

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
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **07-01-2020**, and ending **06-30-2021**

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 N

City or town, state or province, country, and ZIP or foreign postal code
DURHAM, NC 27701

D Employer identification number
56-2070036

E Telephone number
(919) 668-8910

G Gross receipts \$ 6,566,202,965

F Name and address of principal officer:
A EUGENE WASHINGTON MD
615 DOUGLAS ST STE 700
DURHAM, NC 27705

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.DUKEHEALTH.ORG

K Form of organization: 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:
SEE SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | |
|--|-----------|--------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 19 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 23,808 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 334 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |

| | Prior Year | Current Year |
|---|---------------------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 86,121,174 | 91,140,534 |
| 9 Program service revenue (Part VIII, line 2g) | 3,599,916,767 | 3,871,854,414 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 67,357,034 | 577,610,455 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 100,371,185 | 84,862,940 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,853,766,160 | 4,625,468,343 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 1,636,042 | 2,204,045 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 1,727,971,477 | 1,853,402,815 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶236,839 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,882,797,139 | 2,014,873,028 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 3,612,404,658 | 3,870,479,888 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 241,361,502 | 754,988,455 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 7,016,316,692 | 8,635,026,358 |
| 21 Total liabilities (Part X, line 26) | 3,796,495,285 | 3,310,091,486 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,219,821,407 | 5,324,934,872 |

Part II Signature Block

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

Sign Here
Signature of officer: ***** Date: 2022-04-12
JOHN P MORDACH SVP, CFO, TREASURER
Type or print name and title

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|--------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | | | | Firm's EIN ▶ |
| | Firm's address ▶ | | | | Phone no. |

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,104,942,339 including grants of \$ 2,204,045) (Revenue \$ 3,928,176,060)
See Additional Data

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 ▶ 3,104,942,339

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

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 Yes | |
| 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 Yes | |
| 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 Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | No |
| 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 | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | No |
| 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 | No |
| 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 | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | No |
| 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a Yes | |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 Yes | |
| 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 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 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 | No |
| 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 Yes | |
| 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 Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a Yes | |
| 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 Yes | |
| 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 | No |
| 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 | No |
| 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 Yes | |

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 | 553 |
| 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 Yes | |

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

| | | | | |
|---|------------|--------|-----|----|
| <p>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</p> | 2a | 23,808 | | |
| <p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> | 2b | | Yes | |
| <p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p> | 3a | | | No |
| <p>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></p> | 3b | | Yes | |
| <p>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)?</p> | 4a | | Yes | |
| <p>b If "Yes," enter the name of the foreign country: ▶ SW , DA , NO , MY , PL , UK , EI , PO , GR , BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p> | | | | |
| <p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p> | 5a | | | No |
| <p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p> | 5b | | | No |
| <p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p> | 5c | | | |
| <p>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?</p> | 6a | | | No |
| <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> | 6b | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| <p>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?</p> | 7a | | Yes | |
| <p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p> | 7b | | Yes | |
| <p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p> | 7c | | | No |
| <p>d If "Yes," indicate the number of Forms 8282 filed during the year</p> | 7d | | | |
| <p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> | 7e | | | No |
| <p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> | 7f | | | No |
| <p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p> | 7g | | | |
| <p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p> | 7h | | | |
| <p>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?</p> | 8 | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| <p>a Did the sponsoring organization make any taxable distributions under section 4966?</p> | 9a | | | |
| <p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p> | 9b | | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | |
| <p>a Initiation fees and capital contributions included on Part VIII, line 12</p> | 10a | | | |
| <p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p> | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | |
| <p>a Gross income from members or shareholders</p> | 11a | | | |
| <p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p> | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | |
| <p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p> | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| <p>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.</p> | 13a | | | |
| <p>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</p> | 13b | | | |
| <p>c Enter the amount of reserves on hand</p> | 13c | | | |
| <p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p> | 14a | | | No |
| <p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p> | 14b | | | |
| <p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p> | 15 | | Yes | |
| <p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p> | 16 | | | No |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members/stockholders, governance decisions, meeting documentation, and officer mailing addresses.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and investment policies.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about states requiring Form 990, public inspection of Form 1023, website availability, governing documents, and officer information.

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 | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 87,223,998 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,916,536 | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 51,247 | | | | |
| | h Total. Add lines 1a-1f | | | 91,140,534 | | | |
| Program Service Revenue | 2a PATIENT REVENUE | Business Code | | | | | |
| | | 621990 | 3,841,273,372 | 3,841,273,372 | | | |
| | b ANCILLARY MEDICAL SVCS | 621990 | 30,581,042 | 30,581,042 | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f. | | 3,871,854,414 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 14,336,686 | | | 14,336,686 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | 7,295,704 | | | 7,295,704 | |
| | 6a Gross rents | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | 6a | 16,049,491 | | | | |
| | | b Less: rental expenses | 6b | 12,094,274 | | | |
| | c Rental income or (loss) | 6c | 3,955,217 | | | | |
| | d Net rental income or (loss) | | | 3,955,217 | | 3,955,217 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | 7a | 2,491,914,117 | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 1,923,465,399 | 5,174,949 | | |
| | c Gain or (loss) | 7c | 568,448,718 | -5,174,949 | | | |
| | d Net gain or (loss) | | | 563,273,769 | | 563,273,769 | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | b Less: direct expenses | 8b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a BILLING FEES | 621990 | 49,209,143 | 49,209,143 | | | | |
| b DEEMED DIVIDEND | 900003 | 11,039,237 | | | 11,039,237 | | |
| c LAB SERVICES | 621990 | 5,815,503 | 5,815,503 | | | | |
| d All other revenue | | 7,548,136 | 1,297,000 | | 6,251,136 | | |
| e Total. Add lines 11a-11d | | | 73,612,019 | | | | |
| 12 Total revenue. See instructions | | | 4,625,468,343 | 3,928,176,060 | 0 | 606,151,749 | |

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,625,468,343 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,870,479,888 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 754,988,455 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,219,821,407 |
| 5 | Net unrealized gains (losses) on investments | 5 | 995,112,757 |
| 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 | 355,012,253 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 5,324,934,872 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 56-2070036

Name: DUKE UNIVERSITY HEALTH SYSTEM INC

Form 990 (2020)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | | | |
| A EUGENE WASHINGTON MD DIRECTOR/PRESIDENT & CEO | 33.00 33.20 | X | | X | | | | 0 | 1,996,038 | 48,232 |
| KENNETH C MORRIS FORMER OFFICER | 40.00 0.00 | | | | | | X | 1,678,892 | 0 | 39,487 |
| VINCENT E PRICE DIRECTOR | 3.00 48.20 | X | | | | | | 0 | 1,476,476 | 52,016 |
| WILLIAM J FULKERSON MD EXECUTIVE VP, DUHS | 56.00 4.80 | | | X | | | | 1,053,842 | 0 | 40,396 |
| JOHN P MORDACH SVP, CFO, TREASURER | 40.00 0.60 | | | X | | | | 954,596 | 0 | 15,585 |
| THOMAS A OWENS MD PRESIDENT, DUH AND SVP, DUHS | 61.00 0.30 | | | | X | | | 761,389 | 0 | 45,280 |
| RICHARD PATRICK SHANNON PHYSICIAN | 40.00 0.00 | | | | | X | | 728,492 | 0 | 48,599 |
| MARY E KLOTMAN MD DIRECTOR | 11.00 42.50 | X | | | | | | 0 | 728,276 | 47,370 |
| JEFFREY M FERRANTI CIO/VP FOR MEDICAL INFORMATICS | 40.00 0.00 | | | | | X | | 570,697 | 103,128 | 60,275 |
| KEITH STOVER COO, PRMO | 40.00 0.00 | | | | | X | | 520,046 | 0 | 53,425 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | | | |
| KATHLEEN GALBRAITH PRESIDENT, DUKE REGIONAL HOSPITAL | 60.00 0.20 | | | | X | | | 502,174 | 0 | 55,096 |
| ARLENE N CHUA PHYSICIAN | 40.00 0.00 | | | | | X | | 489,537 | 0 | 51,008 |
| ROBERT N WILLIS VP FINANCE/CONTROLLER/CAO | 40.00 0.00 | | | | | X | | 491,508 | 0 | 44,284 |
| MONTE D BROWN MD VP FOR ADMINISTRATION/SECRETARY | 60.00 0.10 | | | X | | | | 458,400 | 0 | 47,911 |
| MARY K MARTIN CHIEF OPERATING OFFICER, DUH | 40.00 0.00 | | | | X | | | 410,341 | 0 | 56,945 |
| MARY ANN FUCHS VP-PATIENT CARE/CHIEF NURSE EXEC | 60.00 0.10 | | | | X | | | 385,024 | 0 | 31,738 |
| ERIK PAULSON DIRECTOR | 1.00 55.00 | X | | | | | | 0 | 361,724 | 48,163 |
| ANN REED DIRECTOR | 1.00 40.10 | X | | | | | | 0 | 303,218 | 24,537 |
| LEIGH BLEECKER INTERIM PRESIDENT, DUKE RALEIGH HOSPITAL | 50.00 0.00 | | | | X | | | 298,626 | 0 | 26,749 |
| DAVID W ZAAS PART YEAR PRESIDENT, DUKE RALEIGH HOSPITAL | 60.00 0.00 | | | | X | | | 266,698 | 0 | 41,791 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | | | |
| LESLIE E BAINS DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GAIL BELVETT MD DDS DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| DHAMIAN BLUE DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| JACK O BOVENDER JR DIRECTOR | 3.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GERALD HASSELL DIRECTOR | 1.00 4.00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM HAWKINS DIRECTOR | 8.00 10.00 | X | | | | | | 0 | 0 | 0 |
| BARBARA M HENDRIX DIRECTOR | 0.50 0.10 | X | | | | | | 0 | 0 | 0 |
| ROSEMARY JACKSON MD DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CARMICHAEL S ROBERTS DIRECTOR | 1.00 1.00 | X | | | | | | 0 | 0 | 0 |
| NANCY M SCHLICHTING DIRECTOR | 2.00 2.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | | | |
| STEVEN M SCOTT MD DIRECTOR | 4.00 | X | | | | | | 0 | 0 | 0 |
| SUSAN M STALNECKER DIRECTOR | 2.00 4.00 | X | | | | | | 0 | 0 | 0 |
| G RICHARD WAGONER JR DIRECTOR | 0.00 1.00 | X | | | | | | 0 | 0 | 0 |
| JIM WHITEHURST DIRECTOR | 0.00 1.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number
56-2070036

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

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

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

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4. . . | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--|
| 14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2019 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | |

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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> | | |
| 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> | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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> | | |
| 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> | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| 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> | | |
| 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> | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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> | | |
| 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> | | |
| 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> | | |
| 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> | | |
| 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> | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 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> | | |

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 lines 11b and 11c below, the governing body of a supported organization? | | |
| b | A family member of a person described in 11a above? | | |
| c | A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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 lines 2a and 2b below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 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) | | |

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

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

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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2020
Open to Public Inspection

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

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

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

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

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

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

| | |
|---|--|
| Name of the organization DUKE UNIVERSITY HEALTH SYSTEM INC | 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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 83,318 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 156,655 |
| j Total. Add lines 1c through 1i | | | 239,973 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| 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 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.

| Return Reference | Explanation |
|--------------------|--|
| PART II-B, LINE 1: | DUKE UNIVERSITY HEALTH SYSTEM, INC. EMPLOYS STAFF WHO PERFORM SOME LOBBYING ACTIVITIES AS PART OF THEIR JOB RESPONSIBILITIES. THESE SAME EMPLOYEES HAVE AND SOME SENIOR LEADERS MAY HAVE DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, AND GOVERNMENT OFFICIALS. DUKE UNIVERSITY HEALTH SYSTEM, INC. PAYS MEMBERSHIP DUES TO OTHER ORGANIZATIONS. PER THE MEMBERSHIP DUES INVOICES, SOME OF THESE ORGANIZATIONS PROVIDE A DISCLOSURE OF LOBBYING PERCENTAGE OF THE DUES RECEIVED. |

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

Supplemental Financial Statements

OMB No. 1545-0047 2020 Open to Public Inspection

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.

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 about fund values and questions 5-6 about donor notification.

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

Form for Part II Conservation Easements. Includes questions 1-9 about easement types, monitoring, 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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 about reporting art and asset values.

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 in 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 | 59,559,614 | 60,648,900 | 58,627,787 | 57,177,730 | 57,816,285 |
| b Contributions | 12,795,429 | 6,063,715 | 5,694,239 | 3,880,934 | 2,312,345 |
| c Net investment earnings, gains, and losses | 14,542,065 | -1,163,937 | 681,288 | 2,052,778 | 1,810,497 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 12,197,663 | 5,989,064 | 4,354,414 | 4,483,655 | 4,761,397 |
| f Administrative expenses | | | | | |
| g End of year balance | 74,699,445 | 59,559,614 | 60,648,900 | 58,627,787 | 57,177,730 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 59.900 %
 - c** Term endowment ▶ 40.100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | No | |
| (ii) Related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 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 | | 69,557,247 | | 69,557,247 |
| b Buildings | | 2,868,644,931 | 1,087,511,741 | 1,781,133,190 |
| c Leasehold improvements | | | | |
| d Equipment | | 943,515,850 | 711,301,240 | 232,214,610 |
| e Other | | 488,808,756 | 405,627,527 | 83,181,229 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 2,166,086,276 |

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (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) | |
| (10) | |
| 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) POST RETIREMENT BENEFIT OBLIGATION | 310,119,000 |
| (3) FINANCE LEASE LIABILITIES | 175,739,015 |
| (4) DERIVATIVE INSTRUMENTS | 73,800,303 |
| (5) TAXABLE BOND LIABILITY | 885,370,609 |
| (6) RIGHT-OF-USE OPERATING LEASE LIABILITIES | 368,754,498 |
| (7) MEDICARE ADVANCE PAYMENTS | 246,289,232 |
| (8) OTHER NON-CURRENT LIABILITIES | 61,715,930 |
| (9) NONCURRENT DEFERRED PAYROLL TAXES | 30,118,322 |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 2,151,906,909 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 56-2070036

Name: DUKE UNIVERSITY HEALTH SYSTEM INC

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4: | THE INTENDED USE FOR THE ORGANIZATION'S ENDOWMENT: GENERATE EARNINGS AND SUBSEQUENT DISTRIBUTIONS TO SUPPORT CAPITAL PURCHASES, OFFSET OPERATING COSTS, IMPROVE PATIENT SAFETY, SUPPORT THE NEEDS OF PATIENTS AND FAMILIES, AND FUND OTHER PROGRAMS CONSISTENT WITH THE CHARITABLE MISSION OF THE INSTITUTION. |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| 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, 2021. |

Form 990, Schedule D, Part X, - Other Liabilities

| 1. (a) Description of Liability | (b) Book Value |
|--|----------------|
| POST RETIREMENT BENEFIT OBLIGATION | 310,119,000 |
| FINANCE LEASE LIABILITIES | 175,739,015 |
| DERIVATIVE INSTRUMENTS | 73,800,303 |
| TAXABLE BOND LIABILITY | 885,370,609 |
| RIGHT-OF-USE OPERATING LEASE LIABILITIES | 368,754,498 |
| MEDICARE ADVANCE PAYMENTS | 246,289,232 |
| OTHER NON-CURRENT LIABILITIES | 61,715,930 |
| NONCURRENT DEFERRED PAYROLL TAXES | 30,118,322 |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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 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 |
|---|-------------------------------------|--|--|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 0 | 0 | | | 316,193,000 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 316,193,000 |

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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

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

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.

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2: | DUKE UNIVERSITY HEALTH SYSTEM, INC. PERIODICALLY APPROVES NONCASH ASSISTANCE OR TRANSFERS MEDICAL EQUIPMENT AND SUPPLIES TO ORGANIZATIONS OUTSIDE THE UNITED STATES, USUALLY IN RESPONSE TO NATURAL DISASTERS. THE ORGANIZATIONS AWARDED THE ASSISTANCE MUST MONITOR THE APPROPRIATE USE OF THE ASSISTANCE TO ENSURE COMPLIANCE WITH LAWS, REGULATIONS, AND ANY TERMS AND CONDITIONS OF THE TRANSFER. SUBRECIPIENTS ARE NOT PERMITTED UNDER THE TERMS OF THE TRANSFER. |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|-------------|
| PART III ACCOUNTING METHOD: | |

Additional Data

Software ID:

Software Version:

EIN: 56-2070036

Name: DUKE UNIVERSITY HEALTH SYSTEM INC

Form 990 Schedule F Part I - Activities Outside The United States

| (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 |
|--|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | INVESTMENTS | | 316,046,000 |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, | 0 | 0 | GRANTMAKING | | 2,000 |

Form 990 Schedule F Part I - Activities Outside The United States

| (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 |
|------------|-------------------------------------|---|--|--|-----------------------------------|
| SOUTH ASIA | 0 | 0 | GRANTMAKING | | 145,000 |

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

Hospitals

OMB No. 1545-0047
2020
 Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
 DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number
 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 | Yes | |
| 1b If "Yes," was it a written policy? | Yes | |
| 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | Yes | |
| 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: <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 _____ % | Yes | |
| 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"? | Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | | No |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | | |
| 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? | | |
| 6a Did the organization prepare a community benefit report during the tax year? | Yes | |
| b If "Yes," did the organization make it available to the public? | Yes | |

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

| Financial Assistance and Means-Tested Government Programs | (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 |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 140,911,724 | | 140,911,724 | 3.640 % |
| b Medicaid (from Worksheet 3, column a) | | | 144,222,821 | | 144,222,821 | 3.730 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 285,134,545 | | 285,134,545 | 7.370 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 528,131 | | 528,131 | 0.010 % |
| f Health professions education (from Worksheet 5) | | | 100,398,064 | 17,814,873 | 82,583,191 | 2.130 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 12,878,365 | | 12,878,365 | 0.330 % |
| j Total. Other Benefits | | | 113,804,560 | 17,814,873 | 95,989,687 | 2.470 % |
| k Total. Add lines 7d and 7j | | | 398,939,105 | 17,814,873 | 381,124,232 | 9.840 % |

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | | | | |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|---|---|-----|-----|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | Yes |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 0 |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | 0 |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | |

Section B. Medicare

| | | | |
|---|---|---|--------------|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 626,628,526 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 786,945,659 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -160,317,133 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other | | |

Section C. Collection Practices

| | | | |
|----|---|----|-----|
| 9a | Did the organization have a written debt collection policy during the tax year? | 9a | Yes |
| b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | Yes |

Part IV Management Companies and Joint Ventures

| | (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|----|---|---|--|--|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| See Additional Data Table | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| | | | | | | | | | | |
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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)
 DUKE UNIVERSITYDUKE REGIONAL HOSPITALS

Name of hospital facility or letter of facility reporting group _____

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

| | | 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? | | No |
| 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. | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): | Yes | |
| 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: 20 <u>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 | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| 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. | Yes | |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://CORPORATE.DUKEHEALTH.ORG/COMMUNITY</u> | | |
| b | <input checked="" type="checkbox"/> Other website (list url): <u>WWW.HEALTHYDURHAM.ORG</u> | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTP://CORPORATE.DUKEHEALTH.ORG/COMMUNITY</u> | Yes | |
| a | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 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)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

DUKE UNIVERSITYDUKE REGIONAL HOSPITALS

Name of hospital facility or letter of facility reporting group _____

| | | 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? If "Yes," indicate the eligibility criteria explained in the FAP: | Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</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 discount | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | Yes | |
| 15 | Explained the method for applying for financial assistance? 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): | Yes | |
| 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | Yes | |
| 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 LEP populations | | |
| j | <input checked="" type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

DUKE UNIVERSITYDUKE REGIONAL HOSPITALS

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|-----------|--|-----|-----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | Yes |
| 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: 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) | 19 | No |
| 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: 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) | 21 | Yes |
|-----------|---|----|-----|

Part V Facility Information *(continued)*

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

DUKE UNIVERSITYDUKE REGIONAL HOSPITALS

Name of hospital facility or letter of facility reporting group _____

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 | | No |
| 24 | Yes | |

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)
DUKE RALEIGH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 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? | | No |
| 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. | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): | Yes | |
| 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: 20 <u>19</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 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 | Yes | |
| 6b | 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 | Yes | |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://CORPORATE.DUKEHEALTH.ORG/COMMUNITY</u> | | |
| b | <input checked="" type="checkbox"/> Other website (list url): <u>HTTP://WWW.LIVEWELLWAKE.ORG</u> | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTP://CORPORATE.DUKEHEALTH.ORG/COMMUNITY</u> | Yes | |
| 10b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 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)? | | No |
| 12b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

DUKE RALEIGH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

| | | 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? If "Yes," indicate the eligibility criteria explained in the FAP: | Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</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 discount | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | Yes | |
| 15 | Explained the method for applying for financial assistance? 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): | Yes | |
| 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | Yes | |
| 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 LEP populations | | |
| j | <input checked="" type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

DUKE RALEIGH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|-----------|--|-----|-----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | Yes |
| 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: 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) | 19 | No |
| 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: 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) | 21 | Yes |
|-----------|---|----|-----|

Part V Facility Information *(continued)*

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

DUKE RALEIGH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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 | | No |
| 24 | Yes | |

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 7

| Name and address | Type of Facility (describe) |
|--|---|
| 1 1 - DUKE PTOT MEADOWMONT CHAPEL HILL 801 W BARBEE CHAPEL ROAD SUITE 100 CHAPEL HILL, NC 27517 | SPECIALTY |
| 2 2 - DUKE HEALTH CENTER ARRINGTONDON 5601 ARRINGTONDON PARK DRIVE MORRISVILLE, NC 27560 | SPECIALTY |
| 3 3 - DUKE IMAGING SERVICES 3700 NW CARY PARKWAY SUITE 120 CARY, NC 27513 | INDEPENDENT DIAGNOSTIC TESTING FACILITY |
| 4 4 - HOCK FAMILY PAVILION 4023 NORTH ROXBORO ROAD DURHAM, NC 27704 | HOSPICE |
| 5 5 - DUKE PTOT HILLSBOROUGH 267 SOUTH CHURTON HILLSBOROUGH, NC 27278 | SPECIALTY |
| 6 6 - DUKE PTOT BRIER CREEK 10211 ALM ST RALEIGH, NC 27617 | SPECIALTY |
| 7 7 - DUKE PTOT KNIGHTDALE 162 LEGACY OAKS DR SUITE 1221A KNIGHTDALE, NC 27545 | SPECIALTY |
| 8 | |
| 9 | |
| 10 | |

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.

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 3C: | <p>NOT APPLICABLEPART I, LINE 5A, 5B, AND 5C: DUE TO COVID-19, DUKE UNIVERSITY HEALTH SYSTEM (DUHS) DID NOT BUDGET BY SPECIFIC PATIENT REVENUE DEDUCTIONS IN FY2021 TO BE ABLE TO SEPARATELY IDENTIFY THE BUDGET AMOUNT FOR FREE OR DISCOUNTED CARE. INSTEAD, DUHS FORECASTED NET PATIENT REVENUE AND PROVIDED FREE OR DISCOUNTED CARE TO THE MEDICALLY INDIGENT DURING FY20 21 REGARDLESS OF BUDGET OR FORECAST CONSIDERATIONS.PART I, LINE 6A: NOT APPLICABLEPART I, LINE 7, COLUMN F: TOTAL GROSS COMMUNITY BENEFIT EXPENSE AS A PERCENT OF TOTAL EXPENSES IS 10.3%.PART I, LINE 7: CHARITY CARE AT COST IS DETERMINED USING THE COST-TO-CHARGE CALCULATION FROM WORKSHEET 2, IN ORDER TO CALCULATE THE AMOUNTS REPORTED ON THE TABLE. UNREIMBURSED MEDICAID IS DETERMINED USING A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS. CHARITY CARE, UNREIMBURSED MEDICAID, AND COMMUNITY HEALTH IMPROVEMENT SERVICES INCLUDE FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT COSTS PROVIDED BY DUHS' SUPPORT CORPORATIONS, DUKE UNIVERSITY AFFILIATED PHYSICIANS AND DUKE INTEGRATED NETWORK, THAT FILE SEPARATE 990 S BUT ARE NOT REQUIRED TO COMPLETE A SCHEDULE H SINCE NOT A HOSPITAL. TOTAL NET COMMUNITY BENEFIT EXPENSES FOR THESE ENTITIES TOTALED \$16.9 MILLION IN FY2021.PART II, COMMUNITY BUILDING ACTIVITIES: THESE ACTIVITIES ARE INCLUDED IN DUKE UNIVERSITY HEALTH SYSTEM, INC.'S (DUHS) OPERATING EXPENSES AND ARE NOT TRACKED SEPARATELY FOR COMMUNITY BENEFIT REPORTING PURPOSES.PART III, LINE 1 AND LINE 2: THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) REVISED ITS ACCOUNTING GUIDANCE RELATED TO UNCOMPENSATED CARE IN JUNE 2019 TO REFLECT CHANGES IN BAD DEBT REPORTING RESULTING FROM FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS UPDATE 2014-09, "REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606)" (ASU 2014-09). DUHS ADOPTED ASU 2014-09 ON JULY 1, 2018. UPON ADOPTION OF ASU 2014-09 AND CONSISTENT WITH THE REVISED HFMA STATEMENT NO. 15, THE ESTIMATED UNCOLLECTIBLE AMOUNTS FROM SELF-PAY PATIENTS THAT WERE PREVIOUSLY REPORTED AS BAD DEBT EXPENSE PRIOR TO ADOPTION OF ASU 2014-09 ARE NOW CONSIDERED IMPLICIT PRICE CONCESSIONS DIRECTLY REDUCING NET PATIENT SERVICE REVENUE. DUHS PROVIDED UNCOMPENSATED CARE AT ESTIMATED COSTS IN THE FORM OF IMPLICIT PRICE CONCESSIONS (FORMERLY CONSIDERED BAD DEBT EXPENSE) ASSOCIATED WITH UNCOLLECTIBLE PATIENT ACCOUNTS AT AN ESTIMATED COST OF \$29,205,000 IN FISCAL YEAR 2021. DUHS USED THE COST-TO-CHARGE RATIO FROM WORKSHEET 2 TO ESTIMATE COST.PART III, LINE 3: DUHS PRESUMPTIVELY SCREENS ALL UNINSURED PATIENTS AND ALL PATIENTS ENTERING THROUGH THE EMERGENCY DEPARTMENT, REGARDLESS OF INSURANCE STATUS, FOR FINANCIAL ASSISTANCE. WHILE THESE PRESUMPTIVE PROCESSES IDENTIFY A SUBSET OF PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WITHOUT NEEDING DIRECT INPUT FROM THE PATIENT, THOSE WHO DO NOT FALL UNDER THE PRESUMPTIVE SCREENING CRITERIA WILL NEED TO PROVIDE INFORMATION TO QUALIFY FOR FINANCIAL ASSISTANCE UNDER DUHS' FINANCIAL ASSISTANCE POLICY. A PORTION OF IMPLICIT PRICE CONCESSIONS (FORMERLY CONSIDERED BAD DEBT EXPENSE) SHOULD BE INCLUDED AS A COMMUNITY BENEFIT, BUT THE PORTION THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY IS INDETERMINABLE BECAUSE OF THOSE PATIENTS WHO FAIL TO APPLY FOR OR PROVIDE INFORMATION NEEDED TO DETERMINE THEIR ELIGIBILITY UNDER THE DUHS FAP. DUHS, INC. FOLLOWS ITS MISSION TO THE COMMUNITY AND PROVIDES EMERGENCY SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. PATIENTS WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE ARE REPORTED AS AN IMPLICIT PRICE CONCESSION INSTEAD BECAUSE OF THOSE PATIENTS' INABILITY OR UNWILLINGNESS TO PROVIDE THE NECESSARY DOCUMENTATION REQUIRED TO DETERMINE FINANCIAL ASSISTANCE CLASSIFICATION.PART III, LINE 4: PAGES 19-21 IN THE FY2021 AUDITED FINANCIAL STATEMENT FOOTNOTES DESCRIBE IMPLICIT PRICE CONCESSIONS RELATED TO UNINSURED PATIENTS.PART III, LINE 7: TOTAL UNREIMBURSED COSTS ATTRIBUTABLE TO PROVIDING SERVICES UNDER MEDICARE AS REPORTED IN THE JUNE 30, 2021 DUHS CONSOLIDATED FINANCIAL STATEMENTS ARE \$412,603,000 AS COMPARED TO \$160,317,133 AS REPORTED IN SECTION B, LINE 7 OF SCHEDULE H. THE DUHS TOTAL MEDICARE SHORTFALL OF \$412,603,000 IS DERIVED FROM THE COST ACCOUNTING SYSTEM WHICH INCLUDES ALL PAYMENTS AND COSTS ASSOCIATED WITH MEDICARE PATIENTS, WHEREAS THE AMOUNT REPORTED IN SECTION B OF SCHEDULE H IS DERIVED BASED ON IRS INSTRUCTIONS. IRS INSTRUCTIONS SPECIFY THAT ONLY A PORTION OF COSTS ASSOCIATED WITH MEDICARE BENEFICIARIES BE REPORTED ON SCHEDULE H. SIGNIFICANT MEDICARE COSTS EXCLUDED FROM SCHEDULE H DATA INCLUDE THOSE ASSOCIATED WITH MEDICARE PATIENTS COVERED UNDER MANAGED CARE PLANS AND COSTS REIMBURSED THROUGH MEANS NOT REPORTED ON THE COST REPORT.PART III, LINE 8: MEDICARE RATES AND THE NUMBER OF MEDICARE PATIENTS DUHS TREATS ARE NOT NEGOTIATED. MEDICARE DOES NOT FULLY COMPENSATE DUHS FOR THE COST OF PROVIDING CARE TO MEDICARE BENEFICIARIES. DUHS CONTINUES TO SERVE THE MEDICARE POPULATION AS MEDICARE REIMBURSEMENT RATES DECLINE RELATIVE TO</p> |

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LINE 3C: | 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. |

| Form and Line Reference | Explanation |
|-------------------------|--|
| NEEDS ASSESSMENT: | <p>PART VI, LINE 2:DUHS USES SEVERAL MECHANISMS TO ASSESS AND ADDRESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. IN DURHAM COUNTY, DUHS AND THE DUKE UNIVERSITY SCHOOL OF MEDICINE FACULTY ARE ACTIVELY INVOLVED IN THE PARTNERSHIP FOR A HEALTHY DURHAM. THE PARTNERSHIP IS A COALITION OF LOCAL ORGANIZATIONS AND COMMUNITY MEMBERS WITH THE GOAL OF COLLABORATIVELY IMPROVING THE PHYSICAL, MENTAL, SOCIAL, HEALTH, AND WELL-BEING OF DURHAM COUNTY'S RESIDENTS. THE NETWORK IS A CERTIFIED HEALTHY CAROLINIANS WORKGROUP. THE PARTNERSHIP EVALUATES COMMUNITY HEALTH CARE INFORMATION, THEN IDENTIFIES AND PRIORITIZES COMMUNITY-IDENTIFIED HEALTH CARE NEEDS AMONG SUBCOMMITTEES THAT FOCUS ON A DURHAM COUNTY HEALTH PRIORITY. SINCE 2002, DUHS' OFFICE OF COMMUNITY HEALTH (FORMERLY KNOWN AS OFFICE OF COMMUNITY RELATIONS) HAS PLAYED A CENTRAL ROLE IN CONDUCTING A DURHAM HEALTH SUMMIT. THIS IS AN EVENT THAT ATTRACTS HUNDREDS OF COMMUNITY MEMBERS, HEALTH OFFICIALS, ELECTED OFFICIALS, AND DUHS EXECUTIVES AND PHYSICIANS TO RAISE AWARENESS OF KEY HEALTH ISSUES IN THE COMMUNITY AND SEEK COLLABORATIVE SOLUTIONS TO THESE ISSUES. THE SUMMIT HAS PRODUCED A NUMBER OF COMMUNITY-DRIVEN HEALTH CARE PROGRAMS AND INITIATIVES, INCLUDING SPECIALTY PROJECT ACCESS, IN WHICH PHYSICIANS WHO PRACTICE AT DUHS FACILITIES AND OTHER DURHAM COUNTY PHYSICIANS OFFER FREE SPECIALTY CARE SERVICES TO RESIDENTS WHO OTHERWISE COULD NOT AFFORD SPECIALTY CARE. DUHS ALSO PLAYS A CENTRAL ROLE IN REGIONAL AND STATE HEALTH CARE SUMMITS USING THE SUMMITS' INFORMATION AND DATA TO ADDRESS THE HEALTH CARE NEEDS OF THOSE BROADER COMMUNITIES. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:PART VI, LINE 3:DUHS EMPLOYS NUMEROUS MEANS TO EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE DUHS CHARITY CARE POLICY. DETAILED INFORMATION IS POSTED ON WWW.DUKEHEALTH.ORG (DUHS' WEBSITE) ALONG WITH HARDCOPY BROCHURES THAT ARE AVAILABLE IN ENGLISH OR SPANISH AT ALL OF OUR PATIENT REGISTRATION LOCATIONS. ALL INPATIENTS AND EMERGENCY DEPARTMENT PATIENTS ARE ALSO PROVIDED WITH A HARDCOPY, ONE-PAGE SUMMARY OF THE WAYS DUHS CAN ASSIST PATIENTS FINANCIALLY. FOR OUTPATIENTS, THIS SAME ONE-PAGE SUMMARY IS PROVIDED ON THEIR FIRST VISIT TO THE INSTITUTION. IN ADDITION, DUHS EMPLOYS FINANCIAL CARE COUNSELORS WHO MEET INDIVIDUALLY WITH PATIENTS WHO HAVE QUESTIONS REGARDING PAYMENT FOR THEIR CARE. DUHS ALSO EMPLOYS MEDICAID ASSISTANCE COUNSELORS WHO SPECIALIZE IN ASSISTING PATIENTS TO APPLY FOR MEDICAID, DISABILITY, AND OTHER FEDERAL, STATE, AND LOCAL PROGRAMS. DUHS ASSISTS BETWEEN 12,000- 15,000 PATIENTS IN APPLYING AND BECOMING ELIGIBLE FOR THESE PROGRAMS ANNUALLY. FINALLY, PATIENTS MAY ALWAYS CONTACT DUHS' TOLL FREE CUSTOMER SERVICE NUMBER TO REQUEST INFORMATION ABOUT THEIR BILL OR OBTAIN A CHARITY CARE APPLICATION. COMMUNITY INFORMATION:PART VI, LINE 4 :DUHS SERVES A BROAD, CULTURALLY, RACIALLY AND SOCIALLY DIVERSE GEOGRAPHIC AND DEMOGRAPHIC REGION. DUHS' HOME CITY OF DURHAM IS THE CORE, BUT DUHS' REACH EXTENDS INTO THE SURROUNDING RESEARCH TRIANGLE AREA OF NORTH CAROLINA AND THE STATE'S LARGER NORTHERN PIEDMONT REGION, AS WELL AS STATEWIDE, NATIONALLY AND GLOBALLY. DUHS' PRIMARY SERVICE AREA (PSA) IS A 7-COUNTY REGION IN NC THAT INCLUDES ALAMANCE, DURHAM, GRANVILLE, ORANGE, PERSON, VANCE AND WAKE COUNTIES. THIS 7-COUNTY REGION REPRESENTS APPROXIMATELY 18% OF NC'S POPULATION BASED ON FEDERAL FISCAL YEAR (FFY) 2020 DATA. THE WEIGHTED AVERAGE MEDIAN HOUSEHOLD INCOME IN ITS PSA IS \$71,807. APPROXIMATELY 67% OF INPATIENT DISCHARGES FROM DUHS FACILITIES IN FFY 2020 WERE PATIENTS FROM ITS PSA. THE POPULATION IN DUHS' PSA IS EXPECTED TO GROW AT A HIGHER RATE OVER THE NEXT 5 YEARS FROM 2020 TO 2025 COMPARED TO NC'S OVERALL EXPECTED POPULATION GROWTH RATE. THE PSA 5-YEAR CAGR IS EXPECTED TO BE 1.8% COMPARED TO THE OVERALL ESTIMATED NC RATE OF 1.1%. DUHS' SECONDARY SERVICE AREA COVERS 15 COUNTIES IN NORTH CAROLINA AND SOUTHERN VIRGINIA WITH A POPULATION OF APPROXIMATELY 2 MILLION.</p> <p>PROMOTION OF COMMUNITY HEALTH :PART VI, LINE 5:DUHS PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES THROUGH A NUMBER OF COMMUNITY BUILDING ACTIVITIES. CENTRAL TO MANY OF THE EFFORTS IS DUHS' OFFICE OF COMMUNITY HEALTH, WHOSE ASSOCIATE VICE PRESIDENT REPORTS DIRECTLY TO DUHS' CEO AND SERVES AS A FULL-TIME LIAISON WITH THE DURHAM COMMUNITY. THE OFFICE SPONSORS AND FACILITATES COMMUNITY EVENTS SUCH AS THE ANNUAL DURHAM HEALTH SUMMIT AND SIMILAR REGIONAL AND STATE HEALTH SUMMITS THAT RAISE AWARENESS OF COMMUNITY HEALTH NEEDS, PROMOTE PREVENTION AND WELLNESS, AND CHART A COURSE FOR SOLVING HEALTH ISSUES AND DISPARITIES. IN ADDITION, THE OFFICE PROVIDES A POINT OF DIRECT CONTACT FOR COMMUNITY MEMBERS WHO HAVE QUESTIONS OR CONCERNS ABOUT COMMUNITY ISSUES OR ABOUT ACCESS TO HEALTH CARE SERVICES. THE OFFICE ALSO PROVIDES DIRECT FINANCIAL SUPPORT TO A VARIETY OF COMMUNITY GROUPS THROUGH THE BUILDING HEALTHY COMMUNITIES GRANTS PROGRAM. THE ASSOCIATE VICE-PRESIDENT AND STAFF S</p> |

| Form and Line Reference | Explanation |
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| NEEDS ASSESSMENT: | <p>ERVE ON A NUMBER OF HEALTH CARE-RELATED COMMUNITY BOARDS AND HEALTH-RELATED COMMITTEES. ST AFF FROM THE OFFICE OF COMMUNITY HEALTH AND MEMBERS OF THE DUHS COMMUNITY HEALTH PLANNING GROUP CREATED A FORMAL PRINCIPLES OF COMMUNITY ENGAGEMENT POLICY THAT COMMITS DUHS AND ITS COMMUNITY PARTNERS TO DEVELOPING PROPOSED PROJECTS AND INITIATIVES ON TRUST, RESPECT, DIV ERSITY, SAFETY AND COMMUNITY-IDENTIFIED NEEDS. THESE PRINCIPLES HAVE BEEN INCORPORATED INT O COMMUNITY-BASED HEALTH CARE PROJECTS SUCH AS THE DEVELOPMENT OF THE HOLTON WELLNESS CENT ER 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 C REATIVE APPROACHES TO HEALTH CARE DELIVERY.</p> |

| Form and Line Reference | Explanation |
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| <p>IN ADDITION TO COMMUNITY BUILDING ACTIVITIES,</p> | <p>DUHS PROMOTES THE HEALTH OF ITS COMMUNITIES IN A NUMBER OF IMPORTANT WAYS. ONE OF DUHS' TH REE CONSTITUENT HOSPITALS, DUKE REGIONAL, HAS AN OPEN MEDICAL STAFF AND A HOSPITAL CORPORA TION BOARD, WHICH IS A COUNTY APPOINTED BOARD RESPONSIBLE FOR HOSPITAL OVERSIGHT. IN ADDIT ION, APPROXIMATELY 50 LOCAL LEADERS IN THE DURHAM FAITH COMMUNITY ARE WORKING WITH DUKE HE ALTH TO LOOK AT HOW TO ADDRESS THE NEEDS OF THEIR CONGREGATIONS AND COMMUNITIES BY COMBINI NG THE TRADITIONS OF THE FAITH COMMUNITY WITH THE KNOWLEDGE OF MODERN MEDICINE. MEETINGS A RE HELD TO DETERMINE HOW DUKE HEALTH CAN ASSIST THE FAITH COMMUNITY TO SUPPORT HEALTH MINI STRY ACTIVITIES IN THEIR COMMUNITY AND PLACES OF WORSHIP.DUHS' CEO ALSO HAS A CHANCELLOR'S COMMUNITY HEALTH ADVISORY BOARD TO PROVIDE FEEDBACK ON A VARIETY OF ISSUES, INCLUDING USE OF DUHS RESOURCES, HEALTH SERVICE DELIVERY SYSTEMS AND LONG-RANGE GOALS TO REDUCE HEALTH RISKS AND DISPARITIES IN DURHAM COUNTY. THE BOARD INCLUDES STATE AND LOCAL ELECTED OFFICIA LS, NEIGHBORHOOD COUNCILS AND OTHER GRASSROOTS ORGANIZATIONS, POLITICAL GROUPS, LOCAL PHYS ICIANS, THE DURHAM PUBLIC SCHOOLS, AMONG OTHERS. DUHS MAINTAINS A BUILDING HEALTHY COMMUNI TIES GRANTS COMMITTEE TO REVIEW COMMUNITY REQUESTS FOR PHILANTHROPIC ASSISTANCE THAT PROMO TE HEALTH AND WELLNESS. DUKE HEALTH PROVIDES VARIOUS OPPORTUNITIES FOR STUDENTS TO INTERAC T WITH DIFFERENT HEALTH CARE PROFESSIONALS ACROSS THE SYSTEM. THE OFFICE OF COMMUNITY HEAL TH, DRH, AND OTHER KEY COMMUNITY PARTICIPANTS ARE ACTIVE IN A WORKFORCE DEVELOPMENT PROJEC T CALLED PROJECT SEARCH. THIS PROGRAM, MODELED AFTER THE PROGRAM AT CINCINNATI CHILDREN'S HOSPITAL, PROVIDES YOUTH WITH DISABILITIES EMPLOYMENT TRAINING AND CAREER OPPORTUNITIES IN THE HEALTHCARE FIELD. THE OFFICE OF COMMUNITY HEALTH WORKS WITH THE DURHAM-ORANGE MEDICAL SOCIETY AND THE DURHAM ACADEMY OF MEDICINE, DENTISTRY AND PHARMACY (AN ASSOCIATION FOR AF RICAN-AMERICAN MEDICAL PROFESSIONALS) TO PROMOTE THE SUCCESS OF THE CITY OF MEDICINE ACAD EMY (CMA). THE CMA IS A PUBLIC MAGNET HIGH SCHOOL DESIGNED FOR STUDENTS INTERESTED IN HEALT H CARE CAREERS. FACULTY ARE INVOLVED WITH MENTORING STUDENTS AND CLASSROOM LECTURES. IN AD DITION, 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 ST ART EVENT. STAFF FROM THE DUKE SCHOOL OF NURSING, DUKE EYE CENTER, AND STAFF AFFILIATED WI TH LINCOLN COMMUNITY HEALTH CENTER HEALTHCARE FOR THE HOMELESS CLINIC VOLUNTEER TIME AND R ESOURCES AT THIS IMPORTANT EVENT. STUDENTS FROM THE DUKE SCHOOLS OF MEDICINE AND NURSING E NGAGE COMMUNITIES IN DURHAM AND BEYOND IN ACTIVITIES THAT INCLUDE FREE BLOOD PRESSURE SCRE ENINGS FOR THE HOMELESS, AND IDENTIFYING THE HEALTH CARE NEEDS OF A LOW WEALTH COMMUNITY S CHOO L AND DEVELOPING A CURRICULUM FOR STUDENTS AND PARENTS THAT ADDRESSES THOSE NEEDS.COVI D-19 RESPONSE:COVID-19 CONTINUED TO IMPACT OUR COMMUNITY'S HEALTH IN 2021. FORTUNATELY, VA CCINATIONS TO PREVENT SERIOUS ILLNESS AND DEATH BECAME AVAILABLE. AT DUKE, WE VACCINATED 1 53,555 PATIENTS AND TEAM MEMBERS. FOR THE 5,765 PATIENTS WHO NEEDED COVID-19 TREATMENT AT DUKE HOSPITALS, WE COMMITTED OURSELVES TO ACHIEVING EQUITABLE HEALTH OUTCOMES. DUE TO THE IMPACT OF SYSTEMIC RACISM, PEOPLE OF COLOR ARE DISPROPORTIONATELY HOSPITALIZED WITH SEVERE CASES OF COVID-19. BUT ONCE WITHIN OUR WALLS, WE ENSURED THAT THERE WERE NO DISPARITIES I N CARE, TREATMENT, OR OUTCOME AMONG WHITE, AFRICAN AMERICAN, OR LATINX PATIENTS. AT DUKE W E ARE PROUD THAT PATIENTS WHO WERE HOSPITALIZED WITH COVID-19 RECEIVED THE HIGHEST QUALITY CARE.ALL THREE DUHS HOSPITALS PROVIDED EXTENSIVE OUTREACH, STAFFING AND RESOURCES TO ADVA NCE EQUITABLE ACCESS TO COVID-19 TESTING AND THE DISTRIBUTION OF VACCINES. BETWEEN AUGUST OF 2020 AND MAY 2021, DUKE UNIVERSITY HEALTH SYSTEM (DUHS) SERVED AS LEAD ENTITY FOR REGIO N 3 OF THE NC DHHS COVID-19 SUPPORT SERVICES PROGRAM (SSP). LOCAL COMMUNITY BASED ORGANIZA TIONS (CBOS) PROVIDED SERVICES ACROSS A 7 COUNTY REGION, INCLUDING DURHAM, FRANKLIN, GRANV ILLE, NASH, VANCE, WAKE AND WARREN. DUHS CONTRACTED WITH NOT ONLY ORGANIZATIONS WITH THE B EST OVERALL REACH, BUT ALSO WITH THOSE WHO COULD GENERATE IMPACT WITHIN HIGHLY MARGINALIZE D POPULATIONS (HMP) DISPROPORTIONALLY AFFECTED BY THE PANDEMIC. THE ACCOMPLISHMENTS WERE T HE RESULT OF AN INTENTIONALITY OF PARTNERSHIPS MADE TO MOST EFFECTIVELY REACH THESE AREAS. AS OF THE PROGRAM'S CONCLUSION, OUR NETWORK OF CBOS SERVED OVER 14,500 FOOD BOXES, OVER 6 5,000 MEALS AND MORE THAN 13,000 PACKAGES OF COVID-19 SUPPLIES TO HOUSEHOLDS IN OUR 7 COUN TIES. ADDITIONALLY, NEARLY \$4 MILLION IN RELIEF PAYMENTS WERE DISPERSED TO JUST UNDER 5,00 0 HOUSEHOLDS. IN TOTAL THE PROGRAM SERVED 8,199 UNIQUE HOUSEHOLDS REACHING APPROXIMATELY 3 5 THOUSAND INDIVIDUALS. SURVEY RESULTS INDICATED THAT 88% OF PARTICIPANTS WERE ABLE TO QUA RANTINE SAFELY FROM COVID-19 AS A DIRECT RESULT OF THESE SERVICES.ADDITIONAL HOSPITAL-SPEC IFIC COVID-19 COMMUNITY RESPONSE ACTIVITIES CAN BE</p> |

| Form and Line Reference | Explanation |
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| <p>IN ADDITION TO COMMUNITY BUILDING ACTIVITIES,</p> | <p>FOUND IN THE RESPECTIVE HOSPITAL PART V, SECTION C SUPPLEMENTAL INFORMATION. AFFILIATED HEALTH CARE SYSTEM ROLES: PART VI, LINE 6: DUHS PROVIDES VIRTUALLY ALL LEVELS OF CARE BEGINNING WITH DUKE UNIVERSITY AFFILIATED PHYSICIANS (DBA DUKE PRIMARY CARE) (DPC). DPC IS A BROAD NETWORK OF COMMUNITY-BASED SERVICES THAT INCLUDE FAMILY MEDICINE, PEDIATRICS, INTERNAL MEDICINE, AND URGENT CARE. THE HOSPITALS PROVIDE ROUTINE INPATIENT AND OUTPATIENT CARE. IN DURHAM COUNTY, DUH AND DRH WORK TOGETHER TO MAXIMIZE FACILITY UTILIZATION 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-EMERGENCY CASES AND PROVIDES STREAMLINED ACCESS TO HIGH-DEMAND PROCEDURES SUCH AS CARDIAC CATHETERIZATION AND RADIOLOGY PROCEDURES. DUHS CONTINUES TO EXPAND ITS AMBULATORY FOOTPRINT TO PROVIDE CARE CLOSE TO PATIENTS' HOMES, EXTEND ACCESS TO NEW COMMUNITIES AND MEET GROWING POPULATION NEEDS EFFICIENTLY AND EFFECTIVELY. DUHS' POPULATION HEALTH MANAGEMENT OFFICE WITHIN DUKE INTEGRATED NETWORK, INC. IS THE CENTRAL ENTITY AT DUKE GUIDING CARE TRANSFORMATION FOR VALUE BASED CARE, INCLUDING CARE MANAGEMENT PROGRAMS AND DEPLOYMENT OF RELATED DATA AND ANALYTICS PROGRAMS, AS WELL AS FOSTERING RELATIONSHIPS WITH PAYERS, COMMUNITY RESOURCES, AND PHYSICIANS WITHIN THE SERVICE AREA. DUHS ALSO OPERATES HOME HEALTH AND HOME INFUSION SERVICES TO TREAT AND CARE FOR PATIENTS IN THE COMFORT OF THEIR HOME. THIS IS OBVIOUSLY PRACTICAL FOR PATIENTS NOT REQUIRING AN INPATIENT STAY BUT IN NEED OF ONGOING CARE AT A SUB-ACUTE LEVEL. FINALLY, HOSPICE PROVIDES PALLIATIVE CARE FOR PATIENTS NOT RESPONDING TO CURATIVE CARE. PAIN MANAGEMENT, SYMPTOM MANAGEMENT, AND PSYCHOLOGICAL AND SPIRITUAL SUPPORT PROVIDE A ROUNDED APPROACH TO COMPASSIONATELY ASSIST TERMINAL PATIENTS AND THEIR FAMILIES WITH THE PROCESS OF DYING. ALL OF THE OPERATING UNITS OF DUHS WORK TOGETHER TO PROVIDE THE RIGHT LEVEL OF CARE FOR THE PATIENT IN THE MOST BENEFICIAL MANNER. IN ADDITION TO THE REACTIVE ACTIVITIES OF DIAGNOSTIC CARE, DUHS ALSO SUPPORTS AND PROMOTES HEALTH AND WELL-BEING AT DUKE HEALTH & FITNESS CENTER, AND DUKE INTEGRATIVE MEDICINE. THESE SERVICES INCLUDE A MEDICALLY-BASED WEIGHT LOSS PROGRAM, MEDICALLY-BASED FITNESS, WELLNESS AND REHABILITATION PROGRAMS. LIST OF ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT: PART VI, LINE 7: NORTH CAROLINA</p> |

Additional Data

Software ID:

Software Version:

EIN: 56-2070036

Name: DUKE UNIVERSITY HEALTH SYSTEM INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | DUKE UNIVERSITY HOSPITAL 2301 ERWIN ROAD PRIMARY CAMPUS DURHAM, NC 27710 HTTP://WWW.DUKEHEALTH.ORG H0015 | X | X | X | X | | X | X | | | A |
| 2 | DUKE RALEIGH HOSPITAL 3400 WAKE FOREST ROAD PRIMARY CAMPUS RALEIGH, NC 27609 HTTP://WWW.DUKEHEALTH.ORG H0238 | X | X | | | | | X | | | |
| 3 | DUKE REGIONAL HOSPITAL 3643 ROXBORO ROAD DURHAM, NC 27704 HTTP://WWW.DUKEHEALTH.ORG H0233 | X | X | | | | | X | | | A |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| <p>NOTE: THIS SCHEDULE H CONTAINS REFERENCES TO DUKE AND DUKE HEALTH WHICH ARE</p> | <p>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 HOSPITALPART 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 ON ISSUES OF INTEREST. THIS JOINT CHINA 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 HOSPITALPART V, SECTION B, LINE 6A: DUKE REGIONAL HOSPITAL ("DRH") GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITALPART V, SECTION B, LINE 6B: THE PARTNERSHIP FOR A HEALTHY DURHAM AND THE DURHAM COUNTY HEALTH DEPARTMENT GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITALPART 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 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</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| <p>NOTE: THIS SCHEDULE H CONTAINS REFERENCES TO DUKE AND DUKE HEALTH WHICH ARE</p> | <p>AM 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 T O DEVELOP EFFECTIVE PROGRAMS TO IMPROVE THE HEALTH OF THE DURHAM COMMUNITY. AS SUCH THIS I MPLEMENTATION PLAN INCLUDES NEW AND LONG-STANDING PROGRAMS. 1. AFFORDABLE HOUSINGAFFORDABL E 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 NEG ATIVELY IMPACT A FAMILY. RENTERS MAKE UP 40% OF HOUSEHOLDS IN DURHAM, AND ALMOST HALF OF T HEM ARE DEFINED AS COST-BURDENED (I.E. PAYING MORE THAN 30% OF THEIR MONTHLY INCOME FOR HO USING).DUH HAS PARTNERED WITH HABITAT FOR HUMANITY OF DURHAM ON A NUMBER OF HOME BUILDS. A DDITIONALLY, AFFORDABLE HOUSING IS A FOCUS OF DUH AS PART OF THE LARGER DUKE UNIVERSITY. I N 2018, FUNDING FROM DUKE UNIVERSITY AND THE AJ FLETCHER FOUNDATION PROVIDED THE OPPORTUNI TY TO DEVELOP TWO ACRES OF PRIME DOWNTOWN DURHAM LAND INTO MULTI-UNIT AFFORDABLE HOUSING. THE DEVELOPMENT BROKE GROUND IN JULY 2019, AND THE MULTI-UNIT HOUSING COMPLEX WAS FINISHED AND OCCUPIED IN 2021. THE LARGER DUKE UNIVERSITY ALSO COMMITTED \$3 MILLION WITH THE CITY OF DURHAM TO DEVELOP AN AFFORDABLE HOUSING LOAN FUND. 2. ACCESS TO HEALTHCARE AND HEALTH I NSURANCE: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 WHE N NEEDED AND TO BE ABLE TO RECEIVE THAT CARE WITHOUT ENCOUNTERING SIGNIFICANT BARRIERS. AL THOUGH THERE ARE MANY MEDICAL PROVIDERS, WHICH INCLUDE A NUMBER OF LOW COST AND FREE CLINI CS IN DURHAM COUNTY, THERE ARE STILL MANY DURHAM RESIDENTS WHO HAVE TROUBLE ACCESSING CARE WHEN THEY NEED IT. BARRIERS TO OBTAINING HEALTHCARE INCLUDE ISSUES WITH TRANSPORTATION, L ANGUAGE 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 S OMEONE IN THEIR HOUSEHOLD COULD NOT ACCESS NECESSARY HEALTHCARE INCLUDED INSURANCE DIDN'T COVER SERVICE, COPAY WAS TOO HIGH, LACK OF INSURANCE, COULDN'T GET AN APPOINTMENT, DIDN'T KNOW WHERE TO GO OR PROVIDER DIDN'T TAKE THEIR INSURANCE.A NUMBER OF LONG-STANDING PROGRAM S SUPPORTED BY DUH SEEK TO INCREASE ACCESS TO CARE FOR UNINSURED, UNDERINSURED, AND/OR VUL NERABLE INDIVIDUALS AND FAMILIES. THOSE PROGRAMS INCLUDE:PROJECT ACCESS OF DURHAM COUNTY (PADC): LINKS ELIGIBLE LOW-INCOME, UNINSURED DURHAM COUNTY RESIDENTS TO SPECIALTY MEDICAL C ARE FULLY DONATED TO THE PATIENTS BY THE PHYSICIANS, HOSPITALS INCLUDING DUH, LABS, CLINIC S AND OTHER PROVIDERS PARTICIP</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| <p>NOTE: THIS SCHEDULE H CONTAINS REFERENCES TO DUKE AND DUKE HEALTH WHICH ARE</p> | <p>ATING IN THE PADC NETWORK.PLAN S FOR FY2021: PADC WILL CONTINUE TO FOCUS ON COVID-19 RESPON SE EFFORTS AND PROVIDE AS MANY SPECIALTY SERVICES AS POSSIBLE GIVEN ONGOING COVID-19 DISRU PTIONS/DELAYS.PROGRESS IN FY2021: PADC CONTINUED TO FOCUS ON COVID-19 RESPONSE EFFORTS AND PARTNERED WITH NUMEROUS ORGANIZATIONS TO HELP INDIVIDUALS IMPACTED BY COVID-19. PADC CONT INUED TO LINK AS MANY UNINSURED INDIVIDUALS AS POSSIBLE TO SPECIALTY SERVICES IN SPITE OF DISRUPTIONS/DELAYS THAT CONTINUED AS A RESULT OF COVID-19 IN FY2021.LOCAL ACCESS TO COORDI NATED HEALTHCARE (LATCH): WAS INITIATED IN 2002 WITH HEALTHY COMMUNITIES ACCESS PROGRAM (H CAP) FUNDING FROM THE US HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TO DUKE'S DIV ISION OF COMMUNITY HEALTH, DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE. THE FOUNDING AND S USTAINING LATCH PARTNERSHIP INCLUDES DUH (WHICH NOW PROVIDES THE MAJORITY OF OPERATING FUN DS), LINCOLN COMMUNITY HEALTH CENTER, THE DURHAM COUNTY DEPARTMENTS OF HEALTH AND SOCIAL S ERVICES, EL CENTRO HISPANO, AND A NUMBER OF COMMUNITY-BASED ORGANIZATIONS (CBOS). THROUGH COMMUNITY-BASED, LINGUISTICALLY AND CULTURALLY-RELEVANT CARE MANAGEMENT, LATCH AIMS TO IMP ROVE HEALTH KNOWLEDGE AND SELF-CARE, ACCESS TO HEALTH CARE AND HEALTH SERVICES UTILIZATION OUTCOMES AMONG DURHAM COUNTY'S UNINSURED. CARE MANAGEMENT SERVICES INCLUDE: HEALTH SERVIC ES COORDINATION AND NAVIGATION (MEDICAL, SOCIAL, BEHAVIORAL); POST-HOSPITALIZATION FOLLOW- UP; PATIENT EDUCATION; CHRONIC DISEASE MANAGEMENT; PSYCHO-SOCIAL SUPPORT; ACCESS TO BENEFIT S (MEDICAID/SSI/SSDI); BILLS ASSISTANCE; INTERPRETATION/TRANSLATION; AND, TRANSPORTATION COORDINATION. IN PARTNERSHIP WITH OTHER COMMUNITY STAKEHOLDERS-HEALTHCARE AND SOCIAL SERVI CE PROVIDERS, LOCAL GOVERNMENT AND COMMUNITY-BASED ORGANIZATIONS-LATCH MONITORS HEALTHCARE TRENDS, IDENTIFIES BARRIERS FACING UNINSURED PATIENTS, AND, WORKING AS A CONSORTIUM, ADDR ESSES AND ELIMINATES BARRIERS.</p> |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| PLANS FOR FY2021: CONTINUE CARE MANAGEMENT SERVICES AND | <p>COVID-19 RESPONSE EFFORTS.PROGRESS IN FY2021: LATCH CONTINUED TO PARTNER WITH VARIOUS DUKE AND COMMUNITY ORGANIZATIONS IN COVID-19 RESPONSE EFFORTS DURING FY2021. IN ADDITION, LATCH PROVIDED CARE MANAGEMENT SERVICES TO 772 INDIVIDUALS.THE COMPLEX CHILD PROGRAM (CCP): PROVIDES THE COORDINATION OF MEDICAL AND CO-MANAGEMENT OF MEDICAL CARE FOR CHILDREN WITH MULTIPLE MEDICALLY COMPLEX ISSUES THAT REQUIRE THE INTERACTION WITH MULTIPLE SPECIALISTS. ON AVERAGE THESE CHILDREN WORK WITH 13 SPECIALISTS. BEFORE THE COMPLEX CHILD PROGRAM, CARE COULD SEEM FRAGMENTED AS PATIENTS/FAMILIES HAD NO CENTRAL "QUARTERBACK" HELPING TO OVERSEE THE BIG PICTURE.THROUGH THE CCP PARENTS NOW HAVE DIRECT PHONE ACCESS TO A COMPLEX CARE SERVICE (CCS) PROVIDER OR RN 24/7. THE CCP TEAM WORKS WITH PARENTS TO CREATE A COMPREHENSIVE "COMPLEX CARE PLAN" THAT IS PLACED IN THE CHILD'S MEDICAL RECORD AND GIVEN TO THE PARENTS. IN ADDITION, THE CCP TEAM COORDINATES INPATIENT INTENSIVE CARE TRANSITIONS PRIOR TO DISCHARGE AND CONDUCTS INTENSIVE OUTPATIENT "BETWEEN-VISIT" CONTACTS (PHONE, CLINIC VISITS, AND IN SOME CASES, HOME VISITS). PLANS FOR FY2021: CONTINUE THE CCP SERVING CHILDREN WITH MULTIPLE COMPLEX ISSUES AND THEIR FAMILIES.PROGRESS IN FY2021: AS IN FY2020, CCP CONTINUED TO MAXIMIZE SERVICES TO CHILDREN WITH MULTIPLE MEDICALLY COMPLEX ISSUES AND THEIR FAMILIES.SOUTHERN HIGH SCHOOL (SHS) WELLNESS CENTER: PROVIDES COMPREHENSIVE PRIMARY CARE AND MENTAL HEALTH SERVICES AT SHS TO STUDENTS AT THE SCHOOL AND IS OPEN TO ALL STUDENTS AND STAFF OF DURHAM PUBLIC SCHOOLS. IT IS OPERATED BY DUKE'S DIVISION OF COMMUNITY HEALTH ON BEHALF OF DUH AND CELEBRATED 25 YEARS OF SERVICE IN 2021. DURHAM PUBLIC SCHOOLS CLOSED TO IN-PERSON LEARNING IN MARCH 2020 AS A RESULT OF COVID-19. THE SOUTHERN HIGH SCHOOL WELLNESS CENTER PIVOTED TO PROVIDING TELEHEALTH SERVICES (VIA PHONE AND VIDEO VISITS) IN 2021.</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| JUST FOR US (JFU): PROVIDES AN IN-HOME CARE PROGRAM FOR LOW-INCOME, | <p>FRAIL ELDERLY AND DISABLED. JFU WAS LAUNCHED IN 2002 AS A COLLABORATION OF DUKE, LINCOLN C 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. IN LATE DECEMBER 2019, REPORTS OF CARBON MONOXIDE POISONINGS BEGAN AT THE MCDUGALD TERRACE APARTMENT COMPLEX. BY EARLY JANUARY 2020, THE DURHAM HOUSING AUTHORITY HAD RELOCATED HUNDREDS OF RESIDENTS TO 15 HOTELS ACROSS DURHAM. THE JFU TEAM DEPLOYED TO PROVIDE HEALTH CARE FOR THE RESIDENTS ACROSS THE 15 HOTEL SITES DURING JANUARY AND FEBRUARY. ALMOST ALL OF THE JFU IN HOME VISITS CEASED IN MARCH 2020 AS A RESULT OF COVID-19. AS A RESULT, THE JFU TEAM CONDUCTED FREQUENT WELL-CHECK CALLS AND PROVIDED TELEHEALTH SERVICES (VIA PHONE /VIDEO VISITS).</p> <p>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 FUNDS THROUGH A DUKE ENDOWMENT GRANT. CLINICS GENERATE REVENUE THROUGH A CONTRACT WITH LINCOLN COMMUNITY HEALTH CENTER AND RECEIVE SIGNIFICANT SUPPORT FROM DUH. THE CLINICS OPERATE AS FAMILY MEDICINE PRACTICES AND ARE OPEN 5 DAYS A WEEK. STAFFING INCLUDES PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS AND FAMILY PHYSICIANS, WHO SERVE AS SUPERVISING DOCTORS. EACH CLINIC IS SUPPORTED BY NURSING STAFF: CERTIFIED NURSING ASSISTANTS, LICENSED PRACTICAL NURSES, OR CERTIFIED MEDICAL ASSISTANTS AND A STAFF ASSISTANT. THE STAFF ASSISTANT PERFORMS ALL ADMINISTRATIVE TASKS FOR THE CLINIC INCLUDING ANSWERING INCOMING PHONE CALLS, REGISTRATION, SCHEDULING, ETC. PLANS FOR FY2021: THE SOUTHERN HIGH SCHOOL WELLNESS CENTER, JU</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| JUST FOR US (JFU): PROVIDES AN IN-HOME CARE PROGRAM FOR LOW-INCOME, | ST FOR US, AND THE NEIGHBORHOOD/COMMUNITY CLINICS HOPE TO RETURN TO PRE-PANDEMIC LEVELS OF CLINICAL ENCOUNTERS OF 13,000+. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| PROGRESS IN FY2021: THE SOUTHERN HIGH SCHOOL WELLNESS CENTER, | <p>THE MICRO-CLINICS AND JUST FOR US CONTINUED TO ADJUST TO THE IMPACTS OF COVID-19 AND PROVIDED 10,049 IN PERSON AND VIDEO/TELEHEALTH PATIENT VISITS.3. POVERTY/POVERTY HAS A STRONG IMPACT ON HEALTH AND IS AN IMPORTANT CONCERN FOR DURHAM RESIDENTS. RESEARCH NOW SHOWS THAT EVEN THE RISK OF AN ADVERSE CHANGE IN MATERIAL CONDITIONS, ECONOMIC AND HOUSING INSECURITY, AS WELL AS UNINSURED OR UNDERINSURED HEALTH INSURANCE COVERAGE, AFFECT HEALTH OUTCOMES. REASONS FOR THE ASSOCIATION BETWEEN ECONOMIC INSECURITY AND HEALTH INCLUDE THE HEALTH EFFECTS OF STRESS RESULTING FROM ECONOMIC INSECURITY, EFFECTS OF STRESS AND SPENDING LIMITATIONS ON FOOD CONSUMPTION, AND RESTRICTED USE OF HEALTH SERVICES.EFFECTIVE 7/1/2019, DU AND DUHS INCREASED THE MINIMUM WAGE TO \$15 PER HOUR FOR ALL EMPLOYEES.SECOND CHANCES: SINCE SEPTEMBER 2018, DUKE NO LONGER REQUIRES JOB APPLICANTS TO DISCLOSE CRIMINAL HISTORY DURING THE APPLICATION PROCESS. THE FOLLOWING PROGRAMS ALSO HELP ADDRESS THE COMMUNITY HEALTH NEED OF POVERTY:SSI/SSDI OUTREACH, ACCESS AND RECOVERY (SOAR): HELPS PATIENTS WHO ARE CHRONICALLY HOMELESS, OR AT RISK OF HOMELESSNESS ACCESS HEALTH INSURANCE, A STABLE INCOME, AND MEDICAL CARE BY ASSISTING THESE INDIVIDUALS IN APPLYING FOR SUPPLEMENTAL SECURITY INCOME (SSI) AND SOCIAL SECURITY DISABILITY INSURANCE (SSDI). THE HOMELESS POPULATION AND THOSE REENTERING THE COMMUNITY FROM AN INSTITUTION FACE NUMEROUS CHALLENGES IN ACCESSING SERVICES. APPROVAL ON INITIAL SSI AND SSDI APPLICATIONS FOR THESE AT-RISK POPULATIONS, WHO HAVE NO ONE TO ASSIST, IS ABOUT 10-15 PERCENT. FOR THOSE WITH MENTAL ILLNESS, SUBSTANCE ABUSE ISSUES, AND/OR CO-COGNITIVE IMPAIRMENT, THE APPLICATION PROCESS IS EVEN MORE DIFFICULT. EVEN WITH ASSISTANCE, THE APPLICATION PROCESS CAN TAKE UP TO SIX MONTHS. THROUGH SOAR, THESE INDIVIDUALS WITH COMPLEX NEEDS ARE PROVIDED CASE MANAGEMENT FOR HOME, HOSPITAL, AND CLINIC VISITS; ARE PROVIDED WITH A STEP BY STEP EXPLANATION AND COMPLETION OF ALL APPLICATIONS FOR FEDERAL DISABILITY BENEFITS; RECEIVE EXPEDITED APPLICATIONS FOR MONTHLY INCOME AND MEDICAID/MEDICARE; AND ARE LINKED TO COMMUNITY RESOURCES. DUKE HOSPITAL CURRENTLY FUNDS TWO SOAR CASE MANAGERS WHO HAVE SUCCESSFULLY HELPED MORE THAN 100 PATIENTS IN THE LAST 3 YEARS. PLANS FOR FY2021: RETURN TO PRE-PANDEMIC LEVELS OF REFERRALS AND COMPLETED APPLICATIONS.</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| <p>PROGRESS IN FY2021: FY2021 DID NOT BRING THE RELIEF FROM</p> | <p>THE COVID-19 PANDEMIC THAT THE WORLD HAD HOPED FOR, BUT THE SOAR PROGRAM WAS ABLE TO SERVE 20 CASES. BENEFITS ENROLLMENT COUNSELING (BEC): IN FY 16 THE DUKE DIVISION OF COMMUNITY HEALTH LAUNCHED THE BENEFITS ENROLLMENT COUNSELING PROGRAM (BEC) WITH GRANT FUNDING THROUGH THE NATIONAL COUNCIL ON AGING TO HELP SENIORS AND THOSE WITH DISABILITIES AND A LIMITED INCOME FIND AND ENROLL IN ALL THE BENEFIT PROGRAMS FOR WHICH THEY ARE ELIGIBLE. THE GOAL OF THE SERVICE IS TO ENABLE OLDER ADULTS TO ENJOY LIFE AND LIVE INDEPENDENTLY IN THEIR HOMES AND COMMUNITIES FOR AS LONG AS POSSIBLE. FOR THOSE WITH LIMITED INCOME AND RESOURCES, ADDITIONAL SUPPORT CAN BE CRITICAL IN MAINTAINING THEIR HEALTH AND AVOIDING COSTLY HOSPITALIZATIONS. THE BENEFITS PROVIDE CLIENTS SERVED WITH ACCESS TO HEALTHY FOOD, NEEDED MEDICAL CARE AND PRESCRIPTIONS, AS WELL AS OTHER SUPPORTIVE SERVICES. THE BENEFITS ALSO PROVIDE A COMMUNITY ECONOMIC STIMULUS, AS BENEFITS ARE SPENT LOCALLY IN PHARMACIES, GROCERY STORES, UTILITY COMPANIES, AND HEALTH CARE PROVIDERS. TO INCREASE THE REACH OF THE PROGRAM BEYOND GRANT FUNDING, BEC STAFF TRAIN VOLUNTEERS (FROM PARTNER COMMUNITY BASED ORGANIZATIONS AND DUKE) TO ASSIST CLIENTS IN DURHAM, GRANVILLE, AND PERSON COUNTIES. BEC CURRENTLY WORKS WITH 26 DUKE UNDERGRADUATES AND MEDICAL STUDENTS. THESE STUDENTS ENGAGE IN SERVICE, OUTREACH, AND ADVOCACY EFFORTS AS WELL AS BUILD MEANINGFUL INTERGENERATIONAL RELATIONSHIPS. IN 2019 BEC LAUNCHED THE COPE INITIATIVE (COMMUNITY OUTREACH, PREVENTION AND EDUCATION), WHICH OFFERS HEALTH SCREENING AND EDUCATION IN THE COMMUNITY, AND INITIATIVES THAT DIRECTLY ADDRESS GAPS IN SENIOR HUNGER PREVENTION THROUGH TEACHING SELF-SUFFICIENT, SUSTAINABLE GARDENING PRACTICES, AND THE PROVISION OF COOKING CLASSES AT SENIOR CENTERS. PLANS FOR FY2021: CONTINUE COVID-19 RESPONSE ASSISTANCE AND BEC. RETURN TO THE COMMUNITY GARDEN WORK WHEN ALLOWED. PROGRESS IN FY2021: AS COVID-19 CONTINUED TO UPEND NUMEROUS ACTIVITIES, WORK ON THE COMMUNITY GARDEN DID NOT CONTINUE IN 2021. BEC DID ASSIST IN COVID-19 RESPONSE EFFORTS AND CONTINUED TO CONNECT ELIGIBLE INDIVIDUALS TO RESOURCES. BEC ASSISTED 475 INDIVIDUALS WITH AN AVERAGE OF 1.29 APPLICATIONS PER PERSON FOR BENEFIT PROGRAMS. THE TOTAL VALUE OF BENEFITS WAS \$1,957,098.4. MENTAL HEALTH/MENTAL HEALTH AND SUBSTANCE USE DISORDERS HAVE DIRECT COSTS SUCH AS PREVENTION, TREATMENT, AND RECOVERY SUPPORTS. BUT, THERE ARE ALSO INDIRECT COSTS SUCH AS MOTOR VEHICLE ACCIDENTS, PREMATURE DEATH, COMORBID HEALTH CONDITIONS, DISABILITY, LOW PRODUCTIVITY, UNEMPLOYMENT, POVERTY, SCHOOL DIFFICULTIES, ENGAGEMENT WITH SOCIAL SERVICE, JUVENILE JUSTICE, CRIMINAL JUSTICE SYSTEMS, AND HOMELESSNESS, AMONG OTHER PROBLEMS. DUH PARTNERS WITH AND SUPPORTS A NUMBER OF COLLABORATIVE INITIATIVES TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES AND REDUCE SUBSTANCE ABUSE. DUH CONTINUES TO SERVE AS A KEY PARTNER IN THE FOLLOWING ACTIVITIES: * COMMUNITY COALITIONS: DURHAM CRISIS COLLABORATIVE; PARTNERSHIP FOR A HEALTHY DURHAM MENTAL HEALTH</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| PROGRESS IN FY2021: FY2021 DID NOT BRING THE RELIEF FROM | ALTH 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).* 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. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| PLANS FOR FY2021: CONTINUE TO SERVE AS A KEY PARTNER | IN THE COLLABORATIVE ACTIVITIES WITH THE ABOVE ORGANIZATIONS TO REDUCE SUBSTANCE MISUSE AND INCREASE ACCESS TO MENTAL HEALTH SERVICES.PROGRESS IN FY2021: DURHAM DETENTION CENTER MEDICATION-ASSISTED TREATMENT (MAT) PROGRAM NOW PROVIDES INDUCTION TREATMENT SERVICES (PHASE II OF MAT) FOR INDIVIDUALS WITH SUD (SUBSTANCE USE DISORDER). THEY ALSO RECEIVED APPROVAL FROM THE STATE TO BEGIN AN OPIOID TREATMENT PROGRAM WITHIN THE DETENTION CENTER. THE DETENTION CENTER HAS HIRED A LICENSED CLINICAL ADDICTIONS SPECIALIST (LCAS) AND PEER SUPPORT SPECIALIST TO CONTINUE CARE COORDINATION OF SERVICES.DURHAM DEPARTMENT OF PUBLIC HEALTH BY WAY OF ALLIANCE HEALTH PROVIDED AN OPIOID USE DISORDER (OUD) PROVIDER TRAINING SERIES IN MAY 2021. SEVERAL DUKE PROVIDERS WERE AMONG THE PRESENTERS FOR THE TRAINING. AN UPDATED SUBSTANCE USE DISORDER RESOURCE GUIDE WAS PUT ON THE DURHAM PUBLIC HEALTH'S WEBSITE UNDER THE DJT TASK FORCE SECTION. THIS WAS A COLLABORATION WITH THE DURHAM JOINS TOGETHER (DJT) PREVENTION EDUCATION COMMITTEE.ALLIANCE PURCHASED NALOXONE (NARCAN) AND DISSEMINATED TO PARTNERING ORGANIZATION TO HELP WITH THE SHORTAGE OF NALOXONE ACCESS. ALLIANCE PROVIDED ADDITIONAL FUNDING TO SUPPORT EFFORTS WITH DETENTION CENTER MAT AND PEER SUPPORT SPECIALISTS (PSS) SERVICES. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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| Form and Line Reference | Explanation |
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| DUHS SAFE OPIOID TASK FORCE: WAS CREATED TO IMPROVE THE SAFETY OF PAIN | MANAGEMENT BY ENCOURAGING CLINICAL PRACTICE STANDARDIZATION, WHERE CLINICALLY APPROPRIATE, WHEN OPIOID THERAPY IS DESIGNATED FOR TREATMENT. THE OPIOID SAFETY TASK FORCE PROVIDES RECOMMENDATIONS FOR THE INITIATION AND MANAGEMENT OF OPIOID THERAPY ACROSS DUKE UNIVERSITY HEALTH SYSTEM (DUHS) TO IMPROVE PERSONAL AND COMMUNITY SAFETY AND REDUCE HARM ASSOCIATED WITH THE HIGH RISK TREATMENTS WHILE ENGAGING PATIENTS IN THEIR OWN CARE. DUH ALONG WITH DUKE REGIONAL AND DUKE RALEIGH HOSPITALS SERVES AS A PIVOTAL PLAYER IN ALL ASPECTS OF THE WORK OF THE TASK FORCE. PLANS FOR FY2021: CONTINUE THE WORK OF THE TASK FORCE. PROGRESS IN FY2021: ACTIVE DUKE MAT PROVIDERS ARE LISTED IN EPIC (DUKE ELECTRONIC HEALTH RECORD) FOR THE SCHEDULING OF PATIENTS REQUIRING MAT SERVICES. THIS GREATLY ENHANCES THE ABILITY TO GET PATIENTS QUICKLY SCHEDULED FOR MAT PROVIDERS. 5. OBESITY, DIABETES, AND FOOD ACCESS AS OF 2016, 65% OF ADULTS IN THE PIEDMONT REGION, WHICH INCLUDES DURHAM, WERE OVERWEIGHT OR OBESE. ADDITIONALLY, 12% OF DURHAM HIGH SCHOOLERS WERE OBESE AS OF 2014. OBESITY IS A STRONG CONTRIBUTOR TO DIABETES. IN 2015, 14.1% OF DURHAM COUNTY RESIDENTS AGED 18 YEARS OR OLDER WHO RECEIVED SOME LEVEL OF CARE FROM DUKE HEALTH AND/OR LINCOLN COMMUNITY HEALTH CENTER HAD DIABETES. MANY DISEASES ARE LINKED TO NUTRITION, INCLUDING OBESITY, HYPERTENSION, HIGH CHOLESTEROL, DIABETES, AND SOME CANCERS. FOOD INSECURITY, THE STATE OF BEING WITHOUT RELIABLE ACCESS TO A SUFFICIENT QUANTITY OF AFFORDABLE, NUTRITIOUS FOOD, HAS A LARGE IMPACT ON A PERSON'S DIET. IT IS ESTIMATED THAT 17.9% OF DURHAM RESIDENTS (51,710 PEOPLE) ARE FOOD INSECURE. |

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| Form and Line Reference | Explanation |
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| <p>BULL CITY FIT: IS A COMMUNITY-BASED WELLNESS PROGRAM AND IS PART OF THE</p> | <p>THE LARGER DUKE CHILDREN'S HEALTHY LIFESTYLES PROGRAM. THE HEALTHY LIFESTYLES PROGRAM SEEK S TO ADDRESS WEIGHT-RELATED HEALTH PROBLEMS FOR CHILDREN BY OFFERING CARING PROVIDERS, FAM ILY-CENTERED TREATMENT PROGRAMS, HIGHLY TRAINED EDUCATORS AND RESEARCHERS, AND STRONG COMMUNITY PARTNERSHIPS. BULL CITY FIT HELPS IN THIS EFFORT BY OFFERING FREE EVENING AND WEEKEN D ACTIVITY SESSIONS FOR THE LARGER COMMUNITY. THESE SESSIONS COVER VARIOUS THEMES THAT ENC OURAGE AND PROMOTE ACTIVE LIVING, SUCH AS FITNESS GAMES, SPORT LESSONS, EXERCISE ROUTINES, SWIMMING, COOKING, AND GARDENING. EACH ACTIVITY IS FACILITATED WITH THE SUPPORT OF ENERGE TIC STAFF AND VOLUNTEERS TO CREATE A POSITIVE AND FUN ENVIRONMENT FOR ALL.BULL CITY FIT EM POWERS THE WHOLE FAMILY TO INCREASE KNOWLEDGE AND PRACTICE OF PHYSICAL ACTIVITY AND HEALTH Y EATING; ADDRESS CURRENT WEIGHT-RELATED ILLNESS AND PREVENT CHRONIC DISEASE THROUGH INCRE ASED ACTIVITY LEVELS; IMPROVE QUALITY OF LIFE BY PROMOTING HEALTHY BEHAVIORS; INCREASE CON FIDENCE, SUPPORT POSITIVE CHANGE, AND BUILD A LIFELONG COMMITMENT TO A HEALTHY LIFESTYLE.P ARTNERS INCLUDE: DURHAM PARKS AND RECREATION; DURHAM CITY GOVERNMENT; DURHAM COUNTY DEPART MENT OF PUBLIC HEALTH; EAST DURHAM CHILDREN'S INITIATIVE; LINCOLN COMMUNITY HEALTH CENTER; COMMUNITY NUTRITION PARTNERSHIP; VEGGIE VAN; BLUE POINTE YOGA; DURHAM PUBLIC SCHOOLS; PAR TNERSHIP FOR A HEALTHY DURHAM; DUKE SERVICE LEARNING; DUKE FAMILY MEDICINE; DUKE CHILDREN' S HOSPITAL AND THE UNC SCHOOL OF SOCIAL WORK.P LANS FOR FY2021: CONTINUE TO PROVIDE SERVICE S VIA ZOOM AND OTHER REMOTE PLATFORMS. RETURN TO IN PERSON ACTIVITIES WHEN ALLOWED.PROGRES S IN FY2021: DUE TO THE ONGOING COVID-19 PRECAUTIONS, SERVICES CONTINUED VIA ZOOM AND OTHE R REMOTE PLATFORMS, ALTERNATING BETWEEN FUN COOKING AND FITNESS ACTIVITIES.COVID-19 RESPON SEIN JULY OF 2020 DUKE UNIVERSITY HOSPITAL, THROUGH THE DUKE DIVISION OF COMMUNITY HEALTH, PARTNERED WITH THE DURHAM COUNTY HEALTH DEPARTMENT AND DURHAM PUBLIC SCHOOLS TO OPERATE A COVID-19 TESTING SITE IN EAST DURHAM. THIS AREA CONSISTED OF TWO ZIP CODES EXPERIENCING D URHAM'S HIGHEST BURDEN OF COVID-19. THE TESTING SITE WAS LOCATED AT A TRUSTED SITE, HOLTON WELLNESS CENTER, WHICH IS ONE OF THE DIVISION OF COMMUNITY HEALTH'S CLINICS NOTED EARLIER IN THIS REPORT. THE DURHAM COUNTY HEALTH DEPARTMENT'S CONTACT TRACERS HAD THE ABILITY TO DIRECTLY SCHEDULE TESTING APPOINTMENTS - A UNIQUE FEATURE THAT ENABLED INDIVIDUALS EXPOSED TO COVID-19 TO QUICKLY ACCESS TESTING. INDIVIDUALS WITHOUT APPOINTMENTS WERE ALSO WELCOME TO UTILIZE THE SITE. IT WAS THE FIRST COMMUNITY TESTING SITE IN DURHAM TO OFFER EVENING A ND SATURDAY HOURS. THE MAJORITY OF THE SITE'S STAFF WERE BILINGUAL OR BILINGUAL-BICULTURAL . OVER A 9 MONTH PERIOD, MORE THAN 4 THOUSAND PEOPLE WERE TESTED, MOSTLY (94%) ESSENTIAL W ORKERS AND PEOPLE OF COLOR. IN ADDITION TO TESTING, THE SITE OFFERED FOOD BOXES THROUGH PA RTNERSHIPS WITH THE FOOD BANK, LOCAL FOOD PANTRIES, AND FARMERS' FOODSHARE AND CONNECTIONS TO OTHER RESOURCES TO HELP IN</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| BULL CITY FIT: IS A COMMUNITY-BASED WELLNESS PROGRAM AND IS PART OF THE | DIVIDUALS AND FAMILIES IMPACTED BY COVID-19. |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| <p>GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL</p> | <p>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. DU HS 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 R EFERENCES GOVERNMENT-SPONSORED PROGRAMS, MONTHLY PAYMENT PROGRAMS, AND OTHER FINANCIAL ASS ISTANCE PROGRAMS AVAILABLE FOR PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA. DUHS ALSO PUB LICIZES ITS FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE COUNSELORS. PA RT V, SECTION B, LINE 24: CERTAIN ELECTIVE COSMETIC/AESTHETIC SERVICES, AND OTHER ELECTIVE SERVICES, WILL BE BILLED AT AN AMOUNT EQUAL TO GROSS CHARGES. DUKE RALEIGH HOSPITAL: PART V , SECTION B, LINE 5: DUKE RALEIGH HOSPITAL COLLABORATED WITH ADVANCE COMMUNITY HEALTH, ALL IANCE HEALTH, UNC REX HEALTHCARE, UNITED WAY OF THE GREATER TRIANGLE, WAKE COUNTY HUMAN SE RVICES, WAKE COUNTY MEDICAL SOCIETY COMMUNITY HEALTH FOUNDATION, WAKEMED HEALTH AND HOSPIT ALS, AND YOUTH THRIVE TO DEVELOP THE 2019 WAKE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (C HNA). THE PROCESS OF DETERMINING THE PRIORITY HEALTH NEEDS FOR THE 2019 WAKE COUNTY CHNA B EGAN WITH THE COLLECTION AND ANALYSIS OF HUNDREDS OF DATA POINTS. ALL INDIVIDUAL DATA MEAS URES FROM BOTH PRIMARY (NEW) AND SECONDARY (EXISTING) SOURCES WERE GATHERED, ANALYZED, AND INTERPRETED. IN ORDER TO COMBINE DATA POINTS INTO MORE EASILY DISCUSSABLE CATEGORIES, ALL INDIVIDUAL DATA MEASURES WERE GROUPED INTO SIX CATEGORIES AND TWENTY-ONE CORRESPONDING FO CUS AREAS BASED ON "COMMON THEMES". PRIMARY (NEW) DATA COLLECTION: COMMUNITY MEMBERS PROVI DED INPUT FOR THE ASSESSMENT THROUGH INTERNET-BASED AND TELEPHONE SURVEYS, FOCUS GROUPS, A ND AN INTERNET-BASED PRIORITIZATION SURVEY. ADDITIONALLY, KEY LEADERS OF ORGANIZATIONS REP RESENTING BROAD INTERESTS OF THE COMMUNITY PROVIDED INPUT THROUGH AN INTERNET-BASED SURVEY , PARTICIPATION ON THE STEERING COMMITTEE, AND AN INTERNET-BASED PRIORITIZATION SURVEY. TH E PROCESS ALSO HAD SIGNIFICANT INPUT AND DIRECTION FROM THE COMMUNITY HEALTH ASSESSMENT TE AM. CONSIDERING ALL OF THESE SOURCES, INPUT FROM NEARLY 5,900 WAKE COUNTY RESIDENTS AND OR GANIZATIONAL LEADERS IS INCLUDED IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT. SECONDARY (EXI STING) DATA: KEY SOURCES FOR EXISTING DATA ON WAKE COUNTY INCLUDED NUMEROUS PUBLIC DATA SO URCES RELATED TO DEMOGRAPHICS, SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH, ENVIRONMENTAL H EALTH, HEALTH STATUS AND DISEASE TRENDS, MENTAL/BEHAVIORAL HEALTH TRENDS, AND MODIFIABLE H EALTH RISKS. FURTHER, SOME LOCAL ORGANIZATIONS PROVIDED INTERNAL DATA THAT WERE ALSO INCOR PORATED INTO THE ANALYSIS PROCESS. A PRIORITIZATION MATRIX WAS DEVELOPED TO IDENTIFY THE TO P PRIORITIES FOR THE OVERALL COUNTY AND DETERMINE FINDINGS FOR EACH OF THE SERVICE ZONES. THE PRIORITIZATION MATRIX INCLUDED THE FINDINGS FROM THE ANALYSIS OF THE PRIMARY (NEW) AND SECONDARY (EXISTING) DATA WHI</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITAL | <p>CH WERE PRESENTED TO THE STEERING COMMITTEE IN OCTOBER 2018 AND TO COMMUNITY MEMBERS DURIN G THE PRIORITIZATION MEETINGS HELD ON JANUARY 31, 2019 AND VIA THE WWW.WAKEGOV.COM/WELLBEI NG WEBSITE THROUGH MID-FEBRUARY 2019. ADDITIONALLY, STEERING COMMITTEE MEMBERS WERE PROVID ED THE OPPORTUNITY TO COMPLETE AN INTERNET-BASED SURVEY IN WHICH THEY WERE ASKED TO IDENTI FY THEIR TOP THREE AREAS OF NEED BASED ON THE LIST OF TWENTY-ONE FOCUS AREAS. COMMUNITY ME MBERS WERE ASKED TO PROVIDE THE SAME INFORMATION. THESE VARIOUS DATA COMPONENTS WERE THEN ANALYZED AND THE RESULTS WERE WEIGHTED AS FOLLOWS: SECONDARY (EXISTING) DATA - WEIGHTED 50 PERCENT; PRIMARY (NEW) DATA - WEIGHTED 50 PERCENT IN TOTAL, AS FOLLOWS: FOCUS GROUP FINDI NGS, TELEPHONE SURVEY RESULTS, AND INTERNET-BASED COMMUNITY SURVEY RESULTS - WEIGHTED 20 P ERCENT; COMMUNITY PRIORITIZATION MEETING RESULTS - WEIGHTED 20 PERCENT; AND, STEERING COMM ITTEE PRIORITIZATION SURVEY RESULTS - WEIGHTED 10 PERCENT. THIS JOINT CHNA AND RELATED IMP LEMENTATION PLAN WERE ADOPTED BY THE DUHS BOARD OF DIRECTORS IN FISCAL YEAR 2020 AND PUBLI SHED ON THE DUKE HEALTH WEBSITE IN OCTOBER 2020, PRIOR TO THE DECEMBER 31, 2020 DEADLINE P ROVIDED IN IRS NOTICE 2020-56. DUKE RALEIGH HOSPITAL:PART V, SECTION B, LINE 6A: UNC REX H EALTHCARE, WAKEMED HEALTH AND HOSPITALS.DUKE RALEIGH HOSPITAL:PART V, SECTION B, LINE 6B: UNITED WAY OF THE GREATER TRIANGLE, WAKE COUNTY HUMAN SERVICES, ADVANCE COMMUNITY HEALTH, ALLIANCE HEALTH, YOUTH THRIVE, AND THE WAKE COUNTY MEDICAL SOCIETY COMMUNITY HEALTH FOUNDA TION. DUKE RALEIGH HOSPITAL:PART V, SECTION B, LINE 11:THE FOLLOWING FIVE PRIORITY AREAS W ERE IDENTIFIED FOR 2020-2022:1. TRANSPORTATION OPTIONS AND TRANSIT2. EMPLOYMENT3. ACCESS T O CARE4. MENTAL HEALTH/SUBSTANCE USE DISORDERS5. HOUSING AND HOMELESSNESS</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| 1. TRANSPORTATION OPTIONS AND TRANSIT | <p>MANY ASPECTS OF DAILY LIFE REQUIRE THE USE OF TRANSPORTATION SUCH AS EMPLOYMENT, EDUCATION , ACCESS TO NUTRITIONAL FOODS, AND ACCESS TO HEALTHCARE SERVICES AND EACH OF THESE AREAS I MPACTS ONE'S OVERALL HEALTH. THE TRANSPORTATION OPTIONS AND TRANSIT PRIORITY INCLUDES INFO RMATION RELATED TO HOW PEOPLE GET AROUND FOR WORK, SCHOOL, AND PLAY AS WELL AS PUBLIC TRAN SPORTATION AND OTHER TRANSPORTATION CHOICES. THROUGH THE FOLLOWING ACTIONS, DUKE RALEIGH H OSPITAL WILL WORK COLLABORATELY TO REDUCE BARRIERS TO TRANSPORTATION. * PROVIDE FINANCIAL SUPPORT TO COMMUNITY-BASED ORGANIZATIONS ADDRESSING TRANSPORTATION BARRIERS FOR HEALTHCARE SERVICES. * CONTINUE TO SUPPORT ORGANIZATIONS SUCH AS THE GREATER RALEIGH CHAMBER OF COMM ERCE AND MIDTOWN RALEIGH ALLIANCE IN THEIR EFFORTS TO WORK TOWARDS A RELIABLE TRANSPORTATI ON SYSTEM FOR ALL. * CONTINUE TO IDENTIFY PATIENTS WITH TRANSPORTATION NEEDS AND CONNECT T HEM WITH COMMUNITY RESOURCES SUCH AS THE LUNG CANCER INITIATIVE OF NC'S GAS CARD PROGRAM, AMERICAN CANCER SOCIETY'S ROAD TO RECOVERY, THE CARING COMMUNITY FOUNDATION, AND THE NCCAR E360 NETWORK.DUKE RALEIGH HOSPITAL SUPPORTED ORGANIZATIONS SUCH AS THE GREATER RALEIGH CHA MBER OF COMMERCE AND MIDTOWN RALEIGH ALLIANCE, WHICH WORK TOWARDS AN ENHANCED TRANSIT AND TRANSPORTATION SYSTEM FOR ALL RESIDENTS. DUKE RALEIGH ALSO PROVIDED \$20,000 OF SUPPORT IN FY2021 TO THE LUNG CANCER INITIATIVE OF NC WHICH FUNDS A GAS CARD PROGRAM TO LESSEN THE BU RDEN OF LUNG CANCER PATIENTS SEEKING TREATMENT.2. EMPLOYMENT EMPLOYMENT IS ALSO A SOCIAL D ETERMINANT OF HEALTH THAT ROSE TO THE TOP OF THE WAKE COUNTY PRIORITIZATION MATRIX. THE EM PLOYMENT PRIORITY INCLUDES INFORMATION RELATED TO HOW MANY PEOPLE HAVE JOBS, WHAT TYPES OF JOBS THEY HAVE, AND WHETHER PEOPLE FEEL THEY CAN GET A GOOD JOB IN WAKE COUNTY. A GOOD-PA YING JOB MAKES IT EASIER FOR WORKERS TO LIVE IN HEALTHIER NEIGHBORHOODS, PROVIDE QUALITY E DUCATION FOR THEIR CHILDREN, SECURE CHILD CARE SERVICES, AND BUY MORE NUTRITIOUS FOOD, ALL OF WHICH AFFECT HEALTH.TO ADDRESS THIS PRIORITY, DUKE RALEIGH HOSPITAL WILL EMPLOY THE FO LLOWING STRATEGY/ACTION ITEMS TO SUPPORT EFFORTS TO INCREASE EMPLOYMENT OPPORTUNITIES:* INCREASE IN MINIMUM WAGE: DUKE UNIVERSITY AND DUKE UNIVERSITY HEALTH SYSTEM INCREASED MINIMU M WAGE TO \$15 EFFECTIVE JULY 1, 2019.* JOB GROWTH: AS A RESULT OF THE DUKE RALEIGH HOSPITA L SOUTH PAVILION ADDITION SCHEDULED TO OPEN IN 2021, WE WILL GROW BY A FEW HUNDRED NEW JOB S OVER THE NEXT FIVE YEARS WITH OVER TWO THIRDS OF THESE HIRES TO HAPPEN BY THE END OF FIS CAL YEAR 2022. * SUPPORT COMMUNITY: EFFORTS TO PROMOTE ECONOMIC PROSPERITY FOR ALL. THIS I NCLUDES CONTINUED COLLABORATION WITH THE GREATER RALEIGH CHAMBER OF COMMERCE AND WAKE COUN TY ECONOMIC DEVELOPMENT BY INVESTING IN THE COMPETITIVE EDGE INITIATIVES AND PARTICIPATING IN THE TRIANGLE DIVERSITY, EQUITY, AND INCLUSIVITY (DEI) ALLIANCE. THIS ALSO INCLUDES COL LABORATING WITH ECONOMIC VITALITY ORGANIZATIONS IN WAKE COUNTY INCLUDING THE CROSBY ADVOCA CY GROUP.* PROVIDE OPPORTUNITI</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---------------------------------------|---|
| 1. TRANSPORTATION OPTIONS AND TRANSIT | ES TO PREPARE THE FUTURE HEALTHCARE WORKFORCE. THIS INCLUDES CONTINUED PARTNERSHIP WITH WAKE TECHNICAL COMMUNITY COLLEGE AND WAKE COUNTY PUBLIC SCHOOL SYSTEM (WCPSS). IN FY2020, WE PROVIDED THOUSANDS OF HOURS FOR CLINICAL ROTATIONS FOR STUDENTS OF WAKE TECH'S HEALTH SCIENCES PROGRAMS AS WELL AS ENGAGED WITH WCPSS CAREER ACADEMIES SUCH AS ENLOE HIGH SCHOOL'S MEDICAL BIOSCIENCE ACADEMY. |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| 3. ACCESS TO CARE | <p>ACCESS TO CARE WAS IDENTIFIED AS A TOP PRIORITY IN THE 2013 AND 2016 WAKE COUNTY CHNAs AND REMAINS A TOP PRIORITY IN THE 2019 WAKE COUNTY CHNA. THIS PRIORITY INCLUDES HOW AND WHY PEOPLE USE OR DO NOT USE HEALTHCARE, HOW MANY PEOPLE HAVE HEALTH INSURANCE, HOW MUCH HEALTH CARE THERE IS IN THE COMMUNITY, AND HOW MUCH INFORMATION THERE IS ABOUT HEALTHCARE. THE ABILITY TO ACCESS HEALTH SERVICES IS A CRITICAL PUBLIC HEALTH ISSUE, AS PRIMARY AND PREVENTATIVE SERVICES CAN HELP TO PREVENT OR MANAGE CHRONIC ILLNESSES AND THEREFORE IMPROVE THE HEALTH OF THE COMMUNITY. DUKE RALEIGH HOSPITAL IS ACTIVELY ENGAGED IN IMPROVING ACCESS TO HEALTH SERVICES FOR ALL THROUGH STRATEGIC INITIATIVES AND COMMUNITY PARTNERSHIPS. TO ADDRESS THIS PRIORITY DUKE RALEIGH HOSPITAL WILL EMPLOY THE FOLLOWING MAJOR ACTIONS/ACTIVITIES: * CONTINUE TO PROVIDE FINANCIAL ASSISTANCE VIA DUKE UNIVERSITY HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICIES. IN FISCAL YEAR 2021, DUKE RALEIGH HOSPITAL PROVIDED APPROXIMATELY \$18.6 MILLION IN CHARITY CARE AT ESTIMATED COST.* SUPPORT COMMUNITY PARTNERS WORKING TO PROVIDE CARE TO UNINSURED POPULATIONS. THIS INCLUDES ORGANIZATIONS SUCH AS ALLIANCE MEDICAL MINISTRY, URBAN MINISTRIES OF WAKE COUNTY, AND PROJECT ACCESS OF WAKE COUNTY. IN FY21, DUKE RALEIGH PROVIDED \$30,000 IN FUNDING TO ALLIANCE MEDICAL MINISTRY TO SUPPORT THEIR EFFORTS TO PROVIDE COMPREHENSIVE, COMPASSIONATE AND AFFORDABLE HEALTHCARE TO WORKING, UNINSURED ADULTS IN WAKE COUNTY. BETWEEN FY17-21, DUKE RALEIGH DONATED AND PACKED OVER 4,000 POUNDS OF RICE AND BEANS FOR URBAN MINISTRIES OF WAKE COUNTY'S CLIENT CHOICE PANTRY, WHICH ENGAGED 50+ EMPLOYEES.* CONTINUE TO PROVIDE IN-KIND LAB SERVICES TO URBAN MINISTRIES OF WAKE COUNTY'S OPEN DOOR CLINIC. IN FY2021, DUKE RALEIGH HOSPITAL PROVIDED LAB TESTS IN-KIND FOR URBAN MINISTRIES OF WAKE COUNTY OPEN DOOR CLINIC WORTH MORE THAN \$2 MILLION. * CONTINUE TO PROVIDE MONTHLY DIABETES EDUCATION CLASSES AT ALLIANCE MEDICAL MINISTRY IN-KIND.* CONTINUE TO PROVIDE DONATED CARE TO PROJECT ACCESS OF WAKE COUNTY, A PRIVATE, NON-PROFIT PROGRAM THAT CONNECTS ELIGIBLE UNINSURED CLIENTS TO HIGH QUALITY MEDICAL SERVICES. IN FY2021, DUKE RALEIGH HOSPITAL PROVIDED APPROXIMATELY \$7.4 MILLION OF DONATED CARE TO PROJECT ACCESS OF WAKE COUNTY CLIENTS.* EXPAND CAPACITY TO CONDUCT SOCIAL SCREENINGS AND SUPPORT LINKAGES TO COMMUNITY RESOURCES. THIS INCLUDES PILOTING NCCARE360 IN FY2021 AS WELL AS WORKING WITH THE DUKE BENEFITS ENROLLMENT CENTER. * CONTINUE TO EXPAND THE DUKE ELDER FAMILY/CAREGIVING TRAINING (DEFT) PROGRAM AT DUKE RALEIGH HOSPITAL. THE DEFT CENTER PROVIDES SKILLS-TRAINING, EDUCATION AND SUPPORT TO CAREGIVERS DISCHARGING HOME AFTER A HOSPITAL STAY. * CONTINUE TO PROVIDE THE HEALTH LITERACY COURSE AS PART OF THE NURSE RESIDENCY CURRICULUM THROUGH OUR CLINICAL EDUCATION DEPARTMENT. IN FY2021, ONE HEALTH LITERACY CLASS WAS TAUGHT AS PART OF THE CURRICULUM WITH A TOTAL OF 155 GRADUATE NURSES EDUCATED.* EXPAND COMMUNITY OUTREACH AND EDUCATION EFFORTS AROUND STROKE, C</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| 3. ACCESS TO CARE | <p>ARDIOVASCULAR DISEASE, DIABETES, CANCER, ORTHOPEDICS, SPORTS MEDICINE AND MORE THROUGH PARTNERING WITH LOCAL ORGANIZATIONS, AGENCIES, AND BUSINESSES. EACH YEAR, DUKE RALEIGH SPONSORS THE MIDTOWN FARMERS MARKET, WHICH PROMOTES A HEALTHY LIFESTYLE AS WELL AS PROVIDES A VENUE FOR DUKE RALEIGH TO SHARE HEALTHY EDUCATION FROM APRIL THROUGH NOVEMBER. IN THE FALL OF 2020, DUKE RALEIGH PROVIDED MORE THAN 1,500 EDUCATION RESOURCES TO EL PUEBLO IN SUPPORT OF THEIR ANNUAL EVENT, Y SIGUE LA FESTA, AND PROVIDED \$2,500 IN SPONSORSHIPS IN FY21. DUKE RALEIGH DEVELOPED PROGRAMMING AND PROVIDED FINANCIAL SUPPORT TO INCREASE CHILDREN'S ACCESS TO NUTRITIOUS FOOD. IN FY21, DUKE RALEIGH PROVIDED \$2,500 TO MEALS ON WHEELS OF WAKE COUNTY TO SUPPORT A VARIETY OF NEEDS. COVID-19 RESPONDEDUKE RALEIGH PROVIDED OVER 1,300 COVID -19 CARE PACKAGES CONTAINING EDUCATIONAL RESOURCES, MASKS, AND HAND SANITIZER TO COMMUNITY MEMBERS IN ZIP CODE 27604 IN THE SUMMER OF 2020. IN FY2021, DUKE RALEIGH HOSTED 5 COVID-19 VACCINATION EVENTS OFFERED TO MORE THAN 3,000 RESIDENTS ACROSS THE COUNTY WITH A PARTICULAR FOCUS ON LATINX AND AFRICAN-AMERICAN COMMUNITIES, IDENTIFIED AS THE MOST VULNERABLE POPULATIONS IN RELATION TO VACCINATION. 4. MENTAL HEALTH/SUBSTANCE USE DISORDERS MENTAL HEALTH/ SUBSTANCE USE DISORDERS WAS AN IDENTIFIED PRIORITY IN BOTH THE 2013 AND 2016 WAKE COUNTY CHNAs. WAKE COUNTY HAS EXPERIENCED AN INCREASE IN THE PREVALENCE AND SEVERITY OF MENTAL HEALTH AND SUBSTANCE USE PROBLEMS. THIS PRIORITY INCLUDES MENTAL HEALTH DISEASE (LIKE DEPRESSION, ALZHEIMER'S AND SCHIZOPHRENIA), POOR MENTAL HEALTH DAYS, AND HURTING ONESELF AS WELL AS ALCOHOL, OPIOID, AND ILLEGAL DRUG USE AND DATA RELATED TO OVERDOSES. DUE TO THE SCOPE AND COMPLEXITY OF MENTAL HEALTH AND SUBSTANCE USE, A COLLECTIVE AND COLLABORATIVE APPROACH IS NEEDED. DUKE RALEIGH HOSPITAL WILL CONTINUE TO WORK COLLABORATIVELY AND SUPPORT OPPORTUNITIES TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES AND REDUCE SUBSTANCE USE BY ENGAGING IN THE FOLLOWING MAJOR ACTIONS/ACTIVITIES: * FURTHER DEVELOP BEHAVIORAL HEALTH SERVICE LINE CAPABILITIES AT DUKE RALEIGH HOSPITAL WITH DEDICATED SERVICE LINE LEADERSHIP, ROUNDING NURSES, SOCIAL WORKERS, AND LEVERAGE THE USE OF NCCARE360 RESOURCES. * CONTINUE TO SERVE ON THE FOLLOWING COMMUNITY COALITIONS/WORKGROUPS: NORTH CAROLINA ASSOCIATION (NCHA) BEHAVIORAL HEALTH WORKGROUP, WAKE COUNTY DRUG OVERDOSE PREVENTION COALITION, AND WAKEBROOK COMMUNITY PARTNERSHIP. * CONTINUE TO SUPPORT EFFORTS TO INCREASE COMMUNITY-BASED RESOURCES THROUGH GRANTS AND SPONSORSHIPS. PAST ORGANIZATIONS SUPPORTED HAVE INCLUDED TRIANGLE FAMILY SERVICES AND NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) WAKE COUNTY. * CONTINUE TO PARTICIPATE IN THE DUKE UNIVERSITY HEALTH SYSTEM OPIOID TASK FORCE. THIS TASK FORCE PROVIDES RECOMMENDATIONS FOR THE INITIATION AND MANAGEMENT OF OPIOID THERAPY ACROSS THE HEALTH SYSTEM TO IMPROVE PERSONAL AND COMMUNITY SAFETY AND REDUCE HARM ASSOCIATED WITH THE HIGH RISK TREATMENTS WHILE ENGAGING PATIENTS IN THE</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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| 3. ACCESS TO CARE | <p>IR OWN CARE.* INCREASE CAPABILITIES TO PROVIDE MENTAL HEALTH FIRST AID TRAINING AND INCREA SE COMMUNITY AWARENESS.5. HOUSING AND HOMELESSNESSHOUSING AND HOMELESSNESS ARE ALSO SOCIAL DETERMINANTS OF HEALTH THAT ROSE TO THE TOP OF THE WAKE COUNTY PRIORITIZATION MATRIX TO B ECOME A PRIORITY AREA FOR THE COUNTY TO FOCUS ON OVER THE COMING YEARS. THE HOUSING AND HO MELESSNESS PRIORITY INCLUDES COST OF HOUSING, HOUSING CHOICES, AND HOW MANY PEOPLE ARE HOM ELESS. HEALTHY HOMES PROMOTE GOOD PHYSICAL AND MENTAL HEALTH, AFFECTING THE OVERALL ABILIT Y OF FAMILIES TO MAKE HEALTHY CHOICES. DUKE RALEIGH HOSPITAL WILL SUPPORT EFFORTS TO INCRE ASE ACCESS TO SAFE AND HEALTHY HOUSING THROUGH THE FOLLOWING ACTIONS:* EXPAND CAPABILITIES TO IDENTIFY PATIENTS WITH HOUSING/SHELTER NEEDS AND CONNECT THEM WITH COMMUNITY RESOURCES .* SUPPORT EFFORTS TO INCREASE COMMUNITY-BASED ORGANIZATIONS' CAPACITY TO PROVIDE SAFE, QU ALITY, AFFORDABLE HOUSING AND SHELTER. IN FY2017-FY2021, DUKE RALEIGH HOSPITAL PROVIDED SU PPORT FOR HABITAT FOR HUMANITY OF WAKE COUNTY THROUGH FINANCIAL CONTRIBUTIONS AND EMPLOYEE VOLUNTEERISM. * CONTINUE SUPPORT FOR TRIANGLE FAMILY SERVICES, WHICH PROVIDES EMERGENCY H OUSING ASSISTANCE, RENTAL ASSISTANCE, AND STREET OUTREACH.* CONTINUE SUPPORT FOR RALEIGH W AKE PARTNERSHIP TO END AND PREVENT HOMELESS (THE PARTNERSHIP) EFFORTS. IN FY2020, DUKE RAL EIGH DONATED THERMAL BLANKETS IN SUPPORT.* CONTINUE SUPPORT FOR URBAN MINISTRIES OF WAKE C OUNTY, WHICH RUNS THE HELEN WRIGHT CENTER FOR WOMEN, A PROGRAM FOR SINGLE, HOMELESS WOMEN. DUKE RALEIGH HOSPITAL:PART V, SECTION B, LINE 16J: AS PART OF DUHS, DUKE RALEIGH HOSPITAL PROVIDES A BROCHURE TO ALL ADMISSIONS THAT INCLUDES A BRIEF SUMMARY OF DUHS FINANCIAL ASSI STANCE POLICIES. DUHS ALSO COMMENTS ON THE BACK OF ITS BILLING INVOICES THAT PATIENTS SHOU LD CONTACT PATIENT ACCOUNT REPRESENTATIVES TO HELP THEM IF THEY CANNOT PAY THEIR BILL IN F ULL. THIS COMMENT REFERENCES GOVERNMENT-SPONSORED PROGRAMS, MONTHLY PAYMENT PROGRAMS, AND OTHER FINANCIAL ASSISTANCE PROGRAMS AVAILABLE FOR PATIENTS WHO MEET CERTAIN FINANCIAL CRIT ERIA. DUHS ALSO PUBLICIZED ITS FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE COUNSELORS.DUKE RALEIGH HOSPITAL:PART V, SECTION B, LINE 24: CERTAIN ELECTIVE COSMETI C/AESTHETIC SERVICES, AND OTHER ELECTIVE SERVICES, WILL BE BILLED AT AN AMOUNT EQUAL TO GR OSS CHARGES.</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| <p>GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:</p> | <p>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 CHINA 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 HEALTH CARE AND HEALTH INSURANCE 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: EFFECTIVE 7/1/2019, DUKE UNIVERSITY INCREASED THE MINIMUM WAGE TO \$15 PER HOUR FOR ALL EMPLOYEES. FILL THAT BUS AND SALVATION ARMY ANGEL TREE: EMPLOYEES HAVE DONATED BINS OF SCHOOL SUPPLIES TO CRAYONS 2 CALCULATORS AND FILL THAT BUS! CAMPAIGN ANNUALLY SINCE 2015 TO SUPPORT DURHAM PUBLIC SCHOOLS. TEACHERS FROM THE SCHOOLS WITH THE HIGHEST POVERTY LEVELS WERE INVITED TO PICK OUT SUPPLIES NEEDED IN THEIR CLASSROOMS. EACH DECEMBER, EMPLOYEES "ADOPT" 100 CHILDREN FROM DUKE REGIONAL'S SALVATION ARMY ANGEL TREE. CHILDREN IN DURHAM HAVE RECEIVED CLOTHING, BOOKS AND TOYS THANKS TO THE GENEROUS DONATIONS. EXTRA GIFTS ARE ALSO DONATED TO THE SALVATION ARMY FOR OTHER NEEDY FAMILIES IN THE AREA. 2021 GOAL: DUKE REGIONAL HOSPITAL WILL AGAIN HOST AT LEAST ONE DRIVE TO BENEFIT UNDERSERVED CHILDREN OR FAMILIES IN OUR COMMUNITY. 2021 PROGRESS: DUKE REGIONAL HOSPITAL SUPPORTED CRAYONS 2C</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| <p>GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL:</p> | <p>ALCULATOR FILL THE BUS! CAMPAIGN, THE SALVATION ARMY TREE GIFT DRIVE AND A FOOD DRIVE FOR THE NORTH CAROLINA FOOD BANK OF CENTRAL AND EASTERN NC. EDUCATION: DUKE REGIONAL HOSPITAL HAS IDENTIFIED EDUCATION AS A PRIORITY OF ITS COMMUNITY STRATEGY TO HELP PREVENT POVERTY. DUKE REGIONAL HOSPITAL IS COMMITTED TO HELP TRAIN THE HEALTHCARE WORKERS OF THE FUTURE. IN FY20, DRH INVESTED \$4.7 MILLION IN TEACHING AND TRAINING HEALTHCARE PROFESSIONALS. DURING FISCAL YEARS 2017 THROUGH 2020, DRH PROVIDED OPPORTUNITIES FOR 70 PRE-HEALTH UNDERGRADUATE STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES TO SHADOW AND VOLUNTEER ALONGSIDE CLINICAL AND CUSTOMER SERVICE STAFF AS AMBASSADORS IN THE EMERGENCY DEPARTMENT. DRH ALSO PROVIDED A NINE-EIGHT-WEEK JUNIOR VOLUNTEER PROGRAM FOR AREA HIGH SCHOOL STUDENTS TO GAIN CLERICAL AND CUSTOMER SERVICE WORK EXPERIENCES IN A HEALTH CARE SETTING. FY2021 GOAL: DRH WILL CONTINUE THE SAME LEVEL OF SUPPORT. FY2021 PROGRESS: DRH INVESTED \$4.7 MILLION IN TEACHING AND TRAINING HEALTHCARE PROFESSIONALS. DUE TO COVID-19, IN-PERSON SHADOWING AND VOLUNTEER OPPORTUNITIES WERE HALTED IN MARCH 2020, BUT THE HOSPITAL CONTINUED TO FIND CREATIVE WAYS TO ENGAGE STUDENTS VIRTUALLY AND WELCOMED CLINICAL STUDENTS BACK TO CAMPUS USING A SLOW AND MEASURED RE-ENTRY OF STUDENTS STARTING IN THE SUMMER OF 2020. SINCE THAT TIME, MORE CLINICAL STUDENTS HAVE RETURNED AND CONTINUE TO FOLLOW ALL DUHS RESTRICTIONS AS NEEDED. CITY OF MEDICINE ACADEMY: DUKE REGIONAL HOSPITAL HAS BEEN A PARTNER WITH CITY OF MEDICINE ACADEMY (CMA) AND DURHAM PUBLIC SCHOOLS SINCE THE PROGRAM'S INCEPTION AT SOUTHERN HIGH SCHOOL IN THE 1990S. IN AUGUST 2011, CMA MOVED TO A NEW FACILITY LOCATED ON THE DUKE REGIONAL CAMPUS. AS PART OF OUR PARTNERSHIP, DUKE REGIONAL HOSPITAL HOSTS STUDENTS FOR CLINICAL ROTATIONS AND INTERNSHIPS, PROVIDES CPR TRAINING AND HOSTS THE ANNUAL SENIOR AWARDS NIGHT IN THE HOSPITAL AUDITORIUM. 2021 GOAL: DUKE REGIONAL HOSPITAL WILL CONTINUE ITS PARTNERSHIP WITH CMA. 2021 PROGRESS: DUKE REGIONAL CONTINUED TO PARTNER WITH CMA. PROJECT SEARCH: DUKE REGIONAL HOSPITAL WAS THE FIRST HOST HOSPITAL IN THE STATE FOR PROJECT SEARCH, A PARTNERSHIP WITH DURHAM PUBLIC SCHOOLS, COOPER ENTERPRISES, NORTH CAROLINA VOCATIONAL REHABILITATION AND ALLIANCE BEHAVIORAL HEALTH THAT PROVIDES CAREER DEVELOPMENT EXPERIENCES TO SENIOR HIGH SCHOOL STUDENTS WITH DEVELOPMENTAL DISABILITIES. 2021 GOAL: DUKE REGIONAL HOSPITAL WILL CONTINUE TO SERVE AS A HOST SITE FOR PROJECT SEARCH. 2021 PROGRESS: DUKE REGIONAL HOSPITAL CONTINUED TO SERVE AS A HOST SITE FOR PROJECT SEARCH ADDING 7 NEW GRADUATES BRINGING THE TOTAL NUMBER OF GRADUATES TO 77 TO DATE. APPROXIMATELY HALF ARE EMPLOYED IN THE COMMUNITY, WITH THREE GRADUATES WORKING AT DUKE REGIONAL HOSPITAL.</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| 2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE | <p>LINCOLN COMMUNITY HEALTH CENTER (LCHC): IS A FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER THAT PROVIDES PRIMARY CARE SERVICES FOR ABOUT 40,000 PATIENTS EACH YEAR. APPROXIMATELY 70 PERCENT OF LCHC PATIENTS ARE UNINSURED AND 84% ARE LIVING AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL. IN ADDITION TO GENEROUS FINANCIAL SUPPORT, DUKE REGIONAL HOSPITAL PROVIDES ENGINEERING, ENVIRONMENTAL, LABORATORY, PHARMACY AND RADIOLOGY SERVICES. THE TOTAL DUKE REGIONAL HOSPITAL CONTRIBUTION TO LCHC IN FY 2021, INCLUDING MONETARY AND IN-KIND SERVICES, WAS \$8.1 MILLION. DURHAM COUNTY EMERGENCY MEDICAL SERVICES (EMS): SERVES AS THE PRIMARY PROVIDER OF EMERGENCY AMBULANCE SERVICES AND ALTERNATIVE MEDICAL TRANSPORTATION IN DURHAM COUNTY. IN FY 2021, DUKE REGIONAL HOSPITAL CONTRIBUTED MORE THAN \$2.6 MILLION TO THE COUNTY TO SUPPORT DURHAM EMS. PROJECT ACCESS OF DURHAM COUNTY (PADC): COORDINATES SPECIALTY CARE AT NO CHARGE TO UNINSURED AND UNDERINSURED DURHAM RESIDENTS LIVING AT OR BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. THESE RESIDENTS HAVE ACCESS TO PRIMARY HEALTH CARE THROUGH LINCOLN COMMUNITY HEALTH CENTER. DRH HAS PROVIDED OFFICE SPACE AND TECHNOLOGICAL SUPPORT FOR PADC AS WELL AS EPISODES OF CARE FOR PADC PATIENTS. 2021 GOAL: CONTINUE A SIMILAR LEVEL OF SUPPORT. 2021 PROGRESS: DUKE REGIONAL HOSPITAL CONTINUED TO PROVIDE OFFICE SPACE, TECHNOLOGICAL SUPPORT AND EPISODES OF CARE IN FY2021 UNTIL PROJECT ACCESS RELOCATED TO A NON-HOSPITAL BUILDING. IN DECEMBER 2020, DRH PROVIDED FINANCIAL SUPPORT (\$11,667) IN LIEU OF PROVIDING SPACE. FINANCIAL ASSISTANCE: EACH YEAR DUKE REGIONAL HOSPITAL PROVIDES NO-COST OR DISCOUNTED URGENT OR EMERGENCY HEALTH CARE SERVICES TO PATIENTS WHO WERE UNABLE TO PAY. IN FY 2021 DUKE REGIONAL PROVIDED \$30.5 MILLION (AT ESTIMATED COST) IN FINANCIAL ASSISTANCE. 4. MENTAL HEALTH IN 2021, DUKE REGIONAL OPENED THE NEW BEHAVIORAL HEALTH CENTER NORTH DURHAM AND EXPANDED EMERGENCY DEPARTMENT TO PROVIDE MORE COMPREHENSIVE CARE FOR OUR BEHAVIORAL HEALTH PATIENTS. THIS \$102.4 MILLION PROJECT EXPANDED THE HOSPITAL'S EMERGENCY ROOM AND CONSOLIDATED INPATIENT, OUTPATIENT, AND EMERGENCY BEHAVIORAL HEALTH SERVICES ON DUKE REGIONAL'S CAMPUS, WITH THE GOAL OF PROVIDING BETTER COORDINATION OF CARE FOR BEHAVIORAL HEALTH PATIENTS IN DURHAM AND REGIONALLY. THE CENTER INCORPORATES MEETING SPACE SPECIALLY DESIGNED TO BE USED BY COMMUNITY-BASED ORGANIZATIONS PROVIDING SERVICES FOR BEHAVIORAL HEALTH PATIENTS AND THEIR FAMILIES. 5. OBESITY, DIABETES, AND FOOD ACCESS BEYOND ITS CLINICAL SERVICE LINES IN THE HOSPITAL, DRH COLLABORATES WITH NUMEROUS DURHAM NON-PROFITS AND OTHER ENTITIES WITHIN THE DUKE UNIVERSITY HEALTH SYSTEM THAT ARE SPECIFICALLY FOCUSED ON COMMUNITY-BASED MECHANISMS FOR THE PREVENTION AND TREATMENT OF OBESITY AND DIABETES AND ON ISSUES OF FOOD ACCESS. IN ADDITION TO THE ABOVE ACTIVITIES SPECIFICALLY RELATED TO THE CHNA IDENTIFIED HEALTH PRIORITIES, DUKE REGIONAL HOSPITAL SUPPORTS HEALTH NEEDS OF ITS COMMUNITY IN THE FOLLOWING WAYS: THE LOOK GOOD FEEL BETTER</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| 2. ACCESS TO HEALTHCARE AND HEALTH INSURANCE | <p>PROGRAM IS A NON-MEDICAL, BRAND-NEUTRAL PROGRAM THAT PROVIDES SUPPORT FOR FEMALE CANCER TREATMENT PATIENTS WHO HAVE EXPERIENCED HAIR LOSS OR OTHER PHYSICAL APPEARANCE CHANGES DUE TO CHEMOTHERAPY OR RADIATION TREATMENTS. FOR MORE THAN A DECADE, DRH HAS SUPPORTED THIS PROGRAM AS A HOST SITE. DUE TO COVID-19, DUKE REGIONAL SPONSORED THE MONTHLY WORKSHOPS IN A VIRTUAL FORMAT DURING FY2021. STROKE SUPPORT: DUKE REGIONAL OFFERS A MONTHLY STROKE SUPPORT GROUP THAT PROVIDES EDUCATION, SUPPORT AND RESOURCES FOR INDIVIDUALS WHO HAVE BEEN AFFECTED BY STROKE. THE SUPPORT GROUP STARTED IN 2006 AND TYPICALLY HOSTS 20-25 PARTICIPANTS A MONTH. DUKE REGIONAL CONTINUED THE MONTHLY STROKE SUPPORT PROGRAM IN A VIRTUAL FORMAT DURING FY2021. COVID-19: WITH STRONG COMMUNITY PARTNERSHIPS, DUKE REGIONAL COORDINATED THE HEALTH SYSTEM EFFORTS TO PROVIDE COVID-19 VACCINATIONS EQUITABLY IN DURHAM BY MANAGING THE DAILY OPERATIONS FOR THE CLINICS FOCUSED ON SERVING OUR MOST VULNERABLE COMMUNITY MEMBERS. THE HOSPITAL OPENED AN ON-SITE CLINIC IN DECEMBER 2020 TO VACCINATE COMMUNITY PROVIDERS AND, ONCE ELIGIBLE, EDUCATORS. IT PARTNERED WITH DURHAM PUBLIC SCHOOLS AND DURHAM COUNTY HEALTH DEPARTMENT IN JANUARY 2021 TO OPEN A VACCINATION SITE AT SOUTHERN SCHOOL OF ENERGY AND SUSTAINABILITY, LOCATED IN ONE OF THE ZIP CODES MOST DISPROPORTIONATELY IMPACTED BY COVID-19. WHEN STUDENTS RETURNED TO CAMPUS IN APRIL 2021, THE HOSPITAL PARTNERED WITH THE CITY OF DURHAM TO MOVE THE CLINIC TO THE OLD WHEELS SKATE PARK. THE HOSPITAL PARTNERED WITH NUMEROUS COMMUNITY ORGANIZATIONS TO BRING "POP-UP OR "MOBILE" VACCINATIONS WHERE THEY WERE MOST NEEDED, CONDUCTING MORE THAN 30 EVENTS IN FY2021. IN TOTAL, THE HOSPITAL DISTRIBUTED MORE THAN 44,000 DOSES OF COVID-19 VACCINE WITH THESE EFFORTS CONTINUING IN FY2022. FUNDRAISING AND OUTREACH: DUKE REGIONAL CONDUCTS A NUMBER OF FUNDRAISING AND OUTREACH ACTIVITIES IN THE DURHAM COMMUNITY AND BEYOND. DUKE REGIONAL EMPLOYEES RAISE FUNDS EACH YEAR FOR CHARITABLE ORGANIZATIONS, INCLUDING DUKE COMMUNITY GIVING, AMERICAN HEART ASSOCIATION HEART WALK, AND MARCH OF DIMES. IN FY2021, DUKE REGIONAL RAISED \$29,035 FOR LOCAL CHARITIES. THE HOSPITAL CONTINUES TO PARTNER WITH LOCAL NONPROFITS ON ENDEAVORS THAT EDUCATE OUR COMMUNITY ABOUT HEALTH INITIATIVES AND DISPARITIES AND PROVIDES OFFICE SPACE FOR THE DURHAM COMMUNITY HEALTH COALITION. IN FY2021, DRH PARTNERED WITH THE AMERICAN RED CROSS TO HOST FOUR BLOOD DRIVES, COLLECTING 79 UNITS OF BLOOD.</p> |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| 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. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 54
3 Enter total number of other organizations listed in the line 1 table 4

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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) FINANCIAL ASSISTANCE | 17 | 12,988 | 0 | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|----------------------------|--|
| 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. |

Additional Data

Software ID:
Software Version:
EIN: 56-2070036
Name: DUKE UNIVERSITY HEALTH SYSTEM INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| A PLACE AT THE TABLE PO BOX 26205 RALEIGH, NC 27611 | 47-2959935 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |
| ALLIANCE FOR NC NONPROFITS INC 530 N BLOUNT ST RALEIGH, NC 27604 | 46-1358968 | 501(C)(6) | 10,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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) | 45,000 | | | | COMMUNITY SUPPORT |
| AMERICAN NATIONAL RED CROSS 4737 UNIVERSITY DR DURHAM, NC 27707 | 53-0196605 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BIG BROTHERS BIG SISTERS OF THE TRIANGLE 808 AVIATION PKWY SUITE 900 MORRISVILLE, NC 27560 | 56-2109717 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |
| BOYS CLUB OF WAKE COUNTY INC 701 N RALEIGH BLVD RALEIGH, NC 27610 | 56-0863051 | 501(C)(3) | 40,000 | | | | SPONSORSHIP |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BRIDGES POINTE HOUSING CORP PO BOX 11531 DURHAM, NC 27703 | 56-2085686 | 501(C)(3) | 12,500 | | | | GENERAL SUPPORT |
| CAPSTONE EVENT GROUP LLC 3803-B COMPUTER DR SUITE 205 RALEIGH, NC 27609 | 46-4157559 | | 12,000 | | | | SPONSORSHIP |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTER FOR VOLUNTEER CAREGIVING 1150 SE MAYNARD RD STE 210 CARY, NC 27511 | 58-2067482 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |
| CHILD CARE SERVICES ASSOCIATION PO BOX 901 CHAPEL HILL, NC 27514 | 56-1514058 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHILDRENS CANCER PARTNERSHIP 900 S PINE ST SPARTANBURG, SC 29302 | 20-2511033 | 501(C)(3) | 15,000 | | | | COMMUNITY SUPPORT |
| CHILDRENS FLIGHT OF HOPE INC 1005 DRESSER CT RALEIGH, NC 27609 | 56-1762824 | 501(C)(3) | 15,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF DURHAM 807 E MAIN ST 2-300 ATTN C ST DURHAM, NC 27701 | 56-6000225 | | 25,000 | | | | COMMUNITY SUPPORT |
| COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM, NC 27703 | 47-5567396 | 501(C)(3) | 30,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY HEALTH COALITION INC PO BOX 15176 DURHAM, NC 277042755 | 56-2269385 | 501(C)(3) | 25,000 | | | | COMMUNITY SUPPORT |
| DUKE REGIONAL HOSPITAL AUXILIARY 3643 NORTH ROXBORO STREET DURHAM, NC 27704 | 58-1781247 | 501(C)(3) | 10,800 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DUKE SCHOOL FOR CHILDREN 3716 ERWIN RD DURHAM, NC 27705 | 58-1521494 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |
| DURHAM ACADEMY INC 3601 RIDGE RD DURHAM, NC 27705 | 56-0538019 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DURHAM CRISIS RESPONSE CENTER 206 N DILLARD ST DURHAM, NC 277013404 | 58-1496427 | 501(C)(3) | 38,350 | | | | COMMUNITY SUPPORT |
| EL CENTRO HISPANO INC 2000 CHAPEL HILL RD 26A DURHAM, NC 27707 | 56-2011661 | 501(C)(3) | 20,800 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EL FUTURO INC 2020 E CHAPEL HILL ROAD SUITE DURHAM, NC 27707 | 80-0122334 | 501(C)(3) | 35,000 | | | | COMMUNITY SUPPORT |
| EMILY KRZYZEWSKI FAMILY LIFE CENTER 904 W CHAPEL HILL ST DURHAM, NC 27701 | 56-2230469 | 501(C)(3) | 10,000 | | | | SPONSORSHIP |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAMILIES MOVING FORWARD 300 N QUEEN ST DURHAM, NC 27701 | 56-1633998 | 501(C)(3) | 20,000 | | | | COMMUNITY SUPPORT |
| FAMILY VIOLENCE PREVENTION CTR 1012 OBERLINE RD SUITE 100 RALEIGH, NC 27605 | 58-1320613 | 501(C)(3) | 30,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREAT 100 INC PO BOX 4875 GREENSBORO, NC 274044875 | 56-1705456 | 501(C)(3) | 30,000 | | | | GENERAL SUPPORT |
| HABITAT FOR HUMANITY OF DURHAM 215 N CHURCH ST DURHAM, NC 27701 | 58-1674794 | 501(C)(3) | 75,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HABITAT FOR HUMANITY OF WAKE COUNTY 2420 RALEIGH BLVD RALEIGH, NC 27604 | 56-1492703 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |
| HOUSING FOR NEW HOPE INC 18 W COLONY PLACE SUITE 250 DURHAM, NC 27705 | 58-2089068 | 501(C)(3) | 20,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LIFE SKILLS FOUNDATION PO BOX 51129 DURHAM, NC 27712 | 20-3676000 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |
| LUCY DANIELS CTR FOR EARLY CHILDHOOD 9003 WESTON PKWY CARY, NC 27513 | 58-1863104 | 501(C)(3) | 16,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LUNG CANCER INITIATIVE 5171 GLENWOOD AVE 401 RALEIGH, NC 27612 | 26-2300885 | 501(C)(3) | 20,000 | | | | SPONSORSHIP |
| MEDICAL FOUNDATION OF NC INC SUITE 4100 BONDURANT HALL CB 7 CHAPEL HILL, NC 275997145 | 56-6057494 | 501(C)(3) | 50,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MIDTOWN EVENTS LLC PO BOX 19107 RALEIGH, NC 27619 | 27-1832351 | | 50,000 | | | | SPONSORSHIP |
| MIDTOWN RALEIGH ALLIANCE 920 PAVERSTONE DR ST G RALEIGH, NC 27615 | 45-2559048 | 501(C)(6) | 12,000 | | | | SPONSORSHIP |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NATIONAL HUMANITIES CENTER 7 T W ALEXANDER DR RTP, NC 27709 | 59-1735367 | 501(C)(3) | 10,000 | | | | SPONSORSHIP |
| NC PHYSICIANS HEALTH PROGRAM INC 220 HORIZON DRIVE 201 RALEIGH, NC 27615 | 56-1846599 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 | | 10,000 | | | | GENERAL SUPPORT |
| NORTH CAROLINA SYMPHONY SOCIETY 3700 GLENWOOD AVE SUITE 130 RALEIGH, NC 27612 | 56-0556755 | 501(C)(3) | 12,500 | | | | SPONSORSHIP |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ORANGE COUNTY RAPE CRISIS CENTER 1506 E FRANKLIN ST 200 CHAPEL HILL, NC 275142825 | 58-1356356 | 501(C)(3) | 15,000 | | | | COMMUNITY SUPPORT |
| PARTNERSHIP EFFORT FOR THE ADVANCEMENT OF CHILDRENS HEALTH 800 N MANGUM ST SUITE 105 DURHAM, NC 27701 | 20-4317882 | 501(C)(3) | 25,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES INC 6065 ROSWELL RD STE 505 ATLANTA, GA 30328 | 58-1966822 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| PROJECT ACCESS OF DURHAM COUNTY 4206 N ROXBORO ST STE 100 DURHAM, NC 27704 | 26-1925378 | 501(C)(3) | 11,667 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RECOVERY COMMUNITITES OF NORTH CAROLINA INC 824 N BLOODWORTH ST RALEIGH, NC 27604 | 46-3288242 | 501(C)(3) | 20,000 | | | | COMMUNITY SUPPORT |
| RESCUE MISSIONS MINISTRIES INC PO BOX 11368 DURHAM, NC 27703 | 58-1482590 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RONALD MCDONALD HOUSE OF DURHAM 506 ALEXANDER AVE DURHAM, NC 27705 | 56-1220376 | 501(C)(3) | 50,000 | | | | COMMUNITY SUPPORT |
| SAMARITAN HEALTH CENTER PO BOX 51339 DURHAM, NC 27717 | 26-3770762 | 501(C)(3) | 20,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SENIOR PHARMASSIST INC 406 RIGSBEE AVE STE 201 DURHAM, NC 277012186 | 56-2084639 | 501(C)(3) | 51,000 | | | | GENERAL SUPPORT |
| SOUTHEASTERN EFFORTS DEVELOPING SUSTAINABLE SPACES INC 706 GILBERT ST DURHAM, NC 27701 | 56-1876445 | 501(C)(3) | 10,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTHLIGHT HEALTHCARE 3125 POPLARWOOD CT SUITE 203 RALEIGH, NC 27604 | 56-0988422 | 501(C)(3) | 10,000 | | | | SPONSORSHIP |
| STEPUP DURHAM 112 BROADWAY ST SUITE B DURHAM, NC 27701 | 47-4578727 | 501(C)(3) | 15,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 801889 DALLAS, TX 75380 | 75-1835298 | 501(C)(3) | 55,000 | | | | SPONSORSHIP |
| TROSА INC 1820 JAMES ST DURHAM, NC 277072024 | 56-1861158 | 501(C)(3) | 53,350 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITING NC INC 201 W MAIN ST 100 DURHAM, NC 27701 | 26-3275886 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| UPSTREAM WORKS 106 DRAYTON COURT CHAPEL HILL, NC 27516 | 82-5298960 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| URBAN MINISTRIES OF DURHAM 410 LIBERTY ST DURHAM, NC 27701 | 58-1505891 | 501(C)(3) | 25,000 | | | | COMMUNITY SUPPORT |
| URBAN MINISTRIES OF WAKE COUNTY 1390 CAPITAL BLVD RALEIGH, NC 27603 | 58-1422700 | 501(C)(3) | 27,500 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WAKE TECH COMM COLL FOUNDATION 9101 FAYETTEVILLE RD RALEIGH, NC 276035696 | 23-7017752 | 501(C)(3) | 31,600 | | | | SPONSORSHIP |
| WOMENS CENTER OF WAKE COUNTY 400 S WEST STREET RALEIGH, NC 27601 | 58-1316004 | 501(C)(3) | 20,000 | | | | COMMUNITY SUPPORT |

Schedule J
(Form 990)

Compensation Information

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.

OMB No. 1545-0047

2020

Open to Public Inspection

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

| | Yes | No | | | | | | | | |
|--|---|--|---|--|---|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification 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 (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax idemnification 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 (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p> | 2 | | | | | | | | | |
| <p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | Yes | | | | | | | | |
| | 4b | No | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | Yes | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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.

| Return Reference | Explanation |
|-----------------------------|--|
| SCHEDULE J, PART I, LINE 4A | KENNETH C. MORRIS RECEIVED A TOTAL OF \$3,000,000 RELATED TO HIS SEPARATION FROM EMPLOYMENT, ISSUED IN TWO PAYMENTS. \$1,000,000 IS INCLUDED ON THE CURRENT SCHEDULE J DETAILS. \$2,000,000 WILL BE INCLUDED ON FORM 990, SCHEUDLE J, FYE 06/30/2022. |
| SCHEDULE J, PART I, LINE 7 | NON-FIXED PAYMENTS: DUHS MAINTAINS AN EXECUTIVE INCENTIVE COMPENSATION PLAN. PAYMENTS UNDER THE PLAN ARE BASED ON PRE-ESTABLISHED PERFORMANCE METRICS AND A FIXED CALCULATION METHODOLOGY APPROVED BY THE DUHS COMPENSATION COMMITTEE WITH ASSISTANCE AND INPUT FROM AN EXECUTIVE COMPENSATION CONSULTING FIRM ASSURING COMPARABILITY WITH SIMILAR SYSTEMS. THE PLAN ALLOWS FOR A MODIFICATION TO AN INDIVIDUAL'S INCENTIVE PAYMENT BASED ON LEADERSHIP COMPETENCIES AND OTHER FACTORS WITH PAYOUTS (AND MODIFICATIONS, IF ANY) APPROVED BY THE DUHS COMPENSATION COMMITTEE. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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) Pool financing | |
|----------|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | NORTH CAROLINA MEDICAL CARE COMMISSION | 52-1309402 | | 04-24-2018 | 273,320,000 | SEE PART VI | | X | | X | | X |
| B | NORTH CAROLINA MEDICAL CARE COMMISSION | 52-1309402 | | 05-30-2012 | 214,598,930 | SEE PART VI | | X | | X | | X |
| C | NORTH CAROLINA MEDICAL CARE COMMISSION | 52-1309402 | | 03-19-2015 | 128,325,000 | SEE PART VI | | X | | X | | X |
| D | NORTH CAROLINA MEDICAL CARE COMMISSION | 52-1309402 | 65821DLB5 | 06-28-2012 | 326,853,753 | SEE PART VI | X | | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|----------|----|-------------|-------------|----------|----|-------------|-------------|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Amount of bonds retired | | | 26,985,000 | 193,290,000 | | | 6,705,000 | 25,705,000 |
| 2 | Amount of bonds legally defeased | | | | | | | | 273,285,000 |
| 3 | Total proceeds of issue | | | 273,320,000 | 214,760,000 | | | 128,325,000 | 326,995,394 |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | 14,871,185 |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | | | | 2,737,864 |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | | 309,386,345 |
| 11 | Other spent proceeds | | | 273,320,000 | 214,760,000 | | | 128,325,000 | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | | | | | 2009 | | 2013 | |
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? | X | | | X | | | X | X |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)? | | X | | X | | | X | X |
| 16 | Has the final allocation of proceeds been made? | X | | | X | | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | X | | | X | |

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 | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|---------|-----|-----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 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 ▶ | | 0 % | | 0 % | | | | |
| 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 ▶ | | 0 % | | 0 % | | | | |
| 6 Total of lines 4 and 5 | | 0 % | | 0 % | | | | |
| 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 nongovernmental 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. | | 0.070 % | | | | | | |
| 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 | | 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 |
| 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? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 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? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 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 is not available under applicable regulations? | X | | X | | X | | X | |

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

| Return Reference | Explanation |
|---|---|
| <p>SCHEDULE K, PART I, COLUMN F</p> | <p>BOND ISSUE A: THE PURPOSE OF THE BONDS ISSUED 04/24/18 WAS TO CONVERT THE 2005A REVENUE RE FUNDING BONDS TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE. THE PURPOSE OF TH E BONDS ISSUED 03/22/2012 WAS TO REFUND THE 2005ABC BONDS ISSUED ON 08/21/2009, WHICH REFU NDED 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 INDE X FLOATING RATE. SEE ALSO BOND ISSUE B(2) BELOW. BOND ISSUE B: THE PURPOSE OF THE BONDS IS SUED 05/30/2012 WAS TO PARTIALLY REFUND THE 2005ABC BONDS ISSUED ON 03/22/12, WHICH REFUND ED THE 2005ABC BONDS ISSUED ON 08/21/2009, WHICH REFUNDED THE ORIGINAL 2005ABC BONDS ISSUE D ON 5/19/2005. THE PURPOSE OF THE BONDS ISSUED 05/19/2005 WAS TO PARTIALLY REFUND THE 199 6C BONDS ISSUED ON 10/24/1996, 1998A BONDS ISSUED ON 08/27/1998, AND THE 1998B BONDS ISSUE D ON 10/13/1998. BOND ISSUE C: THE PURPOSE OF THE BONDS ISSUED 03/19/2015 WAS TO REFUND TH E 2006ABC BONDS ISSUED ON 10/06/2011, WHICH REFUNDED THE BONDS ISSUED 11/15/2006 FOR HOSPI TAL 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 ROO M 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 IMPROVEMENT S INCLUDING: THE CONSTRUCTION OF A MAJOR TERTIARY CARE ADDITION TO DUKE UNIVERSITY HOSPITA L 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 INTERMEDIAT E/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 EX ISTING CANCER CENTER AND DUKE CLINICS AND THE DMP; A 46,000 SQUARE FOOT NORTH CONCOURSE CO NNECTOR CORRIDOR BETWEEN THE DMP AND DUKE UNIVERSITY HOSPITAL-NORTH; RENOVATION OF APPROXI MATELY 29,000 SQUARE FEET IN DUKE UNIVERSITY HOSPITAL AND ROAD IMPROVEMENT AND VEHICLE PAR KING PROJECTS REQUIRED TO COMPLETE AND OPERATE THE NEW ADDITION. BOND ISSUE A (2): THE ISS UANCE OF THE BONDS ON 7/25/2018 WAS A DEEMED CURRENT REFUNDING OF THE 2012B BONDS DUE TO T HE 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 ORIGIN</p> |

| Return Reference | Explanation |
|---|---|
| <p>SCHEDULE K, PART I, COLUMN F</p> | <p>AL 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. BOND ISSUE B (2): THE 2016B AND 2016C REVENUE REFUNDING BONDS WERE CONVERTED TO BEAR INTEREST AT A NEW BANK-BOUGHT INDEX FLOATING RATE ON 04/24/18. THE PURPOSE OF THE BONDS ISSUED 05/26/16 WAS TO REFUND THE ORIGINAL 2009A BONDS ISSUED ON 10/22/09 TO FINANCE HOSPITAL IMPROVEMENTS INCLUDING THE AMBULATORY CANCER CENTER AT DUKE UNIVERSITY HOSPITAL AND OTHER RENOVATION AND IMPROVEMENT PROJECTS AT DUKE RALEIGH HOSPITAL, AND TO REFUND THE 2005C BONDS ISSUED ON 05/30/12 AND TO PARTIALLY REFUND THE 2005B BONDS ISSUED ON 05/30/12. THE PURPOSE OF THE BONDS ISSUED ON 05/30/2012 WAS TO PARTIALLY REFUND THE 2005ABC BONDS ISSUED ON 03/22/12, WHICH REFUNDED THE 2005ABC BONDS ISSUED ON 08/21/2009, WHICH REFUNDED THE ORIGINAL 2005ABC BONDS ISSUED ON 5/19/2005. THE PURPOSE OF THE BONDS ISSUED 05/19/2005 WAS TO PARTIALLY REFUND THE 1996C BONDS ISSUED ON 10/24/1996, 1998A BONDS ISSUED ON 08/27/1998, AND THE 1998B BONDS ISSUED ON 10/13/1998. BOND ISSUE C (2): THE PURPOSE OF THE BONDS ISSUED 08/11/16 WAS TO REFUND THE ORIGINAL 2010 A 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, OFFICE, AND CAPITAL EQUIPMENT. BOND ISSUE B (3): DRAW-DOWN FINANCING LEASE PROGRAM WITH TD EQUIPMENT FINANCE, OTHER THAN SCHEDULE 1, IN THE MAXIMUM PRINCIPAL AMOUNT OF \$38,062,676 TO FINANCE MEDICAL, COMPUTER, OFFICE, AND CAPITAL EQUIPMENT. SCHEDULE K, PART II, LINE 2, BOND ISSUE (D): ON 01/14/20, PROCEEDS OF THE SERIES 2020 TA</p> |

| Return Reference | Explanation |
|------------------------------|--|
| SCHEDULE K, PART I, COLUMN F | <p>XABLE BONDS WERE USED IN PART TO REFUND \$273,285,000 OF THE 2012A BONDS, WHICH WAS ALL OF THE 2012A BONDS MATURING AFTER JUNE 1, 2022. SCHEDULE K, PART II, LINE 3, BOND ISSUE (B): PROCEEDS INCLUDE ISSUE PRICE PLUS ORIGINAL ISSUE DISCOUNT / UPFRONT FEE PAID DIRECTLY BY D UHS TO THE BANK UPON ISSUANCE. SCHEDULE K, PART II, LINE 3, BOND ISSUE (D): PROCEEDS INCLUDE INVESTMENT EARNINGS. SCHEDULE K, PART II, LINE 3, BOND ISSUES D (2), A (3), AND B (3): PROCEEDS REFLECT ACTUAL PRINCIPAL DRAWN DOWN UNDER DRAW DOWN FINANCING LEASE PROGRAM. SCHEDULE K, PART III, B (2), LINES 4-6: RESPONSES REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE ALLOCABLE TO THE REFUNDING OF THE 2009A BONDS. SCHEDULE K, PART III, LINE 8C, BOND ISSUE (C) : DISPOSITION WAS THE SUBJECT OF A CLOSING AGREEMENT ACCEPTED AND CLOSED WITH THE IRS IN OCTOBER 2014 THROUGH THE TAX EXEMPT BONDS VOLUNTARY CLOSING AGREEMENT PROGRAM. SCHEDULE K, PART IV, LINE 2C, BOND ISSUES (A), (B), (C), (D), B (2), AND C (2): BOND ISSUE (A) COMPLETED 06/01/19; (B) COMPLETED 05/30/17; (C) COMPLETED 09/30/16; (D) COMPLETED 05/31/17; B(2) COMPLETED 06/01/19; AND C(2) COMPLETED 08/01/17. AS TO D(2), A(3), AND B(3), NO ARBITRAGE COMPUTATION WAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED. BOND ISSUES (A), (B), AND A (2): THESE PROCEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANCE TO CURRENTLY REFUND THE PRIOR BONDS. BOND ISSUES D (2), A (3), AND B (3): SALES PROCEEDS ALLOCATED UPON ISSUANCE AND NOT INVESTED.</p> |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number

56-2070036

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows A-D list North Carolina Medical Care Commission issues.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows 1-13 show bond proceeds details. Rows 14-17 show questions about bond issuance and record-keeping.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Rows 1-2 show questions about partnership/LLC ownership and lease arrangements.

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|-----|-----|-----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 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 ▶ | | | | 0 % | | 0 % | | |
| 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 ▶ | | | | 0 % | | 0 % | | |
| 6 Total of lines 4 and 5 | | | | 0 % | | 0 % | | |
| 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 nongovernmental 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 |
| 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? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 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? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 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 is not available under applicable regulations? | X | | X | | X | | X | |

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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) Pool financing | |
|----------|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | NORTH CAROLINA MEDICAL CARE COMMISSION | 52-1309402 | | 10-26-2017 | 1,937,324 | SEE PART VI | | X | | X | | X |
| B | NORTH CAROLINA MEDICAL CARE COMMISSION | 52-1309402 | | 05-10-2018 | 38,062,676 | SEE PART VI | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|------|-----------|------|-----------|-----|----|-----|----|
| 1 | Amount of bonds retired | | 1,404,483 | | 8,974,399 | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | | 1,937,324 | | 9,262,883 | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | 1,937,324 | | 9,262,883 | | | | |
| 11 | Other spent proceeds | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2018 | | 2020 | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? | | X | | X | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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 | | | | | |

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 | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|-----|-----|-----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 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 ▶ | | 0 % | | 0 % | | | | |
| 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 ▶ | | 0 % | | 0 % | | | | |
| 6 Total of lines 4 and 5 | | 0 % | | 0 % | | | | |
| 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 nongovernmental 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 | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 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 is not available under applicable regulations? | X | | X | | | | | |

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

Schedule L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

OMB No. 1545-0047 2020 Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) BIOVENTUS LLC | SEE PART V | 296,839 | SEE PART V | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: | (A) NAME OF INTERESTED PERSON: BIOVENTUS, LLC(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TWO DUHS, INC. DIRECTORS ARE ALSO DIRECTORS OF BIOVENTUS, LLC(C) AMOUNT OF TRANSACTION: \$296,839(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR GOODS OR SERVICES(E) SHARING OF ORGANIZATION REVENUE? = NO |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number
56-2070036

Part I Types of Property

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

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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? | | No |
| 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? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | Yes | |
| 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. | | |

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.

| Return Reference | Explanation |
|-------------------|--|
| PART I, LINE 32B: | DUKE UNIVERSITY HEALTH SYSTEM, INC. USES INVESTMENT BROKERS TO SELL INVESTMENTS. DUKE UNIVERSITY HEALTH SYSTEM, INC. MAY OCCASIONALLY USE THIRD PARTIES TO SELL OTHER TYPES OF NON-CASH CONTRIBUTIONS, AS THE NEED ARISES. |

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

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number

56-2070036

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990, PART III, LINE 4A | <p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS HISTORY AND ORGANIZATION IN 1925, JAMES B. DUKE WILLED \$4 MILLION TO ESTABLISH DUKE UNIVERSITY HOSPITAL AND ITS MEDICAL SCHOOL TO IMPROVE HEALTH CARE IN THE CAROLINAS, THEN A POOR REGION LACKING HOSPITALS AND HEALTH CARE PROVIDERS. DUKE UNIVERSITY HOSPITAL HAS GROWN TO BE RECOGNIZED AS ONE OF THE WORLD'S GREAT HEALTH CARE PROVIDERS. IN 1998 AND CONCURRENT WITH ACQUIRING CONTROL OF TWO LOCAL COMMUNITY HOSPITALS, THE DUKE UNIVERSITY BOARD OF TRUSTEES ESTABLISHED DUKE UNIVERSITY HOSPITAL AS THE FLAGSHIP OF THE NEWLY INCORPORATED DUKE UNIVERSITY HEALTH SYSTEM, INC. (DUHS) TO MANAGE A WIDE RANGE OF HEALTH CARE PROGRAMS AT THE SAME HIGH LEVEL OF QUALITY THAT HAS TRADITIONALLY MADE DUKE UNIVERSITY HOSPITAL A WORLD LEADER. THIS NETWORK OF REGIONAL HEALTH CARE ORGANIZATIONS IS DEDICATED TO EMPLOYING DUKE'S STRENGTHS IN PATIENT CARE, EDUCATION, AND RESEARCH. DUHS IS A COMPONENT OF DUKE HEALTH WHICH CONCEPTUALLY INTEGRATES THE DUKE UNIVERSITY SCHOOL OF MEDICINE, DUKE-NUS MEDICAL SCHOOL, DUKE UNIVERSITY SCHOOL OF NURSING, DUKE UNIVERSITY HEALTH SYSTEM, PRIVATE DIAGNOSTIC CLINIC (DUKE PHYSICIANS PRACTICE), AND INCORPORATES THE HEALTH AND HEALTH RESEARCH PROGRAMS WITHIN THE DUKE GLOBAL HEALTH INSTITUTE AS WELL AS THOSE IN SCHOOLS AND CENTERS ACROSS DUKE UNIVERSITY, INCLUDING THE DUKE ROBERT J. MARGOLIS CENTER FOR HEALTH POLICY. THE DUKE HEALTH CLINICAL ENTERPRISE IS INTENDED TO FUNCTION AS A FULLY ALIGNED AND UNIFIED ORGANIZATION FOCUSED ON IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE, DELIVERING ADVANCED TREATMENT FOR THOSE WHO NEED IT, AND EXTENDING NEW KNOWLEDGE BEYOND OUR SYSTEMS TO THE BENEFIT OF OTHERS. LEVERAGING THE DEPTH AND BREADTH OF CAPABILITIES THAT EXIST ACROSS DUKE HEALTH AND THE ENTIRE UNIVERSITY, WE PLAN TO ACHIEVE THE VISION TO DELIVER TOMORROW'S HEALTH CARE TODAY BY LEADING IN THE DELIVERY OF HIGHEST-QUALITY, PATIENT CENTERED CARE, INTEGRATING TO OPTIMIZE COORDINATION OF CARE, GROWING AND EXTENDING OUR REACH LOCALLY, REGIONALLY, AND NATIONALLY, INVESTING IN INNOVATION TO CREATE SUSTAINABLE DIFFERENTIATION AND VALUE AND DELIVERING ON THE PROMISE OF POPULATION HEALTH. MANY PROGRAM SERVICE ACCOMPLISHMENTS ARE INCLUDED IN SCHEDULE H OF THIS FORM INCLUDING THE FINANCIAL COMMITMENT MADE TO THE COMMUNITY BY DUHS IN TERMS OF CHARITY CARE AND OTHER DIRECT AND MEASURABLE INVESTMENTS. FURTHER DETAIL OF DUHS' COMMITMENT TO PROMOTING HEALTH, WELLNESS, AND ACCESS TO QUALITY CARE FOR THE PEOPLE AND COMMUNITIES IT SERVES IS REPORTED IN DUHS' ANNUAL COMMUNITY BENEFIT REPORT. THE COMMUNITY BENEFIT REPORT IS AVAILABLE ONLINE AT HTTPS://CORPORATE.DUKEHEALTH.ORG/COMMUNITY.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PART V, LINE 3B | THE ORGANIZATION DID NOT HAVE UNRELATED BUSINESS GROSS INCOME OF \$1,000 OR MORE DURING THE FISCAL YEAR ENDED JUNE 30, 2021. HOWEVER THE ORGANIZATION HAS FILED FORM 990-T FOR THE FISCAL YEAR ENDED JUNE 30, 2021 IN ORDER TO CARRY FORWARD THE NET OPERATING LOSS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 2 | <p>DIRECTORS JACK O. BOVENDER, JR., WILLIAM HAWKINS, GERALD HASSELL, VINCENT E. PRICE, CARMICHAEL ROBERTS, NANCY M. SCHLICHTING, AND STEVEN M. SCOTT, MD ARE TRUSTEES OF DUKE UNIVERSITY. DIRECTOR AND PRESIDENT/CEO, A. EUGENE WASHINGTON, MD, IS AN OFFICER OF DUKE UNIVERSITY. DIRECTOR MARY E. KLOTMAN, MD IS A KEY EMPLOYEE OF DUKE UNIVERSITY. THE FOLLOWING INDIVIDUALS ARE EMPLOYEES OF DUKE UNIVERSITY: ANN M. REED AND ERIK PAULSON. DIRECTOR AND PRESIDENT/CEO, A. EUGENE WASHINGTON, MD, AND OFFICERS WILLIAM J. FULKERSON, MD, AND JOHN P. MORDACH ARE DIRECTORS AND OFFICERS OF DURHAM CASUALTY COMPANY, LTD. DIRECTOR AND PRESIDENT/CEO, A. EUGENE WASHINGTON, MD, AND OFFICERS WILLIAM J. FULKERSON, MD, ANN M. REED, AND ERIK PAULSON ARE BOARD MEMBERS OF PRIVATE DIAGNOSTIC CLINIC, PLLC. OFFICERS WILLIAM J. FULKERSON, MD AND JOHN P. MORDACH ARE BOTH DIRECTORS AND OFFICERS OF HEALTH SYSTEM MEDICAL STRATEGIES, INC. WILLIAM HAWKINS AND SUSAN STALNECKER ARE BOTH DIRECTORS OF BIOVENTUS, LLC.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 3 | DUHS DELEGATES CONTROL TO A SUPPORTING ORGANIZATION FOR THE MANAGEMENT OF INVESTMENTS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 4 | THE ORGANIZATION AMENDED THE ARTICLES OF INCORPORATION EFFECTIVE JULY 1, 2020 STATING THE FOLLOWING REPORTABLE UPDATE TO ARTICLE IX: THE BOARD OF DIRECTORS SHALL INCLUDE FIVE (5) EX OFFICIO MEMBERS, WHO SHALL BE THE INDIVIDUALS SERVING AS PRESIDENT OF DUKE UNIVERSITY, THE CHANCELLOR FOR HEALTH AFFAIRS OF DUKE UNIVERSITY/PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION, THE CHAIR OF THE BOARD OF TRUSTEES OF DUKE UNIVERSITY, THE DEAN OF THE DUKE UNIVERSITY SCHOOL OF MEDICINE AND THE CHAIR OF THE BOARD OF THE DUKE UNIVERSITY SCHOOL OF MEDICINE FACULTY PRACTICE PLAN. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7A | THE MEMBERS OF THE BOARD OF DIRECTORS OF DUHS, OTHER THAN THE EX OFFICIO MEMBERS, WILL BE NOMINATED BY THE BOARD OF DIRECTORS OF DUHS, AND WILL BE APPOINTED BY THE BOARD OF TRUSTEES OF DUKE UNIVERSITY. MEMBERS OF THE BOARD OF DIRECTORS OF DUHS WILL BE SUBJECT TO REMOVAL AT THE DISCRETION OF THE BOARD OF TRUSTEES OF DUKE UNIVERSITY IN ACCORDANCE WITH THE BYLAWS OF DUHS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | DUHS MONITORS AND ENFORCES COMPLIANCE RELATED TO CONFLICT OF INTEREST VIA AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE DISTRIBUTED TO INDIVIDUALS INCLUDING OFFICERS, DIRECTORS, AND KEY EMPLOYEES, RELYING ON SELF DISCLOSURE OF ALL THOSE SUBJECT TO THE COI POLICY. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>THE DUHS COMPENSATION COMMITTEE, COMPRISED OF MEMBERS OF THE DUHS BOARD OF DIRECTORS, REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION FOR CERTAIN DISQUALIFIED PERSONS AND OTHER KEY EMPLOYEES. THE DUHS COMPENSATION COMMITTEE REVIEWS AND RECOMMENDS TO THE DUKE UNIVERSITY COMPENSATION COMMITTEE THE COMPENSATION FOR THE PRESIDENT AND CEO OF DUHS WHO IS ALSO AN OFFICER OF DUKE UNIVERSITY. DUHS HAS ADOPTED A STATEMENT OF COMPENSATION PHILOSOPHY THAT ARTICULATES BROAD OBJECTIVES TO HELP GUIDE THE DUHS COMPENSATION COMMITTEE IN ITS MISSION. THE DUHS COMPENSATION COMMITTEE ENGAGES THE SERVICES OF AN OUTSIDE EXECUTIVE COMPENSATION CONSULTING FIRM TO ESTABLISH COMPARABILITY DATA OF OTHER HEALTH CARE SYSTEMS OF SIMILAR SIZE AND COMPLEXITY AS DUHS. THE DUHS COMPENSATION COMMITTEE REVIEWS THE MARKET ANALYSIS THEN DETERMINES THE REASONABLENESS AND APPROPRIATENESS OF ALL ASPECTS OF EXECUTIVE COMPENSATION. THE DUHS COMPENSATION COMMITTEE ALSO SETS THE METRICS AND APPROVES THE PAYOUTS FOR THE DUHS INCENTIVE COMPENSATION PLANS FOR THESE INDIVIDUALS. THE DELIBERATIONS AND CONCLUSIONS OF THE DUHS COMPENSATION COMMITTEE ARE KEPT BY A RECORDING SECRETARY WHO RECORDS THE MINUTES OF THE COMMITTEE MEETINGS. FORM 990, PART VI, SECTION B, LINE 16B: DUHS HAS ALWAYS PUT TERMS AND SAFEGUARDS IN AGREEMENTS WITH THIRD PARTIES TO PROTECT THE ASSETS AND EXEMPT STATUS OF THE ORGANIZATION, EVEN THOUGH A WRITTEN POLICY WAS NOT IN PLACE. DURING FYE 06/30/2022, DUHS APPROVED AND DISSEMINATED A WRITTEN POLICY THAT REQUIRES DUHS TO EVALUATE ITS PARTICIPATION IN JOINT VENTURE ARRANGEMENTS AND NEGOTIATE TERMS AND SAFEGUARDS TO PROTECT THE ORGANIZATION'S ASSETS AND EXEMPT STATUS.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION C, LINE 18 | IN ADDITION TO PROVIDING THE ORGANIZATION'S FORM 990 UPON REQUEST, THE ORGANIZATION'S FORM 990 IS AVAILABLE TO THE PUBLIC ON SEVERAL THIRD PARTY WEBSITES. WHILE THE ORGANIZATION DOES NOT PROVIDE THE FORM 990 DIRECTLY TO THESE THIRD PARTIES, THE FORM 990 IS OBTAINED FROM THE INTERNAL REVENUE SERVICE. THE THIRD PARTIES SUBSEQUENTLY AND INDEPENDENTLY PROVIDE ACCESS TO THE FORM 990 ON THEIR PLATFORM. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | DUKE UNIVERSITY HEALTH SYSTEM, INC.'S GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND ANY SUBSEQUENT AMENDMENTS OR RESTATEMENTS) ARE AVAILABLE TO THE PUBLIC ON THE NORTH CAROLINA SECRETARY OF STATE WEBSITE. DUKE UNIVERSITY HEALTH SYSTEM, INC. MAKES ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. INDEPENDENTLY AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT: HTTPS://CORPORATE.DUKEHEALTH.ORG/FINANCIAL-INFORMATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART XI, LINE 9: | NONPERIODIC CHANGES IN DEFINED BENEFIT PLANS: 563,080,004. NET TRANSFERS TO THE UNIVERSITY AND AFFILIATES: -223,325,859. CHANGE IN MARKET VALUE OF DERIVATIVES: 26,297,345. DEEMED DIVIDEND: -11,039,237. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990, PART XII, LINE 3B: | FEDERAL AWARDS RECEIVED BY THE ORGANIZATION ARE INCLUDED IN THE DUKE UNIVERSITY FY2021 SINGLE AUDIT, AND THE ASSOCIATED REPORT WILL BE ISSUED BY THE EXTENDED DEADLINE OF SEPTEMBER 30, 2022. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number

56-2070036

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 |
|---|-------------------------|--|---------------------|---------------------------|-----------------------------------|
| (1) DUKE PRMO LLC 615 DOUGLAS STREET SUITE 700 DURHAM, NC 27705 | MEDICAL BILLING | NC | 170,019,389 | 2,002,986 | DUKE UNIVERSITY HEALTH SYSTEM INC |
| (2) DUHS GLOBAL LLC 310 BLACKWELL STREET 4TH FLOOR BOX DURHAM, NC 27710 | SUPPORT | NC | 0 | 0 | DUKE UNIVERSITY HEALTH SYSTEM INC |
| (3) SAME DAY SURGERY CENTER FRANKLIN LLC 310 BLACKWELL STREET 4TH FLOOR BOX DURHAM, NC 27710 | SUPPORT | NC | 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.

See Additional Data Table

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

See Additional Data Table

| (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 | |
| | | | | | | | | | | | | |
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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.

See Additional Data Table

| (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 |
| | | | | | | | | | |
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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.

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

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.

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| | | | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |

Additional Data

Software ID:
Software Version:
EIN: 56-2070036
Name: DUKE UNIVERSITY HEALTH SYSTEM INC

Form 990, Schedule R, Part II - 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 entity? | |
|--|-------------------------|--|----------------------------|---|-----------------------------------|---|----|
| | | | | | | Yes | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1845329 | HEALTHCARE | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY HEALTH SYSTEM INC | Yes | |
| 280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1465177 | INVESTMENTS | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1594088 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 310 BLACKWELL ST DURHAM, NC 27701 42-1672476 | EDUCATION | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211078 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 61-1588319 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 46-3129771 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY HEALTH SYSTEM INC | Yes | |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 46-1340679 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY HEALTH SYSTEM INC | Yes | |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1701245 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1902501 | HEALTHCARE | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY HEALTH SYSTEM INC | Yes | |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211099 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-0532129 | EDUCATION | NC | 501(C)(3) | LINE 2 | N/A | | No |
| 280 S MANGUM STREET STE 210 DURHAM, NC 27701 90-0754895 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1757238 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917936 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1776668 | INVESTMENTS | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 280 S MANGUM STREET STE 210 DURHAM, NC 27701 27-1325761 | INVESTMENTS | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY HEALTH SYSTEM INC | Yes | |

| Form 990, Schedule R, Part II - 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 entity? | |
| | | | | | | Yes | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917939 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 32-0358709 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 65-0045051 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 1317 PETTIGREW STREET DURHAM, NC 27705 56-1655039 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1415423 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1150667 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1143245 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1133466 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-5555092 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 81-1309454 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 81-2623775 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY HEALTH SYSTEM INC | Yes | |
| 310 BLACKWELL STREET 4TH FLOOR DURHAM, NC 27701 81-5328550 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY | | No |
| 2200 WEST MAIN STREET DURHAM, NC 27705 56-1632379 | BANKING | NC | 501(C)(1) | | N/A | | No |
| 324 BLACKWELL STEET STE 850 DURHAM, NC 27701 83-3076664 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | DUKE UNIVERSITY HEALTH SYSTEM INC | Yes | |
| 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 86-2109896 | HEALTHCARE | NC | 501(C)(3) | LINE 3 | DUKE UNIVERSITY | | No |
| 601 SOUTH COLLEGE ROAD WILMINGTON, NC 28403 56-1861816 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | N/A | | No |
| PO BOX 16783 CHAPEL HILL, NC 27516 56-2206165 | HEALTH CLINICS | NC | 501(C)(3) | LINE 10 | DUKE UNIVERSITY | | No |
| PO BOX 1328 WINTER PARK, FL 32790 59-1932547 | SUPPORT | NC | 501(C)(3) | 12 TYPE 1 | N/A | | No |

| (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 | | | | No | | | No | |
| CANYON BLUE INV FD 27-0186996 AVE OF STARS LA, CA 90067 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| CD FUND LP - 27-0130641 MCKINNEY AVE DALLAS, TX 75201 | INVESTMENTS | TX | N/A | N/A | | | | No | | | No | |
| LYRICAL BLUE RL PT 27-2994514 32 N DEAN ST ENGLEWOOD, NJ 07631 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| LYRICAL-BLUE RGNT 45-3626577 32 N DEAN ST ENGLEWOOD, NJ 07631 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| SBER LUCKY STRIKE 20-3891303 310 BLACKWELL ST DURHAM, NC 27701 | REAL ESTATE | NC | N/A | N/A | | | | No | | | No | |
| MANGUM II LLC - 46-5135858 280 S MANGUM STREET STE 210 DURHAM, NC 27701 | INVESTMENTS | NC | N/A | N/A | | | | No | | | No | |
| LS INVESTOR LLC 20-3891381 310 BLACKWELL ST DURHAM, NC 27701 | REAL ESTATE | NC | N/A | N/A | | | | No | | | No | |
| DILWEG BLUE PF LP 47-1225569 5310 S ALSTON AVE STE 210 DURHAM, NC 27713 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| LYRICAL BLUE RL PT IV 47-2172270 32 N DEAN ST ENGLEWOOD, NJ 07631 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| LYRICAL BLUE CHP PT 35-2503856 32 N DEAN ST ENGLEWOOD, NJ 07631 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| LIQUID RLT PTR II TE - 20-4362819 10 MARKET ST 769 CAMANA BAY GRAND CAYMAN KY1-9006 CJ | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| STRATUS CAPITAL PARTNERS C LP 50 LOTHIAN ROAD FESTIVAL SQUARE EDINBURGH EH3 9WJ UK | INVESTMENTS | UK | N/A | N/A | | | | No | | | No | |
| ALTOS HYBRID D LLC 2882 SAND HILL ROAD SUITE 100 MENLO PARK, CA 94025 47-3996176 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| GPE HOLDCO LLC 2000 AVE OF THE STARS 11TH FL LOS ANGELES, CA 90067 47-5652832 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |

| (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 C 280 S MANGUM ST STE 210 DURHAM, NC 27701 81-1264533 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| BLACKWELL PARTNERS LLC - SERIES B 280 S MANGUM ST STE 210 DURHAM, NC 27701 47-2530719 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| BLACKWELL PARTNERS LLC - SERIES D 280 S MANGUM ST STE 210 DURHAM, NC 27701 81-3385353 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| BLACKWELL PARTNERS LLC - SERIES E 280 S MANGUM ST STE 210 DURHAM, NC 27701 81-1511048 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| ALTOS HYBRID 2D LLC - 81-5176567 2882 SAND HILL ROAD STE 100 MENLO PARK, CA 94025 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| GILEAD CAPITAL PARTNERS LP 157 COLUMBUS AVE SUITE 403 NEW YORK, NY 10023 32-0520146 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| TOWER VIEW LIMITED 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9007 CJ | INVESTMENTS | CJ | N/A | N/A | | | | No | | | No | |
| ENIAC SPECIAL GAMMA LLC 604 MISSION STREET 10TH FL SAN FRANCISCO, CA 94105 85-5033123 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| LYRICAL-BLUE 100 KINGSHIGHWAY PARTNERS LP 32 N DEAN ST ENGLEWOOD, NJ 07631 82-3708328 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| LYRICAL-BLUE SOTP PARTNERS LP 32 N DEAN ST ENGLEWOOD, NJ 07631 81-4468378 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| WASHINGTON GOTHIC LP 593 WASHINGTON STREET WELLESLEY, MA 02482 83-4516893 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| DUKE TRIANGLE ENDOSCOPY CENTER LLC 1A BURTON HILLS BLVD NASHVILLE, TN 37215 20-4257024 | HEALTHCARE | NC | N/A | N/A | | | | No | | | No | |
| COLONY INVESTORS III LP 515 S FLOWER ST 44TH FL LOS ANGELES, CA 90071 95-4665622 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| DWELLWORKS CO-INVESTMENT LLC 7 TIMES SQUARE STE 4307 NEW YORK, NY 10036 83-2165945 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| BEP LEGACY 1C LLC 1001 FANNIN ST STE 800 HOUSTON, TX 77002 27-3871932 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |

Form 990, Schedule R, Part III - 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 | |
| WELLINGTON TRUST CO NA - CTF OPP FIXED INC ALLOC II POR 280 CONGRESS STREET BOSTON, MA 02210 83-1264831 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| ENIAC SPECIAL DELTA LLC 604 MISSION STREET 10TH FL SAN FRANCISCO, CA 94105 84-2355221 | INVESTMENTS | DE | N/A | N/A | | | | No | | | No | |
| STRATUS SCP III INVESTORS - GAMMA LP 50 LOTHIAN ROAD FESTIVAL SQUARE EDINBURGH EH3 9WJ UK | INVESTMENTS | UK | N/A | N/A | | | | No | | | No | |
| STRATUS SCP COINVESTMENT II - FIP-M RUA FUNCHAL 418 28 ANDAR VILA OLI SAO PAULO 04551-060 BR | INVESTMENTS | BR | N/A | N/A | | | | No | | | No | |
| MANGUM LLC 280 S MANGUM STREET STE 210 DURHAM, NC 27701 46-1275587 | INVESTMENTS | NC | N/A | N/A | | | | No | | | No | |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| DUKE CE LS INC 310 BLACKWELL STREET DURHAM, NC 27701 20-2004016 | REAL ESTATE | NC | N/A | C | | | | | No |
| DUKE CE (SEA) PRIVATE LIMITED 1 RAFFLES PLACE TOWER 2 SINGAPORE 048616 SN | SUPPORT | SN | N/A | C | | | | | No |
| DUKE CORP EDU INDIA PRIVATE ACADEMIC BLOCK NEW CAMPUS VASTRAPUR, AHMEDABAD 380015 IN 42-1672476 | CONSULTING | IN | N/A | C | | | | | No |
| DUKE CORPORATE EDUCATION LIM 165 FLEET STREET LONDON EC4A 2DY UK 42-1672476 | EDUCATION CONSULTING | UK | N/A | C | | | | | No |
| DUKE CORPORATE EDUCATION RSA GROUND FLOOR TWICKEHNHAM BLDG BRYANSTON, JOHANNESBURG 02021 SF 42-1672476 | CONSULTING | SF | N/A | C | | | | | No |
| DUKE GLOBAL CONSULTING (KUNSHAN) 1666 WEI CHEN NAN RD KUNSHAN PR, KUNSHAN 215300 CH | CONSULTING | CH | N/A | C | | | | | No |
| DUKE MEDICAL STRATEGIES INC 2200 WEST MAIN STREET STE 920 DURHAM, NC 27705 56-1993799 | HEALTHCARE | NC | N/A | C | | | | | No |
| DUKE MEDICINE ASIA PTE LTD 5 SHENTON WAY 07-00 UIC BLD SINGAPORE 068808 SN | MEDICAL RESEARCH | SN | N/A | C | | | | | No |
| DURHAM CASUALTY COMPANY LTD AON HOUSE 30 WOODBOURNE AVE PEMBROKE HM 08 BD 98-0113277 | INSURANCE | BD | DUHS INC | C | 85,519,140 | 316,045,515 | 100.000 % | Yes | |
| GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET QUEENSGATE HOU GRAND CAYMAN KY1-1108 CJ | INVESTMENTS | CJ | N/A | C | | | | | No |
| HEALTH SYSTEM MEDICAL STRATEGIES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-2222444 | HEALTH CARE | NC | DUHS INC | C | 138,686 | 11,326 | 100.000 % | Yes | |
| MARATHON BLUE CAYMAN FUND 89 NEXUS WAY PO BOX 31106 GRAND CAYMAN KY1-1205 CJ | INVESTMENTS | CJ | N/A | C | | | | | No |
| GHI HOLDINGS MAURITIUS 9TH FL ORANGE TOWER CYBERCITY EBENE MP | INVESTMENTS | MP | N/A | C | | | | | No |
| GHI ERP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP | INVESTMENTS | MP | N/A | C | | | | | No |
| GHI HSP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP | INVESTMENTS | MP | N/A | C | | | | | No |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| GHI JBD LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP | INVESTMENTS | MP | N/A | C | | | | | No |
| GHI LTP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP | INVESTMENTS | MP | N/A | C | | | | | No |
| MCP PRIVATE CAPITAL (FEEDER) FUND I LP 6 RUE GABRIEL LIPPMANN LUXEMBOURG L-5365 LU | INVESTMENTS | LU | N/A | C | | | | | No |
| DUKE INDIA SERVICES PRIVATE LIMITED 302 PRIDE ELITE 10 MUSEUM ROAD BANGALORE, KARNATAKA 560001 IN | MEDICAL RESEARCH | IN | N/A | C | | | | | No |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|-------------------------------------|-------------------------------|---|
| DUKE UNIVERSITY AFFILIATED PHYSICIANS INC | R | 54,570,500 | FMV |
| ASSOCIATED HEALTH SERVICES INC | R | 14,523,886 | FMV |
| DUKE AFFILIATIONS NETWORK INC | S | 148,525 | FMV |
| DUKE INTERGRATED NETWORK INC | R | 10,517,473 | FMV |
| WATTS COLLEGE OF NURSING INC | R | 469,337 | FMV |
| DURHAM CASUALTY COMPANY INC | S | 19,250,123 | FMV |
| DURHAM CASUALTY COMPANY INC | R | 9,958,854 | FMV |
| DUKE TRIANGLE ENDOSCOPY CENTER LLC | L | 162,446 | FMV |
| DUKE TRIANGLE ENDOSCOPY CENTER LLC | Q | 174,456 | FMV |
| GOTHIC HSP CORPORATION | B | 783,214,448 | FMV |
| GOTHIC HSP CORPORATION | C | 725,391,476 | FMV |