATED EMPLOYEES BASED SOLELY ON COMPENSATION PAID BY THE FILING ORGANIZATION, BUT WHO ARE NOT INCLUDED ON PART VII BECAUSE THE PART VII LIST IS LIMITED TO FIVE INDIVIDUALS DETERMINED UNDER THE FORM 990 INSTRUCTIONS. ADDITIONAL HIGHLY COMPENSATED EMPLOYEES (VOLUNTARY DISCLOSURE; NOT REQUIRED FOR PART VII REPORTING): ARLENE N CHUA, PHYSICIAN - REPORTABLE COMPENSATION (W-2/1099): \$785,454

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

NONPERIODIC CHANGES IN DEFINED BENEFIT PLANS:	49,914,703.
NET TRANSFERS TO THE UNIVERSITY AND AFFILIATES:	-761,550,495.
DEEMED DIVIDEND:	-19,965,031.
TOTAL TO FORM 990, PART XI, LINE 9	-731,600,823.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Name of the organization <p align="center">DUKE UNIVERSITY HEALTH SYSTEM, INC.</p>	Employer identification number <p 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	243,218,997.	783,572.	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
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 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

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

Schedule R (Form 990) (Rev. 1-2025)

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 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 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
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
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	

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
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
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
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 HEALTH SYSTEM, INC.	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	

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	
LYRICAL BLUE RL PT 27-2994514 32 N. DEAN ST. ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
SBER LUCKY STRIKE 20-3891303 310 BLACKWELL ST. DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				X	N/A		X	
MANGUM II LLC - 46-5135858 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	NC	N/A	N/A				X	N/A		X	

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 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
DUKE GLOBAL CONSULTING (KUNSHAN) 1666 WEI CHEN NAN RD KUNSHAN PR, KUNSHAN, CHINA 215300	CONSULTING	CHINA	N/A	C CORP					X

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

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

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

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

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, 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 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	
MANGUM III, LLC - 92-3565585 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
MANGUM III, LLC - SERIES A - 92-3592240, 280 S. MANGUM STREET, STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
RALLYDAY LF CO-INVESTORS LP - 93-2940647, 250 FILLMORE ST. STE 225, DENVER, CO 80206	INVESTMENTS	DE	N/A	N/A				X	N/A		X	
MANGUM III LLC - SERIES E - 33-2777494, 280 S. MANGUM STREET, STE 210, DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				X	N/A		X	

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 MEDICAL STRATEGIES, INC. - 56-1993799 2200 WEST MAIN STREET, STE 920 DURHAM, NC 27705	HEALTHCARE	NC	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	68,492,150.	391,245,454.	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	-15,412.	14,969.	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
MCP PRIVATE CAPITAL (FEEDER) FUND I LP 6 RUE GABRIEL LIPPMANN LUXEMBOURG, LUXEMBOURG L-5365	INVESTMENTS	LUXEMBOURG	N/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

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	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	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 HEALTH INTEGRATED PRACTICE, INC.	R	133,994,148.	FMV
(2) DUKE UNIVERSITY AFFILIATED PHYSICIANS, INC.	R	49,225,426.	FMV
(3) ASSOCIATED HEALTH SERVICES, INC.	S	15,933,823.	FMV
(4) DUKE AFFILIATIONS NETWORK, INC.	R	6,172,078.	FMV
(5) DUKE INTERGRATED NETWORK, INC.	R	8,546,715.	FMV
(6) WATTS COLLEGE OF NURSING, INC.	R	1,404,535.	FMV

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.	S	35,075,911.	FMV
(8) DURHAM CASUALTY COMPANY, INC.	R	14,077,032.	FMV
(9) DUKE TRIANGLE ENDOSCOPY CENTER, LLC	L	201,090.	FMV
(10) DUKE TRIANGLE ENDOSCOPY CENTER, LLC	Q	174,456.	FMV
(11) DUKE HEALTH LAKE NORMAN REGIONAL MEDICAL CENTER, INC.	R	302,809,438.	FMV
(12) GOTHIC HSP CORPORATION	C	567,844,502.	FMV
(13) GOTHIC HSP CORPORATION	B	577,613,067.	FMV
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

