

PUBLIC INSPECTION COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

| | | |
|--|---|--|
| B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending | C Name of organization DUKE UNIVERSITY HEALTH SYSTEM, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 324 BLACKWELL ST., WASHIN. BLDG. 850 City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27701 F Name and address of principal officer: A. EUGENE WASHINGTON, MD 615 DOUGLAS ST., STE. 700, DURHAM, NC 27705 | D Employer identification number 56-2070036 E Telephone number (919) 668-8910 G Gross receipts \$ 5,708,935,214. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | | |
| J Website: ▶ WWW.DUKEHEALTH.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ | | L Year of formation: 1998 |
| M State of legal domicile: NC | | |

Part I Summary

| | | | |
|--|--|---------------------------|----------------|
| | 1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT</u> | | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 19 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 21069 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 1345 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 1,923,576. |
| | b Net unrelated business taxable income from Form 990-T, line 38 | 7b | -212,525. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 4,064,813. | 5,259,309. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,332,141,722. | 3,566,485,727. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 158,638,074. | 126,093,393. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 81,606,317. | 78,944,553. |
| | | 3,576,450,926. | 3,776,782,982. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,817,270. | 1,312,254. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,455,535,843. | 1,558,291,299. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 172,793. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,669,040,569. | 1,787,073,189. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,126,393,682. | 3,346,676,742. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 450,057,244. | 430,106,240. | |
| 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) | 5,904,321,303. | 6,281,178,620. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 2,509,540,735. | 2,743,496,381. |
| | 3,394,780,568. | 3,537,682,239. | |

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 KENNETH C. MORRIS, SVP, CFO, TREASURER Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN | Firm's name ▶ Firm's address ▶ Firm's EIN ▶ Phone no. |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: _____) (Expenses \$ 2,588,487,775. including grants of \$ 1,312,254.) (Revenue \$ 3,618,375,075.)
SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 2,588,487,775.

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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> ? | 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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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> | 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X | |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | X |
| 38 Did the organization complete Schedule O and provide explanations in 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 | 533 | |
| b Enter the number of Forms W-2G included in 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 21069 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | X | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | | 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)? | | X | |
| b If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | |
| 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? | | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| 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? | | X | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | X | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 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? | | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .. | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | |
| 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? | | | |
| | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | |
| 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? | | | |
| 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. | | | |
| 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? | | | X |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | | | |
| 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? | | X | |
| <i>If "Yes," see instructions and file Form 4720, Schedule N.</i> | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | | X |
| <i>If "Yes," complete Form 4720, Schedule O.</i> | | | |

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

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

Section A. Governing Body and Management

| | | | Yes | No |
|--|-----------|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a | 19 | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | 11 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X | |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 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 in 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 in 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 in 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 in 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 | | | |

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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
 BETSY CASSIDY - (919) 668-8910
 DUHS, INC., 615 DOUGLAS STREET, SUITE 700, DURHAM, NC 27705

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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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) LESLIE E BAINS DIRECTOR | 4.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (2) GAIL BELVETT DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (3) JACK O BOVENDER JR DIRECTOR | 3.00 8.10 | X | | | | | | 0. | 0. | 0. |
| (4) WILLIAM HAWKINS DIRECTOR | 8.00 6.00 | X | | | | | | 0. | 0. | 0. |
| (5) BARBARA M HENDRIX DIRECTOR | 1.00 0.10 | X | | | | | | 0. | 0. | 0. |
| (6) MARY E KLOTMAN MD DIRECTOR | 25.00 40.50 | X | | | | | | 0. | 1,065,975. | 47,861. |
| (7) MICHAEL MARSICANO DIRECTOR | 1.00 4.00 | X | | | | | | 0. | 0. | 0. |
| (8) LLOYD B MORGAN DIRECTOR | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (9) VINCENT E PRICE DIRECTOR | 3.00 40.20 | X | | | | | | 0. | 1,339,428. | 50,100. |
| (10) ANN M REED DIRECTOR | 11.00 40.10 | X | | | | | | 23,513. | 324,811. | 39,049. |
| (11) CARMICHAEL ROBERTS DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) SEPIDEH SAIDI DIRECTOR | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) JOHN H SAMPSON MD PHD DIRECTOR | 1.00 40.10 | X | | | | | | 0. | 683,439. | 103,783. |
| (14) NANCY M SCHLICHTING DIRECTOR | 6.00 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) STEVEN M SCOTT MD DIRECTOR | 4.00 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) SUSAN STALNECKER DIRECTOR | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) GEORGE RICHARD WAGONER JR DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |

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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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) A EUGENE WASHINGTON MD DIRECTOR/PRESIDENT & CEO | 33.00 33.20 | X | | X | | | | 0. | 2,610,797. | 146,391. |
| (19) JAMES WHITEHURST DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) MONTE D BROWN MD VP FOR ADMINISTRATION/SECRETARY | 50.00 10.10 | | | X | | | | 821,272. | 0. | 51,022. |
| (21) WILLIAM J FULKERSON MD EXECUTIVE VP, DUHS | 60.00 0.70 | | | X | | | | 1,852,249. | 0. | 38,933. |
| (22) KENNETH C MORRIS SVP, CFO, TREASURER | 40.00 1.00 | | | X | | | | 1,385,444. | 0. | 44,047. |
| (23) MARY ANN FUCHS VP-PATIENT CARE/CHIEF NURSE EXEC | 60.00 0.10 | | | | X | | | 593,971. | 0. | 40,799. |
| (24) KATHLEEN B GALBRAITH PRESIDENT, DUKE REGIONAL HOSPITAL | 60.00 1.00 | | | | X | | | 697,926. | 0. | 51,134. |
| (25) THOMAS A OWENS MD PRESIDENT, DUH AND SVP, DUHS | 60.00 0.20 | | | | X | | | 1,147,835. | 0. | 45,084. |
| (26) DAVID ZAAS MD PRESIDENT, DUKE RALEIGH HOSPITAL | 60.00 0.00 | | | | X | | | 687,715. | 0. | 51,535. |
| 1b Sub-total | | | | | | | | 7,209,925. | 6,024,450. | 709,738. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 3,564,312. | 113,761. | 292,206. |
| d Total (add lines 1b and 1c) | | | | | | | | 10,774,237. | 6,138,211. | 1,001,944. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2,180

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or 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 |
|--|--------------------------------|---------------------|
| PRIVATE DIAGNOSTIC CLINIC PLLC 4101 ROXBORO RD, DURHAM, NC 27710 | MEDICAL SERVICES | 154,021,267. |
| SKANSKA USA BUILDING INC, 4309 EMPEROR BLVD, SUITE 200, DURHAM, NC 27703 | CONSTRUCTION SERVICES | 45,810,028. |
| ROBINS & MORTON GROUP, PO BOX 11407 DEPT #5870, BIRMINGHAM, AL 35209 | CONSTRUCTION SERVICES | 41,166,273. |
| BALFOUR BEATTY CONSTRUCTION LLC, 406 S MCDOWELL ST, SUITE 200, RALEIGH, NC 27601 | CONSTRUCTION SERVICES | 17,462,686. |
| ARAMARK SERVICES LLC, 1101 MARKET ST, SUITE 450, PHILADELPHIA, PA 19107 | FOOD SERVICES | 13,093,779. |

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 344

SEE PART VII, SECTION A CONTINUATION SHEETS

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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) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|---|---|----------------------|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 63,222. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 1,067,494. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 4,128,593. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 115,676. | | | | |
| | h Total. Add lines 1a-1f | | 5,259,309. | | | | |
| | Program Service Revenue | 2 a PATIENT REVENUE | Business Code | | | | |
| | | 621990 | 3,532,004,737. | 3,532,004,737. | | | |
| b ANCILLARY MEDICAL SVCS | | 621990 | 34,139,501. | 34,139,501. | | | |
| c MEDICAL SERVICES | | 621990 | 341,489. | 341,489. | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | 3,566,485,727. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 34,680,750. | | 1,923,576. | 32,757,174. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | 10,195,392. | | | 10,195,392. | |
| | 6 a Gross rents | (i) Real | | | | | |
| | | 12,194,696. | (ii) Personal | | | | |
| | | b Less: rental expenses | 10,749,245. | | | | |
| | | c Rental income or (loss) | 1,445,451. | | | | |
| | d Net rental income or (loss) | | 1,445,451. | | | 1,445,451. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | 2012716506. | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 1920136166. | 1,167,697. | | | |
| | | c Gain or (loss) | 92,580,340. | -1,167,697. | | | |
| | d Net gain or (loss) | | 91,412,643. | | | 91,412,643. | |
| | 8 a Gross income from fundraising events (not including \$ 63,222. of contributions reported on line 1c). See Part IV, line 18 | a | 109,739. | | | | |
| | | b Less: direct expenses | b | 99,124. | | | |
| c Net income or (loss) from fundraising events | | | 10,615. | | | 10,615. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a BILLING FEES | 621990 | 44,690,032. | 44,690,032. | | | | |
| b DEEMED DIVIDEND | 900003 | 6,635,025. | | | 6,635,025. | | |
| c LAB SERVICES | 621990 | 3,754,975. | 3,754,975. | | | | |
| d All other revenue | 621990 | 12,213,063. | 3,444,341. | | 8,768,722. | | |
| e Total. Add lines 11a-11d | | 67,293,095. | | | | | |
| 12 Total revenue. See instructions | | 3,776,782,982. | 3,618,375,075. | 1,923,576. | 151,225,022. | | |

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Part IX Statement of Functional Expenses

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

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

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

Check here 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 | 92,406. | 1 | 101,882. | |
| | 2 Savings and temporary cash investments | 319,923,765. | 2 | 784,143,999. | |
| | 3 Pledges and grants receivable, net | 907,192. | 3 | 1,423,731. | |
| | 4 Accounts receivable, net | 443,472,764. | 4 | 482,629,639. | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | | 6 | |
| | 7 Notes and loans receivable, net | 429,050. | 7 | 287,432. | |
| | 8 Inventories for sale or use | 91,549,857. | 8 | 99,753,991. | |
| | 9 Prepaid expenses and deferred charges | 27,120,344. | 9 | 36,336,639. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 3,644,430,837. | | | |
| | b Less: accumulated depreciation | 1,950,742,484. | 1,527,962,404. | 10c | 1,693,688,353. |
| | 11 Investments - publicly traded securities | 859,604,561. | 11 | 621,244,236. | |
| | 12 Investments - other securities. See Part IV, line 11 | 2,588,062,243. | 12 | 2,512,783,200. | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | 21,465,755. | 14 | 21,465,755. | |
| | 15 Other assets. See Part IV, line 11 | 23,730,962. | 15 | 27,319,763. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,904,321,303. | 16 | 6,281,178,620. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 351,954,045. | 17 | 384,650,750. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 6,837,076. | 19 | 8,314,062. | |
| | 20 Tax-exempt bond liabilities | 1,040,985,793. | 20 | 1,012,051,763. | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,109,763,821. | 25 | 1,338,479,806. | |
| | 26 Total liabilities. Add lines 17 through 25 | 2,509,540,735. | 26 | 2,743,496,381. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 3,336,152,781. | 27 | 3,477,033,339. | |
| | 28 Temporarily restricted net assets | 44,593,461. | 28 | 46,102,670. | |
| | 29 Permanently restricted net assets | 14,034,326. | 29 | 14,546,230. | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 Total net assets or fund balances | 3,394,780,568. | 33 | 3,537,682,239. | | |
| 34 Total liabilities and net assets/fund balances | 5,904,321,303. | 34 | 6,281,178,620. | | |

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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 | 3,776,782,982. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,346,676,742. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 430,106,240. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,394,780,568. |
| 5 | Net unrealized gains (losses) on investments | 5 | 53,558,079. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -340,762,648. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,537,682,239. |

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 in 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 in 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 Single Audit Act and OMB Circular A-133? _____ | 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 in Schedule O and describe any steps taken to undergo such audits _____ | 3b | | |

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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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five 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 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is 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 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|--------------------------|--------------------------|
| 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 or 990-EZ).</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 in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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 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 in (b) and (c) below, the governing body of a supported organization? | [] | [] |
| b A family member of a person described in (a) above? | [] | [] |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | [] | [] |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|-----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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 (explain in detail in Part VI): | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 Multiply line 5 by .035 | 6 | |
| 7 Recoveries of prior-year distributions | 7 | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | |

| 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 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 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

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SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Table with 2 columns: Name of organization (DUKE UNIVERSITY HEALTH SYSTEM, INC.) and Employer identification number (56-2070036)

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

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2018

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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 (grass roots 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:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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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)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|----------|
| | Yes | No | Amount |
| 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 | | 138,337. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 112,368. |
| j Total. Add lines 1c through 1i | | | 250,705. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

| | | |
|---|----|--|
| 1 Dues, assessments and similar amounts from members | 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 expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

LOBBYING ACTIVITIES AS PART OF THEIR JOB RESPONSIBILITIES. THESE SAME

EMPLOYEES HAVE AND SOME SENIOR LEADERS MAY HAVE DIRECT CONTACT WITH

LEGISLATORS, THEIR STAFFS, AND GOVERNMENT OFFICIALS.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

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

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 58,627,787. | 57,177,730. | 57,816,285. | 57,578,816. | 59,083,195. |
| b Contributions | 5,694,239. | 3,880,934. | 2,312,345. | 7,276,856. | 4,849,436. |
| c Net investment earnings, gains, and losses | 681,288. | 2,052,778. | 1,810,497. | -1,590,780. | -29,888. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 4,354,414. | 4,483,655. | 4,761,397. | 5,448,607. | 6,323,927. |
| f Administrative expenses | | | | | |
| g End of year balance | 60,648,900. | 58,627,787. | 57,177,730. | 57,816,285. | 57,578,816. |

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

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 48.38 %
- c** Temporarily restricted endowment 51.62 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 65,300,166. | | 65,300,166. |
| b Buildings | | 2,090,962,130. | 943,698,206. | 1,147,263,924. |
| c Leasehold improvements | | | | |
| d Equipment | | 1,008,051,420. | 645,101,932. | 362,949,488. |
| e Other | | 480,117,121. | 361,942,346. | 118,174,775. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,693,688,353. |

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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) OTHER INVESTMENTS | 103,188,804. | END-OF-YEAR MARKET VALUE |
| (B) FIXED INCOME | 104. | END-OF-YEAR MARKET VALUE |
| (C) PRIVATE CAPITAL | 731,803,326. | END-OF-YEAR MARKET VALUE |
| (D) CASH & CASH EQUIVALENTS | 253,326,515. | END-OF-YEAR MARKET VALUE |
| (E) COMMODITIES | 4,176,820. | END-OF-YEAR MARKET VALUE |
| (F) HEDGE FUNDS | 1,052,516,244. | END-OF-YEAR MARKET VALUE |
| (G) REAL ESTATE | 145,261,390. | END-OF-YEAR MARKET VALUE |
| (H) NATURAL RESOURCES | 222,509,997. | END-OF-YEAR MARKET VALUE |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 2,512,783,200. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| (2) INTEREST PAYABLE | 12,095,290. | |
| (3) PROFESSIONAL LIABILITY COSTS | 6,275,943. | |
| (4) POST RETIREMENT BENEFIT OBLIGATION | 477,568,000. | |
| (5) CAPITAL LEASE OBLIGATION | 132,622,500. | |
| (6) DERIVATIVE INSTRUMENTS | 76,448,323. | |
| (7) TAXABLE BOND LIABILITY | 587,265,265. | |
| (8) OTHER NON-CURRENT LIABILITIES | 46,204,485. | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,338,479,806. | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 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:

FUNDS SUPPORT CAPITAL PURCHASES, OFFSET OPERATING COSTS, IMPROVE PATIENT

SAFETY, AND SUPPORT THE NEEDS OF PATIENTS AND FAMILIES.

PART X, LINE 2:

DUKE UNIVERSITY HEALTH SYSTEM, INC. ADOPTED THE REQUIREMENTS OF FIN 48 AND

CONSIDERED ITS TAX POSITIONS. BASED ON THAT ANALYSIS, THE PROVISIONS OF

FIN 48 ARE DEEMED IMMATERIAL TO THE DUKE UNIVERSITY HEALTH SYSTEM, INC.

FINANCIAL STATEMENTS AND THEREFORE NO FIN 48 SPECIFIC DISCLOSURES ARE MADE

IN THE AUDITED FINANCIAL STATEMENTS OF DUKE UNIVERSITY HEALTH SYSTEM, INC.

AND ITS AFFILIATES FOR FISCAL YEAR ENDED JUNE 30, 2019.

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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2018

▶ Attach to Form 990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | PROGRAM SERVICES | EDUCATION | 3,000. |
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 5,000. |
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | SEMINAR | | 11,000. |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 0 | 0 | SEMINAR | | 13,000. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICES | EDUCATION | 10,000. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | SEMINAR | | 20,000. |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 0 | 0 | SEMINAR | | 2,000. |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | PROGRAM SERVICES | EDUCATION | 6,000. |
| 3 a Subtotal | 0 | 0 | | | 70,000. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 239,558,000. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 239,628,000. |

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Schedule F (Form 990) 2018

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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 |
|---|-------------------------------------|---|--|--|-----------------------------------|
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 7,000. |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | SEMINAR | | 11,000. |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, | 0 | 0 | PROGRAM SERVICES | EDUCATION | 1,000. |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, | 0 | 0 | SEMINAR | | 3,000. |
| SOUTH ASIA | 0 | 0 | SEMINAR | | 9,000. |
| SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | EDUCATION | 3,000. |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 239,429,000. |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | GRANTMAKING | | 11,000. |
| SUB-SAHARAN AFRICA | 0 | 0 | GRANTMAKING | | 84,000. |
| Totals | | | | | 239,558,000. |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | CENTRAL AMERICA AND THE CARIBBEAN | GENERAL SUPPORT | 0. | | 10,900. | MEDICAL EQUIPMENT | FMV |
| | | SUB-SAHARAN AFRICA | GENERAL SUPPORT | 0. | | 84,219. | MEDICAL EQUIPMENT | FMV |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

3 Enter total number of other organizations or entities ▲ 2

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Part IV Foreign Forms

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

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

DUKE UNIVERSITY HEALTH SYSTEM, INC. PERIODICALLY APPROVES NONCASH

ASSISTANCE AND TRANSFERS MEDICAL EQUIPMENT AND SUPPLIES TO ORGANIZATIONS

OUTSIDE THE UNITED STATES, USUALLY IN RESPONSE TO NATURAL DISASTERS. THE

ORGANIZATIONS AWARDED THE ASSISTANCE MUST MONITOR THE APPROPRIATE USE OF

THE ASSISTANCE IN THE ORDINARY COURSE OF BUSINESS.

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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 | 172,961. | | | 172,961. |
| 2 Less: Contributions | 63,222. | | | 63,222. |
| 3 Gross income (line 1 minus line 2) | 109,739. | | | 109,739. |
| Direct Expenses | | | | |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | 37,076. | | | 37,076. |
| 6 Rent/facility costs | | | | |
| 7 Food and beverages | 37,747. | | | 37,747. |
| 8 Entertainment | 8,044. | | | 8,044. |
| 9 Other direct expenses | 16,257. | | | 16,257. |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 99,124. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 10,615. |

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

DUKE UNIVERSITY HEALTH SYSTEM, INC. SUPPORTS THE FUNDRAISING ACTIVITIES

PERFORMED BY EMPLOYEES OF DUKE UNIVERSITY. SUCH ACTIVITIES ARE

DESIGNED TO DEVELOP SUPPORT FOR BOTH THE UNIVERSITY AND THE DUKE

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

PURPOSES.

DUKE UNIVERSITY RECEIVES AND DIRECTS THE CONTRIBUTIONS AS APPROPRIATE

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

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**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) | | | 118,460,903. | | 118,460,903. | 3.54% |
| b Medicaid (from Worksheet 3, column a) | | | 94,944,909. | | 94,944,909. | 2.84% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total. Financial Assistance and Means-Tested Government Programs | | | 213,405,812. | | 213,405,812. | 6.38% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | | | | |
| f Health professions education (from Worksheet 5) | | | 87,324,619. | 16,545,744. | 70,778,875. | 2.11% |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 12,236,868. | | 12,236,868. | .37% |
| j Total. Other Benefits | | | 99,561,487. | 16,545,744. | 83,015,743. | 2.48% |
| k Total. Add lines 7d and 7j | | | 312,967,299. | 16,545,744. | 296,421,555. | 8.86% |

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Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

| | | Yes | No |
|--|-----|-----|----|
| Community Health Needs Assessment | | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | | X |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | | X |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | 3 | X | |
| If "Yes," indicate what the CHNA report describes (check all that apply): | | | |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d <input checked="" type="checkbox"/> How data was obtained | | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | | |
| j <input type="checkbox"/> Other (describe in Section C) | | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u> | | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 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.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 18</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://WWW.DUKEHEALTH.ORG</u> | | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | | X |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | | |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ | | | |

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Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

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

Schedule H (Form 990) 2018

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Part V Facility Information *(continued)*

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

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Part V Facility Information *(continued)*

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

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

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

Schedule H (Form 990) 2018

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Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

| | Yes | No |
|--|-----|----|
| Community Health Needs Assessment | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | X |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | X |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | 3 | X |
| If "Yes," indicate what the CHNA report describes (check all that apply): | | |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 16</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.ADVANCECHC-ORG/COMMUNITY/HEALTH-NEEDS-ASSESSMENT</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 16</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://WWW.DUKEHEALTH.ORG</u> | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | X |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ | | |

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Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

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

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Part V Facility Information *(continued)*

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

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Part V Facility Information *(continued)*

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

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| | | |
| 23 | | X |
| | | |
| 24 | X | |
| | | |

Schedule H (Form 990) 2018

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Part V Facility Information *(continued)*

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

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

PART V, SECTION B:

GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL

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

DUH COLLABORATES WITH THE PARTNERSHIP FOR A HEALTHY DURHAM (THE STATE CERTIFIED HEALTHY CAROLINIANS GROUP) AND THE DURHAM COUNTY HEALTH

DEPARTMENT TO CONDUCT THE DURHAM COUNTY COMMUNITY HEALTH ASSESSMENT AND DEVELOPS STRATEGIES TO ADDRESS IDENTIFIED NEEDS. FACULTY AND STAFF OF

THE DUKE DIVISION OF COMMUNITY HEALTH AND APPOINTED MEMBERS OF THE DUH

SENIOR LEADERSHIP TEAM OFFICIALLY SERVE ON THE PARTNERSHIP FOR A

HEALTHY DURHAM COMMITTEES.

THE MOST RECENT ASSESSMENT PROCESS CONDUCTED IN CALENDAR YEAR 2017

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

INCLUDED 358 CITIZEN SURVEYS FROM RANDOMLY SELECTED HOUSEHOLDS AND 3

COMMUNITY LISTENING SESSIONS WITH 42 COMMUNITY MEMBERS. THE SURVEY WAS

ALSO CONDUCTED IN PERSON AT GROCERY STORES, LIBRARIES, DURHAM COUNTY

DEPARTMENT OF PUBLIC HEALTH CLINICS, AND BUS STATIONS. THE COMMUNITY

HEALTH ASSESSMENT TEAM - COMPRISED OF MEMBERS REPRESENTING, DUKE

UNIVERSITY HEALTH SYSTEM, UNIVERSITIES, LOCAL GOVERNMENT, SCHOOLS,

NON-PROFIT ORGANIZATIONS AND BUSINESSES - WORKED TO DIRECT THE

ACTIVITIES OF THE ASSESSMENT AND PROVIDE WRITTEN CONTENT AND EXPERTISE

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Part V Facility Information *(continued)*

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

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

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

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

GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL

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

GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL

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

THE DURHAM COUNTY HEALTH DEPARTMENT

GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL

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

PRIORITIES FOR 2018 - 2020:

- 1. AFFORDABLE HOUSING
- 2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE
- 3. POVERTY
- 4. MENTAL HEALTH
- 5. OBESITY, DIABETES AND FOOD ACCESS

ALL OF THE PROGRAMS DESCRIBED IN THE FOLLOWING IMPLEMENTATION PLAN ARE

ALIGNED WITH THE FIVE HEALTH PRIORITIES WITH MANY OF THE PROGRAMS

ADDRESSING COMBINATIONS OF THE FIVE HEALTH PRIORITIES. A BRIEF EXCERPT

FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT DESCRIBING EACH PRIORITY IS

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

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

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

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Part V Facility Information *(continued)*

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

EXPRESSED COMMUNITY HEALTH NEEDS. THIS IMPLEMENTATION PLAN MAY NOTE,
BUT DOES NOT CONTAIN DETAILED DESCRIPTIONS OF THE COMMUNITY HEALTH
IMPROVEMENT WORK CARRIED OUT BY OTHER COMPONENTS OF THE LARGER DUKE
HEALTH SYSTEM OR DUKE UNIVERSITY. THIS IMPLEMENTATION PLAN IS INTENDED
TO HIGHLIGHT DUKE HOSPITAL'S CONTINUALLY EVOLVING ACTIVITIES AND
SUPPORT TO IMPROVE HEALTH WITH THE DURHAM COMMUNITY.

TOGETHER, WITH ITS PARTNERS, DUH ASKS ABOUT AND LISTENS TO CONCERNS,
EXPLORES BARRIERS TO CARE, ANALYZES HEALTHCARE UTILIZATION AND COSTS,
IDENTIFIES PARTNER NEEDS AND RESOURCES, PLANS/REDESIGNS SERVICES,
TRACKS OUTCOMES, AND SHARES ACCOUNTABILITY IN ORDER TO DEVELOP
EFFECTIVE PROGRAMS TO IMPROVE THE HEALTH OF THE DURHAM COMMUNITY. AS
SUCH THIS IMPLEMENTATION PLAN INCLUDES NEW AND LONG-STANDING PROGRAMS.

1. AFFORDABLE HOUSING

AFFORDABLE HOUSING, AS DEFINED BY HUD (U.S. DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT), REQUIRES NO MORE THAN 30% OF A FAMILY'S MONTHLY
INCOME. IF A FAMILY SPENDS MORE THAN 30% OF INCOME ON HOUSING, THEY
ARE LESS ABLE TO PAY FOR OTHER EXPENSES, SUCH AS FOOD AND HEALTHCARE.
THE INCREASED COST BURDEN OF UNAFFORDABLE HOUSING ADDS TO PSYCHOSOCIAL
STRESSORS THAT CAN NEGATIVELY IMPACT A FAMILY. RENTERS MAKE UP 40% OF
HOUSEHOLDS IN DURHAM, AND ALMOST HALF OF THEM ARE DEFINED AS
COST-BURDENED (I.E. PAYING MORE THAN 30% OF THEIR MONTHLY INCOME FOR
HOUSING).

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

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Part V Facility Information *(continued)*

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

OF HOME BUILDS, AFFORDABLE HOUSING IS A FOCUS OF THE LARGER DUKE

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

FOUNDATION PROVIDED THE OPPORTUNITY TO DEVELOP TWO ACRES OF PRIME

DOWNTOWN DURHAM LAND INTO MULTI-UNIT AFFORDABLE HOUSING. DUKE

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

AFFORDABLE HOUSING TRUST FUND.

2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE:

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

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

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

CARE WITHOUT ENCOUNTERING SIGNIFICANT BARRIERS. ALTHOUGH THERE ARE MANY

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

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

TROUBLE ACCESSING CARE WHEN THEY NEED IT. BARRIERS TO OBTAINING

HEALTHCARE CAN RANGE IN ISSUES WITH TRANSPORTATION, LANGUAGE BARRIERS,

OR DISTRUST OF THE HEALTHCARE SYSTEM. ACCORDING TO THE COMMUNITY

HEALTH ASSESSMENT SURVEY, THE TOP REASONS IDENTIFIED BY DURHAM COUNTY

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

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

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

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

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

FOR UNINSURED, UNDERINSURED, AND/OR VULNERABLE INDIVIDUALS AND

FAMILIES. THOSE PROGRAMS INCLUDE:

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Part V Facility Information *(continued)*

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

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

UNINSURED, DURHAM COUNTY RESIDENTS TO SPECIALTY MEDICAL CARE FULLY

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

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

PLANS FOR FY19: CONTINUE TO WORK WITH PADC TO PROVIDE LOW-INCOME,

UNINSURED DURHAM COUNTY RESIDENTS DONATED SPECIALTY SERVICES AND

CONTINUE TO ASSIST IN SUPPORTING THE GROWTH OF THE MEDICAL RESPITE

PROGRAM. THE MEDICAL RESPITE PROGRAM BENEFITS PARTICIPANTS BY PROVIDING

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

ABUSE SERVICES, AND ASSISTANCE IN TRANSITIONING TO STABLE HOUSING.

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

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

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

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

NAMED THE DURHAM HOMELESS CARE TRANSITIONS PROGRAM, SERVES AN AVERAGE

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

DURABLE MEDICAL EQUIPMENT. ON AVERAGE, THE HEALTH EQUIPMENT LOAN

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

YEAR TO INDIVIDUALS WHO CANNOT AFFORD THESE NECESSARY RESOURCES.

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

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

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

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

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Part V Facility Information *(continued)*

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.

FOUNDING AND SUSTAINING LATCH PARTNERSHIP INCLUDES DUH (WHICH NOW PROVIDES THE MAJORITY OF OPERATING FUNDS), LINCOLN COMMUNITY HEALTH CENTER, THE DURHAM COUNTY DEPARTMENTS OF HEALTH AND SOCIAL SERVICES, EL CENTRO HISPANO, AND A NUMBER OF COMMUNITY-BASED ORGANIZATIONS (CBOS). THROUGH COMMUNITY-BASED, LINGUISTICALLY AND CULTURALLY-RELEVANT CARE MANAGEMENT, LATCH AIMS TO IMPROVE HEALTH KNOWLEDGE AND SELF-CARE, ACCESS TO HEALTH CARE AND HEALTH SERVICES UTILIZATION OUTCOMES AMONG DURHAM COUNTY'S UNINSURED. CARE MANAGEMENT SERVICES INCLUDE: HEALTH SERVICES COORDINATION AND NAVIGATION (MEDICAL, SOCIAL, BEHAVIORAL); POST-HOSPITALIZATION FOLLOW-UP; PATIENT EDUCATION; CHRONIC DISEASE MANAGEMENT; PSYCHO-SOCIAL SUPPORT; ACCESS TO BENEFITS (MEDICAID/SSI/SSDI); BILLS ASSISTANCE; INTERPRETATION/TRANSLATION; AND, TRANSPORTATION COORDINATION. IN PARTNERSHIP WITH OTHER COMMUNITY STAKEHOLDERS-HEALTHCARE AND SOCIAL SERVICE PROVIDERS, LOCAL GOVERNMENT AND COMMUNITY-BASED ORGANIZATIONS-LATCH MONITORS HEALTHCARE TRENDS, IDENTIFIES BARRIERS FACING UNINSURED PATIENTS, AND, WORKING AS A CONSORTIUM, ADDRESSES AND ELIMINATES BARRIERS.

PLANS FOR FY2019: LATCH ANTICIPATES SERVING AT LEAST 2,500 INDIVIDUALS IN 2019.

PROGRESS IN FY19: DESPITE A NUMBER OF STAFFING CHANGES IN 2019, LATCH STILL SERVED APPROXIMATELY 2,100 INDIVIDUALS IN 2019.

THE COMPLEX CHILD PROGRAM (CCP): PROVIDES THE COORDINATION OF MEDICAL AND CO-MANAGEMENT OF MEDICAL CARE FOR CHILDREN WITH MULTIPLE MEDICALLY COMPLEX ISSUES THAT REQUIRE THE INTERACTION WITH MULTIPLE SPECIALISTS.

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Part V Facility Information *(continued)*

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

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

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

CENTRAL "QUARTERBACK" HELPING TO OVERSEE THE BIG PICTURE.

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

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

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

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

TEAM COORDINATES INPATIENT INTENSIVE CARE TRANSITIONS PRIOR TO

DISCHARGE AND CONDUCTS INTENSIVE OUTPATIENT "BETWEEN-VISIT" CONTACTS

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

CURRENTLY PROVIDING CARE TO 92 PATIENTS.

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

PATIENTS.

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

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

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

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

SOUTHERN HIGH SCHOOL (SHS) WELLNESS CENTER: PROVIDES COMPREHENSIVE

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

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

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

AND WILL CELEBRATE 23 YEARS OF SERVICE IN 2019.

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Part V Facility Information *(continued)*

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.

JUST FOR US (JFU): PROVIDES AN IN-HOME CARE PROGRAM FOR LOW-INCOME,
 FRAIL ELDERLY AND DISABLED. JFU WAS LAUNCHED IN 2002 AS A COLLABORATION
 OF DUKE, LINCOLN COMMUNITY HEALTH CENTER, DURHAM DEPARTMENT OF SOCIAL
 SERVICES (DSS), THE LOCAL AREA MENTAL HEALTH ENTITY, AND THE DURHAM
 HOUSING AUTHORITY. DUH PROVIDES THE MAJORITY OF ONGOING SUPPORT FOR THE
 PROGRAM. THROUGH JFU, AN INTERDISCIPLINARY TEAM OF PROVIDERS SERVES
 CLIENTS IN THEIR HOMES, PROVIDING MEDICAL CARE, MANAGEMENT OF CHRONIC
 ILLNESSES, AND CASE MANAGEMENT. EACH PARTICIPANT RECEIVES A HOME VISIT
 EVERY 5 WEEKS UNLESS THERE IS AN ACUTE EPISODE OR A HOSPITAL DISCHARGE,
 FOR WHICH A VISIT IS SCHEDULED IMMEDIATELY. VISITS INCLUDE MEDICATION
 RECONCILIATION, SOCIAL ISSUES, SUPPORT SERVICES, CHRONIC DISEASE
 MANAGEMENT, AND POST-HOSPITAL CARE. THE HEALTH CARE TEAM CONSISTS OF A
 CLINICAL PROVIDER (PA, NP OR MD), OCCUPATIONAL THERAPIST, REGISTERED
 DIETITIAN, SOCIAL WORKER, PHLEBOTOMIST, AND COMMUNITY HEALTH WORKER.

NEIGHBORHOOD/COMMUNITY CLINICS: DUH IN PARTNERSHIP WITH LINCOLN
 COMMUNITY HEALTH CENTER COLLABORATIVELY OPERATES THREE COMMUNITY HEALTH
 CLINICS; THE LYON PARK COMMUNITY CLINIC, THE WALLTOWN NEIGHBORHOOD
 CLINIC AND THE HOLTON WELLNESS CENTER. THE CLINICS WERE DESIGNED TO
 PROVIDE PRIMARY CARE, HEALTH EDUCATION, AND DISEASE PREVENTION TO THE
 UNDERSERVED POPULATIONS OF DURHAM. THE CLINICS PROVIDE MEDICAL CARE FOR
 PERSONS WITH AND WITHOUT HEALTH INSURANCE. THOSE WITHOUT INSURANCE ARE
 SEEN BASED ON A SLIDING FEE SCALE. NO PATIENT IS DENIED CARE BASED ON
 INABILITY TO PAY FOR SERVICES. THE LYON PARK CLINIC WAS THE FIRST OF
 THE COLLABORATIVE NEIGHBORHOOD CLINICS, OPENING ITS DOORS FOR PATIENT
 CARE IN APRIL 2003. THE WALLTOWN CLINIC OPENED IN JANUARY 2005 AND THE
 HOLTON CLINIC OPENED IN AUGUST 2009. EACH CLINIC RECEIVED START-UP

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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.

FUNDS THROUGH A DUKE ENDOWMENT GRANT. CLINICS GENERATE REVENUE THROUGH

A CONTRACT WITH LINCOLN COMMUNITY HEALTH CENTER AND RECEIVE SIGNIFICANT

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

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

PRACTITIONERS AND FAMILY PHYSICIANS, WHO SERVE AS SUPERVISING DOCTORS.

EACH CLINIC IS SUPPORTED BY NURSING STAFF: CERTIFIED NURSING

ASSISTANTS, LICENSED PRACTICAL NURSES, OR CERTIFIED MEDICAL ASSISTANTS

AND A STAFF ASSISTANT. THE STAFF ASSISTANT PERFORMS ALL ADMINISTRATIVE

TASKS FOR THE CLINIC INCLUDING ANSWERING INCOMING PHONE CALLS,

REGISTRATION, SCHEDULING, ETC.

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

NEIGHBORHOOD/COMMUNITY CLINICS ANTICIPATE PROVIDING MORE THAN 13,000

CLINICAL ENCOUNTERS IN 2019.

PROGRESS IN FY2019: THE SHS WELLNESS CENTER, JFU,

AND THE NEIGHBORHOOD/COMMUNITY CLINICS STRUGGLED WITH PERIODS OF STAFF

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

ENCOUNTERS FOR 2019 TOTALLED 11,753.

3. POVERTY

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

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

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

AS UNINSURED OR UNDERINSURED HEALTH INSURANCE COVERAGE, AFFECT HEALTH

OUTCOMES. REASONS FOR THE ASSOCIATION BETWEEN ECONOMIC INSECURITY 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.

HEALTH INCLUDE THE HEALTH EFFECTS OF STRESS RESULTING FROM ECONOMIC

INSECURITY, EFFECTS OF STRESS AND SPENDING LIMITATIONS ON FOOD

CONSUMPTION, AND RESTRICTED USE OF HEALTH SERVICES.

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

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

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

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

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

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

IN ADDITION, DUKE STOPPED REQUIRING JOB APPLICANTS TO DISCLOSE CRIMINAL

HISTORY DURING THE APPLICATION PROCESS AS OF SEPTEMBER 2018.

THE FOLLOWING PROGRAMS ALSO HELP ADDRESS THE COMMUNITY HEALTH NEED OF

POVERTY:

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

CHRONICALLY HOMELESS, OR AT RISK OF HOMELESSNESS ACCESS HEALTH

INSURANCE, A STABLE INCOME, AND MEDICAL CARE BY ASSISTING THESE

INDIVIDUALS IN APPLYING FOR SUPPLEMENTAL SECURITY INCOME (SSI) AND

SOCIAL SECURITY DISABILITY INSURANCE (SSDI). THE HOMELESS POPULATION

AND THOSE REENTERING THE COMMUNITY FROM AN INSTITUTION FACE NUMEROUS

CHALLENGES IN ACCESSING SERVICES. APPROVAL ON INITIAL SSI AND SSDI

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

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

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

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

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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.

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

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

PROVIDED WITH A STEP BY STEP EXPLANATION AND COMPLETION OF ALL

APPLICATIONS FOR FEDERAL DISABILITY BENEFITS; RECEIVE EXPEDITED

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

COMMUNITY RESOURCES. DUH CURRENTLY FUNDS TWO SOAR CASE MANAGERS WHO

HAVE SUCCESSFULLY HELPED MORE THAN 100 PATIENTS IN THE LAST THREE

YEARS.

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

REFERRALS

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

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

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

95%.

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

COMMUNITY HEALTH LAUNCHED THE BENEFITS ENROLLMENT COUNSELING PROGRAM

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

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

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

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

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

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

CRITICAL IN MAINTAINING THEIR HEALTH AND AVOIDING COSTLY

HOSPITALIZATIONS. THE BENEFITS PROVIDE CLIENTS SERVED WITH ACCESS TO

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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.

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

SUPPORTIVE SERVICES. THE BENEFITS ALSO PROVIDE A COMMUNITY ECONOMIC

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

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

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

PARTNER COMMUNITY BASED ORGANIZATIONS AND DUKE) TO ASSIST CLIENTS IN

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

DUKE UNDERGRADUATES AND MEDICAL STUDENTS TO ENGAGE IN SERVICE,

OUTREACH, AND ADVOCACY EFFORTS AS WELL AS BUILD MEANINGFUL

INTERGENERATIONAL RELATIONSHIPS.

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

PREVENTION, AND EDUCATION) WHICH OFFERS HEALTH SCREENING AND EDUCATION

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

HUNGER PREVENTION THROUGH SELF-SUFFICIENT, SUSTAINABLE GARDENING

PRACTICES AND THE PROVISION OF COOKING CLASSES AT SENIOR CENTERS.

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

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

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

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

DOWNTOWN DURHAM THAT WILL GROW FRUITS AND VEGETABLES FOR CLIENTS SERVED

BY BEC.

4. MENTAL HEALTH

MENTAL HEALTH AND SUBSTANCE USE DISORDERS HAVE DIRECT COSTS SUCH AS

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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.

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

INDIRECT COSTS SUCH AS MOTOR VEHICLE ACCIDENTS, PREMATURE DEATH,

COMORBID HEALTH CONDITIONS, DISABILITY, LOST PRODUCTIVITY,

UNEMPLOYMENT, POVERTY, SCHOOL DIFFICULTIES, ENGAGEMENT WITH SOCIAL

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

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

COLLABORATIVE INITIATIVES TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES

AND REDUCE SUBSTANCE ABUSE.

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

IN THE FOLLOWING ACTIVITIES:

* COMMUNITY COALITIONS: DURHAM CRISIS COLLABORATIVE; PARTNERSHIP FOR A

HEALTHY DURHAM SUBSTANCE USE AND MENTAL HEALTH COMMITTEE AND DURHAM

TOGETHER FOR RESILIENT YOUTH; DURHAM COUNTY LEADERSHIP FORUM ON

SUBSTANCE ABUSE AND MENTAL HEALTH.

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

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

DEPARTMENT OF PUBLIC HEALTH; DURHAM MOBILE CRISIS UNIT.

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

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

CHRONIC PAIN PROVIDER CONSULTATION CALLS.

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

FRANKLIN, PERSON, GRANVILLE, & VANCE).

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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.

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

AT LINCOLN COMMUNITY HEALTH CENTER; CHRONIC PAIN MANAGEMENT RESOURCES;

KEY COMMUNITY PRESENTATIONS.

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

RESILIENCY MODEL (CRM): ACTIVITIES AND TRAINING.

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

NUMBER OF ACCOMPLISHMENTS INCLUDING: HIRING PEER SUPPORT SPECIALISTS

FOR THE DUH EMERGENCY DEPARTMENT; UPLOADING THE MENTAL HEALTH AND

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

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

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

SELF-MANAGEMENT WORKSHOPS CONTINUED AT LINCOLN COMMUNITY HEALTH CENTER

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

COUNTY.

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

MANAGEMENT BY ENCOURAGING CLINICAL PRACTICE STANDARDIZATION, WHERE

CLINICALLY APPROPRIATE, WHEN OPIOID THERAPY IS DESIGNATED FOR

TREATMENT. THE OPIOID SAFETY TASK FORCE PROVIDES RECOMMENDATIONS FOR

THE INITIATION AND MANAGEMENT OF OPIOID THERAPY ACROSS DUKE UNIVERSITY

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

REDUCE HARM ASSOCIATED WITH THE HIGH RISK TREATMENTS WHILE ENGAGING

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

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

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Part V Facility Information *(continued)*

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

OF THE TASK FORCE.

PLANS FOR FY19: PROVIDE PROVIDER TRAINING IN MEDICATION ASSISTED

THERAPY.

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

ASSISTED THERAPY.

5. OBESITY, DIABETES, AND FOOD ACCESS

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

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

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

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

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

COMMUNITY HEALTH CENTER HAD DIABETES. MANY DISEASES ARE LINKED TO

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

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

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

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

RESIDENTS (51,710 PEOPLE) HAVE FOOD INSECURITY.

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

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

LIFESTYLES PROGRAM SEEKS TO ADDRESS WEIGHT-RELATED HEALTH PROBLEMS FOR

CHILDREN BY OFFERING CARING PROVIDERS, FAMILY-CENTERED TREATMENT

PROGRAMS, HIGHLY TRAINED EDUCATORS AND RESEARCHERS, AND STRONG

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Part V Facility Information *(continued)*

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 PARTNERSHIPS. BULL CITY FIT HELPS IN THIS EFFORT BY OFFERING

FREE EVENING AND WEEKEND ACTIVITY SESSIONS FOR THE LARGER COMMUNITY.

THESE SESSIONS COVER VARIOUS THEMES THAT ENCOURAGE AND PROMOTE ACTIVE

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

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

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

ENVIRONMENT FOR ALL.

BULL CITY FIT EMPOWERS THE WHOLE FAMILY TO INCREASE KNOWLEDGE AND

PRACTICE OF PHYSICAL ACTIVITY AND HEALTHY EATING; ADDRESS CURRENT

WEIGHT-RELATED ILLNESS AND PREVENT CHRONIC DISEASE THROUGH INCREASED

ACTIVITY LEVELS; IMPROVE QUALITY OF LIFE BY PROMOTING HEALTHY

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

LIFELONG COMMITMENT TO A HEALTHY LIFESTYLE.

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

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

INITIATIVE; LINCOLN COMMUNITY HEALTH CENTER; COMMUNITY NUTRITION

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

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

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

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

ADDITIONAL SITES.

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

EXPAND STAFFING AND BEGAN WORK TO MOVE FORWARD WITH EXPANSION TO

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Part V Facility Information *(continued)*

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

ADDITIONAL SITES.

GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL

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

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

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

ITS BILLING INVOICES THAT PATIENTS SHOULD CONTACT PATIENT ACCOUNT

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

THIS COMMENT REFERENCES GOVERNMENT-SPONSORED PROGRAMS, MONTHLY PAYMENT

PROGRAMS, AND OTHER FINANCIAL ASSISTANCE PROGRAMS AVAILABLE FOR

PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA. DUHS ALSO PUBLICIZED ITS

FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE

COUNSELORS.

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

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

EQUAL TO GROSS CHARGES.

DUKE RALEIGH HOSPITAL:

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

COUNTY HUMAN SERVICES, WAKEMED HEALTH AND HOSPITALS, UNC REX

HEALTHCARE, ADVANCE COMMUNITY HEALTH, UNITED WAY OF THE GREATER

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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.

TRIANGLE, AND THE WAKE COUNTY MEDICAL SOCIETY COMMUNITY HEALTH

FOUNDATION IN CONDUCTING THE 2016 WAKE COUNTY COMMUNITY HEALTH NEEDS

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

FOR THE 2016 WAKE COUNTY CHNA BEGAN WITH THE COLLECTION AND ANALYSIS OF

HUNDREDS OF DATA POINTS. ALL INDIVIDUAL DATA MEASURES FROM BOTH PRIMARY

(NEW) AND SECONDARY (EXISTING) SOURCES WERE GATHERED, ANALYZED, AND

INTERPRETED. IN ORDER TO COMBINE DATA POINTS INTO MORE EASILY

DISCUSSABLE CATEGORIES, DATA MEASURES WERE SORTED BY COMMON THEMES AND

DEVELOPED INTO TWENTY-ONE DATA CATEGORIES.

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

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

PRIORITIZATION MEETINGS THAT WERE HELD THROUGHOUT THE COUNTY.

ADDITIONALLY, KEY LEADERS OF ORGANIZATIONS REPRESENTING BROAD INTERESTS

OF THE COMMUNITY PROVIDED INPUT THROUGH AN INTERNET-BASED SURVEY,

PARTICIPATION ON THE STEERING COMMITTEE, AND A PRIORITIZATION SURVEY.

THE PROCESS ALSO HAD SIGNIFICANT INPUT AND DIRECTION FROM THE COMMUNITY

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

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

INCLUDED IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT.

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

INCLUDED NUMEROUS PUBLIC DATA SOURCES RELATED TO DEMOGRAPHICS, SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, HEALTH

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

MODIFIABLE HEALTH RISKS. FURTHER, SOME LOCAL ORGANIZATIONS PROVIDED

INTERNAL DATA THAT WERE ALSO INCORPORATED INTO THE ANALYSIS PROCESS.

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Part V Facility Information *(continued)*

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

IN AN EFFORT TO IDENTIFY THE TOP PRIORITIES FOR THE COUNTY, A
PRIORITIZATION MATRIX WAS DEVELOPED. THE PRIORITIZATION MATRIX INCLUDED
THE FINDINGS FROM THE ANALYSIS OF THE PRIMARY (NEW) AND SECONDARY
(EXISTING) DATA, WHICH WERE PRESENTED TO THE STEERING COMMITTEE IN
FEBRUARY 2016 AND TO COMMUNITY MEMBERS DURING THE PRIORITIZATION
MEETINGS HELD ON MARCH 8, 2016. ADDITIONALLY, STEERING COMMITTEE
MEMBERS WERE PROVIDED THE OPPORTUNITY TO COMPLETE AN INTERNET-BASED
SURVEY IN WHICH THEY WERE ASKED TO IDENTIFY THE SIGNIFICANCE OF THE
NEED FOR EACH OF THE TWENTY-ONE CATEGORIES AS HIGH, MEDIUM, OR LOW.
COMMUNITY MEMBERS WERE ASKED TO PROVIDE THE SAME INFORMATION AT THE
COMMUNITY PRIORITIZATION MEETINGS. THESE VARIOUS DATA COMPONENTS WERE
THEN ANALYZED AND THE RESULTS WERE WEIGHTED AS FOLLOWS: SECONDARY
(EXISTING) DATA - WEIGHTED 50 PERCENT; PRIMARY (NEW) DATA - WEIGHTED 50
PERCENT IN TOTAL, AS FOLLOWS: FOCUS GROUP FINDINGS, TELEPHONE SURVEY
RESULTS, AND INTERNET-BASED COMMUNITY SURVEY RESULTS - WEIGHTED 20
PERCENT; COMMUNITY PRIORITIZATION MEETING RESULTS - WEIGHTED 20
PERCENT; AND, STEERING COMMITTEE PRIORITIZATION SURVEY RESULTS -
WEIGHTED 10 PERCENT. THIS JOINT CHNA AND RELATED IMPLEMENTATION PLAN
WERE ADOPTED BY THE DUHS BOARD OF DIRECTORS AND PUBLISHED ON THE DUKE
HEALTH WEBSITE IN FISCAL YEAR 2017 (TAX YEAR 2016).

DUKE RALEIGH HOSPITAL:
PART V, SECTION B, LINE 6A: UNC REX HEALTHCARE, WAKEMED HEALTH AND
HOSPITALS.

DUKE RALEIGH HOSPITAL:

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Part V Facility Information (continued)

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

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

COUNTY HUMAN SERVICES, ADVANCE COMMUNITY HEALTH AND THE WAKE COUNTY

MEDICAL SOCIETY COMMUNITY HEALTH FOUNDATION.

DUKE RALEIGH HOSPITAL:

PART V, SECTION B, LINE 11:

THE FOLLOWING CATEGORIES WERE IDENTIFIED AS THE FOUR PRIORITY AREAS FOR

WAKE COUNTY THAT WILL BE ADDRESSED FOR 2017-2019:

1. HEALTH INSURANCE COVERAGE

2. TRANSPORTATION

3. ACCESS TO HEALTH SERVICES

4. MENTAL HEALTH AND SUBSTANCE USE

1. HEALTH INSURANCE COVERAGE

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

IMPORTANT ISSUES IMPACTING THE QUALITY OF LIFE OF WAKE COUNTY

RESIDENTS. THIS ISSUE NOT ONLY ENCOMPASSES THOSE WHO LACK INSURANCE,

BUT ALSO THOSE THAT ARE UNDERINSURED AS WELL AS THOSE UNDER GOVERNMENT

PROGRAMS SUCH AS MEDICARE AND MEDICAID. CONCERNS WERE ALSO EXPRESSED

REGARDING THE COMPLEXITY OF THE HEALTH CARE SYSTEM AND CONFUSION

REGARDING HOW HEALTH INSURANCE WORKS. TO ADDRESS THIS PRIORITY DUKE

RALEIGH WILL EMPLOY THE FOLLOWING STRATEGY ALONG WITH OUTLINED ACTION

ITEMS:

* CONTINUE TO PROVIDE FINANCIAL ASSISTANCE VIA DUKE UNIVERSITY HEALTH

SYSTEM'S CHARITY AND DISCOUNTED CARE POLICIES. THESE POLICIES PROVIDE

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Part V Facility Information *(continued)*

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

ELIGIBLE CARE AT A DISCOUNT OR WITHOUT CHARGE TO ALL QUALIFYING

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

HARDSHIP CANNOT PAY FOR THE CARE THEY RECEIVE FOR MEDICALLY NECESSARY

SERVICES.

* CONTINUE TO UTILIZE FINANCIAL CARE COUNSELORS TO HELP PATIENTS

UNDERSTAND THEIR FINANCIAL RESPONSIBILITIES AND CONNECT PATIENTS WITH

COMMUNITY RESOURCES.

* CONTINUE TO HELP PATIENTS NAVIGATE THROUGH GOVERNMENT SPONSORED

FINANCIAL ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY.

* CONTINUE TO PROVIDE SUPPORT TO ORGANIZATIONS SUCH AS ALLIANCE MEDICAL

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

PROVIDES AFFORDABLE HEALTHCARE TO UNINSURED ADULTS IN WAKE COUNTY. IN

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

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

FUNDING TO ALLIANCE MEDICAL MINISTRY.

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

A PRIVATE, NONPROFIT PROGRAM THAT CONNECTS ELIGIBLE UNINSURED CLIENTS

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

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

ACCESS OF WAKE COUNTY CLIENTS.

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

NONPROFIT PHARMACY THAT PROVIDES ACCESS TO LIFESAVING PRESCRIPTION

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Part V Facility Information *(continued)*

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

MEDICATIONS TO UNINSURED NC RESIDENTS.

* CONTINUE TO PROVIDE HEALTH LITERACY COURSE THROUGH OUR CLINICAL

EDUCATION DEPARTMENT WHICH EDUCATED OVER 64 CLINICIANS IN FY19.

2. TRANSPORTATION

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

AS LACK OF TIMELY TRANSPORTATION CAN IMPACT THE ABILITY TO MAKE

PHYSICIAN APPOINTMENTS AND OBTAIN PRESCRIPTIONS PARTICULARLY FOR OUR

ELDERLY AND MOST DISADVANTAGED RESIDENTS. TO ADDRESS THIS PRIORITY DUKE

RALEIGH WILL EMPLOY THE FOLLOWING STRATEGY ALONG WITH THE OUTLINED

ACTION ITEMS:

* CONTINUE TO EMPLOY MULTIDISCIPLINARY APPROACHES WITHIN THE CANCER

CENTER TO FACILITATE MULTIPLE APPOINTMENTS IN THE SAME DAY THEREBY

REDUCING TRANSPORTATION NEEDS.

* CONTINUE TO SUPPORT ORGANIZATIONS SUCH AS THE GREATER RALEIGH CHAMBER

OF COMMERCE AND MIDTOWN RALEIGH ALLIANCE, WHICH ADVOCATES FOR AN

ENHANCED TRANSIT AND TRANSPORTATION SYSTEM FOR ALL RESIDENTS. THIS

INCLUDES INVESTING IN THE GREATER RALEIGH CHAMBER EDGE 5 INITIATIVE

WHICH SUPPORTS ECONOMIC DEVELOPMENT, TALENT RECRUITMENT, AND QUALITY OF

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

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

* CONTINUE TO SUPPORT ORGANIZATIONS SUCH AS THE LUNG CANCER INITIATIVE

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

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Part V Facility Information *(continued)*

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

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

DRAH DONATED \$10,000 TO THE LUNG CANCER INITIATIVE OF NC.

3. ACCESS TO HEALTH SERVICES

ACCESS TO HEALTH SERVICES IS KEY TO IMPROVING COMMUNITY HEALTH AND

RESIDENTS HEALTH STATUS. THIS PRIORITY RELATES TO THE UTILIZATION OF

EXISTING HEALTH FACILITIES, THE EASE OF ACCESSING HEALTH RESOURCES, AND

PRIMARY AND PREVENTIVE CARE/SCREENINGS. THIS WAS IDENTIFIED AS A TOP

PRIORITY BASED ON FEEDBACK FROM FOCUS GROUPS AND SURVEYS AS WELL AS THE

RATE OF PREVENTABLE HOSPITAL STAYS FOR CONDITIONS SUCH AS DIABETES,

COPD, ASTHMA, HEART FAILURE, BACTERIAL PNEUMONIA, UTI, AND DEHYDRATION.

ALSO, THE COMPLEXITY OF NAVIGATING THE HEALTH CARE SYSTEM,

AFFORDABILITY OF HEALTH SERVICES, AND PROVIDER AVAILABILITY AROSE AS

KEY CONCERNS RELATED TO ACCESS TO HEALTH SERVICES. DUKE RALEIGH AS WELL

AS DUKE HEALTH IS ACTIVELY ENGAGED IN IMPROVING ACCESS TO HEALTH

SERVICES FOR ALL RESIDENTS THROUGH STRATEGIC INITIATIVES AS WELL AS

THROUGH STRATEGIC COMMUNITY PARTNERSHIPS.

CONTINUE TO IMPROVE THE DISCHARGE PROCESS TO ENSURE THAT DISCHARGED

PATIENTS ARE CONNECTED WITH PRIMARY CARE RESOURCES.

CONTINUE PARTNERSHIP WITH WAKE EMS AND AREA HOSPITALS ON TRIAGE AND

DESTINATION PLAN FOR STROKE PATIENTS.

AS DESCRIBED PREVIOUSLY, DUKE RALEIGH HOSPITAL CONTINUED TO PROVIDE

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

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Part V Facility Information *(continued)*

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

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

INSURANCE COVERAGE, AND OTHER MEANS TO HEALTH SERVICES.

STRENGTHEN SUPPORT OF ALLIANCE MEDICAL MINISTRY AND URBAN MINISTRIES OF

WAKE COUNTY THROUGH INCREASED EMPLOYEE VOLUNTEERISM IN EFFORTS TO

EXPAND THEIR CAPACITY AND ABILITY TO SERVE PATIENTS. BETWEEN FY17-19,

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

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

ENGAGED APPROXIMATELY 50 EMPLOYEES.

CONTINUE PROGRAMS THROUGH THE DUKE SPECIALTY REHAB SERVICES MIDTOWN,

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

AND MAKE HEALTHY LIFESTYLE CHANGES. SERVICES OFFERED INCLUDE PULMONARY

REHABILITATION PROGRAMS, PERSONALIZED DIABETES MANAGEMENT PLANS,

MULTIDISCIPLINARY THERAPY FOR NEUROLOGICAL DISORDERS, PHYSICAL THERAPY,

OCCUPATIONAL THERAPY, SPEECH THERAPY AS WELL AS CARDIOVASCULAR AND

STRENGTH TRAINING EQUIPMENT.

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

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

DEVELOPMENT PROGRAMS.

CONTINUE COMMUNITY EDUCATION, HEALTHY FOCUS SEMINARS WITH EFFORTS TO

EXPAND ATTENDANCE TO INCLUDE POPULATIONS THROUGHOUT WAKE COUNTY AS WELL

AS A FOCUS ON TOPICS ALIGNED WITH THE NEEDS ASSESSMENT.

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

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Part V Facility Information *(continued)*

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

CONNECTIONS TO THE DUKE BENEFIT ENROLLMENT CENTER AT THE SOUTHEAST

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

SIGMA THETA SORORITY, INC.

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

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

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

COMMITMENT.

EXPAND AND STRENGTHEN COMMUNITY OUTREACH EFFORTS AROUND STROKE,

CARDIOVASCULAR DISEASE, DIABETES, CANCER, ORTHOPEDICS AND SPORTS

MEDICINE ALONG WITH OUR COMMUNITY PARTNERS. DUKE RALEIGH DEVELOPED

PROGRAMMING AND PROVIDED FINANCIAL SUPPORT TO INCREASE CHILDREN'S

ACCESS TO NUTRITIOUS FOOD. THIS EFFORT INCLUDED SERVING APPROXIMATELY

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

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

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

4. MENTAL HEALTH AND SUBSTANCE USE

WAKE COUNTY HAS EXPERIENCED AN INCREASE IN THE PREVALENCE AND SEVERITY

OF MENTAL HEALTH AND SUBSTANCE USE PROBLEMS. THIS PRIORITY RELATES TO

TOBACCO USE/EXPOSURE, ILLEGAL DRUG USE, EXCESSIVE DRINKING,

ALCOHOL-IMPAIRED DRIVING DEATHS, SUICIDE RATES, MENTAL HEALTH EMERGENCY

DEPARTMENT UTILIZATION AND THE AVAILABILITY OF RESOURCES TO MEET THIS

GROWING DEMAND. DUE TO THE SCOPE AND COMPLEXITY OF MENTAL HEALTH AND

SUBSTANCE USE ISSUES, A COLLECTIVE AND COLLABORATIVE APPROACH IS

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Part V Facility Information *(continued)*

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

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

COLLABORATIONS THAT DUKE RALEIGH HOSPITAL IS ENGAGED WITH TO HAVE THE

GREATEST IMPACT TO ADDRESS THIS ISSUE:

* CONTINUE TO PARTICIPATE IN THE WAKE COUNTY CRISIS HOSPITAL

COLLABORATIVE, WHICH INCLUDES ALL WAKE COUNTY HOSPITALS,

REPRESENTATIVES FROM MENTAL HEALTH, LAW ENFORCEMENT AND OTHER

STAKEHOLDERS IN CRISIS RESPONSE IN WAKE COUNTY.

* CONTINUE TO CONVENE TREATMENT TEAM MEETINGS FOR INPATIENTS WHO ALSO

HAVE SUBSTANCE USE AND CHRONIC PERSISTENT MENTAL ILLNESS WITH COMPLEX

NEEDS. THE TREATMENT TEAM INCLUDES CARE COORDINATORS FROM MENTAL HEALTH

AGENCIES, ALLIANCE BEHAVIORAL HEALTH AND OTHER PROVIDERS INVOLVED IN

THE PATIENT'S CARE.

* CONTINUE REGULAR MEETINGS WITH DUKE RALEIGH HOSPITAL CASE MANAGEMENT,

ALLIANCE BEHAVIORAL HEALTH, CASE MANAGER WITH COMMUNITY CARE OF WAKE

AND JOHNSTON COUNTIES (CCWJC), AND EMS TO ADDRESS BARRIERS TO CARE FOR

HIGH RISK PATIENTS AND REDUCE NON-EMERGENT VISITS TO HOSPITALS.

* CONTINUE TO UTILIZE COMMUNITY CARE OF JOHNSTON & WAKE COUNTIES PORTAL

AND THE NORTH CAROLINA CONTROLLED SUBSTANCES REPORTING SYSTEM (CSRS) TO

REDUCE NARCOTIC DEPENDENCY AND PREVENT OVERPRESCRIBING.

* CONTINUE SUPPORT OF ORGANIZATIONS SUCH AS NATIONAL ALLIANCE ON MENTAL

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

ADVOCACY FOR PEOPLE WITH MENTAL ILLNESS ALONG WITH THEIR FAMILIES AND

FRIENDS.

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Part V Facility Information *(continued)*

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

* STRENGTHEN SUPPORT OF TRIANGLE FAMILY SERVICES, WHICH FOCUSES ON

BUILDING A STRONGER COMMUNITY BY STRENGTHENING THE FAMILY THROUGH

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

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

SERVICES.

* CONTINUE TOBACCO CESSATION SUPPORT FOR EMPLOYEES THROUGH THE DUKE

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

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

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

ADDITIONAL RESOURCES AND MOTIVATION TO HELP PARTICIPANTS QUIT.

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

AT PARTICIPATING DUKE HOSPITAL OUTPATIENT PHARMACIES.

DURING FY19, DUKE RALEIGH ALSO BEGAN THE FOLLOWING INITIATIVES TO

ADDRESS MENTAL HEALTH AND SUBSTANCE ABUSE:

* PROVIDED SUPPORT FOR THE ADVERSE CHILDHOOD EXPERIENCES (ACES)

RESILIENCE IN WAKE COUNTY INITIATIVE. THIS INITIATIVE IS A

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

BUILD RESILIENCE IN WAKE COUNTY (FY18-FY19).

* IN FY19 CREATED A BEHAVIORAL SERVICE LINE DIRECTOR POSITION TO

PROVIDE OVERSIGHT AND LEADERSHIP FOR BEHAVIORAL HEALTH SERVICES AT DUKE

RALEIGH HOSPITAL.

* PARTICIATED IN THE FOLLOWING COMMUNITY COALITIONS/WORKGROUPS: NORTH

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Part V Facility Information (continued)

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

CAROLINA HEALTH CARE ASSOCIATION (NCHA) BEHAVIORAL HEALTH WORKGROUP;

WAKE COUNTY DRUG OVERDOSE PREVENTION COALITION; AND WAKEBROOK COMMUNITY

PARTNERSHIP.

* PARTICIPATED IN THE DUKE UNIVERSITY HEALTH SYSTEM SAFE OPIOID TASK

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

ENCOURAGING CLINICAL PRACTICE STANDARDIZATION, WHERE CLINICALLY

APPROPRIATE, WHEN OPIOID THERAPY IS DESIGNATED FOR TREATMENT.

DUKE RALEIGH HOSPITAL:

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

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

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

ITS BILLING INVOICES THAT PATIENTS SHOULD CONTACT PATIENT ACCOUNT

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

THIS COMMENT REFERENCES GOVERNMENT-SPONSORED PROGRAMS, MONTHLY PAYMENT

PROGRAMS, AND OTHER FINANCIAL ASSISTANCE PROGRAMS AVAILABLE FOR

PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA. DUHS ALSO PUBLICIZED ITS

FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE

COUNSELORS.

DUKE RALEIGH HOSPITAL:

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

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

EQUAL TO GROSS CHARGES.

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

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Part V Facility Information *(continued)*

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

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

PARTICIPANT IN THE 2017 DURHAM COMMUNITY HEALTH ASSESSMENT, LED BY

PARTNERSHIP FOR A HEALTHY DURHAM. THE ASSESSMENT PROCESS INCLUDED 358

CITIZEN SURVEYS FROM RANDOMLY SELECTED HOUSEHOLDS AND THREE COMMUNITY

LISTENING SESSIONS WITH 42 COMMUNITY MEMBERS. THE SURVEY WAS ALSO

CONDUCTED IN PERSON AT GROCERY STORES, LIBRARIES, DURHAM COUNTY

DEPARTMENT OF PUBLIC HEALTH CLINICS AND BUS STATIONS. THE COMMUNITY

HEALTH ASSESSMENT TEAM COMPRISED OF REPRESENTATIVES FROM DUKE

UNIVERSITY HEALTH SYSTEM, UNIVERSITIES, LOCAL GOVERNMENT, SCHOOLS,

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

ACTIVITIES OF THE ASSESSMENT AND PROVIDE WRITTEN CONTENT AND EXPERTISE

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

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

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

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

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

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

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

THE DURHAM COUNTY HEALTH DEPARTMENT

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 11:

THE ASSESSMENT IDENTIFIED FIVE HEALTH PRIORITIES FOR 2018-2020:

1. AFFORDABLE HOUSING

2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE

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Part V Facility Information (continued)

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

3. POVERTY

4. MENTAL HEALTH

5. OBESITY, DIABETES AND FOOD ACCESS

DUKE REGIONAL HOSPITAL CONSIDERS THE DRH COMMUNITY HEALTH NEEDS

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

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

THE EFFICACY OF STRATEGIES INTENDED TO MEET EXPRESSED COMMUNITY HEALTH

NEEDS. THIS IMPLEMENTATION PLAN DOES NOT CONTAIN DESCRIPTIONS OF THE

COMMUNITY HEALTH IMPROVEMENT WORK CARRIED OUT BY OTHER COMPONENTS OF

DUKE HEALTH OR DUKE UNIVERSITY. THIS IMPLEMENTATION PLAN REPRESENTS

ONLY DUKE REGIONAL HOSPITAL'S CONTINUALLY EVOLVING VARIETY OF PROGRAMS

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

DURHAM COMMUNITY.

1 AND 3. AFFORDABLE HOUSING AND POVERTY

MINIMUM WAGE: DUKE UNIVERSITY HEALTH SYSTEM WILL INCREASE THE MINIMUM

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

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

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

HOUR FOR ALL ELIGIBLE STAFF.

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

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

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

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Part V Facility Information *(continued)*

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

SALVATION ARMY ANGEL TREE: EACH DECEMBER, EMPLOYEES "ADOPT" 100

CHILDREN FROM DUKE REGIONAL'S SALVATION ARMY ANGEL TREE. CHILDREN IN

DURHAM HAVE RECEIVED BIKES, CLOTHING, DOLLS AND TOYS THANKS TO THE

GENEROUS DONATIONS. EXTRA GIFTS ARE ALSO DONATED TO THE SALVATION ARMY

FOR OTHER NEEDY FAMILIES IN THE AREA.

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

UNDERSERVED CHILDREN OR FAMILIES IN OUR COMMUNITY.

2019 PROGRESS: DUKE REGIONAL SUPPORTED CRAYONS2CALCULATOR DRIVE,

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

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

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

COMMUNITY STRATEGY TO HELP PREVENT POVERTY. DUKE REGIONAL IS COMMITTED

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

INVESTED \$3.4 MILLION IN TEACHING AND TRAINING HEALTHCARE

PROFESSIONALS, AND PROVIDED OPPORTUNITIES FOR 70 PRE-HEALTH

UNDERGRADUATE STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES TO SHADOW

AND VOLUNTEER ALONGSIDE CLINICAL AND CUSTOMER SERVICE STAFF AS

AMBASSADORS IN THE EMERGENCY DEPARTMENT. DRH ALSO PROVIDED AN

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

GAIN CLERICAL AND CUSTOMER SERVICE WORK EXPERIENCES IN A HEALTH CARE

SETTING.

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

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Part V Facility Information *(continued)*

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

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

HEALTHCARE PROFESSIONALS, AND PROVIDED OPPORTUNITIES FOR 70 PRE-HEALTH

UNDERGRADUATE STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES TO SHADOW

AND VOLUNTEER ALONGSIDE CLINICAL AND CUSTOMER SERVICE STAFF AS

AMBASSADORS IN THE EMERGENCY DEPARTMENT. DRH ALSO PROVIDED AN

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

GAIN CLERICAL AND CUSTOMER SERVICE WORK EXPERIENCES IN A HEALTH CARE

SETTING.

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

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

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

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

OUR PARTNERSHIP, DUKE REGIONAL HOSTS STUDENTS FOR CLINICAL ROTATIONS

AND INTERNSHIPS, PROVIDES CPR TRAINING AND HOSTS THE ANNUAL SENIOR

AWARDS NIGHT.

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

FY2019.

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

VARIOUS LEARNING EXPERIENCES FOR STUDENTS THROUGHOUT THE YEAR.

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

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

ENTERPRISES, NORTH CAROLINA VOCATIONAL REHABILITATION AND ALLIANCE

BEHAVIORAL HEALTH THAT PROVIDES CAREER DEVELOPMENT EXPERIENCES TO

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Part V Facility Information *(continued)*

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

SENIOR HIGH SCHOOL STUDENTS WITH DEVELOPMENTAL DISABILITIES.

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

2019 PROGRESS: DUKE REGIONAL CONTINUED TO SERVE AS A HOST SITE FOR PROJECT SEARCH ADDING 8 NEW GRADUATES BRINGING THE TOTAL NUMBER OF GRADUATES TO 62 SINCE 2011.

2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE

LINCOLN COMMUNITY HEALTH CENTER (LCHC): IS A FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER THAT PROVIDES PRIMARY CARE SERVICES FOR ABOUT 40,000 PATIENTS EACH YEAR. APPROXIMATELY 45 PERCENT OF LCHC PATIENTS ARE UNINSURED AND 84% ARE LIVING AT OR BELOW THE POVERTY LEVEL.

IN ADDITION TO GENEROUS FINANCIAL SUPPORT, DUKE REGIONAL PROVIDES ENGINEERING, ENVIRONMENTAL, LABORATORY, PHARMACY AND RADIOLOGY SERVICES. THE TOTAL DUKE REGIONAL HOSPITAL CONTRIBUTION TO LCHC IN FY 2019, INCLUDING MONETARY AND IN-KIND SERVICES, WAS \$8.4 MILLION.

DURHAM COUNTY EMERGENCY MEDICAL SERVICES (EMS): SERVES AS THE PRIMARY PROVIDER OF EMERGENCY AMBULANCE SERVICES AND ALTERNATIVE MEDICAL TRANSPORTATION IN DURHAM COUNTY. IN FY 2019, DUKE REGIONAL PAID THE COUNTY \$2.5 MILLION TO SUPPORT DURHAM EMS.

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

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Part V Facility Information *(continued)*

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

NO CHARGE TO UNINSURED AND UNDERINSURED DURHAM RESIDENTS LIVING AT OR

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

ACCESS TO PRIMARY HEALTH CARE THROUGH LINCOLN COMMUNITY HEALTH CENTER.

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

SINCE IT WAS ESTABLISHED.

2019 GOAL: DUKE REGIONAL WILL CONTINUE TO PROVIDE OFFICE AND

TECHNOLOGICAL SUPPORT TO PROJECT ACCESS DURHAM COUNTY.

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

PADC IN FY19.

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

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

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

COST) IN CHARITY CARE.

4. MENTAL HEALTH

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

FACILITY WHICH WILL MOVE ALL DUKE HEALTH SYSTEM MENTAL HEALTH SERVICES

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

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

SYSTEM, AND WILL PROVIDE BETTER COORDINATION OF CARE FOR PSYCHIATRIC

PATIENTS IN DURHAM AND REGIONALLY. THE GROUNDBREAKING OCCURRED DURING

FISCAL YEAR 2019.

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Part V Facility Information (continued)

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

5. OBESITY, DIABETES, AND FOOD ACCESS

BEYOND ITS CLINICAL SERVICE LINES IN THE HOSPITAL, DRH COLLABORATES

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

HEALTH SYSTEM THAT ARE SPECIFICALLY FOCUSED ON COMMUNITY-BASED

MECHANISMS FOR THE PREVENTION AND TREATMENT OF OBESITY AND DIABETES AND

ON ISSUES OF FOOD ACCESS.

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL

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

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

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

ITS BILLING INVOICES THAT PATIENTS SHOULD CONTACT PATIENT ACCOUNT

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

THIS COMMENT REFERENCES GOVERNMENT-SPONSORED PROGRAMS, MONTHLY PAYMENT

PROGRAMS, AND OTHER FINANCIAL ASSISTANCE PROGRAMS AVAILABLE FOR

PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA. DUHS ALSO PUBLICIZED ITS

FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE

COUNSELORS.

GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL

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

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

EQUAL TO GROSS CHARGES.

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Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

NOT APPLICABLE

PART I, LINE 6A:

NOT APPLICABLE

PART I, LINE 7, COLUMN F:

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

9.4%.

PART I, LINE 7:

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

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

TABLE. UNREIMBURSED MEDICAID IS DETERMINED USING A COST ACCOUNTING

SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS.

PART II, COMMUNITY BUILDING ACTIVITIES:

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

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Part VI Supplemental Information (Continuation)

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

BENEFIT REPORTING PURPOSES.

PART III, LINE 1 AND LINE 2:

THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) REVISED ITS

ACCOUNTING GUIDANCE RELATED TO UNCOMPENSATED CARE IN JUNE 2019 TO

REFLECT CHANGES IN BAD DEBT REPORTING RESULTING FROM FINANCIAL

ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS UPDATE 2014-09,

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

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

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

UNCOLLECTIBLE AMOUNTS FROM SELF-PAY PATIENTS THAT WERE PREVIOUSLY

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

CONSIDERED IMPLICIT PRICE CONCESSIONS DIRECTLY REDUCING NET PATIENT

SERVICE REVENUE.

DUHS PROVIDED UNCOMPENSATED CARE AT ESTIMATED COSTS IN THE FORM OF

IMPLICIT PRICE CONCESSIONS (FORMERLY CONSIDERED BAD DEBT EXPENSE)

ASSOCIATED WITH UNCOLLECTIBLE PATIENT ACCOUNTS AT AN ESTIMATED COST OF

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

FROM WORKSHEET 2 TO ESTIMATE COST.

PART III, LINE 3:

A PORTION OF IMPLICIT PRICE CONCESSIONS (FORMERLY CONSIDERED BAD DEBT

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

THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL

ASSISTANCE POLICY IS INDETERMINABLE BECAUSE THOSE PATIENTS FAIL TO

APPLY FOR OR PROVIDE INFORMATION NEEDED TO DETERMINE THEIR ELIGIBILITY

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

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Part VI Supplemental Information (Continuation)

PROVIDES EMERGENT SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO

PAY. PATIENTS WHO MAY QUALIFY FOR CHARITY CARE ARE REPORTED AS AN

IMPLICIT PRICE CONCESSION INSTEAD BECAUSE OF THOSE PATIENTS' INABILITY

OR UNWILLINGNESS TO PROVIDE THE NECESSARY DOCUMENTATION REQUIRED TO

DETERMINE CHARITY CARE CLASSIFICATION.

PART III, LINE 4:

PAGES 17-20 IN THE FY2019 AUDITED FINANCIAL STATEMENT FOOTNOTES

DESCRIBE IMPLICIT PRICE CONCESSIONS RELATED TO UNINSURED PATIENTS.

PART III, LINE 7:

TOTAL UNREIMBURSED COSTS ATTRIBUTABLE TO PROVIDING SERVICES UNDER

MEDICARE AS REPORTED IN THE JUNE 30, 2019 DUHS CONSOLIDATED FINANCIAL

STATEMENTS ARE \$277,157,000 AS COMPARED TO \$138,419,867 AS REPORTED IN

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

\$277,157,000 IS DERIVED FROM THE COST ACCOUNTING SYSTEM WHICH INCLUDES

ALL PAYMENTS AND COSTS ASSOCIATED WITH MEDICARE PATIENTS, WHEREAS THE

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

INSTRUCTIONS. IRS INSTRUCTIONS SPECIFY THAT ONLY A PORTION OF COSTS

ASSOCIATED WITH MEDICARE BENEFICIARIES BE REPORTED ON SCHEDULE H.

SIGNIFICANT MEDICARE COSTS EXCLUDED FROM SCHEDULE H DATA INCLUDE THOSE

ASSOCIATED WITH MEDICARE PATIENTS COVERED UNDER MANAGED CARE PLANS AND

COSTS REIMBURSED THROUGH MEANS NOT REPORTED ON THE COST REPORT.

PART III, LINE 8:

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

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

PROVIDING CARE TO MEDICARE BENEFICIARIES. DUHS CONTINUES TO SERVE THE

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Part VI Supplemental Information (Continuation)

MEDICARE POPULATION AS MEDICARE REIMBURSEMENT RATES DECLINE RELATIVE TO THE COST OF CARE. THEREFORE, ANY LOSS RELATED TO PROVIDING CARE FOR MEDICARE PATIENTS SHOULD BE CLASSIFIED AS A COMMUNITY BENEFIT. DUHS FOLLOWED THE MEDICARE COST REPORT RULES AND GUIDELINES IN DETERMINING THE COSTS REPORTED ON LINE 6. THESE RULES USE A VARIETY OF DIFFERENT METHODOLOGIES BASED ON THE TYPE OF SERVICE.

PART III, LINE 9B:

COLLECTION EFFORTS ARE IMMEDIATELY STOPPED FOR PATIENTS WHO SUBMIT A FINANCIAL ASSISTANCE APPLICATION. PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE ARE NOT PURSUED USING ANY DEBT COLLECTION PRACTICES.

NEEDS ASSESSMENT:

PART VI, LINE 2:

DUHS USES SEVERAL MECHANISMS TO ASSESS AND ADDRESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. IN DURHAM COUNTY, DUHS AND THE DUKE UNIVERSITY SCHOOL OF MEDICINE FACULTY ARE ACTIVELY INVOLVED IN THE PARTNERSHIP FOR A HEALTHY DURHAM. THE PARTNERSHIP IS A COALITION OF LOCAL ORGANIZATIONS AND COMMUNITY MEMBERS WITH THE GOAL OF COLLABORATIVELY IMPROVING THE PHYSICAL, MENTAL, SOCIAL, HEALTH, AND WELL-BEING OF DURHAM COUNTY'S RESIDENTS. THE NETWORK IS A CERTIFIED HEALTHY CAROLINIANS WORKGROUP. THE PARTNERSHIP EVALUATES COMMUNITY HEALTH CARE INFORMATION, THEN IDENTIFIES AND PRIORITIZES COMMUNITY-IDENTIFIED HEALTH CARE NEEDS AMONG SUBCOMMITTEES THAT FOCUS ON A DURHAM COUNTY HEALTH PRIORITY. SINCE 2002, DUHS' OFFICE OF COMMUNITY RELATIONS HAS PLAYED A CENTRAL ROLE IN CONDUCTING A DURHAM HEALTH SUMMIT. THIS IS AN EVENT THAT ATTRACTS HUNDREDS OF COMMUNITY MEMBERS, HEALTH OFFICIALS, ELECTED OFFICIALS, AND DUHS EXECUTIVES AND

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Part VI Supplemental Information (Continuation)

PHYSICIANS TO RAISE AWARENESS OF KEY HEALTH ISSUES IN THE COMMUNITY AND
SEEK COLLABORATIVE SOLUTIONS TO THESE ISSUES. THE SUMMIT HAS PRODUCED A
NUMBER OF COMMUNITY-DRIVEN HEALTH CARE PROGRAMS AND INITIATIVES,
INCLUDING SPECIALTY PROJECT ACCESS, IN WHICH PHYSICIANS WHO PRACTICE AT
DUHS FACILITIES AND OTHER DURHAM COUNTY PHYSICIANS OFFER FREE SPECIALTY
CARE SERVICES TO RESIDENTS WHO OTHERWISE COULD NOT AFFORD SPECIALTY
CARE. DUHS ALSO PLAYS A CENTRAL ROLE IN REGIONAL AND STATE HEALTH CARE
SUMMITS USING THE SUMMITS' INFORMATION AND DATA TO ADDRESS THE HEALTH
CARE NEEDS OF THOSE BROADER COMMUNITIES.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

PART VI, LINE 3:

DUHS EMPLOYS NUMEROUS MEANS TO EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY
FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR
UNDER THE DUHS CHARITY CARE POLICY. DETAILED INFORMATION IS POSTED ON
WWW.DUKEHEALTH.ORG (DUHS' WEBSITE) ALONG WITH HARDCOPY BROCHURES THAT
ARE AVAILABLE IN ENGLISH OR SPANISH AT ALL OF OUR PATIENT REGISTRATION
LOCATIONS. ALL INPATIENTS AND EMERGENCY DEPARTMENT PATIENTS ARE ALSO
PROVIDED WITH A HARDCOPY, ONE-PAGE SUMMARY OF THE WAYS DUHS CAN ASSIST
PATIENTS FINANCIALLY. FOR OUTPATIENTS, THIS SAME ONE-PAGE SUMMARY IS
PROVIDED ON THEIR FIRST VISIT TO THE INSTITUTION. IN ADDITION, DUHS
EMPLOYS FINANCIAL CARE COUNSELORS WHO MEET INDIVIDUALLY WITH PATIENTS
WHO HAVE QUESTIONS REGARDING PAYMENT FOR THEIR CARE. DUHS ALSO EMPLOYS
MEDICAID ASSISTANCE COUNSELORS WHO SPECIALIZE IN ASSISTING PATIENTS TO
APPLY FOR MEDICAID, DISABILITY, AND OTHER FEDERAL, STATE, AND LOCAL
PROGRAMS. DUHS ASSISTS BETWEEN 12,000-15,000 PATIENTS IN APPLYING AND
BECOMING ELIGIBLE FOR THESE PROGRAMS ANNUALLY. FINALLY, PATIENTS MAY
ALWAYS CONTACT DUHS' TOLL FREE CUSTOMER SERVICE NUMBER TO REQUEST

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Part VI Supplemental Information (Continuation)

INFORMATION ABOUT THEIR BILL OR OBTAIN A CHARITY CARE APPLICATION.

COMMUNITY INFORMATION:

PART VI, LINE 4:

DUHS SERVES A BROAD, CULTURALLY, RACIALLY AND SOCIALLY DIVERSE GEOGRAPHIC AND DEMOGRAPHIC REGION. DUHS' HOME CITY OF DURHAM IS THE CORE, BUT DUHS' REACH EXTENDS INTO THE SURROUNDING RESEARCH TRIANGLE AREA OF NORTH CAROLINA AND THE STATE'S LARGER NORTHERN PIEDMONT REGION, AS WELL AS STATEWIDE, NATIONALLY AND GLOBALLY. DUHS' PRIMARY SERVICE AREA IS A 7-COUNTY REGION IN NC THAT INCLUDES ALAMANCE, DURHAM, GRANVILLE, ORANGE, PERSON, VANCE AND WAKE COUNTIES. THIS 7-COUNTY REGION REPRESENTS APPROXIMATELY 18% OF NC'S POPULATION BASED ON FEDERAL FISCAL YEAR (FFY) 2018 DATA. APPROXIMATELY 67% OF INPATIENT DISCHARGES FROM DUHS FACILITIES IN FFY 2018 WERE PATIENTS FROM ITS PRIMARY SERVICE AREA. DUHS' SECONDARY SERVICE AREA COVERS 15 COUNTIES IN NORTH CAROLINA AND SOUTHERN VIRGINIA WITH A POPULATION OF APPROXIMATELY 2 MILLION.

PROMOTION OF COMMUNITY HEALTH:

PART VI, LINE 5:

DUHS PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES THROUGH A NUMBER OF COMMUNITY BUILDING ACTIVITIES. CENTRAL TO MANY OF THE EFFORTS IS DUHS' OFFICE OF COMMUNITY RELATIONS, WHOSE ASSOCIATE VICE PRESIDENT REPORTS DIRECTLY TO DUHS' CEO AND SERVES AS A FULL-TIME LIAISON WITH THE DURHAM COMMUNITY. THE OFFICE SPONSORS AND FACILITATES COMMUNITY EVENTS SUCH AS THE ANNUAL DURHAM HEALTH SUMMIT AND SIMILAR REGIONAL AND STATE HEALTH SUMMITS THAT RAISE AWARENESS OF COMMUNITY HEALTH NEEDS, PROMOTE PREVENTION AND WELLNESS, AND CHART A COURSE FOR SOLVING HEALTH ISSUES AND DISPARITIES. IN ADDITION, THE OFFICE PROVIDES A POINT OF

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Part VI Supplemental Information (Continuation)

DIRECT CONTACT FOR COMMUNITY MEMBERS WHO HAVE QUESTIONS OR CONCERNS

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

OFFICE ALSO PROVIDES DIRECT FINANCIAL SUPPORT TO A VARIETY OF COMMUNITY

GROUPS THROUGH THE BUILDING HEALTHY COMMUNITIES GRANTS PROGRAM. THE

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

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

THE OFFICE OF COMMUNITY RELATIONS AND MEMBERS OF THE DUHS COMMUNITY

HEALTH PLANNING GROUP CREATED A FORMAL PRINCIPLES OF COMMUNITY

ENGAGEMENT POLICY THAT COMMITS DUHS AND ITS COMMUNITY PARTNERS TO

DEVELOPING PROPOSED PROJECTS AND INITIATIVES ON TRUST, RESPECT,

DIVERSITY, SAFETY AND COMMUNITY-IDENTIFIED NEEDS. THESE PRINCIPLES HAVE

BEEN INCORPORATED INTO COMMUNITY-BASED HEALTH CARE PROJECTS SUCH AS THE

DEVELOPMENT OF THE HOLTON WELLNESS CENTER AND DURHAM HEALTH

INNOVATIONS, A MULTIDISCIPLINARY COMMUNITY BASED JOINT EFFORT BETWEEN

DUHS AND THE DURHAM COMMUNITY THAT FOCUSES ON IMPROVING HEALTH OUTCOMES

THROUGH NEW AND CREATIVE APPROACHES TO HEALTH CARE DELIVERY.

IN ADDITION TO COMMUNITY BUILDING ACTIVITIES, DUHS PROMOTES THE HEALTH

OF ITS COMMUNITIES IN A NUMBER OF IMPORTANT WAYS. ONE OF DUHS' THREE

CONSTITUENT HOSPITALS, DUKE REGIONAL, HAS AN OPEN MEDICAL STAFF AND A

HOSPITAL CORPORATION BOARD, WHICH IS A COUNTY APPOINTED BOARD

RESPONSIBLE FOR HOSPITAL OVERSIGHT. IN ADDITION, APPROXIMATELY 50 LOCAL

LEADERS IN THE DURHAM FAITH COMMUNITY ARE WORKING WITH DUKE HEALTH TO

LOOK AT HOW TO ADDRESS THE NEEDS OF THEIR CONGREGATIONS AND COMMUNITIES

BY COMBINING THE TRADITIONS OF THE FAITH COMMUNITY WITH THE KNOWLEDGE

OF MODERN MEDICINE. MEETINGS ARE HELD TO DETERMINE HOW DUKE HEALTH CAN

ASSIST THE FAITH COMMUNITY TO SUPPORT HEALTH MINISTRY ACTIVITIES IN

THEIR COMMUNITY AND PLACES OF WORSHIP.

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Part VI Supplemental Information (Continuation)

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

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Part VI Supplemental Information (Continuation)

IMPORTANT EVENT. STUDENTS FROM THE DUKE SCHOOLS OF MEDICINE AND NURSING

ENGAGE COMMUNITIES IN DURHAM AND BEYOND IN ACTIVITIES THAT INCLUDE FREE

BLOOD PRESSURE SCREENINGS FOR THE HOMELESS, AND IDENTIFYING THE HEALTH

CARE NEEDS OF A LOW WEALTH COMMUNITY SCHOOL AND DEVELOPING A CURRICULUM

FOR STUDENTS AND PARENTS THAT ADDRESSES THOSE NEEDS.

AFFILIATED HEALTH CARE SYSTEM ROLES:

PART VI, LINE 6:

DUHS PROVIDES VIRTUALLY ALL LEVELS OF CARE BEGINNING WITH DUKE

UNIVERSITY AFFILIATED PHYSICIANS (DBA DUKE PRIMARY CARE) (DPC). THE

HOSPITALS PROVIDE ROUTINE INPATIENT AND OUTPATIENT CARE. IN DURHAM

COUNTY, DUH AND DRH WORK TOGETHER TO MAXIMIZE FACILITY UTILIZATION

PROVIDING ROUTINE AND ADVANCED LEVELS OF CARE. DUH ALSO OPERATES A

TRAUMA CENTER WITH AIR AMBULANCE SERVICE. DRAH SERVES THE WAKE COUNTY

AREA AS A COMMUNITY HOSPITAL. THE DRAH CAMPUS HAS SEVERAL MEDICAL

OFFICE BUILDINGS ENHANCING CONVENIENCE FOR THE PATIENT IN NON-EMERGENT

CASES AND PROVIDES STREAMLINED ACCESS TO HIGH-DEMAND PROCEDURES SUCH AS

CARDIAC CATHETERIZATION AND RADIOLOGY PROCEDURES. DUHS ALSO OPERATES

HOME HEALTH AND HOME INFUSION SERVICES TO TREAT AND CARE FOR PATIENTS

IN THE COMFORT OF THEIR HOME. THIS IS OBVIOUSLY PRACTICAL FOR PATIENTS

NOT REQUIRING AN INPATIENT STAY BUT IN NEED OF ONGOING CARE AT A

SUB-ACUTE LEVEL. FINALLY, HOSPICE PROVIDES PALLIATIVE CARE FOR PATIENTS

NOT RESPONDING TO CURATIVE CARE. PAIN MANAGEMENT, SYMPTOM MANAGEMENT,

AND PSYCHOLOGICAL AND SPIRITUAL SUPPORT PROVIDE A ROUNDED APPROACH TO

COMPASSIONATELY ASSIST TERMINAL PATIENTS AND THEIR FAMILIES WITH THE

PROCESS OF DYING. ALL OF THE OPERATING UNITS OF DUHS WORK TOGETHER TO

PROVIDE THE RIGHT LEVEL OF CARE FOR THE PATIENT IN THE MOST BENEFICIAL

MANNER. IN ADDITION TO THE REACTIVE ACTIVITIES OF DIAGNOSTIC CARE, DUHS

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Part VI Supplemental Information (Continuation)

ALSO SUPPORTS AND PROMOTES HEALTHY LIFESTYLES IN THE DIET & FITNESS

CENTER, CENTER FOR LIVING, AND DUKE INTEGRATIVE MEDICINE. THESE

OPERATIONS FOCUS LARGELY ON PREVENTION AND EDUCATION TO AVOID OR

MITIGATE THE POTENTIAL FOR FUTURE ILLNESS.

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

PART VI, LINE 7:

NORTH CAROLINA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number
56-2070036

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALLIANCE MEDICAL MINISTRY, INC. 101 DONALD ROSS DR RALEIGH, NC 27610 | 56-2168673 | 501(C)(3) | 37,500. | 0. | | | GENERAL SUPPORT |
| AMERICAN HEART ASSOCIATION 3131 RDU CENTER DR SUITE 100 MORRISVILLE, NC 27560 | 13-5613797 | 501(C)(3) | 6,260. | 0. | | | GENERAL SUPPORT |
| AMERICAN NATIONAL RED CROSS 4737 UNIVERSITY DR DURHAM, NC 27707 | 53-0196605 | 501(C)(3) | 15,000. | 0. | | | SPONSORSHIP |
| BAND TOGETHER PO BOX 6445 RALEIGH, NC 27628-6445 | 56-2273756 | 501(C)(3) | 25,000. | 0. | | | SPONSORSHIP |
| BOYS & GIRLS CLUB OF GREATER DURHAM - 808 E PETTIGREW ST - DURHAM, NC 27701 | 56-6001906 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| BOYS CLUB OF WAKE COUNTY, INC. 701 N RALEIGH BLVD RALEIGH, NC 27610 | 56-0863051 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 43.
- 3** Enter total number of other organizations listed in the line 1 table 7.

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

Schedule I (Form 990) (2018)

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

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

Schedule I (Form 990)

PUBLIC INSPECTION COPY

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ECONOMIC DEVELOPMENT PARTNERSHIP 15000 WESTON PKY CARY, NC 27513 | 46-4840814 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| EL CENTRO HISPANO, INC. 2000 CHAPEL HILL RD #26A DURHAM, NC 27707 | 56-2011661 | 501(C)(3) | 11,000. | 0. | | | GENERAL SUPPORT |
| EL FUTURO, INC. 2020 E CHAPEL HILL ROAD SUITE DURHAM, NC 27707 | 80-0122334 | 501(C)(3) | 16,000. | 0. | | | GENERAL SUPPORT |
| FAMILY VIOLENCE PREVENTION CTR 1012 OBERLINE RD SUITE 100 RALEIGH, NC 27605 | 58-1320613 | 501(C)(3) | 30,000. | 0. | | | GENERAL SUPPORT |
| GREAT 100, INC. PO BOX 4875 GREENSBORO, NC 27404-4875 | 56-1705456 | 501(C)(3) | 15,000. | 0. | | | GENERAL SUPPORT |
| GREATER RALEIGH CHAMBER OF COMMERCE - PO BOX 2978 - RALEIGH, NC 27602-2978 | 56-0370850 | 501(C)(6) | 13,417. | 0. | | | SPONSORSHIP |
| HABITAT FOR HUMANITY OF DURHAM 215 N CHURCH ST DURHAM, NC 27701 | 58-1674794 | 501(C)(3) | 75,000. | 0. | | | SPONSORSHIP |
| HABITAT FOR HUMANITY OF WAKE COUNTY - 2420 RALEIGH BLVD - RALEIGH, NC 27604 | 56-1492703 | 501(C)(3) | 10,000. | 0. | | | SPONSORSHIP |
| HUMAN RIGHTS CAMPAIGN, INC. 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036 | 52-1243457 | 501(C)(4) | 15,000. | 0. | | | SPONSORSHIP |

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

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

Schedule I (Form 990)

PUBLIC INSPECTION COPY

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NORTH CAROLINA INSTITUTE OF MEDICINE - 630 DAVIS DR STE 100 - MORRISVILLE, NC 27560 | 56-1506066 | GOV'T ENTITY | 7,500. | 0. | | | GENERAL SUPPORT |
| NORTH CAROLINA SYMPHONY SOCIETY 3700 GLENWOOD AVE SUITE 130 RALEIGH, NC 27612 | 56-0556755 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| NURSES ON BOARDS COALITION PO BOX 14535 MADISON, WI 53708 | 82-1962611 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| POLKA DOT MAMA MELANOMA FOUNDATION 925 ALDEN BRIDGE DR CARY, NC 27519 | 47-4543960 | 501(C)(3) | 20,000. | 0. | | | SPONSORSHIP |
| PROJECT ACCESS OF DURHAM COUNTY PO BOX 15339 DURHAM, NC 27704 | 26-1925378 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| RADIO ONE, INC. 8001-1001 CREEDMOOR ROAD RALEIGH, NC 27613 | 52-1166660 | | 25,000. | 0. | | | SPONSORSHIP |
| REX HEALTHCARE, INC. 211 FRIDAY CENTER DR SUITE 201 CHAPEL HILL, NC 27517 | 56-1509260 | 501(C)(3) | 34,675. | 0. | | | GENERAL SUPPORT |
| SENIOR PHARMASSIST, INC. 406 RIGSBEE AVE STE 201 DURHAM, NC 27701-2186 | 56-2084639 | 501(C)(3) | 18,500. | 0. | | | SPONSORSHIP |
| SUSAN G KOMEN FOR THE CURE NC 600 AIRPORT BLVD SUITE 100 MORRISVILLE, NC 27560 | 75-2845066 | 501(C)(3) | 60,000. | 0. | | | SPONSORSHIP |

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

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

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 | 29 | 25,674. | 0. | | |
| PRIZES AND AWARDS | 20 | 18,662. | 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

2018

Open to Public
Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number
56-2070036

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1b | | X |
| 2 | | X |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2018

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MARY E KLOTMAN MD DIRECTOR | (i) 0. (ii) 702,795. | 0. 344,680. | 0. 18,500. | 0. 33,548. | 0. 16,579. | 0. 1,116,102. | 0. 0. |
| (2) VINCENT E PRICE DIRECTOR | (i) 0. (ii) 1,320,928. | 0. 0. | 0. 18,500. | 0. 33,548. | 0. 20,870. | 0. 1,393,846. | 0. 0. |
| (3) ANN M REED DIRECTOR | (i) 0. (ii) 291,464. | 23,513. 33,347. | 0. 0. | 0. 33,548. | 0. 6,453. | 0. 364,812. | 0. 0. |
| (4) JOHN H SAMPSON MD PHD DIRECTOR | (i) 0. (ii) 561,338. | 0. 122,101. | 0. 0. | 0. 33,548. | 0. 72,058. | 0. 789,045. | 0. 0. |
| (5) A EUGENE WASHINGTON MD DIRECTOR/PRESIDENT & CEO | (i) 0. (ii) 1,271,705. | 0. 1,320,592. | 0. 18,500. | 0. 133,548. | 0. 16,998. | 0. 2,761,343. | 0. 0. |
| (6) MONTE D BROWN MD VP FOR ADMINISTRATION/SECRETARY | (i) 0. (ii) 404,229. | 0. 374,237. | 0. 42,806. | 0. 33,548. | 0. 18,749. | 0. 873,569. | 0. 0. |
| (7) WILLIAM J FULKERSON MD EXECUTIVE VP, DUHS | (i) 0. (ii) 923,411. | 0. 802,931. | 0. 125,907. | 0. 33,548. | 0. 8,383. | 0. 1,894,180. | 0. 0. |
| (8) KENNETH C MORRIS SVP, CFO, TREASURER | (i) 0. (ii) 777,630. | 601,648. 0. | 6,166. 0. | 33,548. 0. | 13,013. 0. | 0. 1,432,005. | 0. 0. |
| (9) MARY ANN FUCHS VP-PATIENT CARE/CHIEF NURSE EXEC | (i) 0. (ii) 362,292. | 201,750. 0. | 29,929. 0. | 33,548. 0. | 8,386. 0. | 0. 635,905. | 0. 0. |
| (10) KATHLEEN B GALBRAITH PRESIDENT, DUKE REGIONAL HOSPITAL | (i) 0. (ii) 390,550. | 281,455. 0. | 25,921. 0. | 33,548. 0. | 18,835. 0. | 0. 750,309. | 0. 0. |
| (11) THOMAS A OWENS MD PRESIDENT, DUH AND SVP, DUHS | (i) 0. (ii) 624,809. | 461,076. 0. | 61,950. 0. | 33,548. 0. | 13,543. 0. | 0. 1,194,926. | 0. 0. |
| (12) DAVID ZAAS MD PRESIDENT, DUKE RALEIGH HOSPITAL | (i) 0. (ii) 391,621. | 277,594. 0. | 18,500. 0. | 33,548. 0. | 19,240. 0. | 0. 740,503. | 0. 0. |
| (13) RHONDA BRANDON CHIEF HUMAN RESOURCES OFFICER, DUHS | (i) 0. (ii) 364,606. | 279,070. 0. | 18,500. 0. | 33,548. 0. | 28,333. 0. | 0. 724,057. | 0. 0. |
| (14) JEFFREY M FERRANTI CIO/VP FOR MEDICAL INFORMATICS | (i) 0. (ii) 460,428. | 301,873. 89,388. | 18,500. 0. | 33,548. 0. | 24,839. 0. | 0. 839,188. | 0. 0. |
| (15) JULIE SEEL CLINICAL PSYCHOLOGIST | (i) 0. (ii) 279,146. | 337,793. 0. | 16,959. 0. | 33,548. 0. | 9,924. 0. | 0. 677,370. | 0. 0. |
| (16) JOHN S SMITH DUHS ASSOCIATE VP | (i) 0. (ii) 358,562. | 235,866. 0. | 0. 0. | 33,548. 0. | 20,507. 0. | 0. 648,483. | 0. 0. |
| | (i) 0. (ii) 0. | 0. 0. | 0. 0. | 0. 0. | 0. 0. | 0. 0. | 0. 0. |

Schedule J (Form 990) 2018

PUBLIC INSPECTION COPY

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

TAX INDEMNIFICATION:

THOMAS OWENS, MD RECEIVED A BENEFIT THAT WAS GROSSED UP TO COMPENSATE

FOR WITHHOLDING OF TAXES.

SCHEDULE J, PART I, LINE 1B

THE BOXES CHECKED ON LINE 1A ARE BASED ON CONTRACTUAL OBLIGATIONS

APPROVED BY THE DUHS COMPENSATION COMMITTEE, NOT A RECURRING POLICY OF

THE ORGANIZATION AND HENCE SUBSTANTIATION WAS NOT REQUIRED.

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)

ENTITY 1

SCHEDULE K Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047
2018
Open to Public Inspection

▶ 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 | NONE | 04/24/18 | 273,320,000. | SEE PART VI | | | | | | |
| | B | NORTH CAROLINA MEDICAL CARE COMMISSION | 52-1309402 | NONE | 05/30/12 | 214,598,930. | SEE PART VI | | | | | | |
| | C | NORTH CAROLINA MEDICAL CARE COMMISSION | 52-1309402 | NONE | 03/19/15 | 128,325,000. | SEE PART VI | | | | | | |
| | D | NORTH CAROLINA MEDICAL CARE COMMISSION | 52-1309402 | 65821DLJ8 | 06/28/12 | 326,853,753. | SEE PART VI | | | | | | |

| Part II | Proceeds | A | | B | | C | | D | |
|---------|--|-----|----|--------------|--------------|-----|----|--------------|--------------|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Amount of bonds retired | | | 13,850,000. | 189,035,000. | | | 6,705,000. | 23,725,000. |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | | | 273,320,000. | 214,760,000. | | | 128,325,000. | 326,995,394. |
| 4 | Gross proceeds in reserve funds | | | | | | | | 14,871,185. |
| 5 | Capitalized interest from proceeds | | | | | | | | 2,737,864. |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | | 309,386,345. |
| 11 | Other spent proceeds | | | 273,320,000. | 214,760,000. | | | 128,325,000. | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | | | | | | | 2009 | 2013 |

| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | 2009 | | 2013 | |
|----|--|------|----|------|----|
| | | 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 | |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2018

SCHEDULE K Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047
2018
Open to Public Inspection

▶ 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 | NONE | 07/25/18 | 28,650,000. | SEE PART VI | | | | | | |
| | B | NORTH CAROLINA MEDICAL CARE COMMISSION | 52-1309402 | 65821DUD1 | 05/26/16 | 383,990,154. | SEE PART VI | | | | | | |
| | C | NORTH CAROLINA MEDICAL CARE COMMISSION | 52-1309402 | 65821DVK4 | 08/11/16 | 140,200,389. | SEE PART VI | | | | | | |
| | D | NORTH CAROLINA MEDICAL CARE COMMISSION | 52-1309402 | NONE | 04/21/15 | 40,000,000. | SEE PART VI | | | | | | |

| Part II | Proceeds | A | | B | | C | | D | |
|---------|--|-----|-------------|-----|--------------|-----|--------------|-----|-------------|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Amount of bonds retired | | 5,160,000. | | 212,930,000. | | | | 7,444,099. |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | | 28,650,000. | | 383,990,154. | | 140,200,389. | | 19,035,078. |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | 201,888,819. | | 139,008,505. | | |
| 7 | Issuance costs from proceeds | | | | 2,101,335. | | 1,191,884. | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | | 19,035,078. |
| 11 | Other spent proceeds | | 28,650,000. | | 180,000,000. | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | | | | | | | | 2017 |

| 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)? | Yes | | No | | Yes | | No | |
|----|--|-----|----|-----|----|-----|----|----|---|
| | | Yes | No | Yes | No | Yes | No | | |
| | | X | | X | | | X | | X |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | X | | X | | X | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | X |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | X |

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SCHEDULE K Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047
2018
Open to Public Inspection

▶ 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 |
| | | NORTH CAROLINA MEDICAL CARE | | | | | | | | | | | |
| A | COMMISSION | | 52-1309402 | NONE | 10/26/17 | 1,937,324. | SEE PART VI | | X | | X | | X |
| B | COMMISSION | | 52-1309402 | NONE | 05/10/18 | 38,062,676. | SEE PART VI | | X | | X | | X |
| C | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |

| Part II | Proceeds | A | | B | | C | | D | |
|-----------|--|-----|------------|-----|------------|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Amount of bonds retired | | 627,549. | | 1,015,870. | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | | 1,937,324. | | 9,262,883. | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | 1,937,324. | | 9,262,883. | | | | |
| 11 | Other spent proceeds | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | | 2018 | | | | | | |

| | | Yes | | No | | Yes | | No | |
|-----------|--|-----|----|-----|----|-----|----|-----|----|
| | | 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 | | |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | | | X | | |
| 16 | Has the final allocation of proceeds been made? | X | | | | | X | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | X | | |

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ENTITY 1

56-2070036

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Schedule K (Form 990) 2018

Page 2

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 |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | | | | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | | X | | | | X | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside 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? | | | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | | | | .00 | % | .00 |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | % | | | | .00 | % | .00 |
| 6 Total of lines 4 and 5 | | % | | | | .00 | % | .00 |
| 7 Does the bond issue meet the private security or payment test? | | | | | | X | | 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 |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | | | .07 | % | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | X | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | | | | X | | | |

Part IV Arbitrage

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

Part III Private Business Use

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

Part IV Arbitrage

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

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Part III Private Business Use

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside 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 | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | .00 | % | .00 | % | .00 | % | .00 | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | .00 | % | .00 | % | .00 | % | .00 | % |
| 6 Total of lines 4 and 5 | .00 | % | .00 | % | .00 | % | .00 | % |
| 7 Does the bond issue meet the private security or payment test? | | 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 | | | | |
| 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 | | | | | |

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 | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | X | | X | | | | | |
| b Exception to rebate? | | X | | X | | | | |
| c No rebate due? | | 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 | | | | |

Part IV Arbitrage (Continued)

| | 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 | | 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 | | 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? | | X | | X | | X | | X |
| 6 Were any gross proceeds invested beyond an available temporary period? | | | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, COLUMN F

BOND ISSUE A:

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

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

BOND ISSUE B:

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

| | Part IV Arbitrage (Continued) | | | | | | | |
|--|-------------------------------|----|-----|----|-----|----|-----|----|
| | A | | B | | C | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | 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 | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | | X | | | | |

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

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

SCHEDULE K, PART I, COLUMN F

BOND ISSUE A:

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

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

BOND ISSUE B:

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

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

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

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

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

BOND ISSUE A (2):
THE ISSUANCE OF THE BONDS ON 7/25/2018 WAS A DEEMED CURRENT REFUNDING OF THE 2012B BONDS DUE TO THE CONVERSION OF THE 2012B BONDS TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE.

THE PURPOSE OF THE BONDS ISSUED 08/28/2012 WAS TO REFUND THE ORIGINAL 1985B BONDS ISSUED ON 10/02/1985 FOR THE ACQUISITION OF A MAINTENANCE BUILDING, PARKING, AND A DEBT SERVICE FUND, AND TO REFUND THE ORIGINAL 1993A BONDS ISSUED ON 08/12/1993. THE PURPOSE OF THE BONDS ISSUED 08/12/1993 WAS TO PARTIALLY REFUND THE 1991D BONDS ISSUED ON 7/1/1991 AND THE 1985A BONDS ISSUED ON 10/02/1985. THE 2012C BONDS WERE PAID OFF EFFECTIVE JUNE 1, 2015.

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

BOND ISSUE B (2):

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

BOND ISSUE C (2):

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

BOND ISSUE D (2):

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

BOND ISSUE A (3):

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

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

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

BOND ISSUE B (3):
DRAW-DOWN FINANCING LEASE PROGRAM WITH TD EQUIPMENT FINANCE, OTHER THAN SCHEDULE 1, IN THE MAXIMUM PRINCIPAL AMOUNT OF \$38,062,676 TO FINANCE MEDICAL, COMPUTER, OFFICE, AND CAPITAL EQUIPMENT.

SCHEDULE K, PART II, LINE 3, BOND ISSUE (B):
PROCEEDS INCLUDE ISSUE PRICE PLUS ORIGINAL ISSUE DISCOUNT / UPFRONT FEE PAID DIRECTLY BY DUHS TO THE BANK UPON ISSUANCE.

SCHEDULE K, PART II, LINE 3, BOND ISSUE (D):
PROCEEDS INCLUDE INVESTMENT EARNINGS.

SCHEDULE K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (3):
PROCEEDS REFLECT ACTUAL PRINCIPAL DRAWN DOWN UNDER DRAW DOWN FINANCING LEASE PROGRAM.

SCHEDULE K, PART III, B (2), LINES 4-6:
RESPONSES REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE ALLOCABLE TO THE REFUNDING OF THE 2009A BONDS.

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

BOND ISSUE (A) COMPLETED 06/01/19; (B) COMPLETED 05/30/17; (D) COMPLETED 05/31/17; A(2) COMPLETED 07/25/18; B(2) COMPLETED 06/01/19; AND C(2) COMPLETED 08/01/17. AS TO D(2), A(3), AND B(3), NO ARBITRAGE COMPUTATION WAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED.

BOND ISSUES (A), (B), (C), AND A (2):
THESE PROCEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO CURRENTLY REFUND THE PRIOR BONDS.

BOND ISSUES D (2), A (3), AND B (3):
SALES PROCEEDS ALLOCATED UPON ISSUANCE AND NOT INVESTED.

SCHEDULE K, PART III, LINE 8C, BOND ISSUE (C):
DISPOSITION WAS THE SUBJECT OF A CLOSING AGREEMENT ACCEPTED AND CLOSED

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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 |
| BIOVENTUS, LLC | SEE PART V | 582,574. | SEE PART V | | X |
| DANIEL J. SCOTT, MD | SEE PART V | 65,748. | SEE PART V | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information.

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

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

(A) NAME OF INTERESTED PERSON: BIOVENTUS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BIOVENTUS, LLC DIRECTORS ARE DUHS, INC. DIRECTORS

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

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

(E) SHARING OF ORGANIZATION REVENUE? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

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

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

(E) SHARING OF ORGANIZATION REVENUE? = NO

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | X | 2 | 2. | ESTIMATE |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 15,658. | FMV |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 7 | 51,906. | 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 | 2 | 300. | FMV |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | X | 1 | 24,000. | FMV |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (ENTERTAINMENT) | X | 51 | 19,648. | VARIOUS |
| 26 Other ▶ (SPORTS) | X | 15 | 4,162. | 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 IV, Donee Acknowledgement 29 0

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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

SCHEDULE M, LINE 32B:

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

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

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

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

ITS TRANSLATION, CREATING EDUCATION THAT IS TRANSFORMING, BUILDING

HEALTHY COMMUNITIES, AND CONNECTING WITH THE WORLD TO IMPROVE HEALTH

GLOBALLY.

FORM 990, PART III, LINE 4A

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HISTORY AND ORGANIZATION

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

HOSPITAL AND ITS MEDICAL SCHOOL TO IMPROVE HEALTH CARE IN THE

CAROLINAS, THEN A POOR REGION LACKING HOSPITALS AND HEALTH CARE

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

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

WITH ACQUIRING CONTROL OF TWO LOCAL COMMUNITY HOSPITALS, THE DUKE

UNIVERSITY BOARD OF TRUSTEES ESTABLISHED DUKE UNIVERSITY HOSPITAL AS

THE FLAGSHIP OF THE NEWLY INCORPORATED DUKE UNIVERSITY HEALTH SYSTEM,

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

HIGH LEVEL OF QUALITY THAT HAS TRADITIONALLY MADE DUKE UNIVERSITY

HOSPITAL A WORLD LEADER. THIS NETWORK OF REGIONAL HEALTH CARE

ORGANIZATIONS IS DEDICATED TO EMPLOYING DUKE'S STRENGTHS IN PATIENT

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

CONCEPTUALLY INTEGRATES THE DUKE UNIVERSITY SCHOOL OF MEDICINE,

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

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

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

832211 10-10-18

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

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

MANY PROGRAM SERVICE ACCOMPLISHMENTS ARE INCLUDED IN SCHEDULE H OF THIS FORM INCLUDING THE FINANCIAL COMMITMENT MADE TO THE COMMUNITY BY DUHS IN TERMS OF CHARITY CARE AND OTHER DIRECT AND MEASURABLE INVESTMENTS. FURTHER DETAIL OF DUHS' COMMITMENT TO PROMOTING HEALTH, WELLNESS, AND ACCESS TO QUALITY CARE FOR THE PEOPLE AND COMMUNITIES IT SERVES IS REPORTED IN DUHS' ANNUAL COMMUNITY BENEFIT REPORT. THE 2020 REPORT WHICH CONTAINS FY2019 FINANCIAL DATA IS AVAILABLE ONLINE AT [HTTPS://CORPORATE.DUKEHEALTH.ORG/COMMUNITY](https://corporate.dukehealth.org/community)

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

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

SWEDEN, DENMARK, NORWAY, MALAYSIA,

POLAND, UNITED KINGDOM, IRELAND, PORTUGAL,

GREECE, BERMUDA

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

DIRECTORS JACK O. BOVENDER, JR., WILLIAM HAWKINS, MICHAEL MARSICANO,

VINCENT E. PRICE, CARMICHAEL ROBERTS, NANCY M. SCHLICHTING, AND STEVEN M.

SCOTT, MD ARE TRUSTEES OF DUKE UNIVERSITY. DIRECTOR AND PRESIDENT/CEO, A.

EUGENE WASHINGTON, MD, IS AN OFFICER OF DUKE UNIVERSITY. DIRECTOR MARY E.

KLOTMAN, MD IS A KEY EMPLOYEE OF DUKE UNIVERSITY. THE FOLLOWING

INDIVIDUALS ARE EMPLOYEES OF DUKE UNIVERSITY: ANN M. REED AND JOHN H.

SAMPSON, MD.

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

J. FULKERSON, MD, AND KENNETH C. MORRIS ARE DIRECTORS OF DURHAM CASUALTY

COMPANY, LTD.

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

J. FULKERSON, MD, ANN M. REED, AND JOHN H. SAMPSON, MD ARE BOARD MEMBERS OF

PRIVATE DIAGNOSTIC CLINIC, PLLC.

OFFICERS WILLIAM J. FULKERSON, MD AND KENNETH C. MORRIS ARE BOTH DIRECTORS

AND OFFICERS OF HEALTH SYSTEM MEDICAL STRATEGIES, INC.

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

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

DUHS DELEGATES CONTROL TO A SUPPORTING ORGANIZATION FOR THE MANAGEMENT OF

INVESTMENTS.

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

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

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

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

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

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

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

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

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

DUHS MONITORS AND ENFORCES COMPLIANCE RELATED TO CONFLICT OF INTEREST VIA AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, RELYING ON SELF DISCLOSURE OF ALL THOSE SUBJECT TO THE COI POLICY.

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

THE DUHS COMPENSATION COMMITTEE, COMPRISED OF MEMBERS OF THE DUHS BOARD OF DIRECTORS, REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION FOR CERTAIN

PUBLIC INSPECTION COPY

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

DISQUALIFIED PERSONS AND OTHER KEY EMPLOYEES. THE DUHS COMPENSATION COMMITTEE REVIEWS AND RECOMMENDS TO THE DUKE UNIVERSITY COMPENSATION COMMITTEE THE COMPENSATION FOR THE PRESIDENT AND CEO OF DUHS WHO IS ALSO AN OFFICER OF DUKE UNIVERSITY. DUHS HAS ADOPTED A STATEMENT OF COMPENSATION PHILOSOPHY THAT ARTICULATES BROAD OBJECTIVES TO HELP GUIDE THE DUHS COMPENSATION COMMITTEE IN ITS MISSION. THE DUHS COMPENSATION COMMITTEE ENGAGES THE SERVICES OF AN OUTSIDE EXECUTIVE COMPENSATION CONSULTING FIRM TO ESTABLISH COMPARABILITY DATA OF OTHER HEALTH CARE SYSTEMS OF SIMILAR SIZE AND COMPLEXITY AS DUHS. THE DUHS COMPENSATION COMMITTEE REVIEWS THE MARKET ANALYSIS THEN DETERMINES THE REASONABLENESS AND APPROPRIATENESS OF ALL ASPECTS OF EXECUTIVE COMPENSATION. THE DUHS COMPENSATION COMMITTEE ALSO SETS THE METRICS AND APPROVES THE PAYOUTS FOR THE DUHS INCENTIVE COMPENSATION PLANS FOR THESE INDIVIDUALS. THE DELIBERATIONS AND CONCLUSIONS OF THE DUHS COMPENSATION COMMITTEE ARE KEPT BY A RECORDING SECRETARY WHO RECORDS THE MINUTES OF THE COMMITTEE MEETINGS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NY, ND, OR, PA, SC, TN, UT, WI

FORM 990, PART VI, SECTION C, LINE 18:
DUKE UNIVERSITY HEALTH SYSTEM, INC.'S FORM 990 IS AVAILABLE TO THE PUBLIC ON WWW.GUIDESTAR.ORG. GUIDESTAR INDEPENDENTLY POSTS TAX-EXEMPT ORGANIZATIONS' FORM 990'S ON THEIR WEBSITE, OBTAINED FROM THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION C, LINE 19:
DUKE UNIVERSITY HEALTH SYSTEM, INC.'S GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND ANY SUBSEQUENT AMENDMENTS OR RESTATEMENTS) ARE AVAILABLE

PUBLIC INSPECTION COPY

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

TO THE PUBLIC ON THE NORTH CAROLINA SECRETARY OF STATE WEBSITE. DUKE UNIVERSITY HEALTH SYSTEM, INC. MAKES ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. INDEPENDENTLY AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT:
<HTTPS://CORPORATE.DUKEHEALTH.ORG/FINANCIAL-INFORMATION>

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

| | |
|---|---------------|
| NONPERIODIC CHANGES IN DEFINED BENEFIT PLANS: | -179,438,870. |
| NET TRANSFERS TO THE UNIVERSITY AND AFFILIATES: | -134,300,921. |
| CHANGE IN MARKET VALUE OF DERIVATIVES: | -20,387,832. |
| DEEMED DIVIDEND | -6,635,025. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -340,762,648. |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Employer identification number

56-2070036

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2018

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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 | 157,257,279. | 2,197,599. | DUKE UNIVERSITY HEALTH SYSTEM, INC. |
| DUHS GLOBAL, LLC | | | | | |
| 310 BLACKWELL STREET, 4TH FLOOR, BOX 104124 DURHAM, NC 27710 | SUPPORT | NORTH CAROLINA | 0. | 0. | DUKE UNIVERSITY HEALTH SYSTEM, INC. |
| SAME DAY SURGERY CENTER FRANKLIN, LLC | | | | | |
| 310 BLACKWELL STREET, 4TH FLOOR, BOX 104124 DURHAM, NC 27710 | SUPPORT | NORTH CAROLINA | 0. | 0. | DUKE UNIVERSITY HEALTH SYSTEM, INC. |

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

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

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

Schedule R (Form 990) 2018

PUBLIC INSPECTION COPY**Part II** Continuation of Identification of Related Tax-Exempt Organizations

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

PUBLIC INSPECTION COPY**Part II** Continuation of Identification of Related Tax-Exempt Organizations

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| BLACKWELL PARTNERS, LLC - SERIES A - 20-8075455, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701 | INVESTMENTS | DE | N/A | N/A | | | | X | N/A | | X | |
| CANYON BLUE INV FD 27-0186996 AVE OF STARS L.A., CA 90067 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |
| CD FUND, LP - 27-0130641 MCKINNEY AVE DALLAS, TX 75201 | INVESTMENTS | TX | N/A | N/A | | | X | | N/A | | X | |
| LIQUID REALTY PTR 05-0537755 LINDA MESA DANVILLE, CA 94526 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) 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 | |
| LYRICAL BLUE RL PT 27-2994514 32 N. DEAN ST. ENGLEWOOD, NJ 07631 | INVESTMENTS | DE | N/A | N/A | | | | X | N/A | | X | |
| LYRICAL-BLUE RGNT 45-3626577 32 N. DEAN ST. ENGLEWOOD, NJ 07631 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |
| SBER LUCKY STRIKE 20-3891303 310 BLACKWELL ST. DURHAM, NC 27701 | REAL ESTATE | NC | N/A | N/A | | | X | | N/A | | X | |
| MANGUM II LLC - 46-5135858 280 S. MANGUM STREET, STE 210 DURHAM, NC 27701 | INVESTMENTS | NC | N/A | N/A | | | X | | N/A | | X | |
| LS INVESTOR, LLC 20-3891381 310 BLACKWELL ST. DURHAM, NC 27701 | REAL ESTATE | NC | N/A | N/A | | | X | | N/A | | X | |
| DILWEG BLUE PF LP 47-1225569 5310 S. ALSTON AVE., STE 210 DURHAM, NC 27713 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |
| LYRICAL BLUE RL PT IV 47-2172270, 32 N. DEAN ST., ENGLEWOOD, NJ 07631 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |
| LYRICAL BLUE CHP PT 35-2503856, 32 N. DEAN ST., ENGLEWOOD, NJ 07631 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |
| LIQUID RLT PTR II TE - 20-4362819, 10 MARKET ST #769 CAMANA BAY, GRAND CAYMAN, CAYMAN ISLANDS KY1-9006 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |

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) 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 | | | |
| STRATUS CAPITAL PARTNERS C LP 50 LOTHIAN ROAD, FESTIVAL SQUARE, EDINBURGH, UNITED KINGDOM EH3 9WJ | INVESTMENTS | UNITED KINGDOM | N/A | N/A | | | X | | N/A | X | |
| ALTOS HYBRID D LLC - 47-3996176, 2882 SAND HILL ROAD, SUITE 100, MENLO PARK, CA 94025 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | X | |
| GPE HOLDCO, LLC - 47-5652832 2000 AVE. OF THE STARS 11TH FL LOS ANGELES, CA 90067 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | X | |
| BLACKWELL PARTNERS, LLC - SERIES C - 81-1264533, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | X | |
| BLACKWELL PARTNERS, LLC - SERIES B - 47-2530719, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | X | |
| BLACKWELL PARTNERS, LLC - SERIES D - 81-3385353, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | X | |
| BLACKWELL PARTNERS, LLC - SERIES E - 81-1511048, 280 S. MANGUM ST., STE 210, DURHAM, NC 27701 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | X | |
| ALTOS HYBRID 2D, LLC - 81-5176567, 2882 SAND HILL ROAD, STE 100, MENLO PARK, CA 94025 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | X | |
| GILEAD CAPITAL PARTNERS, LP - 32-0520146, 157 COLUMBUS AVE, SUITE 403, NEW YORK, NY 10023 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | X | |

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) 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 | |
| TOWER VIEW LIMITED | | | | | | | | | | | | |
| 89 NEXUS WAY, CAMANA BAY, | | | | | | | | | | | | |
| GRAND CAYMAN, CAYMAN ISLANDS | | CAYMAN | | | | | | | | | | |
| KY1-9007 | INVESTMENTS | ISLANDS | N/A | N/A | | | X | | N/A | | X | |
| ENIAC SPECIAL GAMMA, LLC - | | | | | | | | | | | | |
| 85-5033123, 604 MISSION | | | | | | | | | | | | |
| STREET, 10TH FL, SAN | | | | | | | | | | | | |
| FRANCISCO, CA 94105 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |
| FOURPOINT HOLDINGS, LLC - | | | | | | | | | | | | |
| 46-4275257, 100 ST. PAUL | | | | | | | | | | | | |
| STREET, STE 400, DENVER, CO | | | | | | | | | | | | |
| 80206 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |
| LYRICAL-BLUE 100 KINGSHIGHWAY | | | | | | | | | | | | |
| PARTNERS, L.P. - 82-3708328, | | | | | | | | | | | | |
| 32 N. DEAN ST., ENGLEWOOD, NJ | | | | | | | | | | | | |
| 07631 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |
| LYRICAL-BLUE SOPP PARTNERS, | | | | | | | | | | | | |
| L.P. - 81-4468378, 32 N. DEAN | | | | | | | | | | | | |
| ST., ENGLEWOOD, NJ 07631 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |
| WASHINGTON GOTHIC, L.P. - | | | | | | | | | | | | |
| 83-4516893, 593 WASHINGTON | | | | | | | | | | | | |
| STREET, WELLESLEY, MA 02482 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |
| DUKE TRIANGLE ENDOSCOPY | | | | | | | | | | | | |
| CENTER, LLC - 20-4257024, 1A | | | | | | | | | | | | |
| BURTON HILLS BLVD, NASHVILLE, | | | | | | | | | | | | |
| TN 37215 | HEALTHCARE | NC | N/A | N/A | | | X | | N/A | | X | |
| COLONY INVESTORS III, L.P. - | | | | | | | | | | | | |
| 95-465622, 515 S. FLOWER | | | | | | | | | | | | |
| ST., 44TH FL, LOS ANGELES, CA | | | | | | | | | | | | |
| 90071 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |
| DWELLWORKS CO-INVESTMENT, LLC | | | | | | | | | | | | |
| - 83-2165945, 7 TIMES SQUARE, | | | | | | | | | | | | |
| STE 4307, NEW YORK, NY 10036 | INVESTMENTS | DE | N/A | N/A | | | X | | N/A | | X | |

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 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) | | |
| 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 UNIVERSITY AFFILIATED PHYSICIANS, INC. | R | 36,528,830. FMV | |
| (2) ASSOCIATED HEALTH SERVICES, INC. | S | 5,309,724. FMV | |
| (3) ASSOCIATED HEALTH SERVICES, INC. | O | 5,148,516. FMV | |
| (4) DURHAM CASUALTY COMPANY, INC. | R | 10,937,586. FMV | |
| (5) DURHAM CASUALTY COMPANY, INC. | S | 9,279,222. FMV | |
| (6) DUKE AFFILIATIONS NETWORK, INC. | S | 105,993. 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-r) | (c) Amount involved | (d) Method of determining amount involved |
|------|-----------------------------------|-------------------------------|-----------------------------|--|
| (7) | DUKE INTEGRATED NETWORK, INC. | E | 6,822,385. ^{FMV} | |
| (8) | GOTHIC HSP CORPORATION | B | 513,182,352. ^{FMV} | |
| (9) | GOTHIC HSP CORPORATION | C | 453,691,252. ^{FMV} | |
| (10) | | | | |
| (11) | | | | |
| (12) | | | | |
| (13) | | | | |
| (14) | | | | |
| (15) | | | | |
| (16) | | | | |
| (17) | | | | |
| (18) | | | | |
| (19) | | | | |
| (20) | | | | |
| (21) | | | | |
| (22) | | | | |
| (23) | | | | |
| (24) | | | | |

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

| | | |
|--|--|--|
| A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) DUKE UNIVERSITY HEALTH SYSTEM, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 324 BLACKWELL ST., WASHIN. BLDG., NO. 850 City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27701 | D Employer identification number (Employees' trust, see instructions.) 56-2070036 |
| | | E Unrelated business activity code (See instructions.) 900099 |
| C Book value of all assets at end of year 6,281,178,620. | F Group exemption number (See instructions.) ▶ | G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ UNRELATED DEBT-FINANCED INCOME. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

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

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|---|------------|--------------|------------|
| 1a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| c | Balance | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | | | |
| 4a | Capital gain net income (attach Schedule D) | | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | | |
| c | Capital loss deduction for trusts | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | | | |
| 6 | Rent income (Schedule C) | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 1,923,576. | 49,390. | 1,874,186. |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | | |
| 10 | Exploited exempt activity income (Schedule I) | | | |
| 11 | Advertising income (Schedule J) | | | |
| 12 | Other income (See instructions; attach schedule) | | | |
| 13 | Total. Combine lines 3 through 12 | 1,923,576. | 49,390. | 1,874,186. |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) | | | |
|---|--|-----|---------------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | 14 |
| 15 | Salaries and wages | | 15 |
| 16 | Repairs and maintenance | | 16 |
| 17 | Bad debts | | 17 |
| 18 | Interest (attach schedule) (see instructions) SEE STATEMENT 1 | | 18 2,086,711. |
| 19 | Taxes and licenses | | 19 |
| 20 | Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2 | | 20 0. |
| 21 | Depreciation (attach Form 4562) | 21 | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 | Depletion | | 23 |
| 24 | Contributions to deferred compensation plans | | 24 |
| 25 | Employee benefit programs | | 25 |
| 26 | Excess exempt expenses (Schedule I) | | 26 |
| 27 | Excess readership costs (Schedule J) | | 27 |
| 28 | Other deductions (attach schedule) | | 28 |
| 29 | Total deductions. Add lines 14 through 28 | | 29 2,086,711. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | 30 -212,525. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | | 31 |
| 32 | Unrelated business taxable income. Subtract line 31 from line 30 | | 32 -212,525. |

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| Part III Total Unrelated Business Taxable Income | | |
|--|--|--------------|
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 33 -212,525. |
| 34 | Amounts paid for disallowed fringes | 34 |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <i>STMT 5</i> | 35 0. |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 | 36 -212,525. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 | 38 -212,525. |

| Part IV Tax Computation | | |
|-------------------------|---|-------|
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | 39 0. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041) | 40 |
| 41 | Proxy tax. See instructions | 41 |
| 42 | Alternative minimum tax (trusts only) | 42 |
| 43 | Tax on Noncompliant Facility Income. See instructions | 43 |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 0. |

| Part V Tax and Payments | | |
|-------------------------|--|-------|
| 45a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 45a |
| b | Other credits (see instructions) | 45b |
| c | General business credit. Attach Form 3800 | 45c |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 45d |
| e | Total credits. Add lines 45a through 45d | 45e |
| 46 | Subtract line 45e from line 44 | 46 0. |
| 47 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 47 |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | 48 0. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 0. |
| 50a | Payments: A 2017 overpayment credited to 2018 | 50a |
| b | 2018 estimated tax payments | 50b |
| c | Tax deposited with Form 8868 | 50c |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 50d |
| e | Backup withholding (see instructions) | 50e |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 50f |
| g | Other credits, adjustments, and payments: Form 2439 _____ Other _____ Total | 50g |
| 51 | Total payments. Add lines 50a through 50g | 51 |
| 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 52 |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 |
| 55 | Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded | 55 |

| Part VI Statements Regarding Certain Activities and Other Information (see instructions) | | |
|--|---|-------------|
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <i>SEE STATEMENT 4</i> | Yes No X |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | X |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | |

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

Signature of officer: *[Signature]* Date: *1/16/2020* Title: *SVP, CFO, TREASURER*

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

| | | | | |
|----------------------------|----------------------|------|------------------------|------|
| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
| Firm's name | Firm's EIN | | | |
| Firm's address | Phone no. | | | |

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

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) N/A

1. Description of property

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

2. Rent received or accrued

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

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

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

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|--|---|--|--|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) BOND INVESTMENT INTEREST INCOME | 1,923,576. | | STATEMENT 8 49,390. |
| (2) | | | |
| (3) | | | |
| (4) | | | |

| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---------------------------------|--|---|
| (1) 595,234,055. | 102,294,360. | 100.00% | 1,923,576. | 49,390. |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |

STATEMENT 6 STATEMENT 7

Totals Enter here and on page 1, Part I, line 7, column (A). 1,923,576. Enter here and on page 1, Part I, line 7, column (B). 49,390.

Total dividends-received deductions included in column 8 0.

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Form 990-T (2018) DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

Page 4

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

N/A

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

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | | | |
|---------------------|--|--|--|--|
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals | | | 0. | 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

N/A

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | | |
|---------------------|--|---|---|
| | | Enter here and on page 1, Part I, line 9, column (A). | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | 0. | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

N/A

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

| | | | | |
|---------------------|--|--|--|---|
| | | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | Enter here and on page 1, Part II, line 26. |
| Totals | | 0. | 0. | 0. |

Schedule J - Advertising Income (see instructions)

N/A

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

| | | | | | | |
|--|--|----|----|--|--|----|
| Totals (carry to Part II, line (5)) | | 0. | 0. | | | 0. |
|--|--|----|----|--|--|----|

Form 990-T (2018)

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

N/A

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

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

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

Form 990-T (2018)

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DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T

INTEREST PAID

STATEMENT 1

DESCRIPTION

AMOUNT

INTEREST EXPENSE

2,086,711.

TOTAL TO FORM 990-T, PAGE 1, LINE 18

2,086,711.

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DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T

CONTRIBUTIONS

STATEMENT 2

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

VARIOUS ORGANIZATIONS

N/A

734,661.

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

734,661.

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DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

| | |
|-------------------|-----------|
| FOR TAX YEAR 2013 | |
| FOR TAX YEAR 2014 | |
| FOR TAX YEAR 2015 | |
| FOR TAX YEAR 2016 | |
| FOR TAX YEAR 2017 | 1,358,539 |

| | |
|--------------------------------------|-----------|
| TOTAL CARRYOVER | 1,358,539 |
| TOTAL CURRENT YEAR 10% CONTRIBUTIONS | 734,661 |

| | |
|---------------------------------------|-----------|
| TOTAL CONTRIBUTIONS AVAILABLE | 2,093,200 |
| TAXABLE INCOME LIMITATION AS ADJUSTED | 0 |

| | |
|----------------------------|-----------|
| EXCESS 10% CONTRIBUTIONS | 2,093,200 |
| EXCESS 100% CONTRIBUTIONS | 0 |
| TOTAL EXCESS CONTRIBUTIONS | 2,093,200 |

| | |
|-----------------------------------|---|
| ALLOWABLE CONTRIBUTIONS DEDUCTION | 0 |
|-----------------------------------|---|

| | |
|------------------------------|---|
| TOTAL CONTRIBUTION DEDUCTION | 0 |
|------------------------------|---|

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DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 4

NAME OF COUNTRY

SWEDEN
DENMARK
NORWAY
MALAYSIA
POLAND
UNITED KINGDOM
IRELAND
PORTUGAL
GREECE
BERMUDA

PUBLIC INSPECTION COPY

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 5

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/17 | 882,276. | 0. | 882,276. | 882,276. |
| 06/30/18 | 6,243,392. | 0. | 6,243,392. | 6,243,392. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 7,125,668. | 7,125,668. |

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DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME
AVERAGE ACQUISITION DEBT

STATEMENT 6

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

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

PUBLIC INSPECTION COPY

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME
AVERAGE ADJUSTED BASIS

STATEMENT 7

| DESCRIPTION OF DEBT-FINANCED PROPERTY | ACTIVITY NUMBER | AMOUNT |
|--|--------------------|--------------|
| BOND INVESTMENT INTEREST INCOME | 1 | |
| AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR | | 204,588,719. |
| AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR | | 0. |
| AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR | | 102,294,360. |
| TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5 | | |

PUBLIC INSPECTION COPY

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 8

| <u>DESCRIPTION</u> | <u>ACTIVITY NUMBER</u> | <u>AMOUNT</u> | <u>TOTAL</u> |
|--|----------------------------|---------------|--------------|
| INVESTMENT MANAGEMENT & COMMISSION | | 49,390. | |
| | - SUBTOTAL - | 1 | 49,390. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) | | | 49,390. |

SCHEDULE O
(Form 1120)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Consent Plan and Apportionment Schedule
for a Controlled Group

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

| | |
|---|--|
| Name DUKE UNIVERSITY HEALTH SYSTEM, INC. | Employer identification number 56-2070036 |
|---|--|

Part I Apportionment Plan Information

1 Type of controlled group:

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

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on JUNE 30, 2019, and for all succeeding tax years.

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

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

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

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

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

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

7 If the corporation has a short tax year that does not include December 31, check the box. See instructions.

| | | (a) Group member's name and employer identification number | (b) Tax year end (Yr-Mo) | Apportionment | | |
|--------------|--|--|-----------------------------------|---------------------------------------|--|--------------|
| | | | | (c) Accumulated earnings credit | (d) Penalty for failure to pay estimated tax | (e) Other |
| 1 | | DUKE UNIVERSITY HEALTH SYSTEM, INC. 56-2070036 | 19-06 | 0. | 0. | 0. |
| 2 | | HEALTH SYSTEM MEDICAL STRATEGIES, INC. 56-2222444 | 19-06 | 0. | 0. | 0. |
| 3 | | DUKE MEDICAL STRATEGIES, INC. 56-1993799 | 19-06 | 0. | 0. | 0. |
| 4 | | DUKE UNIVERSITY SPECIAL VENTURES FUND, INC. 56-1465177 | 19-06 | 0. | 0. | 0. |
| 5 | | GOTHIC CORPORATION 56-1776668 | 19-06 | 0. | 0. | 0. |
| 6 | | DURHAM CASUALTY COMPANY, LTD. 98-0113277 | 19-06 | 0. | 0. | 0. |
| 7 | | DUKE ALUMNI ASSOCIATION, INC. 56-1594088 | 19-06 | 0. | 0. | 0. |
| 8 | | DURHAM ASSET MANAGEMENT COMPANY, INC. 56-1757238 | 19-06 | 250,000. | 0. | 0. |
| 9 | | DURHAM REALTY, INC. 56-1917936 | 19-06 | 0. | 0. | 0. |
| 10 | | DUKE GIFT PROPERTIES, INC. 57-1211078 | 19-06 | 0. | 0. | 0. |
| Total | | | | 250,000. | | |

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

| | (a) Group member's name and employer identification number | (b) Tax year end (Yr-Mo) | Apportionment | | |
|-------|--|-----------------------------------|---------------------------------------|--|--------------|
| | | | (c) Accumulated earnings credit | (d) Penalty for failure to pay estimated tax | (e) Other |
| 1 | DUKE UNIVERSITY PHILANTHROPIES, INC. | 19-06 | 0. | 0. | 0. |
| 2 | GOTHIC HSP CORPORATION | 19-06 | 0. | 0. | 0. |
| 3 | THE DUKE UNIVERSITY SCHOOL OF MEDICINE RESEARCH FOUNDATION | 19-06 | 0. | 0. | 0. |
| 4 | DUKE UNIVERSITY | 19-06 | 0. | 0. | 0. |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| Total | | | | | |

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

SCHEDULE D
(Form 1120)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses
 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2018

Name: **DUKE UNIVERSITY HEALTH SYSTEM, INC.** Employer identification number: **56-2070036**

| Part I Short-Term Capital Gains and Losses (See instructions.) | | | | |
|---|----------------------------------|---------------------------------|---|--|
| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 117,292,590. | 118,742,235. | | -1,449,645. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | | 4 |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | | 5 |
| 6 Unused capital loss carryover (attach computation) | | | SEE STATEMENT 9 | 6 (325,530.) |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | | 7 -1,775,175. |

| Part II Long-Term Capital Gains and Losses (See instructions.) | | | | |
|--|----------------------------------|---------------------------------|--|--|
| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 53,800,080. | 54,720,039. | | -919,959. |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Enter gain from Form 4797, line 7 or 9 | | | | 11 |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | | 12 |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | | 13 |
| 14 Capital gain distributions | | | | 14 |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | | 15 -919,959. |

| Part III Summary of Parts I and II | | | | |
|---|--|--|--|-------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | | | | 16 |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | | | | 17 |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. | | | | 18 0. |

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

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2018

Attachment Sequence No. **12A**

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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

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

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

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (g) in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | (h) Gain or (loss). Subtract column (g) from column (d) & combine the result with column (g) |
|---|--|---|---|----------------------------------|---|---|--------------------------------|---|
| | | | | | | (f) Code(s) | (g) Amount of adjustment | |
| | 90DAY EURO\$ FUTURE (CME) | VARIOUS | 02/13/19 | <34,870.> | 0. | | | <34,870.> |
| | ALIMENTATION COUCHE-TARD | VARIOUS | 03/13/19 | 885,657. | 889,960. | | | <4,303.> |
| | ALLY AUTO RECEIVABLES TRU | VARIOUS | 03/15/19 | 532,422. | 532,444. | | | <22.> |
| | AMUNDI PIONEER ASSET | VARIOUS | 02/26/19 | 45. | 0. | | | 45. |
| | ANZ NEW ZEALAND INT'L LTD | VARIOUS | 03/13/19 | 634,112. | 639,591. | | | <5,479.> |
| | AUSTRALIA & NEW ZEALAND | VARIOUS | 01/15/19 | 1,920,380. | 1,927,525. | | | <7,145.> |
| | BA CREDIT CARD TRUST A1 A | VARIOUS | 12/13/18 | 1,241,776. | 1,242,796. | | | <1,020.> |
| | BANK OF MONTREAL | VARIOUS | 03/13/19 | 1,617,671. | 1,627,036. | | | <9,365.> |
| | BANK OF NOVA SCOTIA/THE | VARIOUS | 02/12/19 | 3,267,812. | 3,273,972. | | | <6,161.> |
| | BMW VEHICLE LEASE TR 2 2 A3 | VARIOUS | 03/13/19 | 1,662,537. | 1,661,507. | | | 1,030. |
| | BNP PARIBAS DISC | 06/07/18 | 08/16/18 | 1,997,458. | 1,988,551. | | | 8,907. |
| | CAPITAL ONE FINANCIAL CORP | VARIOUS | 03/13/19 | 950,146. | 950,000. | | | 146. |
| | CARDINAL HEALTH INC. | VARIOUS | 02/12/19 | 1,644,704. | 1,650,238. | | | <5,534.> |
| | CARMAX AUTO OWNER TR 2 2 | VARIOUS | 02/28/19 | 1,797,140. | 1,801,962. | | | <4,822.> |
| | CITIBANK CREDIT CARD ISS A2 | VARIOUS | 12/13/18 | 3,271,418. | 3,281,035. | | | <9,617.> |
| | CITIBANK CREDIT CARD ISS A9 | VARIOUS | 01/24/19 | 2,672,347. | 2,689,863. | | | <17,516.> |
| | CITIGROUP INC | VARIOUS | 01/15/19 | 3,458,237. | 3,470,366. | | | <12,130.> |
| | COMM 2014-CCRE15 MORTG | VARIOUS | 11/01/18 | 0. | 0. | | | 0. |
| | COMM 2014-UBS2 MORT UBS | VARIOUS | 11/01/18 | 0. | 0. | | | 0. |
| | COMMIT TO PUR FNMA SF MTG | 07/20/18 | 09/07/18 | 4,986,750. | 4,982,625. | | | 4,125. |
| | COMMONWEALTH BANK OF A | 09/13/17 | 07/19/18 | 1,026,773. | 1,025,000. | | | 1,773. |
| | DEUTSCHE TELEKOM INTERNAT | VARIOUS | 02/12/19 | 1,613,073. | 1,627,676. | | | <14,603.> |
| | DRIVE AUTO RECEIV. BA C | | | | | | | |
| | 144A | VARIOUS | 11/01/18 | 574,783. | 575,257. | | | <474.> |
| | DRIVE AUTO RECEIV. CA D | | | | | | | |
| | 144A | VARIOUS | 11/01/18 | 502,802. | 510,391. | | | <7,589.> |
| | DRIVE AUTO RECEIV. TR 2 A3 | 07/25/17 | 07/15/18 | 61,857. | 61,854. | | | 2. |
| | FHLMC POOL #78-1542 | VARIOUS | 02/28/19 | 1,007,359. | 1,014,827. | | | <7,468.> |
| | FHLMC POOL #84-8021 | VARIOUS | 02/28/19 | 377,262. | 382,532. | | | <5,270.> |
| | FHLMC POOL #A9-2197 | VARIOUS | 02/01/19 | 279,007. | 288,040. | | | <9,033.> |
| | FHLMC POOL #A9-2630 | VARIOUS | 12/20/18 | 927,102. | 971,990. | | | <44,889.> |
| | FHLMC POOL #G0-6492 | VARIOUS | 02/28/19 | 358,142. | 371,122. | | | <12,980.> |

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

| | | | | |
|--------------|--------------|--|--|--------------|
| 117,292,590. | 118,742,235. | | | <1,449,645.> |
|--------------|--------------|--|--|--------------|

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

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2018

Attachment Sequence No. **12A**

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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

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

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

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|--|---|--|----------------------------------|---|--|-----------------------------|---|
| | | | | | | (f) Code(s) | (g) Amount of adjustment | |
| | FHLMC POOL #G1-2548 | VARIOUS | 12/20/18 | 133,960. | 136,169. | | | <2,209.> |
| | FHLMC POOL #G1-2684 | VARIOUS | 11/01/18 | 467,257. | 477,819. | | | <10,561.> |
| | FHLMC POOL #G1-2952 | VARIOUS | 12/20/18 | 794,943. | 814,972. | | | <20,029.> |
| | FHLMC POOL #G1-4490 | VARIOUS | 03/01/19 | 232,986. | 232,886. | | | 100. |
| | FHLMC POOL #G1-5535 | VARIOUS | 01/21/19 | 198,283. | 203,108. | | | <4,825.> |
| | FHLMC POOL #G6-0216 | VARIOUS | 12/20/18 | 1,493,528. | 1,544,221. | | | <50,694.> |
| | FHLMC POOL #J1-2189 | VARIOUS | 01/21/19 | 220,709. | 225,508. | | | <4,800.> |
| | FHLMC POOL #J2-3792 | VARIOUS | 03/01/19 | 55,624. | 55,676. | | | <52.> |
| | FHLMC POOL #Q5-0139 | VARIOUS | 02/28/19 | 506,199. | 525,321. | | | <19,122.> |
| | FHLMC POOL #Q5-7437 | VARIOUS | 02/28/19 | 216,518. | 217,683. | | | <1,165.> |
| | FHLMC MCLASS CTF 3745 MP | VARIOUS | 12/20/18 | 53,570. | 53,730. | | | <160.> |
| | FHLMC MCLASS CTF 4305 KN | 07/10/18 | 09/17/18 | 424,176. | 424,807. | | | <631.> |
| | FHLMC MCLASS MTG 2595 HT | 08/24/17 | 08/01/18 | 91,107. | 92,873. | | | <1,767.> |
| | FHLMC MCLASS MTG 3501 FC | VARIOUS | 02/15/19 | 370,191. | 377,221. | | | <7,030.> |
| | FHLMC MCLASS MTG 3605 PA | VARIOUS | 12/20/18 | 42,285. | 43,456. | | | <1,171.> |
| | FHLMC MCLASS MTG 3636 BA | VARIOUS | 12/20/18 | 44,447. | 44,561. | | | <114.> |
| | FHLMC MCLASS MTG 3649 HA | 09/12/17 | 09/01/18 | 64,574. | 64,618. | | | <44.> |
| | FHLMC MCLASS MTG 3740 MC | VARIOUS | 12/20/18 | 348,493. | 352,552. | | | <4,059.> |
| | FHLMC MCLASS MTG 3741 PA | 07/06/17 | 07/01/18 | 148,565. | 149,052. | | | <487.> |
| | FHLMC MCLASS MTG 3768 DE | VARIOUS | 12/20/18 | 674,367. | 676,776. | | | <2,410.> |
| | FHLMC MCLASS MTG 3821 LA | VARIOUS | 08/01/18 | 1,133,748. | 1,143,792. | | | <10,044.> |
| | FHLMC MCLASS MTG 3884 DL | VARIOUS | 03/19/19 | 137,183. | 138,907. | | | <1,725.> |
| | FHLMC MCLASS MTG 3927 AI | VARIOUS | 03/01/19 | 8,367. | 14,612. | | | <6,245.> |
| | FHLMC MCLASS MTG 3941 BE | 07/12/17 | 07/01/18 | 21,557. | 21,587. | | | <30.> |
| | FHLMC MCLASS MTG 3945 BJ | VARIOUS | 09/17/18 | 558,656. | 559,448. | | | <792.> |
| | FHLMC MCLASS MTG 3946 KB | VARIOUS | 12/20/18 | 35,683. | 37,295. | | | <1,612.> |
| | FHLMC MCLASS MTG 4011 KM | VARIOUS | 03/19/19 | 102,179. | 103,256. | | | <1,077.> |
| | FHLMC MCLASS MTG 4097 CI | VARIOUS | 03/01/19 | 13,203. | 19,425. | | | <6,222.> |
| | FHLMC MCLASS MTG 4123 DI | VARIOUS | 02/01/19 | 41,349. | 52,263. | | | <10,914.> |
| | FHLMC MCLASS MTG 4244 AI | VARIOUS | 03/01/19 | 6,107. | 12,261. | | | <6,154.> |
| | FNMA POOL #0555696 | VARIOUS | 02/28/19 | 651,559. | 660,429. | | | <8,870.> |
| | FNMA POOL #0735484 | VARIOUS | 12/20/18 | 1,046,109. | 1,081,944. | | | <35,835.> |

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

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Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2018
Attachment
Sequence No. **12A**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or
taxpayer identification no.

56-2070036

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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

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- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
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| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|--|---|---|----------------------------------|---|---|--------------------------------|---|
| | | | | | | (f) Code(s) | (g) Amount of adjustment | |
| | FNMA POOL #0735676 | VARIOUS | 01/16/19 | 451,597. | 465,637. | | | <14,041.> |
| | FNMA POOL #0888535 | VARIOUS | 12/20/18 | 196,566. | 200,305. | | | <3,739.> |
| | FNMA POOL #0888926 | VARIOUS | 11/01/18 | 354,839. | 361,221. | | | <6,382.> |
| | FNMA POOL #0889390 | VARIOUS | 12/20/18 | 195,669. | 200,995. | | | <5,326.> |
| | FNMA POOL #0890192 | VARIOUS | 12/20/18 | 32,323. | 33,736. | | | <1,414.> |
| | FNMA POOL #0890805 | VARIOUS | 12/20/18 | 727,660. | 747,632. | | | <19,972.> |
| | FNMA POOL #0931121 | VARIOUS | 11/02/18 | 136,800. | 144,582. | | | <7,782.> |
| | FNMA POOL #0931412 | VARIOUS | 12/20/18 | 34,310. | 36,049. | | | <1,738.> |
| | FNMA POOL #0931813 | 07/17/17 | 07/01/18 | 3,484. | 3,772. | | | <288.> |
| | FNMA POOL #0932463 | VARIOUS | 03/19/19 | 194,953. | 199,744. | | | <4,791.> |
| | FNMA POOL #0932724 | VARIOUS | 12/20/18 | 0. | 0. | | | 0. |
| | FNMA POOL #0933488 | VARIOUS | 12/20/18 | 0. | 0. | | | 0. |
| | FNMA POOL #0968647 | VARIOUS | 11/01/18 | 282,199. | 288,484. | | | <6,285.> |
| | FNMA POOL #0984254 | VARIOUS | 03/19/19 | 662,611. | 676,357. | | | <13,746.> |
| | FNMA POOL #0995017 | VARIOUS | 12/20/18 | 860,919. | 867,769. | | | <6,850.> |
| | FNMA POOL #0995265 | 01/12/18 | 09/17/18 | 879,230. | 895,286. | | | <16,056.> |
| | FNMA POOL #0995766 | 07/25/17 | 07/01/18 | 27,027. | 28,394. | | | <1,366.> |
| | FNMA POOL #0AB3272 | 09/01/17 | 08/01/18 | 4,354. | 4,723. | | | <369.> |
| | FNMA POOL #0AB8566 | VARIOUS | 03/01/19 | 60,648. | 60,816. | | | <169.> |
| | FNMA POOL #0AD0121 | VARIOUS | 01/21/19 | 248,602. | 255,411. | | | <6,809.> |
| | FNMA POOL #0AD1021 | VARIOUS | 12/20/18 | 18,886. | 19,929. | | | <1,043.> |
| | FNMA POOL #0AD1613 | 07/31/17 | 07/01/18 | 3,388. | 3,569. | | | <181.> |
| | FNMA POOL #0AD1972 | VARIOUS | 12/20/18 | 270,896. | 275,511. | | | <4,614.> |
| | FNMA POOL #0AD3140 | VARIOUS | 12/20/18 | 0. | 0. | | | 0. |
| | FNMA POOL #0AD5535 | VARIOUS | 01/21/19 | 394,882. | 404,391. | | | <9,509.> |
| | FNMA POOL #0AD8536 | VARIOUS | 12/20/18 | 337,640. | 343,212. | | | <5,572.> |
| | FNMA POOL #0AE0040 | VARIOUS | 12/18/18 | 546,000. | 564,406. | | | <18,406.> |
| | FNMA POOL #0AE0379 | 08/14/17 | 08/01/18 | 15,393. | 16,270. | | | <877.> |
| | FNMA POOL #0AH2702 | 01/03/18 | 09/17/18 | 481,053. | 498,527. | | | <17,474.> |
| | FNMA POOL #0AH2899 | 07/17/17 | 07/01/18 | 8,521. | 9,223. | | | <702.> |
| | FNMA POOL #0AH7030 | 09/01/17 | 08/01/18 | 7,027. | 7,631. | | | <604.> |
| | FNMA POOL #0AI1935 | VARIOUS | 12/20/18 | 354,230. | 359,257. | | | <5,027.> |

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

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Form 8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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2018 Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no. 56-2070036

DUKE UNIVERSITY HEALTH SYSTEM, INC.

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(X) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(C) Short-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment, (g) Amount of adjustment, (h) Gain or (loss). Rows include various FNMA POOL and GTD REMIC P/T entries.

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

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Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2018

Attachment Sequence No. **12A**

Department of the Treasury
Internal Revenue Service

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Name(s) shown on return

Social security number or taxpayer identification no.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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|---|--|---|--|----------------------------------|---|--|-----------------------------|---|
| | | | | | | (f) Code(s) | (g) Amount of adjustment | |
| | FNMA GTD REMIC P/T 12-150 | VARIOUS | 03/01/19 | 16,717. | 23,144. | | | <6,427.> |
| | FNMA GTD REMIC P/T 12-17 | 01/08/18 | 09/13/18 | 339,468. | 345,346. | | | <5,878.> |
| | FNMA GTD REMIC P/T 12-20 | 03/26/18 | 09/17/18 | 473,051. | 474,290. | | | <1,239.> |
| | FNMA GTD REMIC P/T 12-31 | VARIOUS | 12/17/18 | 807,955. | 820,729. | | | <12,773.> |
| | FNMA GTD REMIC P/T 12-94 | VARIOUS | 12/20/18 | 144,147. | 145,569. | | | <1,422.> |
| | FNMA GTD REMIC P/T 13-5 | VARIOUS | 03/01/19 | 18,053. | 26,270. | | | <8,216.> |
| | FNMA GTD REMIC P/T 13-9 | VARIOUS | 03/19/19 | 781,022. | 797,253. | | | <16,231.> |
| | FNMA GTD REMIC P/T 15-72 | VARIOUS | 09/17/18 | 541,938. | 554,105. | | | <12,168.> |
| | FNMA GTD REMIC P/T 2010-15 | VARIOUS | 02/01/19 | 75,772. | 76,062. | | | <290.> |
| | FNMA GTD REMIC P/T 2011-80 | VARIOUS | 09/17/18 | 582,740. | 597,711. | | | <14,971.> |
| | FNMA GTD REMIC P/T 2014-52 | 07/06/17 | 07/01/18 | 44,160. | 44,301. | | | <140.> |
| | GM FINANCIAL AUTOMOBILE L | VARIOUS | 02/20/19 | 596,941. | 595,896. | | | 1,045. |
| | GNMA GTD REMIC P/T 09-110 | VARIOUS | 01/21/19 | 304,157. | 324,585. | | | <20,428.> |
| | GNMA GTD REMIC P/T 10-128 | VARIOUS | 01/21/19 | 391,977. | 394,327. | | | <2,351.> |
| | GNMA GTD REMIC P/T 11-75 YT | VARIOUS | 02/01/19 | 3,548. | 7,330. | | | <3,782.> |
| | GNMA GTD REMIC P/T 13-84 SC | VARIOUS | 02/01/19 | 13,627. | 20,158. | | | <6,531.> |
| | GNMA GTD REMIC P/T 16-118 | VARIOUS | 12/12/18 | 62,448. | 101,671. | | | <39,223.> |
| | GNMA GTD REMIC P/T 16-17 JS | VARIOUS | 12/20/18 | 52,487. | 80,137. | | | <27,650.> |
| | GNMA GTD REMIC P/T 16-20 SE | VARIOUS | 02/01/19 | 58,752. | 91,855. | | | <33,104.> |
| | GNMA GTD REMIC P/T 16-5 CS | VARIOUS | 02/01/19 | 53,683. | 87,421. | | | <33,738.> |
| | GNMA GTD REMIC P/T 16-88 | VARIOUS | 01/24/19 | 55,727. | 85,745. | | | <30,018.> |
| | GOLDMAN SACHS GROUP INC | VARIOUS | 03/13/19 | 747,668. | 749,984. | | | <2,317.> |
| | GS MORTGAGE SECURITIES GC | VARIOUS | 02/01/19 | 16,231. | 16,261. | | | <30.> |
| | HOME PARTNERS OF AMER 1 A | VARIOUS | 09/13/18 | 1,282,188. | 1,281,208. | | | 980. |
| | HONDA AUTO RECEIVABLES 20 | VARIOUS | 03/19/19 | 656,471. | 656,546. | | | <75.> |
| | HSBC USA INC | VARIOUS | 11/26/18 | 1,604,103. | 1,629,618. | | | <25,515.> |
| | HYUNDAI AUTO RECEIV B A2A | VARIOUS | 12/31/18 | 455,568. | 457,530. | | | <1,962.> |
| | ING (US) FUNDING DISC | 06/05/18 | 09/13/18 | 996,732. | 990,055. | | | 6,677. |
| | J P MORGAN SECS DISC | 06/11/18 | 08/16/18 | 1,794,195. | 1,786,080. | | | 8,115. |
| | MERCEDES-BENZ AUTO LEASE | VARIOUS | 01/24/19 | 3,292,601. | 3,302,353. | | | <9,752.> |
| | METROPOLITAN LIFE GLOBAL | VARIOUS | 01/15/19 | 2,997,592. | 3,039,958. | | | <42,366.> |
| | MIZUHO BANK LTD DISC | 09/25/18 | 10/18/18 | 1,398,015. | 1,396,150. | | | 1,865. |

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

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

Form 8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2018

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(X) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(C) Short-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment, (g) Code(s), (h) Gain or (loss). Rows include MORGAN STANLEY BANK OF, MORGAN STANLEY LIQ TREAS, MUFG BANK LTD NY DISC, etc.

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

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

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Form 8949 (2018)

Attachment Sequence No. 12A

Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

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

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

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

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|--|---|--|----------------------------------|---|--|-----------------------------|---|
| | | | | | | (f) Code(s) | (g) Amount of adjustment | |
| | FHLMC MCLASS MTG 4011 KM | 08/14/17 | 10/01/18 | 1,924,493. | 1,953,572. | | | <29,079.> |
| | FNMA POOL #0735484 | 07/12/17 | 10/01/18 | 42,853. | 47,002. | | | <4,150.> |
| | FNMA POOL #0888535 | 07/01/17 | 10/01/18 | 27,189. | 28,645. | | | <1,455.> |
| | FNMA POOL #0889390 | 07/25/17 | 10/01/18 | 23,926. | 25,332. | | | <1,406.> |
| | FNMA POOL #0890192 | 09/08/17 | 10/16/18 | 320,213. | 328,218. | | | <8,005.> |
| | FNMA POOL #0931412 | 09/01/17 | 10/16/18 | 461,501. | 472,860. | | | <11,359.> |
| | FNMA POOL #0931813 | 07/17/17 | 09/17/18 | 1,322,771. | 1,373,675. | | | <50,904.> |
| | FNMA POOL #0932463 | 07/01/17 | 10/01/18 | 13,200. | 13,972. | | | <772.> |
| | FNMA POOL #0932724 | 06/28/17 | 10/16/18 | 502,213. | 515,765. | | | <13,552.> |
| | FNMA POOL #0933488 | 07/01/17 | 10/16/18 | 259,455. | 265,889. | | | <6,434.> |
| | FNMA POOL #0968647 | 07/01/17 | 10/01/18 | 19,994. | 21,281. | | | <1,286.> |
| | FNMA POOL #0984078 | 07/01/17 | 09/17/18 | 641,861. | 656,651. | | | <14,789.> |
| | FNMA POOL #0984254 | 06/13/17 | 10/01/18 | 89,126. | 93,604. | | | <4,478.> |
| | FNMA POOL #0995262 | 07/01/17 | 09/17/18 | 1,037,309. | 1,063,288. | | | <25,979.> |
| | FNMA POOL #0995766 | 07/25/17 | 09/17/18 | 692,822. | 703,063. | | | <10,241.> |
| | FNMA POOL #0AB3272 | 09/01/17 | 09/17/18 | 178,028. | 185,115. | | | <7,087.> |
| | FNMA POOL #0AD1021 | 08/14/17 | 10/16/18 | 525,168. | 540,698. | | | <15,531.> |
| | FNMA POOL #0AD1613 | 07/31/17 | 10/16/18 | 201,815. | 207,336. | | | <5,521.> |
| | FNMA POOL #0AD3140 | 06/28/17 | 10/16/18 | 1,003,286. | 1,031,497. | | | <28,210.> |
| | FNMA POOL #0AD5535 | 08/14/17 | 10/01/18 | 22,855. | 24,116. | | | <1,262.> |
| | FNMA POOL #0AE0040 | 09/05/17 | 10/01/18 | 17,850. | 19,026. | | | <1,176.> |
| | FNMA POOL #0AE0379 | 08/14/17 | 09/17/18 | 216,637. | 220,867. | | | <4,230.> |
| | FNMA POOL #0AH2899 | 07/17/17 | 09/17/18 | 701,871. | 728,075. | | | <26,204.> |
| | FNMA POOL #0AH7030 | 09/01/17 | 09/17/18 | 312,385. | 325,007. | | | <12,622.> |
| | FNMA POOL #0AL2441 | 07/01/17 | 10/01/18 | 40,155. | 42,737. | | | <2,582.> |
| | FNMA POOL #0AL7521 | 07/25/17 | 10/01/18 | 35,254. | 38,739. | | | <3,485.> |
| | FNMA POOL #0AL9727 | 07/01/17 | 10/01/18 | 35,613. | 37,970. | | | <2,357.> |
| | FNMA POOL #0AR6887 | 07/01/17 | 09/17/18 | 1,195,517. | 1,238,465. | | | <42,949.> |
| | FNMA POOL #0AT2065 | 07/01/17 | 09/17/18 | 1,132,302. | 1,172,865. | | | <40,564.> |
| | FNMA POOL #0AT5008 | 07/01/17 | 09/01/18 | 1,194,994. | 1,237,919. | | | <42,925.> |
| | FNMA POOL #0BM1397 | 09/01/17 | 09/17/18 | 1,183,656. | 1,232,167. | | | <48,510.> |
| | FNMA GTD REMIC P/T 09-85 | 08/14/17 | 09/17/18 | 298,166. | 303,784. | | | <5,618.> |

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶

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

PUBLIC INSPECTION COPY

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

| SCHEDULE D | | CAPITAL LOSS CARRYOVER | | STATEMENT 9 |
|--|----------------------------|-------------------------------|-------------------|-------------|
| LOSS YEAR | ORIGINAL LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | |
| 2013 | | | | |
| 2014 | | | | |
| 2015 | | | | |
| 2016 | 3,889 | | 3,889 | |
| 2017 | 321,641 | | 321,641 | |
| CAPITAL LOSS CARRYOVER TO CURRENT TAXABLE YEAR | | | | 325,530 |

Form **8990**
(December 2018)

Limitation on Business Interest Expense Under Section 163(j)

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

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

| | |
|--|--|
| Taxpayer name(s) shown on tax return DUKE UNIVERSITY HEALTH SYSTEM, INC. | Identification number 56-2070036 |
|--|--|

Part I Computation of Allowable Business Interest Expense

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

Section I - Business Interest Expense

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

Section II - Adjusted Taxable Income

Taxable Income

| | | |
|--|---|--|
| 6 Taxable income. See instructions | 6 | |
|--|---|--|

Additions (adjustments to be made if amounts are taken into account on line 6)

| | | | | |
|--|----|------------|--|------------|
| 7 Any item of loss or deduction which is not properly allocable to a trade or business of the taxpayer. See instructions | 7 | | | |
| 8 Any business interest expense not from a pass-through entity. See instructions | 8 | 2,920,533. | | |
| 9 Amount of any net operating loss deduction under section 172 | 9 | 0. | | |
| 10 Amount of any qualified business income deduction allowed under section 199A | 10 | | | |
| 11 Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business | 11 | | | |
| 12 Amount of any loss or deduction items from a pass-through entity. See instructions | 12 | | | |
| 13 Other additions. See instructions | 13 | | | |
| 14 Total current year partner's excess taxable income (Schedule A, line 44, column (f)) | 14 | | | |
| 15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) | 15 | | | |
| 16 Total. Add lines 7 through 15 | 16 | | | 2,920,533. |

Reductions (adjustments to be made if amounts are taken into account on line 6)

| | | | | |
|--|----|------------|--|------------|
| 17 Any item of income or gain which is not properly allocable to a trade or business of the taxpayer. See instructions | 17 | | | |
| 18 Any business interest income not from a pass-through entity. See instructions | 18 | 1,729,359. | | |
| 19 Amount of any income or gain items from a pass-through entity. See instructions | 19 | | | |
| 20 Other reductions. See instructions | 20 | | | |
| 21 Total. Combine lines 17 through 20 | 21 | | | 1,729,359. |
| 22 Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter -0-) | 22 | | | 1,191,174. |

Section III - Business Interest Income

| | | | | |
|---|----|------------|--|------------|
| 23 Current year business interest income. See instructions | 23 | 1,729,359. | | |
| 24 Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d)) | 24 | | | |
| 25 Total. Add lines 23 and 24 | 25 | | | 1,729,359. |

Section IV - 163(j) Limitation Calculations

Limitation on Business Interest Expense

| | | | | |
|----|--|----|------------|------------|
| 26 | Multiply adjusted taxable income (line 22) by 30% (0.30). See instructions | 26 | 357,352. | |
| 27 | Business interest income (line 25) | 27 | 1,729,359. | |
| 28 | Floor plan financing interest expense (line 4) | 28 | | |
| 29 | Total. Add lines 26, 27, and 28 | 29 | | 2,086,711. |

Allowable Business Interest Expense

| | | | | |
|----|---|----|--|------------|
| 30 | Total current year business interest expense deduction. See instructions | 30 | | 2,086,711. |
|----|---|----|--|------------|

Carryforward

| | | | | |
|----|--|----|--|----------|
| 31 | Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.) | 31 | | 833,822. |
|----|--|----|--|----------|

Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

| | | | | |
|----|--|----|--|--|
| 32 | Excess business interest expense. Enter amount from line 31 | 32 | | |
|----|--|----|--|--|

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

| | | | | |
|----|--|----|--|--|
| 33 | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) | 33 | | |
| 34 | Subtract line 33 from line 26. (If zero or less, enter -0-.) | 34 | | |
| 35 | Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) | 35 | | |
| 36 | Excess Taxable Income. Multiply line 35 by line 22 | 36 | | |

Excess Business Interest Income

| | | | | |
|----|---|----|--|--|
| 37 | Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) | 37 | | |
|----|---|----|--|--|

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

| | | | | |
|----|--|----|--|--|
| 38 | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) | 38 | | |
| 39 | Subtract line 38 from line 26. (If zero or less, enter -0-.) | 39 | | |
| 40 | Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) | 40 | | |
| 41 | Excess Taxable Income. Multiply line 40 by line 22 | 41 | | |

Excess Business Interest Income

| | | | | |
|----|---|----|--|--|
| 42 | Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) | 42 | | |
|----|---|----|--|--|