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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
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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 NO 850

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

DURHAM, NC 27701

F Name and address of principal officer

A EUGENE WASHINGTON MD

615 DOUGLAS ST STE 700

DURHAM, NC 27705

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 ▶

D Employer identification number

56-2070036

E Telephone number

(919) 684-2006

G Gross receipts \$ 4,888,194,157

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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶145,661

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2018-05-15

Date

KENNETH C MORRIS SVP, CFO, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 2,181,427,021	including grants of \$ 1,615,585	(Revenue \$ 3,175,020,562)
See Additional Data				

























4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	2,181,427,021
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28b	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	29	Yes	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	30	Yes	
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? If "Yes," complete Schedule R, Part I	31		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	32		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33	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)? If "Yes," complete Schedule R, Part V, line 2	34	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35a	Yes	
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? If "Yes," complete Schedule R, Part VI	35b	Yes	
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	36		No
	37		No
	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	559
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
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	19,362
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)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	BR, CI, CH, CO, EZ, DA, GR, HU, ID, EI, JA, KU, MY If "Yes," enter the name of the foreign country NI, NO, PE, PL, PO, RO, KS, SW, TU, UK, BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AK, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NY, OK, OR, PA, SC, TN, UT, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☒ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ► LAURA ALVIS DUHS INC 615 DOUGLAS STREET SUITE DURHAM, NC 27705 (919) 613-8993

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

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

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

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

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

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,721

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
PRIVATE DIAGNOSTIC CLINIC PLLC DUMC 3070 DURHAM, NC 27710	PHYSICIAN SERVICES	127,722,651
SKANSKA USA BUILDING INC 4309 EMPEROR BLVD STE 200 DURHAM, NC 27703	CONSTRUCTION SERVICES	15,367,938
PRISM HEALTHCARE PARTNERS LTD 190 SOUTH LA SALLE ST 2900 CHICAGO, IL 60603	CONSULTING SERVICES	13,930,118
ROBINS & MORTON GROUP 400 SHADES CREEK PKW BIRMINGHAM, AL 35209	CONSTRUCTION SERVICES	13,011,582
KILPATRICK TOWNSEND & STOCKTON LLP 4208 SIX FORKS RD STE 1400 RALEIGH, NC 27609	CONSULTING SERVICES	12,226,640

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 335</p>	
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Part VIII Statement of RevenueCheck 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	43,858			
	d Related organizations	1d				
	e Government grants (contributions)	1e	459,127			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,379,132			
	g Noncash contributions included in lines 1a-1f \$ _____		75,443			
	h Total. Add lines 1a-1f		2,882,117			
Program Service Revenue		Business Code				
	2a PATIENT REVENUE	621990	3,085,205,739	3,085,205,739		
	b ANCILLARY MEDICAL SVCS	621990	30,094,891	30,094,891		
	c MEDICAL SERVICES	621990	2,723,330	2,723,330		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		3,118,023,960			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,810,879		205,127	12,605,752
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		10,575,729			10,575,729
	6a Gross rents	(i) Real (ii) Personal				
		13,106,145				
	b Less rental expenses	11,481,278				
	c Rental income or (loss)	1,624,867				
	d Net rental income or (loss)		1,624,867			1,624,867
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		1,667,524,469 750,696				
	b Less cost or other basis and sales expenses	1,544,130,166 847,432				
	c Gain or (loss)	123,394,303 -96,736				
	d Net gain or (loss)		123,297,567			123,297,567
	8a Gross income from fundraising events (not including \$ 43,858 of contributions reported on line 1c) See Part IV, line 18	a	78,103			
	b Less direct expenses	b	60,807			
	c Net income or (loss) from fundraising events		17,296			17,296
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a BILLING FEES	621990	40,328,325	40,328,325			
b LAB SERVICES	621990	3,213,662	3,213,662			
c TUITION REVENUE	611600	2,316,203	2,316,203			
d All other revenue		16,583,869	11,138,412		5,445,457	
e Total. Add lines 11a-11d		62,442,059				
12 Total revenue. See Instructions		3,331,674,474	3,175,020,562	205,127	153,566,668	

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.	1,527,135	1,527,135		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	56,000	56,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	32,450	32,450		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	5,906,714	576,165	5,282,116	48,433
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	886,073	92,530	793,543	
7 Other salaries and wages.	1,095,650,750	753,375,773	342,222,218	52,759
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	54,444,666	34,297,905	20,143,185	3,576
9 Other employee benefits.	160,209,236	84,997,028	75,207,186	5,022
10 Payroll taxes.	75,478,968	51,639,136	23,836,219	3,613
11 Fees for services (non-employees):				
a Management.	10,388,991	9,720,430	668,561	
b Legal.	1,949,436	79,997	1,869,439	
c Accounting.	533,100		533,100	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	4,031,053		4,031,053	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	246,401,602	144,499,956	101,901,236	410
12 Advertising and promotion.	7,959,089	521,209	7,437,880	
13 Office expenses.	35,184,444	21,917,672	13,237,825	28,947
14 Information technology.	48,380,253	2,879,325	45,500,928	
15 Royalties.				
16 Occupancy.	64,906,382	42,943,318	21,963,046	18
17 Travel.	5,899,563	2,980,432	2,917,798	1,333
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	1,250			1,250
19 Conferences, conventions, and meetings.	5,698,714		5,698,714	
20 Interest.	36,791,534	244,927	36,546,607	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	152,589,324	112,894,532	39,694,792	
23 Insurance.	5,778,207	5,778,207		
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	749,913,845	749,913,845		
b EQUIPMENT RENTAL & MAIN	73,447,696	47,459,793	25,987,903	
c MEDICAID ASSESSMENT	72,412,084	72,412,084		
d LOSS - DEBT EXTINGUISH	18,328,491		18,328,491	
e All other expenses	4,396,352	40,587,172	-36,191,120	300
25 Total functional expenses. Add lines 1 through 24e.	2,939,183,402	2,181,427,021	757,610,720	145,661
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 SheetCheck 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	87,611	1	89,587
	2 Savings and temporary cash investments	329,162,546	2	224,797,612
	3 Pledges and grants receivable, net	2,033,882	3	1,036,024
	4 Accounts receivable, net	385,991,772	4	382,630,005
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	708,155	7	569,286
	8 Inventories for sale or use	80,843,829	8	84,835,939
	9 Prepaid expenses and deferred charges	18,726,721	9	23,117,570
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	3,122,582,679		
	b Less: accumulated depreciation	1,671,657,533		
		1,433,156,774	10c	1,450,925,146
	11 Investments—publicly traded securities	249,703,654	11	660,358,948
	12 Investments—other securities. See Part IV, line 11	2,396,723,865	12	2,505,806,356
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	21,109,824	14	21,109,823
15 Other assets. See Part IV, line 11	14,953,406	15	19,554,546	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,933,202,039	16	5,374,830,842	
Liabilities	17 Accounts payable and accrued expenses	310,640,992	17	303,899,724
	18 Grants payable		18	
	19 Deferred revenue	8,442,833	19	6,965,255
	20 Tax-exempt bond liabilities	1,078,059,351	20	1,069,719,707
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,317,057,988	25	1,273,687,188
	26 Total liabilities. Add lines 17 through 25	2,714,201,164	26	2,654,271,874
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,161,184,588	27	2,663,381,238
	28 Temporarily restricted net assets	44,116,648	28	43,472,884
	29 Permanently restricted net assets	13,699,639	29	13,704,846
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,219,000,875	33	2,720,558,968
34 Total liabilities and net assets/fund balances	4,933,202,039	34	5,374,830,842	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,331,674,474
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,939,183,402
3	Revenue less expenses Subtract line 2 from line 1	3	392,491,072
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,219,000,875
5	Net unrealized gains (losses) on investments	5	114,585,878
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	-5,518,857
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,720,558,968

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
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?		No
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		

Additional Data

Software ID:

Software Version:

EIN: 56-2070036

Name: DUKE UNIVERSITY HEALTH SYSTEM INC

Form 990 (2016)

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			
FARAD ALI DIRECTOR	2 00 0 00	X						0	0	0
NANCY ANDREWS MD DIRECTOR	3 00 56 20	X						0	959,361	90,625
LESLIE E BAINS DIRECTOR	1 00 0 00	X						0	0	0
GAIL BELVETT MD DDS DIRECTOR	1 00 0 10	X						0	0	0
JACK O BOVENDER JR DIRECTOR	3 00 8 00	X						0	0	0
RICHARD H BRODHEAD DIRECTOR	10 00 50 30	X						0	1,258,009	166,091
JAMES F GOODMON DIRECTOR	2 00 0 00	X						0	0	0
THOMAS M GORRIE DIRECTOR	3 00 9 10	X						0	0	0
WILLIAM HAWKINS DIRECTOR	6 00 6 00	X						0	0	0
JOHN M KANE DIRECTOR	1 00 0 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			
JIM WHITEHURST DIRECTOR	1 00 0 00	X						0	0	0
MONTE D BROWN MD VP FOR ADMINISTRATION/SECRETARY	60 00 0 10			X				669,947	0	50,232
WILLIAM J FULKERSON MD EXECUTIVE VP, DUHS	60 00 0 60			X				1,425,996	0	37,490
KENNETH C MORRIS SVP, CFO, TREASURER	40 00 0 90			X				1,271,288	0	41,825
MARY ANN FUCHS VP-PATIENT CARE/CHIEF NURSE EXEC	60 00 0 00				X			458,734	0	38,606
KATHLEEN GALBRAITH PRESIDENT, DUKE REGIONAL HOSPITAL	60 00 0 50				X			514,452	0	48,845
KEVIN SOWERS PRESIDENT, DUKE UNIVERSITY HOSPITAL	64 00 0 00				X			721,326	0	43,183
DAVID ZAAS MD PRESIDENT, DUKE RALEIGH HOSPITAL	60 00 0 00				X			539,594	0	42,104
RHONDA BRANDON CHIEF HUMAN RESOURCES OFFICER	40 00 0 00					X		545,021	0	55,204
MARC CALABRESE PHYSICIAN	40 00 0 00					X		439,903	0	55,060

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			
CAROLYN C CARPENTER CHIEF OPERATING OFFICER DUH	40 00 0 00					X		444,483	0	49,464
JEFFREY M FERRANTI VP, CIO, DHTS ADMINISTRATION	44 50 5 50					X		622,660	102,220	53,244
THOMAS A OWENS MD CHIEF MEDICAL OFFICER	60 00 0 20					X		711,274	0	44,421
VICTOR J DZAU MD FORMER DIRECTOR/OFFICER	0 00 0 00						X	0	143,032	18,666

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
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>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
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>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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>	6	
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>	7	
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>	8	
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>	9a	
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>	9b	
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>	9c	
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>	10a	
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>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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. **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 (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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		
2	Political expenditures	▶	\$
3	Volunteer hours		

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 fileForm 1120-POL for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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-
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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		184,812
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		125,060
j	Total. Add lines 1c through 1i			309,872
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number
56-2070036

Part I

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

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

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

8

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

☐ Yes

☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2016

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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	57,816,285	57,578,816	59,083,195	46,947,089	50,036,781
b Contributions	2,312,345	7,276,856	4,849,436	13,413,723	8,190,873
c Net investment earnings, gains, and losses	1,810,497	-1,590,780	-29,888	2,988,057	1,409,233
d Grants or scholarships					
e Other expenditures for facilities and programs	4,761,397	5,448,607	6,323,927	4,265,674	12,689,798
f Administrative expenses					
g End of year balance	57,177,730	57,816,285	57,578,816	59,083,195	46,947,089

2

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

a

Board designated or quasi-endowment

47 120 %

b

Permanent endowment

52 880 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

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		57,155,782		57,155,782
b Buildings		1,850,343,316	813,967,218	1,036,376,098
c Leasehold improvements				
d Equipment		761,474,712	548,550,179	212,924,533
e Other		453,608,869	309,140,136	144,468,733
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,450,925,146

Schedule D (Form 990) 2016

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) HEDGED STRATEGIES	798,349,352	F
(B) SHORT-TERM INVESTMENTS	463,232,809	F
(C) PRIVATE CAPITAL	458,455,695	F
(D) REAL ASSETS	334,713,521	F
(E) FIXED INCOME	236,503,134	F
(F) EQUITIES	157,047,909	F
(G) OTHER INVESTMENTS	57,503,936	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,505,806,356	

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
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	
INTERCOMPANY PAYABLE	11,019,963
INTEREST PAYABLE	12,029,537
PROFESSIONAL LIABILITY COSTS	6,588,052
POST RETIREMENT BENEFIT OBLIGATION	416,631,000
CAPITAL LEASE OBLIGATION	127,571,016
DERIVATIVE INSTRUMENTS	80,650,994
TAXABLE BOND LIABILITY	586,511,737
OTHER NON-CURRENT LIABILITIES	32,684,889
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,273,687,188

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

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
INTERCOMPANY PAYABLE	11,019,963
INTEREST PAYABLE	12,029,537
PROFESSIONAL LIABILITY COSTS	6,588,052
POST RETIREMENT BENEFIT OBLIGATION	416,631,000
CAPITAL LEASE OBLIGATION	127,571,016
DERIVATIVE INSTRUMENTS	80,650,994
TAXABLE BOND LIABILITY	586,511,737
OTHER NON-CURRENT LIABILITIES	32,684,889

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE INTENDED USE FOR THE ORGANIZATION'S ENDOWMENT FUNDS SUPPORT CAPITAL PURCHASES, OFFSET OPERATING COSTS, IMPROVE PATIENT SAFETY, AND SUPPORT THE NEEDS OF PATIENTS AND FAMILIES

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, 2017

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► **Attach to Form 990. ► See separate instructions.**

► **Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.**

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" to 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			211,852,640
b Total from continuation sheets to Part I	0	0			174,101
c Totals (add lines 3a and 3b)	0	0			212,026,741

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GENERAL SUPPORT			32,450	MEDICAL EQUIPMENT	FMV
(2)									
(3)									
(4)									

- 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 1
- 3 Enter total number of other organizations or entities 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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)* ☐ 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)* ☐ 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).

Return Reference	Explanation
PART I, LINE 2	DUKE UNIVERSITY HEALTH SYSTEM, INC PERIODICALLY APPROVES NONCASH ASSISTANCE AND TRANSFERS MEDICAL EQUIPMENT AND SUPPLIES TO ORGANIZATIONS OUTSIDE THE UNITED STATES, USUALLY IN RESPONSE TO NATURAL DISASTERS THE ORGANIZATIONS AWARDED THE ASSISTANCE MUST MONITOR THE APPROPRIATE USE OF THE ASSISTANCE IN THE ORDINARY COURSE OF BUSINESS

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	0	0	SEMINAR		7,838
EAST ASIA AND THE PACIFIC	0	0	SEMINAR		13,497
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	SEMINAR		27,586

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
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION	13,567
SUB-SAHARAN AFRICA	0	0	SEMINAR		2,500
NORTH AMERICA	0	0	SEMINAR		12,381

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 AMERICA	0	0	SEMINAR		1,326
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		211,773,945
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION	123,301

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
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION	5,250
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		32,450
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION	3,639

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
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	RESEARCH	1,462
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATION	7,999

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</div>	OMB No 1545-0047
		2016
		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
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Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>GALA</u> (event type)	<u>(event type)</u>	<u>(total number)</u>	Total events (add col (a) through col (c))
	1 Gross receipts	121,961			121,961
	2 Less Contributions	43,858			43,858
	3 Gross income (line 1 minus line 2)	78,103			78,103
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	24,789			24,789
	6 Rent/facility costs				
	7 Food and beverages	20,518			20,518
	8 Entertainment	5,986			5,986
	9 Other direct expenses	9,514			9,514
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				60,807
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				17,296

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records					
Name ►					
Address ►					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$					
c If "Yes," enter name and address of the third party					
Name ►					
Address ►					
16 Gaming manager information					
Name ►					
Gaming manager compensation ► \$					
Description of services provided ►					
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor					
17 Mandatory distributions					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$					

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

Return Reference	Explanation
FORM 990, SCHEDULE G, PART I, LINE 2B	DUKE UNIVERSITY HEALTH SYSTEM, INC SUPPORTS THE FUNDRAISING ACTIVITIES PERFORMED BY EMPLOYEES OF DUKE UNIVERSITY SUCH ACTIVITIES ARE DESIGNED TO DEVELOP SUPPORT FOR BOTH THE UNIVERSITY AND THE DUKE UNIVERSITY HEALTH SYSTEM, INC 'S EDUCATIONAL, RESEARCH AND HEALTHCARE PURPOSES DUKE UNIVERSITY RECEIVES AND DIRECTS THE CONTRIBUTIONS AS APPROPRIATE TO DUKE UNIVERSITY HEALTH SYSTEM, INC THE AGREEMENT BETWEEN DUKE UNIVERSITY AND DUKE UNIVERSITY HEALTH SYSTEM, INC DOES NOT DISTINGUISH BETWEEN PAYMENTS FOR PROFESSIONAL FUNDRAISING SERVICES AND EXPENSE PAYMENTS OR REIMBURSEMENTS

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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	1a Yes	
b If "Yes," was it a written policy?	1b 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b 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)			96,710,397		96,710,397	3 290 %
b Medicaid (from Worksheet 3, column a)			109,018,730		109,018,730	3 710 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			205,729,127		205,729,127	7 000 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			80,124,798	14,847,505	65,277,293	2 220 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			12,000,255		12,000,255	0 410 %
j Total. Other Benefits			92,125,053	14,847,505	77,277,548	2 630 %
k Total. Add lines 7d and 7j			297,854,180	14,847,505	283,006,675	9 630 %

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	12,619,125	
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	547,314,073
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	646,276,788
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-98,962,715
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

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(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)

		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
	See Additional Data Table										

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?	1	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	2	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)	3	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>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	6a	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	6b	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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW DUKEHEALTH ORG</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>HTTP //WWW HEALTHYDURHAM ORG</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>HTTP //WWW DUKEHEALTH ORG</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td>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</td><td>13 Yes</td><td></td></tr><tr><td>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %</td><td></td><td></td></tr><tr><td>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td>c <input type="checkbox"/> Asset level</td><td></td><td></td></tr><tr><td>d <input checked="" type="checkbox"/> Medical indigency</td><td></td><td></td></tr><tr><td>e <input checked="" type="checkbox"/> Insurance status</td><td></td><td></td></tr><tr><td>f <input checked="" type="checkbox"/> Underinsurance discount</td><td></td><td></td></tr><tr><td>g <input type="checkbox"/> Residency</td><td></td><td></td></tr><tr><td>h <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td>14 Explained the basis for calculating amounts charged to patients?</td><td>14 Yes</td><td></td></tr><tr><td>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)</td><td>15 Yes</td><td></td></tr><tr><td>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</td><td></td><td></td></tr><tr><td>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</td><td></td><td></td></tr><tr><td>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</td><td></td><td></td></tr><tr><td>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td><td></td><td></td></tr><tr><td>e <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td>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)</td><td>16 Yes</td><td></td></tr><tr><td>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) HTTP //WWW DUKEHEALTH ORG</td><td></td><td></td></tr><tr><td>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) HTTP //WWW DUKEHEALTH ORG</td><td></td><td></td></tr><tr><td>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW DUKEHEALTH ORG</td><td></td><td></td></tr><tr><td>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td>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)</td><td></td><td></td></tr><tr><td>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)</td><td></td><td></td></tr><tr><td>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</td><td></td><td></td></tr><tr><td>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</td><td></td><td></td></tr><tr><td>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</td><td></td><td></td></tr><tr><td>j <input checked="" type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr></table>		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? 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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 non-payment?	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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" 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?	21 Yes	
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)		

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
22		
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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	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	2	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)	3	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>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	6a	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	6b	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)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW DUKEHEALTH ORG</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>HTTP //WWW ADVANCECHC ORG/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>HTTP //WWW DUKEHEALTH ORG</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 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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 non-payment?	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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" 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?	21	Yes	
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)			

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
22		
23		No
24	Yes	

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

[illegible]

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? 3

Name and address	Type of Facility (describe)
1 1 - HOSPICE OF MEADOWLANDS 1001 CORPORATE DRIVE HILLSBOROUGH, NC 27278	HOSPICE
2 2 - HOCK FAMILY PAVILION 4023 NORTH ROXBORO ROAD DURHAM, NC 27704	HOSPICE
3 3 - DUKE IMAGING SERVICES 3700 NW CARY PARKWAY SUITE 120 CARY, NC 27513	INDEPENDENT DIAGNOSTIC TESTING FACILITY
4	
5	
6	
7	
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	<p>NOT APPLICABLEPART I, LINE 6A NOT APPLICABLEPART I, LINE 7, COLUMN F TOTAL GROSS COMMUNITY BENEFIT EXPENSE AS A PERCENT OF TOTAL EXPENSES IS 10 14% PART I, LINE 7 CHARITY CARE AT COST IS DETERMINED USING THE COST-TO-CHARGE CALCULATION FROM WORKSHEET 2, IN ORDER TO CALCULATE THE AMOUNTS REPORTED ON THE TABLE UNREIMBURSED MEDICAID IS DETERMINED USING A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS PART II, COMMUNITY BUILDING ACTIVITIES THESE ACTIVITIES ARE INCLUDED IN DUKE UNIVERSITY HEALTH SYSTEM, INC 'S (DUHS) OPERATING EXPENSES AND ARE NOT TRACKED SEPARATELY FOR COMMUNITY BENEFIT REPORTING PURPOSES PART III, LINE 2 BAD DEBT AT COST IS DETERMINED USING THE COST-TO-CHARGE RATIO CALCULATION FROM WORKSHEET 2 PART III, LINE 3 A PORTION OF BAD DEBT EXPENSE SHOULD BE INCLUDED AS A COMMUNITY BENEFIT, BUT THE PORTION THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY IS INDETERMINABLE BECAUSE THOSE PATIENTS FAIL TO APPLY FOR OR PROVIDE INFORMATION NEEDED TO DETERMINE THEIR ELIGIBILITY UNDER THE DUHS FAP DUHS, INC FOLLOWS ITS MISSION TO THE COMMUNITY AND PROVIDES EMERGENT SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY BAD DEBT IS FURTHER COMPLICATED BY DOCUMENTATION REQUIRED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) FOR REPORTING CHARITY CARE THEREFORE, PATIENTS WHO MAY QUALIFY FOR CHARITY CARE ARE REPORTED AS BAD DEBT EXPENSE INSTEAD BECAUSE OF THOSE PATIENTS' INABILITY OR UNWILLINGNESS TO PROVIDE THE NECESSARY DOCUMENTATION REQUIRED TO DETERMINE CHARITY CARE CLASSIFICATION PART III, LINE 4 PAGES 16-18 IN THE FY2017 AUDITED FINANCIAL STATEMENT FOOTNOTES DESCRIBE BAD DEBT EXPENSE PART III, LINE 7 TOTAL UNREIMBURSED COSTS ATTRIBUTABLE TO PROVIDING SERVICES UNDER MEDICARE AS REPORTED IN THE JUNE 30, 2017 DUHS CONSOLIDATED FINANCIAL STATEMENTS ARE \$212,922,000 AS COMPARED TO \$98,962,712 AS REPORTED IN SECTION B, LINE 7 OF SCHEDULE H THE DUHS TOTAL MEDICARE SHORTFALL OF \$212,922,000 IS DERIVED FROM THE COST ACCOUNTING SYSTEM WHICH INCLUDES ALL PAYMENTS AND COSTS ASSOCIATED WITH MEDICARE PATIENTS, WHEREAS THE AMOUNT REPORTED IN SECTION B OF SCHEDULE H IS DERIVED BASED ON IRS INSTRUCTIONS IRS INSTRUCTIONS SPECIFY THAT ONLY A PORTION OF COSTS ASSOCIATED WITH MEDICARE BENEFICIARIES BE REPORTED ON SCHEDULE H SIGNIFICANT MEDICARE COSTS EXCLUDED FROM SCHEDULE H DATA INCLUDE THOSE ASSOCIATED WITH MEDICARE PATIENTS COVERED UNDER MANAGED CARE PLANS AND COSTS REIMBURSED THROUGH MEANS NOT REPORTED ON THE COST REPORT PART III, LINE 8 MEDICARE RATES AND THE NUMBER OF MEDICARE PATIENTS DUHS TREATS ARE NOT NEGOTIATED MEDICARE DOES NOT FULLY COMPENSATE DUHS FOR THE COST OF PROVIDING CARE TO MEDICARE BENEFICIARIES DUHS CONTINUES TO SERVE THE MEDICARE POPULATION AS MEDICARE REIMBURSEMENT RATES DECLINE RELATIVE TO THE COST OF CARE THEREFORE, ANY LOSS RELATED TO PROVIDING CARE FOR MEDICARE PATIENTS SHOULD BE CLASSIFIED AS A COMMUNITY BENEFIT DUHS FOLLOWED THE MEDICARE COST REPORT RULES AND GUIDELINES IN DETERMINING 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</p>

990 Schedule H, Supplemental Information

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 HEALTH CAROLINIAN'S WORKGROUP THE PARTNERSHIP EVALUATES COMMUNITY HEALTH CARE INFORMATION, THEN IDENTIFIES AND PRIORITIZES COMMUNITY-IDENTIFIED HEALTH CARE NEEDS AMONG SUBCOMMITTEES THAT FOCUS ON A DURHAM COUNTY HEALTH PRIORITY SINCE 2002, DUHS' OFFICE OF COMMUNITY RELATIONS HAS PLAYED A CENTRAL ROLE IN CONDUCTING A DURHAM HEALTH SUMMIT THIS IS AN EVENT THAT ATTRACTS HUNDREDS OF COMMUNITY MEMBERS, HEALTH OFFICIALS, ELECTED OFFICIALS, AND DUHS EXECUTIVES AND 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 SUMMIT'S 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</p>

Form and Line Reference	Explanation
COMMUNITY INFORMATION	<p>PART VI, LINE 4 DUHS SERVES A BROAD, CULTURALLY, RACIALLY AND SOCIALLY DIVERSE GEOGRAPHIC AND DEMOGRAPHIC REGION DUHS' HOME CITY OF DURHAM IS THE CORE, BUT DUHS' REACH EXTENDS INTO THE SURROUNDING RESEARCH TRIANGLE AREA OF NORTH CAROLINA AND THE STATE'S LARGER NORTHERN PIEDMONT REGION, AS WELL AS STATEWIDE, NATIONALLY AND GLOBALLY DUHS PRIMARY SERVICE AREA IS A 7-COUNTY REGION IN NC THAT INCLUDES ALAMANCE, DURHAM, GRANVILLE, ORANGE, PERSON, VAN CE AND WAKE COUNTIES THIS 7-COUNTY REGION REPRESENTS APPROXIMATELY 18% OF NC'S POPULATION BASED ON FEDERAL FISCAL YEAR (FFY) 2015 DATA APPROXIMATELY 70% OF INPATIENT DISCHARGES FROM DUHS FACILITIES IN FFY 2015 WERE PATIENTS FROM ITS PRIMARY SERVICE AREA DUHS' SECONDARY SERVICE AREA COVERS 15 COUNTIES IN NORTH CAROLINA AND SOUTHERN VIRGINIA WITH A POPULATION OF APPROXIMATELY 2 MILLION PROMOTION OF COMMUNITY HEALTH PART VI, LINE 5 DUHS PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES THROUGH A NUMBER OF COMMUNITY BUILDING ACTIVITIES CENTRAL TO MANY OF THE EFFORTS IS DUHS' OFFICE OF COMMUNITY RELATIONS, WHOSE ASSOCIATE VICE PRESIDENT REPORTS DIRECTLY TO DUHS' CEO AND SERVES AS A FULL-TIME LIAISON WITH THE DURHAM COMMUNITY THE OFFICE SPONSORS AND FACILITATES COMMUNITY EVENTS SUCH AS THE ANNUAL DURHAM HEALTH SUMMIT AND SIMILAR REGIONAL AND STATE HEALTH SUMMITS THAT RAISE AWARENESS OF COMMUNITY HEALTH NEEDS, PROMOTE PREVENTION AND WELLNESS, AND CHART A COURSE FOR SOLVING HEALTH ISSUES AND DISPARITIES IN ADDITION, THE OFFICE PROVIDES A POINT OF 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 CHARITABLE GRANTS AND GOODWILL GRANTS PROGRAM THE ASSOCIATE VICE-PRESIDENT AND STAFF SERVE ON A NUMBER OF HEALTH CARE-RELATED COMMUNITY BOARDS AND HEALTH-RELATED COMMITTEES STAFF FROM THE OFFICE OF COMMUNITY RELATIONS AND MEMBERS OF THE DUHS COMMUNITY HEALTH PLANNING GROUP CREATED A FORMAL PRINCIPLES OF COMMUNITY ENGAGEMENT POLICY THAT COMMITS DUHS AND ITS COMMUNITY COLLABORATES TO DEVELOPING PROPOSED PROJECTS AND INITIATIVES ON TRUST, RESPECT, DIVERSITY, SAFETY AND COMMUNITY-IDENTIFIED NEEDS THESE PRINCIPLES HAVE BEEN INCORPORATED INTO COMMUNITY-BASED HEALTH CARE PROJECTS SUCH AS THE DEVELOPMENT OF THE HOLTON WELLNESS CENTER AND DURHAM HEALTH INNOVATIONS, A MULTIDISCIPLINARY COMMUNITY BASED JOINT EFFORT BETWEEN DUHS AND THE DURHAM COMMUNITY THAT FOCUSES ON IMPROVING HEALTH OUTCOMES THROUGH NEW AND CREATIVE APPROACHES TO HEALTH CARE DELIVERY IN ADDITION TO COMMUNITY BUILDING ACTIVITIES, DUHS PROMOTES THE HEALTH OF ITS COMMUNITIES IN A NUMBER OF IMPORTANT WAYS ONE OF DUHS' THREE CONSTITUENT HOSPITALS, DUKE REGIONAL, HAS AN OPEN MEDICAL STAFF AND A HOSPITAL CORPORATION BOARD, WHICH IS A COUNTY APPOINTED BOARD RESPONSIBLE FOR HOSPITAL OVERSIGHT IN ADDITION, APPROXIMATELY 50 LOCAL LEADERS IN THE DURHAM FAITH COMMUNITY ARE WORKING WITH DUKE HEALTH TO LOOK AT HOW TO ADDRESS THE NEEDS OF THEIR CONGREGATIONS AND COMMUNITIES BY COMBINING THE TRADITIONS OF THE FAITH COMMUNITY WITH THE KNOWLEDGE OF MODERN MEDICINE MEETINGS ARE HELD TO DETERMINE HOW DUKE HEALTH CAN ASSIST THE FAITH COMMUNITY TO SUPPORT HEALTH MINISTRY ACTIVITIES IN THEIR COMMUNITY AND PLACES OF WORSHIP DUHS' CEO ALSO HAS A CHANCELLOR'S COMMUNITY HEALTH ADVISORY BOARD TO PROVIDE FEEDBACK ON A VARIETY OF ISSUES, INCLUDING USE OF DUHS RESOURCES, HEALTH SERVICE DELIVERY SYSTEMS AND LONG-RANGE GOALS TO REDUCE HEALTH RISKS AND DISPARITIES IN DURHAM COUNTY THE BOARD INCLUDES STATE AND LOCAL ELECTED OFFICIALS, NEIGHBORHOOD COUNCILS AND OTHER GRASSROOTS ORGANIZATIONS, POLITICAL GROUPS, LOCAL PHYSICIANS, THE DURHAM PUBLIC SCHOOLS, AMONG OTHERS DUHS MAINTAINS A CHARITABLE GRANTS COMMITTEE TO REVIEW COMMUNITY REQUESTS FOR PHILANTHROPIC ASSISTANCE THAT PROMOTE HEALTH AND WELLNESS DUKE HEALTH PROVIDES VARIOUS OPPORTUNITIES FOR STUDENTS TO INTERACT WITH DIFFERENT HEALTH CARE PROFESSIONALS ACROSS THE SYSTEM THE OFFICE OF COMMUNITY RELATIONS, DRH, AND OTHER KEY COMMUNITY PARTICIPANTS ARE ACTIVE IN A WORKFORCE DEVELOPMENT PROJECT CALLED PROJECT SEARCH THIS PROGRAM, MODELED AFTER THE PROGRAM AT CINCINNATI CHILDREN'S HOSPITAL, PROVIDES YOUTH WITH DISABILITIES EMPLOYMENT TRAINING AND CAREER OPPORTUNITIES IN THE HEALTHCARE FIELD THE OFFICE OF COMMUNITY RELATIONS WORKS WITH THE DURHAM-ORANGE MEDICAL SOCIETY AND THE DURHAM ACADEMY OF MEDICINE, DENTISTRY AND PHARMACY (AN ASSOCIATION FOR AFRICAN-AMERICAN MEDICAL PROFESSIONALS) TO PROMOTE THE SUCCESS OF THE CITY OF MEDICINE ACADEMY (CMA) THE CMA IS A PUBLIC MAGNET HIGH SCHOOL DESIGNED FOR STUDENTS INTERESTED IN HEALTH CARE CAREERS FACULTY ARE INVOLVED WITH MENTORING STUDENTS AND CLASSROOM LECTURES IN ADDITION, THE HEALTH SYSTEM CEO IS WORKING TO HELP THE CMA BECOME THE PREMIER HEALTH SCIENCE HIGH SCHOOL IN NORTH CAROLINA DUHS IS A KEY PARTICIPANT IN THE ANNUAL BULL CITY FRESH START EVENT STAFF FROM THE DUKE</p>

Form and Line Reference	Explanation
COMMUNITY INFORMATION	<p>SCHOOL OF NURSING, DUKE EYE CENTER, AND STAFF AFFILIATED WITH LINCOLN COMMUNITY HEALTH CENTER HEALTHCARE FOR THE HOMELESS CLINIC VOLUNTEER TIME AND RESOURCES AT THIS IMPORTANT EVENT STUDENTS FROM THE DUKE SCHOOLS OF MEDICINE AND NURSING ENGAGE COMMUNITIES IN DURHAM AND BEYOND IN ACTIVITIES THAT INCLUDE FREE BLOOD PRESSURE SCREENINGS FOR THE HOMELESS, AND IDENTIFYING THE HEALTH CARE NEEDS OF A LOW WEALTH COMMUNITY SCHOOL AND DEVELOPING A CURRICULUM FOR STUDENTS AND PARENTS THAT ADDRESSES THOSE NEEDS AFFILIATED HEALTH CARE SYSTEM ROLES PART VI, LINE 6 DUHS PROVIDES VIRTUALLY ALL LEVELS OF CARE BEGINNING WITH DUKE UNIVERSITY AFFILIATED PHYSICIANS (DBA DUKE PRIMARY CARE) (DPC) THE HOSPITALS PROVIDE ROUTINE INPATIENT AND OUTPATIENT CARE IN DURHAM COUNTY, DUH AND DRH WORK TOGETHER TO MAXIMIZE FACILITY UTILIZATION PROVIDING ROUTINE AND ADVANCED LEVELS OF CARE DUH ALSO OPERATES A TRAUMA CENTER WITH AIR AMBULANCE SERVICE DRAH SERVES THE WAKE COUNTY AREA AS A COMMUNITY HOSPITAL THE DRAH CAMPUS HAS SEVERAL MEDICAL OFFICE BUILDINGS ENHANCING CONVENIENCE FOR THE PATIENT IN NON-EMERGENT CASES AND PROVIDES STREAMLINED ACCESS TO HIGH-DEMAND PROCEDURES SUCH AS CARDIAC CATHETERIZATION AND RADIOLOGY PROCEDURES DUHS ALSO OPERATES HOME HEALTH AND HOME INFUSION SERVICES TO TREAT AND CARE FOR PATIENTS IN THE COMFORT OF THEIR HOME THIS IS OBVIOUSLY PRACTICAL FOR PATIENTS NOT REQUIRING AN INPATIENT STAY BUT IN NEED OF ONGOING CARE AT A SUB-ACUTE LEVEL FINALLY, HOSPICE PROVIDES PALLIATIVE CARE FOR PATIENTS NOT RESPONDING TO CURATIVE CARE PAIN MANAGEMENT, SYMPTOM MANAGEMENT, AND PSYCHOLOGICAL AND SPIRITUAL SUPPORT PROVIDE A ROUNDED APPROACH TO COMPASSIONATELY ASSIST TERMINAL PATIENTS AND THEIR FAMILIES WITH THE PROCESS OF DYING ALL OF THE OPERATING UNITS OF DUHS WORK TOGETHER TO PROVIDE THE RIGHT LEVEL OF CARE FOR THE PATIENT IN THE MOST BENEFICIAL MANNER IN ADDITION TO THE REACTIVE ACTIVITIES OF DIAGNOSTIC CARE, DUHS ALSO SUPPORTS AND PROMOTES HEALTHY LIFESTYLES IN THE DIET & FITNESS CENTER, CENTER FOR LIVING, AND DUKE INTEGRATIVE MEDICINE THESE OPERATIONS FOCUS LARGELY ON PREVENTION AND EDUCATION TO AVOID OR MITIGATE THE POTENTIAL FOR FUTURE ILLNESS LIST OF ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT PART VI, LINE 7 NORTH CAROLINA</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		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3											
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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
NOTE THIS SCHEDULE H CONTAINS REFERENCES TO DUKE AND DUKE HEALTH WHICH ARE	MEANT TO ENCOMPASS FOR THE PURPOSES OF THIS SCHEDULE DUKE UNIVERSITY HEALTH SYSTEM (DUHS), DUKE UNIVERSITY SCHOOL OF MEDICINE, AND DUKE UNIVERSITY SCHOOL OF NURSING PART V, SECTION B GROUP A - FACILITY 1 - DUKE UNIVERSITY 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 PARTNERSHIP FOR A HEALTHY DURHAM COMMITTEES THE MOST RECENT ASSESSMENT PROCESS CONDUCTED IN CALENDAR YEAR 2014 COMPILED VALID AND RELIABLE INFORMATION ABOUT THE HEALTH OF DURHAM IT INCLUDED 354 CITIZEN SURVEYS FROM RANDOMLY SELECTED HOUSEHOLDS AND 8 COMMUNITY LISTENING SESSIONS WITH 205 COMMUNITY MEMBERS THE COMMUNITY HEALTH ASSESSMENT TEAM - COMPRISED OF MORE THAN 89 MEMBERS REPRESENTING, DUKE UNIVERSITY HOSPITAL AND DUKE REGIONAL HOSPITAL (FORMERLY DURHAM REGIONAL HOSPITAL), UNIVERSITIES, LOCAL GOVERNMENT, SCHOOLS, NON-PROFIT ORGANIZATIONS AND BUSINESSES - WORKED TO DIRECT THE ACTIVITIES OF THE ASSESSMENT AND PROVIDE WRITTEN CONTENT AND EXPERTISE ON ISSUES OF INTEREST THIS JOINT CHNA AND RELATED IMPLEMENTATION PLAN WAS ADOPTED BY THE DUHS BOARD OF DIRECTORS AND PUBLISHED ON THE DUKE HEALTH WEBSITE IN FISCAL YEAR 2016 (TAX YEAR 2015) 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 DEPARTMENTGROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITALPART V, SECTION B, LINE 11 THE ASSESSMENT IDENTIFIED SIX HEALTH PRIORITIES FOR 2015 - 2017 1 ACCESS TO MEDICAL AND DENTAL CARE 2 MENTAL HEALTH AND SUBSTANCE ABUSE3 OBESITY AND CHRONIC ILLNESS 4 HIV AND SEXUALLY TRANSMITTED INFECTIONS 5 POVERTY 6 EDUCATION ALL OF THE PROGRAMS DESCRIBED IN THE FOLLOWING IMPLEMENTATION PLAN ARE ALIGNED WITH THE SIX HEALTH PRIORITIES WITH MANY OF THE PROGRAMS ADDRESSING COMBINATIONS OF THE SIX 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 DOES NOT CONTAIN DESCRIPTIONS OF THE COMMUNITY HEALTH IMPROVEMENT WORK CARRIED OUT BY OTHER COMPONENTS OF THE LARGER DUKE HEALTH SYSTEM OR DUKE UNIVERSITY THIS IMPLEMENTATION PLAN ONLY REPRESENTS DUKE HOSPITAL'S CONTINUALLY EVOLVING ACTIVITIES AND SUPPORT TO IMPROVE HEALTH WITH THE DURHAM COMMUNITY IMPLEMENTATION PLANTOGETHER, WITH ITS PARTNERS, DUH AS

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

Form and Line Reference	Explanation
NOTE THIS SCHEDULE H CONTAINS REFERENCES TO DUKE AND DUKE HEALTH WHICH ARE	<p>KS ABOUT AND LISTENS TO CONCERNS, EXPLORES BARRIERS TO CARE, ANALYZES HEALTHCARE UTILIZATI ON AND COSTS, IDENTIFIES PARTNER NEEDS AND RESOURCES, PLANS/REDESIGNS SERVICES, TRACKS OUT COMES, AND SHARES ACCOUNTABILITY IN ORDER TO DEVELOP EFFECTIVE PROGRAMS TO IMPROVE THE HEA LTH OF THE DURHAM COMMUNITY AS SUCH THIS IMPLEMENTATION PLAN INCLUDES NEW AND LONG-STANDI NG PROGRAMS 1 ACCESS TO MEDICAL AND DENTAL CARE INITIATIVES ACCESS TO HEALTH CARE IN A C OMUNITY REFERS TO THE ABILITY OF RESIDENTS TO FIND A CONSISTENT MEDICAL PROVIDER FOR THEI R PRIMARY CARE NEEDS, TO FIND A SPECIALTY PROVIDER WHEN NEEDED AND TO BE ABLE TO RECEIVE T HAT CARE WITHOUT ENCOUNTERING SIGNIFICANT BARRIERS ALTHOUGH THERE ARE MANY MEDICAL PROVID ERS, DURHAM COUNTY IS PARTICULARLY HAMPERED BY A LACK OF HEALTH INSURANCE COVERAGE (WHETHE R PRIVATE OR PUBLIC, SUCH AS MEDICAID) FOR MANY OF ITS RESIDENTS IN DURHAM COUNTY, 19% OF ADULTS LESS THAN 65 YEARS ARE UNINSURED PROJECT ACCESS OF DURHAM COUNTY (PADC) LINKS ELI GIBLE LOW-INCOME, UNINSURED, DURHAM COUNTY RESIDENTS TO SPECIALTY MEDICAL CARE FULLY DONAT ED TO THE PATIENTS BY THE PHYSICIANS, HOSPITALS INCLUDING DUH, LABS, CLINICS AND OTHER PRO VIDERS PARTICIPATING IN THE PADC NETWORK IN FY15, PADC PROVIDED SERVICES TO MORE THAN 1,0 00 PATIENTS PLANS FOR FY16 ENROLL AND CARE MANAGE AT LEAST 1,000 PATIENTS, RE-ESTABLISH T HE MEDICAL DIRECTOR COMMITTEE TO REVIEW AND FINALIZE OUTCOME METRICS, CONTINUE CARE MANAGE MENT ASSISTANCE OF MEDICAL RESPITE PROGRAM PROGRESS IN FY16 PADC ENROLLED 1117 PATIENTS A ND EXPANDED ITS MEDICAL RESPITE PROGRAM SERVING A DOZEN PATIENTS IN ADDITION TO EXCEEDING THOSE FY 16 GOALS, PADC IMPROVED OPERATIONS BY LAUNCHING A DIGITAL ENROLLMENT SYSTEM IN T HE COACH WEB-BASED INFORMATION AND COMMUNICATION SYSTEM PLANS FOR FY17 CONTINUE TO FUNCTI ON AND SERVE ITS DONATED NUMBER OF BUNDLED SERVICES (2500/YEAR) MAKE THE NECESSARY PROTOC OL AND OPERATIONAL ADJUSTMENTS TO THE MEDICAL RESPITE PROGRAM TO ALLOW PATIENTS TO STAY MO RE THAN 30 DAYS WHILE HOUSING IS BEING ARRANGED PROGRESS IN FY17 PADC CONTINUED TO MEET S ERVICE GOALS IN FY17 EARLY EVALUATION RESULTS OF THE MEDICAL RESPITE PROGRAM DEMONSTRATED POSITIVE IMPACTS FOR PATIENTS SERVED INCLUDING A 37% REDUCTION IN INPATIENT ADMISSIONS, 70% REDUCTION IN INPATIENT DAYS, AND 192% INCREASE IN OUTPATIENT VISITS BENEFITS AND SERV ICES OBTAINED FOR PARTICIPANTS THROUGH THE MEDICAL RESPITE PROGRAM INCLUDED CONNECTIONS TO PRIMARY CARE SERVICES, MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES, AND ASSISTANCE IN T RANSITIONING TO STABLE HOUSING LOCAL ACCESS TO COORDINATED HEALTHCARE (LATCH) WAS INITIAT ED IN 2002 WITH HEALTHY COMMUNITIES ACCESS PROGRAM (HCAP) FUNDING FROM THE US HEALTH RESOU RCES AND SERVICES ADMINISTRATION (HRSA) TO DUKE'S DIVISION OF COMMUNITY HEALTH, DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE THE FOUNDING AND SUSTAINING LATCH PARTNERSHIP INCLUDES DUH (WHICH NOW PROVIDES THE MAJORITY OF OPERATING FUNDS), LINCOLN COMMUNITY HEALTH CENTER, THE DURHAM COUNTY DEPARTMENTS</p>

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

Form and Line Reference	Explanation
NOTE THIS SCHEDULE H CONTAINS REFERENCES TO DUKE AND DUKE HEALTH WHICH ARE	OF HEALTH AND SOCIAL SERVICES, EL CENTRO HISPANO, AND A NUMBER OF COMMUNITY-BASED ORGANIZATIONS (CBOS) THROUGH COMMUNITY-BASED, LINGUISTICALLY AND CULTURALLY-RELEVANT CARE MANAGEMENT, LATCH AIMS TO IMPROVE HEALTH KNOWLEDGE AND SELF-CARE, ACCESS TO HEALTH CARE AND HEALTH SERVICES UTILIZATION OUTCOMES AMONG DURHAM COUNTY'S UNINSURED CARE MANAGEMENT SERVICES INCLUDE HEALTH SERVICES COORDINATION AND NAVIGATION (MEDICAL, SOCIAL, BEHAVIORAL), POST-HOSPITALIZATION FOLLOW-UP, PATIENT EDUCATION, CHRONIC DISEASE MANAGEMENT, PSYCHO-SOCIAL SUPPORT, ACCESS TO BENEFITS (MEDICAID/SSI/SSDI), BILLS ASSISTANCE, INTERPRETATION/TRANSLATION, AND, TRANSPORTATION COORDINATION IN PARTNERSHIP WITH OTHER COMMUNITY STAKEHOLDERS-HEALTH CARE AND SOCIAL SERVICE PROVIDERS, LOCAL GOVERNMENT AND COMMUNITY-BASED ORGANIZATIONS-LATCH MONITORS HEALTH CARE TRENDS, IDENTIFIES BARRIERS FACING UNINSURED PATIENTS, AND, WORKING AS A CONSORTIUM, ADDRESSES AND ELIMINATES BARRIERS IN FY15 LATCH PROVIDED MORE THAN 6,000 CARE MANAGEMENT SERVICE ENCOUNTERS WITH PATIENTS PRE- AND POST- ANALYSIS OF PATIENTS SERVED BY LATCH SHOWS A 17% DECREASE IN HOSPITALIZATIONS PLANS FOR FY16 REACH OUT AND ENROLL NEW REFUGEE/IMMIGRANT POPULATIONS ARRIVING IN DURHAM FROM NUMEROUS AREAS OF THE WORLD, INCLUDING EAST ASIA, MIDDLE EAST, EAST AFRICA, AND BURMA, CONTINUE ENGAGEMENT WITH EL CENTRO HISPANO AND THE LATINO ROUNDTABLE, CONTINUE ENROLLING UNINSURED IN THE HEALTH INSURANCE EXCHANGE PROMOTING THE UNITED WAY "SPECIAL DISCOUNT" FOR DURHAM RESIDENTS, CONTINUE ENROLLING UNINSURED AND UNDERINSURED IN LATCH CASE MANAGEMENT SERVICES

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

Form and Line Reference	Explanation
PROGRESS IN FY16 LATCH WORKED WITH THE GROWING REFUGEE COMMUNITY	<p>AND THE LOCAL OFFICES OF NATIONAL REFUGEE RESETTLEMENT PROGRAMS LATCH CONTINUED TO PERFORM AWARENESS OUTREACH IN THE COMMUNITY TO ENCOURAGE RESIDENTS TO ENROLL IN THE HEALTH INSURANCE EXCHANGE, AND BEGAN ASSISTING MOTHERS WITH CHILDREN AGES 0 -2 IN ENROLLING IN MEDICAID DUE TO LAPSES IN THE NC FAST ELIGIBILITY SYSTEM PLANS FOR FY17 CONTINUE PROVIDING MEDICAID AND CHARITY CARE ASSISTANCE, TRANSLATION AND INTERPRETATION SERVICES, EXPAND MEDICAL RESPITE WITH A DAILY CENSUS MINIMUM OF A DOZEN PATIENTS, AND CONTINUE CASE MANAGEMENT OF UNINSURED AND UNDERINSURED PATIENTS WHO HAVE AN EMERGENCY DEPARTMENT (ED) ENCOUNTER PROGRESS IN FY17 LATCH CONTINUED TO PERFORM AWARENESS OUTREACH IN THE COMMUNITY TO ENCOURAGE RESIDENTS TO ENROLL IN THE HEALTH INSURANCE EXCHANGE LATCH PARTICIPATED IN THE RIDES TO WELLNESS INITIATIVE TO ADDRESS TRANSPORTATION BARRIERS LATCH PROVIDED DISABILITY, MEDICAID AND CHARITY CARE ASSISTANCE, TRANSLATION AND INTERPRETATION SERVICES, AND CONTINUED CASE MANAGEMENT OF UNINSURED AND UNDERINSURED PATIENTS WHO HAVE AN ED ENCOUNTER LATCH INCREASED ITS OWN COMMUNITY OUTREACH EFFORTS, ENROLLING UNINSURED INDIVIDUALS IN NEED OF ASSISTANCE AT VARIOUS CHURCHES AND COMMUNITY EVENTS 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) IN FY15, CCP SERVED 22 CHILDREN AND THEIR FAMILIES</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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PLANS FOR FY16 DEVELOPMENT OF A COMPLEX CARE CLINIC AND ENROLL 50 NEW	CHILDREN IN THE SERVICE PROGRESS IN FY16 CCP IS NOW NAMED THE DUKE CHILDREN'S COMPLEX CARE SERVICE (CCS) AND IN FY 16, CCS ESTABLISHED A LONGITUDINAL CLINICAL FOLLOW UP CONTINUUM THAT CONSISTS OF THE COMPLEX CARE CLINIC, INPATIENT ROUNDS, AND DIRECT COMMUNICATION WITH PCP, SPECIALIST AND PATIENT'S GUARDIAN THE CCS PROVIDES 24/7 AVAILABILITY IN FY16 DUKE HOSPITAL FUNDED 1 0 MD FTE (DIVIDED AMONGST 3 MDS), 1 0 RN CLINICIAN AND 1 0 PROGRAM COORDINATOR (IN COLLABORATION WITH DUKE-NPCC) IN FY 16, CCS EXPANDED TO A STATEWIDE REPRESENTATION (WITH SIGNIFICANT REACH TOWARD CENTRAL AND EASTERN NC) CCS HAS EXPERIENCED A REDUCTION IN ED VISITS AND SUBSTANTIAL HOSPITAL STAY REDUCTION THE PATIENT EXPERIENCE INCLUDED HOME VISITS, CONCURRENT AND PALLIATIVE CARE AND FAMILY CARE CONFERENCES PLANS FOR FY17 PLANS INCLUDE NEW PATIENT SERVICES, A MOBILE APP FOR COMPLEX CARE PLANS, TELEHEALTH, AND PROGRAM EXPANSION WITH A TARGET OF SERVING 100 PATIENTS IN FY17 PROGRESS IN FY17 THE CCS PROGRAM CONTINUED TO DEVELOP ADDITIONAL RESOURCES FOR THE CHILDREN, FAMILIES, AND PROVIDERS SERVED BY THE PROGRAM AND CONTINUED TO WORK ON EXPANSION PLANS FOR THE PROGRAM

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

Form and Line Reference	Explanation
DUKE - DURHAM FOSTER CARE CLINIC PROGRAM IS A HIGHLY EFFECTIVE PARTNERSHIP	<p>BETWEEN DUKE AND DURHAM COUNTY IN SEPTEMBER OF 2013 THE DUKE CHILD ABUSE AND NEGLECT MEDICAL EVALUATION CLINIC (CANMEC) PARTNERED WITH DURHAM COUNTY DEPARTMENT OF SOCIAL SERVICES (DSS) TO FORMALIZE A FOSTER CARE CLINIC THIS CLINIC PROVIDES THE INITIAL SCREENING AND COMPREHENSIVE HEALTH ASSESSMENT ACCORDING TO THE AAP STANDARDS FOR CHILDREN IN FOSTER CARE IN DURHAM CHILDREN RECEIVE A COMPREHENSIVE MEDICAL EVALUATION INCLUDING COMPLETE PHYSICAL EXAM, MEDICAL RECORD REVIEW AS WELL AS SCREENING FOR DENTAL, DEVELOPMENTAL, MENTAL HEALTH, AND SOCIAL CONCERNS UNMET MEDICAL NEEDS ARE IDENTIFIED AND THE CLINIC IDENTIFIES A MEDICAL HOME, ARRANGES MEDICAL, MENTAL HEALTH, AND SOCIAL REFERRALS, PROVIDES FOLLOW UP CARE UNTIL A MEDICAL HOME IS ESTABLISHED, AND SUPPORTS SOCIAL WORKERS WITH NAVIGATING THE COMPLEX HEALTH SYSTEM CHILDREN IN DURHAM COUNTY FOSTER CARE WHO HAVE COMPLETED A COMPREHENSIVE ASSESSMENT AT THE DUKE FOSTER CARE CLINIC ARE CURRENT ON IMMUNIZATIONS, ARE ENROLLED IN A MEDICAL HOME, ARE REFERRED FOR MENTAL HEALTH TREATMENT IF NEEDED, AND ARE HAVING THEIR ONGOING MEDICAL, DEVELOPMENTAL AND SOCIAL NEEDS ADDRESSED THE DUKE-DURHAM FOSTER CARE CLINIC SERVES ALL CHILDREN IN THE FOSTER CARE SYSTEM IN DURHAM COUNTY UNFORTUNATELY, THE NEED FOR THIS CLINIC CONTINUES TO GROW EACH YEAR PLANS FOR FY16 ENABLE DSS SOCIAL WORKER TO BE ABLE TO CONTACT FOSTER PARENT(S) REGARDING UPCOMING MEDICAL APPOINTMENTS, AND FOLLOW UP WITH FOSTER PARENT(S) IN THE EVENT OF A CANCELLATION AND TO RESCHEDULE THE CHILD FOR PRIMARY CARE AND SPECIALTY VISITS, ASSIST CANMEC AND PCP EXCHANGE MEDICAL AND PSYCH-SOCIAL PATIENT INFORMATION, PROVIDE PCP WITH A TOOL BOX FOR ASSESSING AT RISK KIDS PROGRESS IN FY16 THE DURHAM DEPARTMENT OF SOCIAL SERVICES UTILIZED DUKE'S CLINICAL DECISION SUPPORT AND ELECTRONIC ALERT SYSTEM (COACH) TO MANAGE OVER 300 CHILDREN'S MEDICAL APPOINTMENTS THROUGH THE USE OF COACHS' TARGETED MESSAGING SOCIAL SERVICE WORKERS WERE ABLE TO RECEIVE ADVANCE NOTIFICATION OF EACH CHILD'S MEDICAL APPOINTMENT AND ASSIST THE FOSTER PARENT IN GETTING TO THE APPOINTMENT PLANS FOR FY17 ESTABLISH A REGISTRY FOR AGES 0-2 TO ASSIST PCP AND FOSTER PARENT IN SCHEDULING AND ATTENDING WELL CHILD VISITS AND IMMUNIZATIONS</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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PROGRESS IN FY17 CONTINUED TO PROVIDE LINKAGES FOR DURHAM	COUNTY DEPARTMENT OF SOCIAL SERVICES TO MANAGE HEALTHCARE SERVICES FOR CHILDREN IN THE FOSTER CARE SYSTEM

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

Form and Line Reference	Explanation
SOUTHERN HIGH SCHOOL WELLNESS CENTER PROVIDES COMPREHENSIVE PRIMARY CARE	AND MENTAL HEALTH SERVICES AT SOUTHERN HIGH SCHOOL TO STUDENTS AT THE SCHOOL AND IS OPEN T O ALL STUDENTS AND STAFF OF DURHAM PUBLIC SCHOOLS OPERATED BY DUKE'S DIVISION OF COMMUNIT Y HEALTH ON BEHALF OF DUH, THE SOUTHERN HIGH SCHOOL WELLNESS CENTER WILL CELEBRATE ITS 20T H ANNIVERSARY IN 2016 IN FY15 THE SOUTHERN HIGH SCHOOL WELLNESS CENTER HAD TO SCALE BACK HOURS DUE TO STAFFING ISSUES, BUT STILL COMPLETED 188 PATIENT VISITS PLANS FOR FY16 CONTI NUE PRIMARY CARE AND MENTAL HEALTH SERVICES, CONTINUE NUTRITIONAL COUNSELING, ENROLL 520 N EW STUDENTS ADD SERVICES FOR FACULTY AND STAFF OF THE SCHOOL AND EMPLOYEES OF DURHAM PUBL IC SCHOOLS PROGRESS IN FY16 THE SOUTHERN HIGH SCHOOL (SHS) WELLNESS CENTER CELEBRATED ITS 20TH ANNIVERSARY IN APRIL OF 2016 THE CENTER CONTINUED TO STRUGGLE WITH STAFFING ISSUES IN EARLY FY16 BUT, CONTINUED TO INCREASE ITS ENROLLMENT AND BEGAN OUTREACH TO SERVE SCHOOL STAFF AND EMPLOYEES OF DURHAM PUBLIC SCHOOLS PLANS FOR FY17 SECURE FULL-TIME CLINICIAN A ND RESTORE PATIENT CARE SCHEDULE TO FIVE DAYS A WEEK ROLL OUT THE SPARCS (STRUCTURED PSYC HOTHERAPY FOR ADOLESCENTS RESPONDING TO CHRONIC STRESS) PROGRAM TO INCLUDE ADDITIONAL GROU PS AND EXPAND THE PROGRAM TO SERVE NORTHERN HIGH SCHOOL PARTNER WITH THE DURHAM COUNTY DE PARTMENT OF PUBLIC HEALTH TO EXPLORE THE FEASIBILITY OF PLACING A REGISTERED DIETICIAN IN THE CLINIC PROGRESS IN FY17 EXPANDED SPARCS PROGRAM TO NORTHERN HIGH SCHOOL AND DEVELOPED A PLAN TO PLACE A DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH REGISTERED DIETICIAN IN THE S HS WELLNESS CENTER TO SEE CLIENTS KEY FINDINGS OF THE 2-YEAR STUDENT SATISFACTION SURVEY RESULTS SHOW 62% OF THE RESPONDENTS REPORTED HAVING NO USUAL SOURCE OF CARE OUTSIDE OF THE SHS WELLNESS CENTER, 71% OF THE VISITS TO THE CENTER INVOLVED SICK CARE OR INJURY CARE, 1 4% SAID THEY WOULD HAVE NOT RECEIVED CARE WITHOUT THE CENTER, 9% SAID THEY WOULD HAVE GONE TO THE EMERGENCY DEPARTMENT THE MEAN OVERALL SATISFACTION WITH THE CENTER WAS 4 9 OUT OF A POSSIBLE 5 DURHAM CHILD HEALTH ASSESSMENT AND PREVENTION PROGRAM (CHAPP) WAS CREATED TO CLOSE GAPS IN ACCESS FOR CHILDREN WHO HAVE MISSED PREVENTIVE VISITS IN ADDITION, THE PRO GRAM SEEKS TO RECONNECT THESE CHILDREN AND THEIR FAMILIES TO SUPPORTIVE MEDICAL HOMES TOG ETHER, DUH THROUGH THE DUKE DIVISION OF COMMUNITY HEALTH, THE DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH, AND DURHAM PUBLIC SCHOOLS CONVERTED THREE DUH ELEMENTARY SCHOOL BASED HEALT H CENTERS AND OPENED TWO ADDITIONAL ONES UTILIZING ENHANCED ROLE REGISTERED NURSES (ERRNS) TO DELIVER WELL-CHILD CARE TO CHILDREN WHO ARE OVERDUE FOR THEIR WELL-CHILD CHECKUPS THE FIVE SCHOOLS ARE IN AREAS OF THE COUNTY THAT DEMONSTRATE SIGNIFICANT GAPS IN PEDIATRIC CA RE AND THE CHAPP CLINICS OPERATE AS SATELLITES OF THE DURHAM COUNTY DEPARTMENT OF PUBLIC H EALTH DUH CONTINUES TO SUPPORT MENTAL HEALTH SERVICES AT ALL FIVE OF THE SITES AND PROVID ES MEDICAL BACK UP PLANS FOR FY16 FY16 WILL BE THE FIRST FULL YEAR OF OPERATION FOR CHAAP IT IS ANTICIPATED THAT THE P

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

Form and Line Reference	Explanation
SOUTHERN HIGH SCHOOL WELLNESS CENTER PROVIDES COMPREHENSIVE PRIMARY CARE	ROGRAM WILL REDUCE THE COST OF WELL-CHILD VISITS WHILE EXPANDING ACCESS TO PHYSICIANS FOR COMPLEX ACUTE AND CHRONIC NEEDS BY ENSURING THAT BOTH ENHANCED ROLE NURSES AND PRIMARY CAR E PHYSICIANS ARE WORKING AT THE TOP OF THEIR LICENSES CHAPP EVALUATION METRICS WILL INCLU DE NUMBER OF WELL CHILD CARE VISITS, NUMBER OF CHILDREN REFERRED TO A MEDICAL HOME, NUMBE R OF VACCINATIONS ADMINISTRATED, NUMBER OF DENTAL, HEARING, VISION REFERRALS, AND FINANCIA L INPUTS AND OUTPUTS TO DETERMINE FISCAL EFFICACY, SUSTAINABILITY, AND IDEALLY, EXPANSION OPPORTUNITIES PROGRESS IN FY16 CHAAP WAS RENAMED HEALTHY FUTURES IN THE FOURTH QUARTER O F FY 16, HEALTHY FUTURES WAS FULLY STAFFED AND OPERATIONAL THREE ENHANCED ROLE NURSES STA FFED FIVE DURHAM ELEMENTARY SCHOOL CLINICS AND PROVIDED THREE HUNDRED WELL CHILD VISITS OF WHICH 50% OF THE CHILDREN DID NOT HAVE A MEDICAL HOME PRIOR TO THEIR HEALTHY FUTURES VISI T OTHER NOTABLE RESULTS INCLUDE - 57% OF CHILDREN RECEIVED A VACCINE DURING THEIR VISIT A ND 90% OF THOSE VACCINATIONS WERE A REQUIRED VACCINE TO CATCH UP TO THE AGE APPROPRIATE VA CCINE SCHEDULE- 30% OF CLIENTS SAID THEIR MAIN REASON FOR CONTACTING HEALTHY FUTURES WAS T HAT THEY WERE UNABLE TO GET AN APPOINTMENT WITH THEIR PEDIATRICIAN AND 15% STATED APPOINTM ENT WAIT TIME WAS TOO LONG- REASON FOR REFERRAL 33% ACUTE CONCERN, 29% CHRONIC CARE, 14% DENTAL CONCERN, 10% FAILED VISION SCREEN, 9% BEHAVIORAL CONCERN- REASON FOR CHRONIC CARE R EFERRAL OBESITY 20%, BLOOD PRESSURE 33%, DIABETES 7%, ASTHMA 7% PLANS FOR FY17 CONTINUE O UTREACH EFFORTS TO INCREASE THE NUMBER OF CHILDREN SERVED PROGRESS IN FY17 HEALTHY FUTURE S CONTINUED OUTREACH EFFORTS AND PROVIDED WELL-CHILD VISITS AND CONNECTIONS TO MEDICAL HOM ES FOR CHILDREN THAT DID NOT HAVE A CONSISTENT CONNECTION TO A MEDICAL HOME

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

Form and Line Reference	Explanation
JUST FOR US (JFU) PROVIDES IN-HOME CARE PROGRAM FOR LOW-INCOME,	FRAIL ELDERLY AND DISABLED JFU WAS LAUNCHED IN 2002 AS A COLLABORATION OF DUKE, LINCOLN COMMUNITY HEALTH CENTER, DURHAM DEPARTMENT OF SOCIAL SERVICES (DSS), THE LOCAL AREA MENTAL HEALTH ENTITY, AND THE DURHAM HOUSING AUTHORITY DUH PROVIDES THE MAJORITY OF ONGOING SUPPORT FOR THE PROGRAM THROUGH JUST FOR US, 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 FY15, JUST FOR US TRANSITIONED TO EPIC (ELECTRONIC MEDICAL RECORD SYSTEM) AND EXPERIENCED THE TYPICAL DECREASE IN PRODUCTIVITY ASSOCIATED WITH SUCH TRANSITIONS IN ADDITION, JUST FOR US LOST ONE OF ITS TEAM MEMBERS CAUSING A FURTHER REDUCTION IN THE ABILITY TO PROVIDE SERVICES IN FY15 JUST FOR US COMPLETED 841 PATIENT ENCOUNTERS PLANS FOR FY16 ENROLL 112 NEW PATIENTS, EXPAND GEOGRAPHY OF SERVICE TO OUTSIDE OF THE EXISTING SERVICE SITES BUILDINGS, ESTABLISH PROVIDER LINKAGE AND SUPPORT TO PATIENTS OF THE HOMELESS SHELTER AND THE DUKE CONGESTIVE HEART FAILURE (CHF) CLINIC PROGRESS IN FY16 CONTINUED CHRONIC CARE AND TRANSITIONAL CARE HOME VISITS TO DISABLED AND LOW INCOME PATIENTS, MONTHLY ENROLLMENT AVERAGED 275 PATIENTS AND OVER 1200 ENCOUNTERS JFU UTILIZES A CO-MANAGEMENT PROTOCOL WITH DURHAM PRIMARY CARE PRACTICES PLANS FOR FY17 EXPAND THIS MODEL BY IMPLEMENTING A CO-MANAGEMENT PROTOCOL WITH DUKE'S CHF CLINIC HIRE A FULL-TIME CLINICIAN AND DEVELOP CHRONIC CARE MANAGEMENT AND TRANSITIONAL CARE MANAGEMENT PROTOCOLS WITH THE JFU REGISTERED NURSE PROGRESS IN FY17 JFU EXPERIENCED SIGNIFICANT STAFFING SHORTFALLS AS RECRUITING AND HIRING A DEDICATED CLINICIAN TOOK MUCH LONGER THAN ANTICIPATED

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

Form and Line Reference	Explanation
NEIGHBORHOOD/COMMUNITY CLINICS DUH IN PARTNERSHIP WITH LINCOLN COMMUNITY	<p>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. IN FY2015, THE COMMUNITY CLINICS TRANSITIONED TO EPIC (ELECTRONIC MEDICAL RECORD SYSTEM) AND EXPERIENCED THE TYPICAL DECREASE IN PRODUCTIVITY ASSOCIATED WITH SUCH TRANSITIONS. IN FY15, THE CLINICS COMPLETED 11,000 PATIENT VISITS. PLANS FOR FY16: PROVIDE 15,000 PATIENT ENCOUNTERS, CONTINUE THE BREAST AND CERVICAL CANCER PREVENTION PROGRAM FOR UNINSURED WOMAN, CONTINUE HEALTH DEPARTMENT HIV/STD SCREENING PROGRAM, CONTINUE EVENING CLINIC. HOURS PROGRESS IN FY16. THE CLINICS EXPERIENCED SOME STAFFING ISSUES THROUGHOUT FY16, BUT WERE ABLE TO PROVIDE PRIMARY CARE TO 5,404 UNIQUE PATIENTS WITH 12,000 ENCOUNTERS. THE COMMUNITY CLINICS CONTINUE TO HOUSE A DURHAM HEALTH DEPARTMENT HIV/STD SCREENING PROGRAM. IN ADDITION, A PEDIATRIC/ADOLESCENT CLINIC WAS LAUNCHED AT HOLTON AND LYON PARK TWO DAYS A WEEK. THE CLINICS TRANSITIONED THE BREAST AND CERVICAL CANCER CONTROL PROGRAM TO LINCOLN COMMUNITY HEALTH CENTER TO STREAMLINE THE SERVICE FOR PATIENTS. PLANS FOR FY17: EXPAND ADOLESCENT CLINIC AND MENTAL HEALTH SERVICES BY PROVIDING 16,000 PRIMARY CARE VISITS, CONTINUE HIV/STD SCREENING PROGRAM AND LAUNCH ON-DEMAND TELE-BEHAVIORAL HEALTH CONSULT SERVICE WITH LINCOLN COMMUNITY HEALTH CENTER. PROGRESS IN FY17: THE CLINICS CONTINUED TO EXPERIENCE STAFFING SHORTFALLS THROUGHOUT FY17, BUT WERE ABLE TO CONDUCT 12,078 PRIMARY CARE VISITS. THE STAFFING SHORTFALLS HAMPERED PLANNED EFFORTS TO EXPAND CLINIC OFFERINGS.</p>

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

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Form and Line Reference	Explanation
2 MENTAL HEALTH AND SUBSTANCE ABUSE INITIATIVES	AN ESTIMATED 17,000 RESIDENTS OF DURHAM COUNTY NEED MENTAL HEALTH TREATMENT AND 19,000 NEED SUBSTANCE USE TREATMENT ALCOHOL IS THE PRIMARY SUBSTANCE ABUSED BY DURHAM COUNTY RESIDENTS SEEKING CRISIS DETOXIFICATION SERVICES AND BY ADOLESCENTS IN DURHAM'S MIDDLE AND HIGH SCHOOLS RESPONDENTS IN THE COMMUNITY HEALTH OPINION SURVEY IDENTIFIED ADDICTION TO ALCOHOL, DRUGS OR PRESCRIPTION PILLS AS THE NUMBER ONE COMMUNITY HEALTH PROBLEM DUH HAS PARTNERED WITH AND SUPPORTS A NUMBER OF COLLABORATIVE INITIATIVES TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES AND REDUCE SUBSTANCE ABUSE PROJECT LAZARUS, IN CONJUNCTION WITH COMMUNITY CARE OF NORTH CAROLINA (CCNC) AND DUH, SEEKS TO REDUCE OPIOID-RELATED OVERDOSES, OPTIMIZE TREATMENT OF CHRONIC PAIN, AND MANAGE SUBSTANCE ABUSE ISSUES RELATED TO OPIOIDS THE CORE COMPONENTS OF THE PROJECT LAZARUS MODEL ARE 1) PUBLIC AWARENESS, 2) COALITION ACTION, AND 3) DATA & EVALUATION STRATEGIES OF THE MODEL INCLUDE COMMUNITY EDUCATION, PROVIDER EDUCATION, HOSPITAL ED POLICIES, DIVERSION CONTROL, PAIN PATIENT SUPPORT, HARM REDUCTION, ADDICTION TREATMENT DUH IS A KEY PARTNER IN SUPPORTING THE FOLLOWING ACTIVITIES - COMMUNITY COALITIONS DURHAM CRISIS COLLABORATIVE, PARTNERSHIP FOR A HEALTHY DURHAM SUBSTANCE USE/ AND MENTAL HEALTH COMMITTEE AND DURHAM TOGETHER FOR RESILIENT YOUTH - 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, CHRONIC PAIN MANAGEMENT RESOURCES, KEY COMMUNITY PRESENTATIONS FY15 ACCOMPLISHMENTS INCLUDE

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

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Form and Line Reference	Explanation
- 62 NALOXONE KITS PROVIDED TO PHARMACIES	<p>- 7 CLINICS WITH PROVIDERS PRESCRIBING NALOXONE- 35 PROVIDERS RECEIVED CME TRAINING FOR PROJECT LAZARUS- 6 MONTHLY CHRONIC PAIN TELEPHONE CONSULTATIONS FOR PRIMARY CARE PROVIDERS HELD REACHING 20 PROVIDERS- 20 PATIENTS RECEIVED CHRONIC DISEASE SELF-MANAGEMENT EDUCATION (STANFORD MODEL)- 120 PHARMACIES RECEIVED ANNOUNCEMENT FOR CME TRAINING OPPORTUNITIES- 50 PROVIDERS RECEIVED INFORMATION ON CHRONIC PAIN RESOURCES AND TELEPHONE CONSULTATION AT NORTHERN PIEDMONT COMMUNITY CARE (NPCC) BI-ANNUAL MEETING SESSION- 180 PROVIDER EDUCATIONAL HANDOUTS DISSEMINATED- 70 REFERRALS FOR CHRONIC PAIN RESOURCES- 60 PATIENT REMINDER CALLS FOR DUH -DOC PAIN CLASSES- 5 PATIENTS TO COMPLETE 8 WEEK DUH - DOC PAIN CLASSPLANS FOR FY16 LAUNCH AN INTEGRATED CARE ASSESSMENT AND SCREENING PROGRAM FOR MEDICAID AND UNINSURED ADULT PATIENTS IN A DURHAM HIGH VOLUME ADULT CLINIC THAT SCREENS FOR DEPRESSION, ANXIETY, SUBSTANCE ABUSE AND CHRONIC TRAUMA, CONTINUE PROJECT LAZARUS AND DISTRIBUTION OF NALOXONE KITS THROUGH PRIMARY CARE PHYSICIANS (PCPS), PHARMACIES, COMMUNITY PARTNERS AND COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE PROVIDERS, CONTINUE PROVIDER EDUCATION, DIVERSION CONTROL, COMMUNITY COALITIONS AND CHRONIC PAIN SUPPORT PROGRESS IN FY16 - NALOXONE NALOXONE DISTRIBUTION EFFORTS CONTINUE WITHIN THE COMMUNITY AND LOCAL PHARMACIES IN JUNE 2016, THE STATE HEALTH DIRECTOR SIGNED A STATEWIDE STANDING ORDER FOR NALOXONE DISPENSING NC DHHS HAS SET UP A WEBSITE WHERE PHARMACIST AND THE PUBLIC CAN ACCESS MORE INFORMATION ABOUT THE STANDING ORDER THE WEBSITE IS WWW NALOXONESAVES ORG PHARMACIES CAN GO TO THE WEBSITE AND SIGN ON TO DISPENSE UNDER STATEWIDE STANDING ORDER THE DUKE- NPCC CHRONIC PAIN COORDINATOR WORKED WITH NPCC'S PHARMACY PROGRAM SPECIALIST TO REACH OUT TO LOCAL PHARMACIES IN THE NETWORK APPROXIMATELY NINETY FIVE (95) PHARMACIES RECEIVED THE FAX THAT INCLUDED A COPY OF THE STANDING ORDER, A ONE-PAGER EXPLAINING THE STANDING ORDER FOR MEDICAID PHARMACIST AND PROVIDERS, AND THE CHRONIC PAIN COORDINATOR'S CONTACT INFORMATION OUT OF THE 95 PHARMACIES 78 WERE LISTED IN DURHAM DUKE - NPCC IN PARTNERSHIP WITH THE SUBSTANCE USE/ MENTAL HEALTH SUBCOMMITTEE OF THE PARTNERSHIP FOR A HEALTHY DURHAM WILL CONDUCT OUTREACH TO THE 78 PHARMACIES TO ASSIST THEM WITH REGISTERING ON WWW NALOXONESAVES ORG</p>

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

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Form and Line Reference	Explanation
- SUBSTANCE USE AND MENTAL HEALTH COMMITTEE (SUMH)	OF THE PARTNERSHIP FOR A HEALTHY DURHAMIN ADDITION TO WORKING ON NALOXONE OUTREACH TO PHARMACIES, SUMH IS ALSO WORKING ON A PROVIDER RESOURCE MANUAL TO BE IN LINE WITH THE NETWORK OF CARE WEBSITE RESOURCES AS WELL AS A USER-FRIENDLY HARD COPY VERSION TO DISSEMINATE THROUGHOUT THE DUHS - PROJECT LAZARUS (PL) KITS CONTINUE TO BE DISSEMINATED IN THE COMMUNITY AT LOCAL PHARMACIES TO DATE APPROXIMATELY 60 KITS WERE PROVIDED TO PHARMACIES UPON REQUEST NUMBERS MAY VARY GOING FORWARD AS A RESULT OF THE STATEWIDE NALOXONE STANDING ORDER IN PLACE AND LOCAL PHARMACIES DISPENSING FDA APPROVED NASAL NARCAN 4MG INTRANASAL SPRAY - CHRONIC PAIN SELF-MANAGEMENT (CPSMP) WORKSHOPTHE CPSMP WORKSHOPS CONTINUE TO TAKE PLACE AT LINCOLN COMMUNITY HEALTH CENTER AND CONTINUE TO BE SUCCESSFUL NINE SIX WEEK WORKSHOPS WERE HELD IN FY16, WITH APPROXIMATELY 130 PEOPLE REACHED IN THE WORKSHOPS IN ADDITION TO THE WORKSHOPS, A CPSMP LEADER TRAINING WAS CONDUCTED OCTOBER 2016 AS A RESULT OF THE TRAINING, SIX NEWLY TRAINED LEADERS WILL IMPLEMENT WORKSHOPS UNDER THE DUKE NORTHERN PIEDMONT COMMUNITY CARE LICENSE THE DUKE-NPCC CHRONIC PAIN COORDINATOR WILL OVERSEE THE CPSMP LEADERS EFFORTS AND PROVIDE SUPPORT AND INSTRUCTION ON STANFORD'S MODEL FOR CPSMP - COMMUNITY CARE OF NORTH CAROLINA CHRONIC PAIN INITIATIVE TASK FORCE THROUGH THE WORK OF THE CCNC CHRONIC PAIN INITIATIVE (CPI) TASK FORCE (DUKE), THE COMMUNITY CARE OF NORTH CAROLINA PROVIDER TOOLKIT HAS BEEN UPDATED WITH MORE RESOURCES AND TOOLS IN ADDITION, THE TASK FORCE IS WORKING ON THE DEVELOPMENT OF A CME ON SAFE OPIOID PRESCRIBING FOR OUR PROVIDERS TO EDUCATE ON THE LATEST GUIDELINES FROM THE NC MEDICAL BOARD AND THE CENTERS FOR DISEASE CONTROL AND PREVENTIONS RELATING TO OPIOID SAFETY AND CHRONIC PAIN MANAGEMENT - CHRONIC PAIN TELEPHONE CONSULTATIONS WITH PAIN SPECIALIST PAIN CONSULTS ARE CONTINUING WITH OUTREACH AND AWARENESS EFFORTS TO INFORM PROVIDERS OF THIS RESOURCE TO DATE THERE HAVE BEEN APPROXIMATELY 15 OF 17 PHONE CONSULTS WITH 32 PROVIDERS PARTICIPATING ON THE CALLS PCPS, NPS, AND BEHAVIORAL HEALTH PROVIDERS PARTICIPATE PLANS FOR FY17

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

Form and Line Reference	Explanation
IN COLLABORATION WITH THE PARTNERSHIP OF A HEALTHY DURHAM'S SUBSTANCE USE	AND MENTAL HEALTH COMMITTEE, PHARMACY OUTREACH WILL BE IMPLEMENTED IN THE COMMUNITY TO INC REASE AWARENESS OF THE STATEWIDE NALOXONE STANDING ORDER AS WELL AS ASSISTANCE WITH REGIST ERING AT WWW NALOXONESAVES ORG TO PARTICIPATE UNDER THE STANDING ORDER AND FOR THOSE WHO REGISTER, SIGNAGE WILL BE OFFERED TO PUT UP IN THEIR PHARMACY TO SHOW THAT NALOXONE IS AVA ILABLE IN THAT PARTICULAR PHARMACY WORK WITH THE CPI TASK FORCE WILL RESULT IN MORE RESOU RCES BEING MADE AVAILABLE IN THE PROVIDER TOOLKIT AND A CME FOR PROVIDERS TO LEARN MORE AB OUT SAFE OPIOID PRESCRIBING THE PROVIDER TOOLKIT WILL BE MADE AVAILABLE ONLINE CHRONIC P AIN CONSULT CALLS WILL CONTINUE WITH EXPANDED OUTREACH TO ENGAGE BEHAVIORAL HEALTH PROVIDE RS WHO ARE TREATING CHRONIC PAIN PATIENTS PROGRESS IN FY17 COORDINATED AND CO-HOSTED A SY MPOSIUM FOR MORE THAN 150 PROVIDERS ON SAFE OPIOID PRESCRIBING WITH THE NORTH CAROLINA MED ICAL BOARD AND THE GOVERNOR'S INSTITUTE ON SUBSTANCE ABUSE COLLABORATED ON THE CREATION O F THE MENTAL HEALTH AND SUBSTANCE USE TREATMENT RESOURCES IN DURHAM AND SURROUNDING COUNTI ES GUIDE SIX HUNDRED AND FIFTY COPIES OF THE GUIDE WERE PROVIDED TO MEDICAL PRACTICES, HO SPITAL DEPARTMENTS AND COMMUNITY-BASED ORGANIZATIONS A WEB-BASED VERSION OF THE GUIDE WIL L BE MADE AVAILABLE IN LATE FY18 CONDUCTED FIVE 6-WEEK CHRONIC PAIN SELF-MANAGEMENT COURS ES (STANFORD MODEL) AT LINCOLN COMMUNITY HEALTH CENTER CONTINUED CHRONIC PAIN CONSULT CAL LS HOMEBASE IS AN INTEGRATED MODEL OF PRIMARY CARE AND MENTAL HEALTH DELIVERED BY A DUAL Y-TRAINED PA AND SUPPORTED BY THE DUH OUTPATIENT CLINIC (DOC) THE GOALS OF THE PROGRAM AR E TO IMPROVE CARE AND OUTCOMES FOR DOC PATIENTS WITH CO-MORBID MENTAL HEALTH CONDITIONS, E NCOURAGE AND ENABLE PATIENTS TO SEEK SERVICES AT THE DOC FIRST AND NOT THE ED, REINVENT A CARE TEAM MODEL AT DOC TO INCREASE PATIENT-PROVIDER CONTINUITY, PROVIDER ACCOUNTABILITY FO R PATIENT OUTCOMES, USE OF BEST PRACTICE, AND IMPROVE TRANSITIONS OF CARE FROM HOSPITAL AN D ED SETTINGS TO CLINIC AND HOME, PARTICULARLY FOR HIGH UTILIZER (HU) PATIENTS DURING ITS LAST TWO PILOT YEARS, HOMEBASE SERVED 44 PATIENTS DECREASING THEIR EMERGENCY DEPARTMENT U SE BY 53% AND THEIR HOSPITALIZATIONS BY 36% PLANS FOR FY16 CONTINUE ENROLLMENT OF HIGH RI SK PATIENTS WITH A GOAL OF 100 CARE PLANS PROGRESS IN FY16 IN FY 16 HOMEBASE CONTINUED SE RVING AN EXTREMELY MEDICALLY COMPLEX PANEL OF DUKE MEDICAL OUTPATIENT CLINIC (DOC) PATIENT S SERVING OVER 150 WITH INTENSIVE COMPLEX CARE MANAGEMENT IN THE SECOND HALF OF FY 16 AN INTEGRATED CARE SCREENING AND BRIEF COUNSELING PROGRAM WAS LAUNCHED WITH 2 FTE LICENSED CL INICAL SOCIAL WORKERS FUNDED BY DUKE-NPCC EVERY PATIENT WHO SCREENS POSITIVE ON PHQ 9 (DE PRESSION SCREEN) WILL NOW RECEIVE ANXIETY, SUBSTANCE ABUSE AND TRAUMA SCREENS AND COUNSELI NG PLANS FOR FY17 PLANS FOR FY 17 ARE TO CONTINUE HOMEBASE, THE DOC CLINIC WIDE BEHAVIOR AL HEALTH SCREENING AND ADD PEER TO PEER SUPPORT TO THE INTEGRATED BEHAVIORAL HEALTH TEAM PROGRESS IN FY17 IN ADDITION

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

Form and Line Reference	Explanation
IN COLLABORATION WITH THE PARTNERSHIP OF A HEALTHY DURHAM'S SUBSTANCE USE	TO CONTINUING SUPPORT FOR THE HOMEBASE PROGRAM, DUH IS NOW SUPPORTING AN EXPANSION (HOMEB ASE PLUS) OF CLINIC-BASED CARE MANAGEMENT AND INCREASED WALK-IN CAPACITY TO PROVIDE ON-SIT E ACUTE ILLNESS AND OTHER CARE FOR HIGH-NEED PATIENTS WITH CHRONIC ILLNESSES WHO EXPERIENC E FREQUENT EXACERBATIONS SO THAT THE CLINIC CAN SERVE AS A CAPABLE AND APPROPRIATE ALTERNA TIVE TO THE ED FOR SOME OF THE MOST COMMON PRESENTING COMPLAINTS DUHS SAFE OPIOID TASK FOR CE WAS CREATED TO IMPROVE THE SAFETY OF PAIN MANAGEMENT BY ENCOURAGING CLINICAL PRACTICE S TANDARDIZATION, WHERE CLINICALLY APPROPRIATE, WHEN OPIOID THERAPY IS DESIGNATED FOR TREATM ENT THE OPIOID SAFETY TASK FORCE PROVIDES RECOMMENDATIONS FOR THE INITIATION AND MANAGEME NT OF OPIOID THERAPY ACROSS DUKE UNIVERSITY HEALTH SYSTEM (DUHS) TO IMPROVE PERSONAL AND C OMMUNITY SAFETY AND REDUCE HARM ASSOCIATED WITH THE HIGH RISK TREATMENTS WHILE ENGAGING PA TIENTS IN THEIR OWN CARE DUH ALONG WITH DUKE REGIONAL AND DUKE RALEIGH HOSPITALS SERVES A S A PIVOTAL PLAYER IN ALL ASPECTS OF THE WORK OF THE TASK FORCE OVER THE LAST TWO YEARS, ALL THREE HOSPITALS ENGAGED IN THE STANDARDIZATION OF NC MEDICAL BOARD GUIDELINES, HELPED TO DEVELOP 12 SMARTPHRASES DEVELOPED IN EPIC, CREATED 12 PATIENT EDUCATION VIDEOS, AND PRO VIDED 35 ADVANCED PRACTITIONERS EDUCATION ON PAIN MANAGEMENT & SAFE OPIOID PRESCRIBING PLA NS FOR FY16 CONDUCT PROVIDER EDUCATION WITH EVERY PRIMARY CARE, SPECIALTY CARE AND HOSPIT AL SERVICE UNIT ADOPTING AND PRACTICING THE POLICY, OPERATIONALIZE SYSTEM TO TRACK AND MON ITOR PROVIDERS ADHERENCE TO POLICY, CONTINUE MONTHLY PROVIDER LEARNING COLLABORATIVE WITH PAIN CLINIC PROGRESS IN FY16 THE OPIOID TASK FORCE IS CONTINUING TO UPDATE THE INTAKE AN D CHRONIC PAIN FOLLOW UP FORMS IN DUKE'S ELECTRONIC HEALTH RECORD (EHR) AND THE TASK FORCE LIAISONS ARE CONTINUING OUTREACH TO CLINICS PLANS FOR FY17 DEVELOP AN OPIOID NOTE AND S MARTSET AS AN ADDITIONAL OPTION TO EXISTING FLOWSHEETS AND AS A METHOD TO ELIMINATE DUPLIC ATE DOCUMENTATION PLAN AND PILOT IMPROVEMENTS TO NORTH CAROLINA CONTROLLED SUBSTANCE REPO RTING SYSTEM (NCCSRs) CONTINUE TO PROVIDE OUTREACH AND OFFER TECHNICAL ASSISTANCE TO CLIN ICS PROGRESS IN FY17 WORKED WITH THE NC PRESCRIPTION DRUG MONITORING PROGRAM LEADERSHIP T O INTEGRATE THE SUBSTANCE ABUSE REPORTING SYSTEM INTO DUKE'S EHR CREATED AND DISTRIBUTED ROUTINE ELECTRONIC COMMUNICATIONS FROM HOSPITAL LEADERSHIP, AS WELL AS AN OPIOID SAFETY NE WSLETTER THAT COVERS A RANGE OF TOPICS FROM REGULATORY ISSUES TO HOW-TO GUIDES FOR INTERPR ETING A URINE DRUG SCREEN AND LOCATING PATIENT EDUCATION RESOURCES 3 OBESITY AND CHRONIC ILLNESS INITIATIVESFOUR OF THE 10 LEADING CAUSES OF DEATH IN NORTH CAROLINA ARE RELATED TO OBESITY HEART DISEASE, TYPE 2 DIABETES, STROKE AND SOME KINDS OF CANCER OVERWEIGHT AND OBESITY WERE THE SECOND LEADING CAUSES OF PREVENTABLE DEATH IN NORTH CAROLINA IN 2010 OBE SITY RATES CONTINUE TO RISE ACROSS ALL AGES, GENDERS AND RACIAL/ETHNIC GROUPS IN DURHAM CO UNTY THE MOST RECENT COMBINED

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

Form and Line Reference	Explanation
IN COLLABORATION WITH THE PARTNERSHIP OF A HEALTHY DURHAM'S SUBSTANCE USE	OBESITY AND OVERWEIGHT RATES ARE ADULTS, 65%, DURHAM PUBLIC SCHOOL HIGH SCHOOL STUDENTS, 32%, AND ENTERING KINDERGARTENERS, 19% DIABETES IS THE 7TH LEADING CAUSE OF DEATH IN DUR HAM COUNTY AND 8% OF ADULTS HAVE DIABETES BULL CITY FIT IS A COMMUNITY-BASED WELLNESS PROG RAM AND IS PART OF THE LARGER DUKE CHILDREN'S HEALTHY LIFESTYLES PROGRAM THE HEALTHY LIFE STYLES PROGRAM SEEKS TO ADDRESS WEIGHT-RELATED HEALTH PROBLEMS FOR CHILDREN BY OFFERING CA RING PROVIDERS, FAMILY-CENTERED TREATMENT PROGRAMS, HIGHLY TRAINED EDUCATORS AND RESEARCHE RS, AND STRONG COMMUNITY PARTNERSHIPS BULL CITY FIT HELPS IN THIS EFFORT BY OFFERING FREE EVENING AND WEEKEND ACTIVITY SESSIONS FOR THE LARGER COMMUNITY THESE SESSIONS COVER VARI OUS THEMES THAT ENCOURAGE AND PROMOTE ACTIVE LIVING, SUCH AS FITNESS GAMES, SPORT LESSONS, EXERCISE ROUTINES, SWIMMING, COOKING, AND GARDENING EACH ACTIVITY IS FACILITATED WITH TH E SUPPORT OF ENERGETIC STAFF AND VOLUNTEERS TO CREATE A POSITIVE AND FUN ENVIRONMENT FOR A LL BULL CITY FIT EMPOWERS THE WHOLE FAMILY TO INCREASE KNOWLEDGE AND PRACTICE OF PHYSICAL ACTIVITY AND HEALTHY EATING, ADDRESS CURRENT WEIGHT-RELATED ILLNESS AND PREVENT CHRONIC D ISEASE THROUGH INCREASED ACTIVITY LEVELS, IMPROVE QUALITY OF LIFE BY PROMOTING HEALTHY BEH AVIORS, INCREASE CONFIDENCE, SUPPORT POSITIVE CHANGE, AND BUILD A LIFELONG COMMITMENT TO A HEALTHY LIFESTYLE PARTNERS INCLUDE DURHAM PARKS AND RECREATION, DURHAM CITY GOVERNMENT, DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH, EAST DURHAM CHILDREN'S INITIATIVE, LINCOLN COMM UNITY HEALTH CENTER, COMMUNITY NUTRITION PARTNERSHIP, VEGGIE VAN, BLUE POINTE YOGA, DURHAM PUBLIC SCHOOLS, PARTNERSHIP FOR A HEALTHY DURHAM, DUKE SERVICE LEARNING, DUKE FAMILY MEDI CINE, DUKE CHILDREN'S HOSPITAL AND THE UNC SCHOOL OF SOCIAL WORK DUH ALSO SUPPORTS INITIAT IVES THROUGH THE NEIGHBORHOOD CLINICS, SCHOOL-BASED HEALTH CENTERS, JFU AND THE DUKE OUTPA TIENT CLINIC (ALL DESCRIBED EARLIER IN THIS DOCUMENT) THAT TARGET CHRONIC ILLNESS PLANS FO R FY16 CONTINUE TO COLLABORATE AND LOOK FOR OPPORTUNITIES TO EXPAND THE PROGRAMS PROGRESS IN FY16 IDENTIFIED INCREASING RATES OF NON ALCOHOLIC FATTY LIVER (NAFL) DISEASE DUE PRIM ARILY TO AN INCREASE IN- OBESITY, SUGARY DIET, SEDENTARY LIFESTYLE PLANS FOR FY17 ORGANI ZE AND LAUNCH A DURHAM-WIDE EDUCATION CAMPAIGN TO INFORM COMMUNITY OF NAFL DISEASE AND ITS LONG TERM HEALTH REPERCUSSIONS CONTINUE TO EXPAND THE BULL CITY FIT PROGRAM

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

Form and Line Reference	Explanation
PROGRESS IN FY17 BULL CITY FIT CONTINUED TO GROW AS AN INTEGRATED	<p>MODEL OF CHILD OBESITY TREATMENT, LEVERAGING THE STRENGTHS OF DUKE'S HIGH-QUALITY HEALTH CARE AND DURHAM'S EXTENSIVE PARKS SYSTEM AND RECREATION CENTERS. KEY SUPPORT FOR THE PROGRAM IS PROVIDED BY THE DUKE ENDOWMENT, THE DURHAM DEPARTMENT OF PARKS AND RECREATION, THE DEPARTMENT OF PEDIATRICS, THE DUKE CLINICAL RESEARCH INSTITUTE, AND THE DUKE CENTER FOR CHILDHOOD OBESITY RESEARCH. PRELIMINARY EVALUATION DATA HAS SHOWN HIGH LEVELS OF ENGAGEMENT WITH RACIALLY-DIVERSE AND LOW-INCOME FAMILIES, AND A RECENTLY PUBLISHED PROSPECTIVE TRIAL HAS DEMONSTRATED IMPROVEMENTS IN CHILD PHYSICAL ACTIVITY, FITNESS, AND QUALITY OF LIFE. BULL CITY FIT HAS TWO ONGOING STUDIES FUNDED BY THE DUKE ENDOWMENT AND AMERICAN HEART ASSOCIATION TO TEST IMPLEMENTATION AND OUTCOMES EFFECTIVENESS.</p> <p>4. HIV AND SEXUALLY TRANSMITTED INFECTIONS: SEXUALLY TRANSMITTED INFECTIONS MAY LEAD TO PREMATURE DEATH AND DISABILITY AND CAN RESULT IN SIGNIFICANT HEALTH CARE COSTS. CHLAMYDIA, GONORRHEA, AND SYPHILIS ARE THE THREE MOST COMMON SEXUALLY TRANSMITTED INFECTIONS (STIS) IN NORTH CAROLINA AND DURHAM COUNTY. ALTHOUGH HIV IS NOT AS COMMON, DURHAM RANKS FOURTH HIGHEST IN NORTH CAROLINA, WITH AN AVERAGE RATE OF HIV DISEASE (29.9 PER 100,000) WELL ABOVE THE STATE RATE (16.4 PER 100,000) WHILE DUH THROUGH THE PROGRAMS DESCRIBED IN THIS DOCUMENT SUPPORTS MECHANISMS TO ADDRESS HIV AND SEXUALLY TRANSMITTED INFECTIONS, IT DOES NOT INCLUDE SPECIFIC STRATEGIES IN THIS PLAN TO ADDRESS THE RATE OF HIV AND SEXUALLY TRANSMITTED INFECTIONS, BECAUSE CONSIDERABLE WORK IS ALREADY BEING DONE THROUGH ORGANIZATIONS WITHIN THE COMMUNITY. THROUGH THE PARTNERSHIP FOR A HEALTHY DURHAM, THE HIV/STI ADVISORY COUNCIL BRINGS TOGETHER COMMUNITY MEMBERS AND AGENCIES TO FOCUS ON STRATEGIES TO PREVENT THE SPREAD OF SYPHILIS AND HIV/AIDS. IN ADDITION, LINCOLN COMMUNITY HEALTH CENTER OPERATES AN EARLY INTERVENTION CLINIC FOR PATIENTS WITH HIV/AIDS AT THE DURHAM COUNTY HEALTH DEPARTMENT. PLANS FOR FY16 DUH WILL CONTINUE TO PARTNER WITH THE MANY ORGANIZATIONS WORKING ON ADDRESSING HIV AND SEXUALLY TRANSMITTED INFECTIONS. DUH WILL ALSO BE A KEY PARTNER IN THE SOON TO LAUNCH DURHAM KNOWS PUBLIC HEALTH CAMPAIGN DESIGNED TO INCREASE ROUTINE HIV TESTING, INCREASE EARLY DIAGNOSIS OF HIV-INFECTED PERSONS AND ENHANCE LINKAGES TO CARE FOR INDIVIDUALS WHO ARE HIV POSITIVE. PROGRESS IN FY16 DUH CONTINUED TO WORK WITH THE MANY ORGANIZATIONS WORKING ON ADDRESSING HIV AND SEXUALLY TRANSMITTED INFECTIONS AND INTRODUCED HIV SCREENING INTO THE COMMUNITY CLINICS AS NOTED EARLIER IN THIS DOCUMENT. PLANS FOR FY17 CONTINUE HIV SCREENING IN THE COMMUNITY CLINICS AND CONTINUE TO SUPPORT THE EFFORTS OF THE DURHAM KNOWS CAMPAIGN. PROGRESS IN FY17 DUH, THROUGH THE DUKE DIVISION OF COMMUNITY HEALTH, CONTINUED TO SUPPORT THE COMMUNITY CLINICS AND THE EFFORTS OF THE DURHAM KNOWS CAMPAIGN.</p> <p>5. POVERTY: PEOPLE WITH HIGHER INCOMES, MORE YEARS OF EDUCATION, AND A HEALTHY AND SAFE ENVIRONMENT TO LIVE IN HAVE BETTER HEALTH OUTCOMES AND GENERALLY HAVE LONGER LIFE EXPECTANCY.</p>

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

Form and Line Reference	Explanation
PROGRESS IN FY17 BULL CITY FIT CONTINUED TO GROW AS AN INTEGRATED	<p>TANCIES IN DURHAM COUNTY, 16 6% OF INDIVIDUALS LIVE IN POVERTY FEMALE SINGLE-PARENT FAMI LIES ARE DISPROPORTIONATELY AT RISK FOR POVERTY THAN MARRIED COUPLE FAMILIES (41 5% TO 8 7 %) AND 40 6% OF FEMALE SINGLE-PARENT FAMILIES WITH RELATED CHILDREN UNDER 18 YEARS ARE LIV ING IN POVERTY NEARLY ONE-HALF OF DURHAM'S RENTERS ARE PAYING 30% OR MORE OF THEIR INCOME FOR HOUSING DURHAM'S BULL CITY CONNECTOR IS A FARE-FREE CONNECTOR BUS SERVICE THAT CONTIN UOUSLY LOOPS THROUGH STOPS FROM DOWNTOWN DURHAM ALL THE WAY TO THE DUKE HOSPITAL, DUKE CLI NICS, AND DUKE EYE CENTER CAMPUSES ON AVERAGE, BULL CITY CONNECTOR BUSES ACCUMULATE 1,500 RIDERS EVERY WEEKDAY AND COMPLETE THEIR LOOPS IN 17 MINUTE INTERVALS SAFE AND EFFECTIVE TRANSPORTATION IS A KEY CORRELATE IN HEALTH AND ECONOMIC WELL-BEING THE BULL CITY CONNECT OR HAS PROVEN TO BE AN ASSET FOR DUKE EMPLOYEES, STUDENTS, AND PATIENTS SSI/SSDI OUTREACH, ACCESS AND RECOVERY (SOAR) HELPS PATIENTS WHO ARE CHRONICALLY HOMELESS, OR AT RISK OF HO MELESSNESS ACCESS HEALTH INSURANCE, A STABLE INCOME, AND MEDICAL CARE BY ASSISTING THESE I NDIVIDUALS IN APPLYING FOR SUPPLEMENTAL SECURITY INCOME (SSI) AND SOCIAL SECURITY DISABILI TY INSURANCE (SSDI) THE HOMELESS POPULATION AND THOSE REENTERING THE COMMUNITY FROM AN IN STITUTION 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 PER CENT FOR THOSE WITH MENTAL ILLNESS, SUBSTANCE ABUSE ISSUES, AND/OR CO-COGNITIVE IMPAIRMEN T, THE APPLICATION PROCESS IS EVEN MORE DIFFICULT EVEN WITH ASSISTANCE, THE APPLICATION P ROCESS CAN TAKE UP TO SIX MONTHS THROUGH SOAR, THESE INDIVIDUALS WITH COMPLEX NEEDS ARE P ROVIDED CASE MANAGEMENT FOR HOME, HOSPITAL, AND CLINIC VISITS, PROVIDED WITH A STEP BY STE P EXPLANATION AND COMPLETION OF ALL APPLICATIONS FOR FEDERAL DISABILITY BENEFITS, RECEIVE EXPEDITED APPLICATIONS FOR MONTHLY INCOME AND MEDICAID/MEDICARE, AND LINKED TO COMMUNITY R ESOURCES DUH CURRENTLY FUNDS TWO SOAR CASE MANAGERS WHO HAVE SUCCESSFULLY HELPED MORE THA N 100 PATIENTS IN THE LAST 3 YEARS PLANS FOR FY16 CONTINUE AND EXPAND THE SOAR PROGRAMPR OGRESS IN FY16 152 INDIVIDUALS WERE ENROLLED IN SSI/SSDI OUTREACH, ACCESS AND RECOVERY SO AR LATCH RURAL HEALTH WAS ADDED AS A GRANT FUNDED PROGRAM WHICH EXPANDED THE DURHAM SOAR PROGRAM AND ASSISTED IN COMPLETING SOAR APPLICATIONS FOR RESIDENTS IN TIER-1 COUNTIES SURR OUNDING DURHAM PLANS FOR FY17 CONTINUE SOAR PROGRAMPROGRESS IN FY17 264 INDIVIDUALS WER E ENROLLED IN THE SOAR PROGRAM AND SCREENED FOR ELIGIBILITY THE TEAM MAINTAINED A WAITLIS T LIST AVERAGING AROUND 60 INDIVIDUALS WHO WOULD MOST LIKELY MEET FEDERAL DISABILITY CRITE RIA AND THUS ELIGIBLE FOR DUH SOAR SERVICES THE TWO PERSON TEAM AVERAGED 5 APPLICATIONS P ER MONTH AND MAINTAINED A 90% APPROVAL RATE FOR THE YEAR WHICH EXCEEDS THE STATEWIDE SOAR APPROVAL RATE OF 79% BENEFITS ENROLLMENT COUNSELING (BEC) IN FY 16 THE DIVISION OF COMMU NITY HEALTH LAUNCHED THE BENEF</p>

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

Form and Line Reference	Explanation
PROGRESS IN FY17 BULL CITY FIT CONTINUED TO GROW AS AN INTEGRATED	ITS 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 I N ALL THE BENEFITS PROGRAMS FOR WHICH THEY ARE ELIGIBLE THE GOAL OF THE SERVICE IS TO ENA BLE OLDER ADULTS TO ENJOY LIFE AND LIVE INDEPENDENTLY IN THEIR HOMES AND COMMUNITIES FOR A S 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 P ROVIDE 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 STIMU LUS, AS BENEFITS ARE SPENT LOCALLY IN PHARMACIES, GROCERY STORES, UTILITY COMPANIES, AND H EALTH 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 PROGRESS IN FY17 BEC SCREENED 1,340 INDIVIDUALS 1,199 OF THOSE INDIVIDUALS WERE ELIGIBLE TO RECEIVE ASSISTANCE FROM BEC TO FIND AND APPL Y TO SUPPORTIVE BENEFITS PROGRAMS BEC ASSISTED THESE INDIVIDUALS IN COMPLETING 4,773 BENE FIT APPLICATIONS DURHAM MEDICAL RESPITE PROGRAM IS A PILOT PROGRAM FOR HOMELESS PATIENTS T HAT EMANATED OUT OF THE WORK OF PADC (NOTED EARLIER IN THIS PLAN) IN 2014 THE MEDICAL RES PITE PILOT PROGRAM OPERATES 24/7 AND PROVIDES PARTICIPANTS WITH CLEAN AND SAFE HOUSING WHI CH WILL MEET THE STANDARDS THAT HOSPITALS USE WHEN PLANNING FOR DISCHARGE TO HOME DEPENDI NG ON PARTICIPANT NEEDS AND DEMOGRAPHICS, POTENTIAL SITES INCLUDE TRANSITIONAL HOUSING (JU ST A CLEAN HOUSE), MOTELS, OR HEALING WITH CAARE, INC PER DIEM HOUSING ROOM AND BOARD IS FUNDED BY DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH THROUGH A CONTRACT WITH PROJECT ACCES S OF DURHAM COUNTY (PADC), ALONG WITH PRIVATE DONATIONS AS THE PROGRAM BECOMES FULLY OPER ATIONAL, EACH PROGRAM PARTICIPANT WILL WORK WITH A TRANSITIONAL NURSE CARE MANAGER (PROVID ED BY DUKE'S DIVISION OF COMMUNITY HEALTH) TO MAXIMIZE THEIR HEALTH AND CONNECT WITH APPRO PRIATE COMMUNITY RESOURCES AND SERVICES

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

Form and Line Reference	Explanation
PLANS FOR FY16 ACHIEVE FULL OPERATIONAL STATUS FOR THE PROGRAM AND	CONTINUE TO COLLABORATE ON POTENTIAL EXPANSION OPPORTUNITIES PROGRESS IN FY16 THE PROGRAM RECEIVED A GRANT FROM THE HILLMAN FOUNDATION TO COVER THE COST OF AN RN CARE MANAGER AND COMMUNITY HEALTH WORKERS THE PROGRAM SERVED 29 PATIENTS IN FY16 PRIOR TO MEDICAL RESPITE 10 LIVED IN SHELTERS AND 13 WERE UNSHELTERED AND POST-MEDICAL RESPITE 9 RECEIVED TRANSITIONAL HOUSING SEVENTY FIVE PERCENT OF REFERRALS ORIGINATED FROM DUKE HOSPITAL, DUKE REGIONAL HOSPITAL AND DUKE OUTPATIENT CLINIC PLANS FOR FY17 CONTINUE THE PROGRAM AND EXPAND REFERRAL SOURCES PROGRESS IN FY17 EARLY EVALUATION RESULTS OF THE MEDICAL RESPITE PROGRAM DEMONSTRATED POSITIVE IMPACTS FOR PATIENTS SERVED INCLUDING A 37% REDUCTION IN INPATIENT ADMISSIONS, 70% REDUCTION IN INPATIENT DAYS, AND 192% INCREASE IN OUTPATIENT VISITS BENEFITS AND SERVICES OBTAINED FOR PARTICIPANTS THROUGH THE MEDICAL RESPITE PROGRAM INCLUDED CONNECTIONS TO PRIMARY CARE SERVICES, MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES, AND ASSISTANCE IN TRANSITIONING TO STABLE HOUSING 6 EDUCATION QUALITY CHILD CARE AND EARLY EDUCATION PREDICT A CHILD'S FUTURE SUCCESS AND THE ACADEMIC SUCCESS OF YOUNG ADULTS IS STRONGLY LINKED WITH THEIR HEALTH THROUGHOUT THEIR LIFETIME THE IMPORTANCE OF A HIGH SCHOOL DIPLOMA AND HIGHER EDUCATION CANNOT BE OVERSTATED COLLEGE GRADUATES AGE 25 AND OVER EARN NEARLY TWICE AS MUCH AS WORKERS WHO ONLY HAVE A HIGH SCHOOL DIPLOMA THE UNEMPLOYMENT RATE FOR WORKERS WHO DROPPED OUT OF HIGH SCHOOL IS NEARLY FOUR TIMES THE RATE FOR COLLEGE GRADUATES IN DURHAM COUNTY, THE FOUR-YEAR HIGH SCHOOL GRADUATION RATE IS 79.6% COMPARED TO NORTH CAROLINA'S RATE OF 82.5% THE OVERALL 4-YEAR COHORT GRADUATION RATE HAS INCREASED BY NEARLY 10% SINCE 2010-11, BUT THERE IS STILL A DISPARITY IN THE PERCENTAGES OF WHITE VERSUS MINORITY STUDENTS WHO ARE GRADUATING FROM HIGH SCHOOL FOR EXAMPLE, 84.7% OF WHITES GRADUATED IN 2011-2012 COMPARED TO 74.7% OF BLACKS AND 73% OF HISPANIC STUDENTS LEARNING TOGETHER PROVIDES TRAINING AND OPPORTUNITIES FOR DUKE STUDENTS (LEARNERS) TO PARTICIPATE IN HEALTH-RELATED COMMUNITY SERVICE ACTIVITIES SERVICE OPPORTUNITIES MAY INCLUDE PROVIDING HEALTH EDUCATION TO ELEMENTARY SCHOOL CHILDREN, HELPING FRAIL SENIORS COMPLETE THE APPLICATION PROCESS FOR FOOD STAMPS, AND CONDUCTING WORKSHOPS TO TEACH PATIENTS HOW TO EFFECTIVELY COMMUNICATE WITH THEIR DOCTOR THROUGH LEARNING TOGETHER, LEARNERS WORK WITH A VARIETY OF POPULATIONS, EXPERIENCE THE INTERDISCIPLINARY NATURE OF COMMUNITY WORK, AND DEVELOP COMPETENCE FOR WORKING WITH DIVERSE COMMUNITIES AND CULTURES LEARNERS WHO PARTICIPATE GAIN SKILLS THEY CAN USE TO WORK EFFECTIVELY WITH ANY COMMUNITY IN FY15 LEARNING TOGETHER TRAINED 126 DUKE LEARNERS WHO IN TURN VOLUNTEERED FOR COMMUNITY SERVICES ACTIVITIES WHICH PROVIDED ASSISTANCE FOR 300 ADULTS AND 1,125 CHILDREN PLANS FOR FY16 CONTINUE TO OPERATE THE LEARNING TOGETHER PROGRAM WITH A SPECIAL FOCUS ON PARTNERING WITH DURHAM PUBLIC SCHOOLS AND OTHER EDUCATION AND HEALTH AND HUMAN SERVICES

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

Form and Line Reference	Explanation
PLANS FOR FY16 ACHIEVE FULL OPERATIONAL STATUS FOR THE PROGRAM AND	<p>RVICES ENTITIES PROGRESS IN FY16 THE LEARNING TOGETHER PROGRAM TRAINED 92 DUKE LEARNERS W HO IN TURN VOLUNTEERED FOR COMMUNITY SERVICES ACTIVITIES WHICH PROVIDED ASSISTANCE FOR 350 ADULTS AND 1200 CHILDREN PLANS FOR FY17 CONTINUE THE SUCCESSFUL SERVICE-LEANING PARTNERS HIPS WITH DURHAM PUBLIC SCHOOLS AND OTHER EDUCATION AND HEALTH AND HUMAN SERVICE ENTITIES PROGRESS IN FY17 THE LEARNING TOGETHER PROGRAM PREPARED AND/OR TRAINED 158 DUKE LEARNERS WHO IN TURN VOLUNTEERED FOR COMMUNITY SERVICE ACTIVITIES, PROVIDING HEALTH EDUCATION FOR 4 00 ADULTS AND 1200 CHILDREN ADDITIONALLY, LEARNING TOGETHER STAFF CONDUCTED 10 VOCATIONAL /PERSONAL GROWTH SESSIONS FOR DUKE INTERNS AND FACILITATED A TOTAL OF 43 PSYCHOEDUCATIONAL GROUPS (SELF-ESTEEM, STRESS MANAGEMENT, AND COMMUNICATING WITH CONFIDENCE) FOR APPROXIMAT ELY 381 UNDERSERVED ELEMENTARY AND MIDDLE SCHOOL CHILDREN THROUGHOUT THE DURHAM COMMUNITY GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITALPART V, SECTION B, LINE 16J DUHS PROVIDES A BROCHURE TO ALL ADMISSIONS THAT INCLUDES A BRIEF SUMMARY OF DUHS FINANCIAL ASSISTANCE PO LICIES DUHS ALSO COMMENTS ON THE BACK OF ITS BILLING INVOICES THAT PATIENTS SHOULD Contac T 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 FIN ANCIAL ASSISTANCE PROGRAMS AVAILABLE FOR PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA DUH S ALSO PUBLICIZED ITS FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE COUN SELORS GROUP A - FACILITY 1 - DUKE UNIVERSITY HOSPITALPART V, SECTION B, LINE 24 CERTAIN ELECTIVE COSMETIC/AESTHETICSERVICES, AND OTHER SERVICES NOT COVERED BY INSURANCE, WILL BE BILLEDAT AN AMOUNT EQUAL TO GROSS CHARGES DUKE RALEIGH HOSPITAL PART V, SECTION B, LINE 5 DUKE RALEIGH HOSPITAL ("DRAH") COLLABORATEDWITH WAKE COUNTY HUMAN SERVICES, WAKEMED HEALT H AND HOSPITALS, UNC REX HEALTHCARE, ADVANCE COMMUNITY HEALTH, UNITED WAY OF THE GREATER T RIANGLE, AND THE WAKE COUNTY MEDICAL SOCIETY COMMUNITY HEALTH FOUNDATION IN CONDUCTING THE 2016 WAKE COUNTY COMMUNITY HEALTH NEEDSASSESSMENT (CHNA) THE PROCESS OF DETERMINING THE PRIORITY HEALTH NEEDS FOR THE 2016 WAKE COUNTY CHNA BEGAN WITH THE COLLECTION AND ANALYSIS OF HUNDREDS OF DATA POINTS ALL INDIVIDUAL DATA MEASURES FROM BOTH PRIMARY (NEW) AND SECO NDARY (EXISTING) SOURCES WERE GATHERED, ANALYZED, AND INTERPRETED IN ORDER TO COMBINE DAT A POINTS INTO MORE EASILY DISCUSSABLE CATEGORIES, DATA MEASURES WERE SORTED BY COMMON THEM ES AND DEVELOPED INTO TWENTY-ONE DATA CATEGORIES PRIMARY (NEW) DATA COLLECTION COMMUNITY MEMBERS PROVIDED INPUT FOR THE STUDY THROUGH INTERNET-BASED AND TELEPHONE SURVEYS, FOCUS G ROUPS, AND PRIORITIZATION MEETINGS THAT WERE HELD THROUGHOUT THE COUNTY ADDITIONALLY, KEY LEADERS OF ORGANIZATIONS REPRESENTING BROAD INTERESTS OF THE COMMUNITY PROVIDED INPUT THR OUGH AN INTERNET-BASED SURVEY, PARTICIPATION ON THE STEERING COMMITTEE, AND A PRIORITIZATI ON SURVEY THE PROCESS ALSO HA</p>

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

Form and Line Reference	Explanation
PLANS FOR FY16 ACHIEVE FULL OPERATIONAL STATUS FOR THE PROGRAM AND	D SIGNIFICANT INPUT AND DIRECTION FROM THE COMMUNITY HEALTH ASSESSMENT TEAM CONSIDERING A LL OF THESE SOURCES, INPUT FROM MORE THAN 1,500 WAKE COUNTY RESIDENTS AND ORGANIZATIONAL L EADERS IS INCLUDED IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT SECONDARY (EXISTING) DATA KE Y SOURCES FOR EXISTING DATA ON WAKE COUNTY INCLUDED NUMEROUS PUBLIC DATA SOURCES RELATED T O DEMOGRAPHICS, SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, HEALTH S TATUS AND DISEASE TRENDS, MENTAL/BEHAVIORAL HEALTH TRENDS, AND MODIFIABLE HEALTH RISKS FU RTH ER, SOME LOCAL ORGANIZATIONS PROVIDED INTERNAL DATA THAT WERE ALSO INCORPORATED INTO TH E ANALYSIS PROCESS IN AN EFFORT TO IDENTIFY THE TOP PRIORITIES FOR THE COUNTY, A PRIORITIZ ATION MATRIX WAS DEVELOPED THE PRIORITIZATION MATRIX INCLUDED THE FINDINGS FROM THE ANALY SIS OF THE PRIMARY (NEW) AND SECONDARY (EXISTING) DATA, WHICH WERE PRESENTED TO THE STEERI NG COMMITTEE IN FEBRUARY 2016 AND TO COMMUNITY MEMBERS DURING THE PRIORITIZATION MEETINGS HELD ON MARCH 8, 2016 ADDITIONALLY, STEERING COMMITTEE MEMBERS WERE PROVIDED THE OPPORTUN ITY TO COMPLETE AN INTERNET-BASED SURVEY IN WHICH THEY WERE ASKED TO IDENTIFY THE SIGNIFIC ANCE OF THE NEED FOR EACH OF THE TWENTY-ONE CATEGORIES AS HIGH, MEDIUM, OR LOW COMMUNITY MEMBERS WERE ASKED TO PROVIDE THE SAME INFORMATION AT THE COMMUNITY PRIORITIZATION MEETING S THESE VARIOUS DATA COMPONENTS WERE THEN ANALYZED AND THE RESULTS WERE WEIGHTED AS FOLLO WS SECONDARY (EXISTING) DATA - WEIGHTED 50 PERCENT, PRIMARY (NEW) DATA - WEIGHTED 50 PERCE NT IN TOTAL, AS FOLLOWS FOCUS GROUP FINDINGS, TELEPHONE SURVEY RESULTS, AND INTERNET-BASE D COMMUNITY SURVEY RESULTS - WEIGHTED 20 PERCENT, COMMUNITY PRIORITIZATION MEETING RESULTS - WEIGHTED 20 PERCENT, AND, STEERING COMMITTEE PRIORITIZATION SURVEY RESULTS - WEIGHTED 1 0 PERCENT THIS JOINT CHNA AND RELATED IMPLEMENTATION PLAN WERE ADOPTED BY THE DUHS BOARD O F DIRECTORS AND PUBLISHED ON THE DUKE HEALTH WEBSITE IN FISCAL YEAR 2017 (TAX YEAR 2016) D UKE RALEIGH HOSPITAL PART V, SECTION B, LINE 6A UNC REX HEALTHCARE, WAKEMED HEALTH AND HO SPITALSDUKE RALEIGH HOSPITAL PART V, SECTION B, LINE 6B UNITED WAY OF THE GREATER TRIANGL E, WAKE COUNTY HUMAN SERVICES, ADVANCE COMMUNITY HEALTH AND THE WAKE COUNTY MEDICAL SOCIET Y COMMUNITY HEALTH FOUNDATION DUKE RALEIGH HOSPITAL PART V, SECTION B, LINE 11 THE FOLLOW ING CATEGORIES WERE IDENTIFIED AS THE FOUR PRIORITY AREAS FOR WAKE COUNTY THAT WILL BE ADDRESSED OVER THE NEXT THREE YEARS

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

Form and Line Reference	Explanation
1 HEALTH INSURANCE COVERAGE	<p>2 TRANSPORTATION3 ACCESS TO HEALTH SERVICES4 MENTAL HEALTH AND SUBSTANCE ABUSE1 HEALTH INSURANCE COVERAGEACCESS TO HEALTH INSURANCE COVERAGE WAS IDENTIFIED AS ONE OF THE MOST I MPORTANT ISSUES IMPACTING THE QUALITY OF LIFE OF WAKE COUNTY RESIDENTS THIS ISSUE NOT ONL Y ENCOMPASSES THOSE WHO LACK INSURANCE, BUT ALSO THOSE THAT ARE UNDERINSURED AS WELL AS TH OSE UNDER GOVERNMENT PROGRAMS SUCH AS MEDICARE AND MEDICAID CONCERNS WERE ALSO EXPRESSED REGARDING THE COMPLEXITY OF THE HEALTH CARE SYSTEM AND CONFUSION REGARDING HOW HEALTH INSU RANCE WORKS TO ADDRESS THIS PRIORITY DUKE RALEIGH WILL EMPLOY THE FOLLOWING STRATEGY ALON G WITH OUTLINED ACTION ITEMS CONTINUE TO PROVIDE FINANCIAL ASSISTANCE VIA DUKE UNIVERSITY HEALTH SYSTEM'S CHARITY AND DISCOUNTED CARE POLICIES THESE POLICIES PROVIDE ELIGIBLE CARE AT A DISCOUNT OR WITHOUT CHARGE TO ALL QUALIFYING PATIENTS WHO DO NOT HAVE HEALTH INSURAN CE, OR BECAUSE OF FINANCIAL HARDSHIP CANNOT PAY FOR THE CARE THEY RECEIVE FOR MEDICALLY NE CESSARY SERVICES CONTINUE TO UTILIZE FINANCIAL CARE COUNSELORS TO HELP PATIENTS UNDERSTAND THEIR FINANCIAL RESPONSIBILITIES AND CONNECT PATIENTS WITH COMMUNITY RESOURCES CONTINUE T O HELP PATIENTS NAVIGATE THROUGH GOVERNMENT SPONSORED FINANCIAL ASSISTANCE PROGRAMS FOR WH ICH THEY MAY QUALIFY CONTINUE TO PROVIDE SUPPORT TO ORGANIZATIONS SUCH AS ALLIANCE MEDICA L MINISTRY AND URBAN MINISTRIES OPEN DOOR CLINIC, WHICH PROVIDES AFFORDABLE HEALTHCARE TO UNINSURED ADULTS IN WAKE COUNTY CONTINUE TO PROVIDE IN KIND SUPPORT TO PROJECT ACCESS OF W AKE COUNTY, A PRIVATE, NONPROFIT PROGRAM THAT CONNECTS ELIGIBLE UNINSURED CLIENTS TO HIGH QUALITY MEDICAL SERVICES DONATED BY PHYSICIANS IN FY2017, DUKE RALEIGH HOSPITAL PROVIDED \$2 8M OF IN KIND SUPPORT UP FROM \$2 2M IN FY2016 TO PROJECT ACCESS OF WAKE COUNTY CLIENTS CONTINUE TO PROVIDE HEALTH LITERACY COURSE THROUGH OUR CLINICAL EDUCATION DEPARTMENT WHICH EDUCATED OVER 40 CLINICIANS IN FY17 2 TRANSPORTATIONACCESS TO AND COST OF TRANSPORTATIO N HAS IMPLICATIONS ON ONE'S HEALTH AS LACK OF TIMELY TRANSPORTATION CAN IMPACT THE ABILITY TO MAKE PHYSICIAN APPOINTMENTS AND OBTAIN PRESCRIPTIONS PARTICULARLY FOR OUR ELDERLY AND MOST DISADVANTAGED RESIDENTS TO ADDRESS THIS PRIORITY DUKE RALEIGH WILL EMPLOY THE FOLLOW ING STRATEGY ALONG WITH THE OUTLINED ACTION ITEMS CONTINUE TO EMPLOY MULTIDISCIPLINARY APP ROACHES WITHIN THE CANCER CENTER TO FACILITATE MULTIPLE APPOINTMENTS IN THE SAME DAY THERE BY REDUCING TRANSPORTATION NEEDS CONTINUE TO EMPLOY THE DUHS RESOURCE CENTER IN ASSESSING AND ADDRESSING ANY BARRIERS, INCLUDING TRANSPORTATION THAT MAY IMPACT A PATIENT'S ABILITY TO GET TO THEIR FOLLOWUP APPOINTMENT CONTINUE TO SUPPORT ORGANIZATIONS SUCH AS THE GREATER RALEIGH CHAMBER OF COMMERCE AND MIDTOWN RALEIGH ALLIANCE, WHICH ADVOCATES FOR AN ENHANCED TRANSIT SYSTEM FOR ALL RESIDENTS CONTINUE TO SUPPORT ORGANIZATIONS SUCH AS THE LUNG CANCER INITIATIVE OF NC, WHICH FUNDS A GAS CARD PROGRAM TO LESSEN THE FINANCIAL BURDEN OF LUNG CANCER PATIENTS SEEKING TREATM</p>

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

Form and Line Reference	Explanation
1 HEALTH INSURANCE COVERAGE	<p>ENT WHO NEED ASSISTANCE 3 ACCESS TO HEALTH SERVICESACCESS TO HEALTH SERVICES IS KEY TO IM PROVING COMMUNITY HEALTH AND RESIDENTS HEALTH STATUS THIS PRIORITY RELATES TO THE UTILIZA TION OF EXISTING HEALTH FACILITIES, THE EASE OF ACCESSING HEALTH RESOURCES, AND PRIMARY AN D PREVENTIVE CARE/SCREENINGS THIS WAS IDENTIFIED AS A TOP PRIORITY BASED ON FEEDBACK FROM FOCUS GROUPS AND SURVEYS AS WELL AS THE RATE OF PREVENTABLE HOSPITAL STAYS FOR CONDITIONS SUCH AS DIABETES, COPD, ASTHMA, HEART FAILURE, BACTERIAL PNEUMONIA, UTI, AND DEHYDRATION ALSO, THE COMPLEXITY OF NAVIGATING THE HEALTH CARE SYSTEM, AFFORDABILITY OF HEALTH SERVIC ES, AND PROVIDER AVAILABILITY AROSE AS KEY CONCERNS RELATED TO ACCESS TO HEALTH SERVICES DUKE RALEIGH AS WELL AS DUKE HEALTH IS ACTIVELY ENGAGED IN IMPROVING ACCESS TO HEALTH SERV ICES FOR ALL RESIDENTS THROUGH STRATEGIC INITIATIVES AS WELL AS THROUGH STRATEGIC COMMUNIT Y PARTNERSHIPS DUKE PRIMARY CARE, AN ENTITY OF DUKE UNIVERSITY HEALTH SYSTEM, CONTINUES TO EVALUATE OPPORTUNITIES TO EXPAND ACCESS TO THE GROWING WAKE COUNTY POPULATION, ADDING TWO PRACTICES AND RELOCATING ONE PRACTICE IN FY17 CONTINUE TO IMPROVE THE DISCHARGE PROCESS T O ENSURE THAT DISCHARGED PATIENTS ARE CONNECTED WITH PRIMARY CARE RESOURCES CONTINUE WORK OF THE DUHS RESOURCE CENTER IN FOLLOWING UP WITH DISCHARGED PATIENTS TO ENSURE THEY ARE SC HEDULED FOR THE APPROPRIATE FOLLOW UP TO REDUCE LIKELIHOOD OF UNNECESSARY READMISSIONS TH IS INCLUDES CONNECTING HOMEBOUND PATIENTS WITHOUT PRIMARY CARE TO ORGANIZATIONS THAT PERFO RM HOME VISITS CONTINUE PARTNERSHIP WITH WAKE EMS AND AREA HOSPITALS ON TRIAGE AND DESTINA TION PLAN FOR STROKE PATIENTS CONTINUE TO PROVIDE IN-KIND LAB SERVICES TO URBAN MINISTRIES OPEN DOOR CLINIC TO FACILITATE THE CARE FOR THOSE WHO LACK ADEQUATE INCOME, INSURANCE COV ERAGE, AND OTHER MEANS TO HEALTH SERVICES IN FY17, THIS IN-KIND DONATION WAS VALUED AT \$1.8M CONTINUE TO PROVIDE DIABETES EDUCATION TO ALLIANCE MEDICAL MINISTRY PATIENTS THIS EDU CATION IS OFFERED BY CERTIFIED DIABETES EDUCATORS THROUGH DUKE SPECIALTY REHAB SERVICES MI DTOWN STRENGTHEN SUPPORT OF ALLIANCE MEDICAL MINISTRY AND URBAN MINISTRIES THROUGH INCREA SED EMPLOYEE VOLUNTEERISM IN EFFORTS TO EXPAND THEIR CAPACITY AND ABILITY TO SERVE PATIENT S IN FY17, DUKE RALEIGH HOSTED A DAY OF SERVICE WHERE OVER 30 EMPLOYEES VOLUNTEERED THEIR TIME TO PACK 1,000 LBS OF RICE AND BEANS FOR URBAN MINISTRIES' CLIENT CHOICE FOOD PANTRY FOR THE PAST TWO YEARS, DUKE RALEIGH EMPLOYEES VOLUNTEERED AT ALLIANCE MEDICAL MINISTRY A S PART OF THE TRIANGLE-WIDE MLK DAY OF SERVICE DUKE RALEIGH CONTINUES TO EVALUATE OPPORTU NITIES FOR ONE-TIME AND ON-GOING SERVICE OPPORTUNITIES FOR THESE AND OTHER COMMUNITY PARTN ERS CONTINUE PROGRAMS THROUGH THE DUKE SPECIALTY REHAB SERVICES MIDTOWN, WHICH OFFERS A V ARIETY OF PROGRAMS DESIGNED TO HELP PEOPLE LOSE WEIGHT AND MAKE HEALTHY LIFESTYLE CHANGES SERVICES OFFERED INCLUDE PULMONARY REHABILITATION PROGRAMS, PERSONALIZED DIABETES MANAGEM ENT PLANS, MULTIDISCIPLINARY T</p>

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

Form and Line Reference	Explanation
1 HEALTH INSURANCE COVERAGE	<p>HERAPY FOR NEUROLOGICAL DISORDERS, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY AS WELL AS CARDIOVASCULAR AND STRENGTH TRAINING EQUIPMENT CONTINUE COMMUNITY EDUCATION, HE ALTHY FOCUS SEMINARS WITH EFFORTS TO EXPAND ATTENDANCE TO INCLUDE POPULATIONS THROUGHOUT W AKE COUNTY AS WELL AS A FOCUS ON TOPICS ALIGNED WITH THE NEEDS ASSESSMENT IN FY2017, WE L AUNCHED THE 11TH YEAR OF THE HEALTH FOCUS EDUCATION SERIES WITH TOPICS INCLUDING, BUT NOT LIMITED TO CANCER, CARDIOVASCULAR DISEASE, AND STROKE IN FY17, DUKE RALEIGH CONTINUED TO S PONSOR MIDTOWN FARMERS MARKET, WHICH PROMOTES A HEALTHY LIFESTYLE AS WELL AS PROVIDES A VE NUE FOR DUKE RALEIGH TO SHARE HEALTHY EDUCATION EXPAND AND STRENGTHEN COMMUNITY OUTREACH E FFORTS AROUND STROKE, CARDIOVASCULAR DISEASE, DIABETES, CANCER, ORTHOPEDICS AND SPORTS MED ICINE ALONG WITH OUR COMMUNITY PARTNERS IN FY2017, WE PARTICIPATED AGAIN IN THE 4TH CONGR ESSIONAL DISTRICT HEALTH FAIR WHERE OUR STROKE CHAMPIONS PROVIDED HEALTH EDUCATION 4 MENT AL HEALTH AND SUBSTANCE ABUSEWAKE COUNTY HAS EXPERIENCED AN INCREASE IN THE PREVALENCE AND SEVERITY OF MENTAL HEALTH AND SUBSTANCE USE PROBLEMS THIS PRIORITY RELATES TO TOBACCO US E/EXPOSURE, ILLEGAL DRUG USE, EXCESSIVE DRINKING, ALCOHOL-IMPAIRED DRIVING DEATHS, SUICIDE RATES, MENTAL HEALTH EMERGENCY DEPARTMENT UTILIZATION AND THE AVAILABILITY OF RESOURCES T O MEET THIS GROWING DEMAND DUE TO THE SCOPE AND COMPLEXITY OF MENTAL HEALTH AND SUBSTANCE USE ISSUES, A COLLECTIVE AND COLLABORATIVE APPROACH IS NEEDED BELOW IS A LISTING OF A NU MBER OF INITIATIVES AND COLLABORATIONS THAT DUKE RALEIGH HOSPITAL IS ENGAGED WITH TO HAVE THE GREATEST IMPACT TO ADDRESS THIS ISSUE CONTINUE TO PARTICIPATE IN THE WAKE COUNTY CRISI S HOSPITAL COLLABORATIVE, WHICH INCLUDES ALL WAKE COUNTY HOSPITALS, REPRESENTATIVES FROM M ENTAL HEALTH, LAW ENFORCEMENT AND OTHER STAKEHOLDERS IN CRISIS RESPONSE IN WAKE COUNTY CON TINUE TO CONVENE TREATMENT TEAM MEETINGS FOR INPATIENTS WHO ALSO HAVE SUBSTANCE USE AND CH RONIC PERSISTENT MENTAL ILLNESS WITH COMPLEX NEEDS THE TREATMENT TEAM INCLUDES CARE COORD INATORS FROM MENTAL HEALTH AGENCIES, ALLIANCE BEHAVIORAL HEALTH AND OTHER PROVIDERS INVOLV ED IN THE PATIENT'S CARE CONTINUE REGULAR MEETINGS WITH DUKE RALEIGH HOSPITAL CASE MANAGEM ENT, ALLIANCE BEHAVIORAL HEALTH, CASE MANAGER WITH COMMUNITY CARE OF WAKE AND JOHNSTON COU NTIES (CCWJC), AND EMS TO ADDRESS BARRIERS TO CARE FOR HIGH RISK PATIENTS AND REDUCE NON-E MERGENT VISITS TO HOSPITALS CONTINUE TO UTILIZE COMMUNITY CARE OF JOHNSTON & WAKE COUNTIES PORTAL AND THE NORTH CAROLINA CONTROLLED SUBSTANCES REPORTING SYSTEM (CSRS) TO REDUCE NAR COTIC DEPENDENCY AND PREVENT OVERPRESCRIBING</p>

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

Form and Line Reference	Explanation
CONTINUE SUPPORT OF ORGANIZATIONS SUCH AS NATIONAL ALLIANCE ON MENTAL	ILLNESS (NAMI) WAKE COUNTY, WHICH PROVIDES SUPPORT, EDUCATION, AND ADVOCACY FOR PEOPLE WIT H MENTAL ILLNESS ALONG WITH THEIR FAMILIES AND FRIENDS STRENGTHEN SUPPORT OF TRIANGLE FAMI LY SERVICES, WHICH FOCUSES ON BUILDING A STRONGER COMMUNITY BY STRENGTHENING THE FAMILY TH ROUGH FAMILY SAFETY, FINANCIAL STABILITY, AND MENTAL HEALTH CONTINUE TOBACCO CESSATION SU PPORT FOR EMPLOYEES AND DEPENDENTS THROUGH LIVE FOR LIFE'S STEPS TO HEALTH TOBACCO CESSATI ON PROGRAM THIS 12-MONTH COACHING PROGRAM INVOLVES AN INITIAL CONSULTATION TO DEVELOP A Q UIT PLAN, THEN FOLLOW-UP CALLS AT ONE, THREE, SIX, AND 12 MONTHS COACHES PROVIDE ADDITION AL RESOURCES AND MOTIVATION TO HELP PARTICIPANTS QUIT ENROLLMENT ALSO INCLUDES ACCESS TO THREE MONTHS OF LOW-COST TREATMENT AT PARTICIPATING DUKE HOSPITAL OUTPATIENT PHARMACIES DU KE RALEIGH HOSPITAL PART V, SECTION B, LINE 16J DUHS PROVIDES A BROCHURE TO ALL ADMISSI ON S 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 REPRESENT ATIVES TO HELP THEM IF THEY CANNOT PAY THEIR BILL IN FULL THIS COMMENT REFERENCES GOVERN M ENT-SPONSORED PROGRAMS, MONTHLY PAYMENT PROGRAMS, AND OTHER FINANCIAL ASSISTANCE PROGRAMS AVAILABLE FOR PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA DUHS ALSO PUBLICIZED ITS FINAN CIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE COUNSELORS DUKE RALEIGH HOSPITA L PART V, SECTION B, LINE 24 CERTAIN ELECTIVE COSMETIC/AESTHETIC SERVICES, AND OTHER SERV ICES NOT COVERED BY INSURANCE, WILL BE BILLED AT AN AMOUNT EQUAL TO GROSS CHARGES SCHEDULE H, PART V, SECTION BGROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL PART V, SECTION B, LINE 5 DUKE REGIONAL HOSPITAL ("DRH") WAS A PARTICIPANT IN THE 2014 DURHAM COMMUNITY HEALTH A SSESSMENT, LED BY PARTNERSHIP FOR A HEALTHY DURHAM THE ASSESSMENT PROCESS INCLUDED 354 CI TIZEN SURVEYS FROM RANDOMLY SELECTED HOUSEHOLDS AND 8 COMMUNITY LISTENING SESSIONS WITH 20 5 COMMUNITY MEMBERS REPRESENTATIVES FROM DUKE UNIVERSITY HOSPITAL (DUH) AND DRH PARTICIPA TED AS MEMBERS ON THE COMMUNITY HEALTH ASSESSMENT TEAM ALONG WITH REPRESENTATIVES FROM OTH ER UNIVERSITIES, LOCAL GOVERNMENT, SCHOOLS, NON-PROFIT ORGANIZATIONS, AND BUSINESSES THE COMMUNITY HEALTH ASSESSMENT TEAM WORKED TO DIRECT THE ACTIVITIES OF THE ASSESSMENT AND PRO VIDE WRITTEN CONTENT AND EXPERTISE ON ISSUES OF INTEREST THIS JOINT CHNA AND RELATED IMPL EMENTATION PLAN WAS ADOPTED BY THE DUHS BOARD OF DIRECTORS AND PUBLISHED ON THE DUKE HEALT H WEBSITE IN FISCAL YEAR 2016 (TAX YEAR 2015) GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITA L PART V, SECTION B, LINE 6A DUKE UNIVERSITY HOSPITALGROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL PART V, SECTION B, LINE 6B THE PARTNERSHIP FOR A HEALTHY DURHAM AND THE DURHAM COUNTY HEALTH DEPARTMENTGROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL PART V, SECTION B, L INE 11 THE ASSESSMENT IDENTIFIED SIX HEALTH PRIORITIES FOR 2015-2017 1 OBESITY AND CHRON IC ILLNESS2 POVERTY3 EDUCATI

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

Form and Line Reference	Explanation
CONTINUE SUPPORT OF ORGANIZATIONS SUCH AS NATIONAL ALLIANCE ON MENTAL	<p>ON4 ACCESS TO MEDICAL AND DENTAL CARE5 MENTAL HEALTH AND SUBSTANCE ABUSE6 HIV AND SEXUA LLY TRANSMITTED INFECTIONS7DUKE REGIONAL HOSPITAL CONSIDERS THIS DOCUMENT TO BE A "WORKING PLAN" THAT WILL CONTINUE TO EVOLVE OVER THIS THREE-YEAR PERIOD IN ORDER TO ENSURE THE EFFI CACY 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 O NLY DUKE REGIONAL HOSPITAL'S CONTINUALLY EVOLVING VARIETY OF PROGRAMS AND ACTIVITIES IN TH E SIX PRIORITY AREAS TO IMPROVE HEALTH WITH THE DURHAM COMMUNITY 1 OBESITY AND CHRONIC I LLNESSLOOK GOOD FEEL BETTER THE AMERICAN CANCER SOCIETY'S LOOK GOOD FEEL BETTER PROGRAM PR OVIDES SUPPORT FOR FEMALE CANCER TREATMENT PATIENTS WHO HAVE EXPERIENCED HAIR LOSS OR OTHE R PHYSICAL APPEARANCE CHANGES DUE TO CHEMOTHERAPY OR RADIATION TREATMENTS IN FY 2014, THI S MONTHLY SUPPORT PROGRAM HELPED 58 WOMEN 2016 GOAL DUKE REGIONAL WILL CONTINUE TO SUPPO RT THE PROGRAM IN 2016 WITH A GOAL OF REACHING 65 PATIENTS 2016 PROGRESS 45 WOMEN PARTIC IPATED IN THE LOOK GOOD FEEL BETTER PROGRAM HOSTED AT DUKE REGIONAL 2017 GOAL DUKE REGION AL WILL CONTINUE TO HOST THE MONTHLY PROGRAM 2017 PROGRESS 50 WOMEN PARTICIPATED IN THE LOOK GOOD FEEL BETTER PROGRAM HOSTED AT DUKE REGIONAL STROKE AWARENESSDUKE REGIONAL OFFERS A MONTHLY STROKE SUPPORT GROUP TO EDUCATE STROKE SURVIVORS, CARE GIVERS AND PEOPLE IN THE COMMUNITY ABOUT STROKE PREVENTION AND STROKE DISABILITIES APPROXIMATELY, 25 PEOPLE ATTEN D THE GROUP EACH MONTH 2016 GOAL DUKE REGIONAL WILL CONTINUE TO OFFER A MONTHLY STROKE S UPPORT GROUP 2016 PROGRESS DUKE REGIONAL OFFERED A PEER-LED MONTHLY STROKE SUPPORT GROUP WITH APPROXIMATELY 25 PEOPLE PARTICIPATING 2017 GOAL CONTINUE TO OFFER A MONTHLY STROKE SUPPORT GROUP WITH A GOAL OF 25 PARTICIPANTS 2017 PROGRESS DUKE REGIONAL OFFERED A PEER -LED MONTHLY STROKE SUPPORT GROUP WITH APPROXIMATELY 20 PEOPLE PARTICIPATING 2 POVERTYFI LL THAT BUSEMPLOYEES DONATED BINS OF SCHOOL SUPPLIES TO FILL THAT BUS IN AUGUST 2015 TO SU PPORT DURHAM PUBLIC SCHOOLS TEACHERS FROM THE HIGHEST POVERTY SCHOOLS WERE INVITED TO PIC K OUT SUPPLIES NEEDED IN THEIR CLASSROOMS SALVATION ARMY ANGEL TREEEACH DECEMBER, EMPLOYEE S "ADOPT" 100 CHILDREN FROM DUKE REGIONAL'S SALVATION ARMY ANGEL TREE CHILDREN IN DURHAM HAVE RECEIVED BIKES, CLOTHING, DOLLS AND TOYS THANKS TO THE GENEROUS DONATIONS EXTRA GIFT S ARE ALSO DONATED TO THE SALVATION ARMY FOR OTHER NEEDY FAMILIES IN THE AREA 2016 GOAL D UKE REGIONAL WILL HOST A DRIVE TO BENEFIT UNDERSERVED CHILDREN OR FAMILIES IN OUR COMMUNIT Y 2016 PROGRESS IN AUGUST 2015, DRH DONATED 25 BINS OF CRAYONS, GLUE STICKS, MARKERS, PA PER, PENCILS AND MORE TO THE FILL THAT BUS! CAMPAIGN FOR DURHAM PUBLIC SCHOOLS CLASSROOMS THE HOSPITAL ALSO "ADOPTED" 100 CHILDREN THROUGH THE SALVATION ARMY ANGEL TREE PROGRAM IN DECEMBER 2015 2017 GOAL DUKE</p>

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

Form and Line Reference	Explanation
CONTINUE SUPPORT OF ORGANIZATIONS SUCH AS NATIONAL ALLIANCE ON MENTAL	REGIONAL WILL AGAIN HOST AT LEAST ONE DRIVE TO BENEFIT UNDERSERVED CHILDREN OR FAMILIES I N OUR COMMUNITY 2017 PROGRESS DUKE REGIONAL DONATED 40 BINS OF CRAYONS, GLUE STICKS, MAR KERS, PAPER, PENCILS AND MORE TO THE CRAYONS2CALCULATORS FILL THAT BUSI CAMPAIGN FOR DURHA M PUBLIC SCHOOLS TEACHERS IN HIGH-NEED AND HIGH-POVERTY AREAS THE HOSPITAL ALSO GRANTED 1 00 HOLIDAY WISHES THROUGH THE SALVATION ARMY ANGEL TREE PROGRAM 3 EDUCATIONHEALTH PROFES SIONS EDUCATIONDUKE REGIONAL IS COMMITTED TO HELPING TRAIN THE HEALTHCARE WORKERS OF THE F UTURE IN FY 2015, DRH CONTRIBUTED OVER \$3 MILLION TOWARD THE TRAINING AND TEACHING OF TOM ORROW'S HEALTHCARE PROFESSIONALS 2016 GOAL DUKE REGIONAL WILL CONTINUE THAT LEVEL OF SUP PORT IN FY 2016 2016 PROGRESS DRH INVESTED \$3 4 MILLION IN TEACHING AND TRAINING HEALTHC ARE PROFESSIONALS DRH ALSO PROVIDED OPPORTUNITIES FOR PRE-HEALTH UNDERGRADUATE STUDENTS F ROM LOCAL COLLEGES AND UNIVERSITIES TO SHADOW AND VOLUNTEER ALONGSIDE CLINICAL AND CUSTOME R SERVICE STAFF AS AMBASSADORS IN THE EMERGENCY DEPARTMENT, OPERATING ROOM AND WOMEN'S SER VICES 2017 GOAL DUKE REGIONAL WILL CONTINUE THAT LEVEL OF SUPPORT IN FY 17 2017 PROGRESS DRH INVESTED \$3 5 MILLION IN TEACHING AND TRAINING HEALTHCARE PROFESSIONALS DRH ALSO PR OVIDED OPPORTUNITIES FOR 70 PRE-HEALTH UNDERGRADUATE STUDENTS FROM LOCAL COLLEGES AND UNIV ERSITIES TO SHADOW AND VOLUNTEER ALONGSIDE CLINICAL AND CUSTOMER SERVICE STAFF AS AMBASSAD ORS IN THE EMERGENCY DEPARTMENT DRH ALSO PROVIDED AN EIGHT-WEEK JUNIOR VOLUNTEER PROGRAM FOR AREA HIGH SCHOOL STUDENTS TO GAIN CLERICAL AND CUSTOMER SERVICES WORK EXPERIENCES IN A HEALTH CARE SETTING PROJECT SEARCHDUKE REGIONAL IS THE HOST BUSINESS FOR PROJECT SEARCH, A PARTNERSHIP WITH DURHAM PUBLIC SCHOOLS, OE ENTERPRISES, VOCATIONAL REHAB AND DURHAM CENT ER ACCESS THAT PROVIDES CAREER DEVELOPMENT EXPERIENCES TO SENIOR HIGH SCHOOL STUDENTS WITH DEVELOPMENTAL DISABILITIES THE STUDENTS, ACCOMPANIED BY A TEACHER, TEACHER'S ASSISTANT A ND JOB COACHES, COMPLETE INTERNSHIPS IN SEVERAL HOSPITAL DEPARTMENTS DURING THE ACADEMIC Y EAR SIX STUDENTS GRADUATED IN MAY 2015, AND FIVE WERE EMPLOYED IN THE COMMUNITY BY THE EN D OF THE SUMMER

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

Form and Line Reference	Explanation
2016 GOAL DUKE REGIONAL WILL CONTINUE TO SERVE AS A HOST	<p>SITE FOR PROJECT SEARCH FOR THE 2015-16 ACADEMIC YEAR 2016 PROGRESS MORE THAN 40 STUDENT S HAVE GRADUATED FROM THE PROJECT SEARCH PROGRAM SINCE ITS INCEPTION IN 2011 AND MORE THAN HALF ARE CURRENTLY EMPLOYED IN THE COMMUNITY 2017 GOAL DUKE REGIONAL WILL CONTINUE TO S ERVE AS A HOST SITE FOR THE 2016-2017 ACADEMIC YEAR 2017 PROGRESS DUKE REGIONAL CONTINUE D TO SERVE AS A HOST SITE FOR PROJECT SEARCH ADDING 8 NEW GRADUATES BRINGING THE TOTAL NUM BER OF GRADUATES TO 48 SINCE 2011 CITY OF MEDICINE ACADEMYDUKE REGIONAL HAS BEEN A PARTNER WITH CITY OF MEDICINE ACADEMY (CMA) AND DURHAM PUBLIC SCHOOLS SINCE THE PROGRAM'S INCEPTI ON AT SOUTHERN HIGH SCHOOL IN THE 1990S IN AUGUST 2011, CMA MOVED TO A NEW FACILITY LOCAT ED ON THE DUKE REGIONAL CAMPUS AS PART OF OUR PARTNERSHIP, DUKE REGIONAL HOSTS STUDENTS F OR CLINICAL ROTATIONS AND INTERNSHIPS, PROVIDES CPR TRAINING AND HOSTS THE ANNUAL SENIOR A WARDS NIGHT 2016 GOAL DUKE REGIONAL WILL CONTINUE THIS PARTNERSHIP WITH CMA IN FY 2016 2 016 PROGRESS DUKE REGIONAL CONTINUED TO PARTNER WITH CMA, HOSTING STUDENTS THROUGHOUT THE YEAR AND HOSTING THE ANNUAL SENIOR AWARDS NIGHT IN THE HOSPITAL AUDITORIUM 2017 GOAL DU KE REGIONAL WILL CONTINUE ITS PARTNERSHIP WITH CMA IN FY 2017 2017 PROGRESS DUKE REGIONA L CONTINUED TO PARTNER WITH CMA, PROVIDING VARIOUS LEARNING EXPERIENCES FOR STUDENTS THROU GHOUT THE YEAR 4 ACCESS TO MEDICAL AND DENTAL CARELINCOLN COMMUNITY HEALTH CENTERLINCOLN COMMUNITY HEALTH CENTER (LCHC) IS A FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER THAT PROVI DES PRIMARY CARE SERVICES FOR ABOUT 40,000 PATIENTS EACH YEAR APPROXIMATELY 80 PERCENT OF LCHC PATIENTS ARE UNINSURED AND LIVING AT OR BELOW THE POVERTY LEVEL IN ADDITION TO GENE ROUS FINANCIAL SUPPORT, DUKE REGIONAL PROVIDES ENGINEERING, ENVIRONMENTAL, LABORATORY, PHA RMACY AND RADIOLOGY SERVICES THE TOTAL DUKE REGIONAL HOSPITAL CONTRIBUTION TO LCHC IN FIS CAL YEAR (FY) 2015, INCLUDING MONETARY AND IN-KIND SERVICES, WAS MORE THAN \$7 5 MILLION 2 016 GOAL DUKE REGIONAL WILL CONTINUE THAT LEVEL OF SUPPORT IN FY 2016 2016 PROGRESS DUK E REGIONAL CONTRIBUTED \$7 4 MILLION IN MONETARY DONATIONS AND IN-KIND SERVICES TO LCHC 201 7 GOAL DUKE REGIONAL WILL CONTINUE THAT LEVEL OF SUPPORT IN FY 17 2017 PROGRESS DUKE RE GIONAL CONTRIBUTED \$7 9 MILLION IN MONETARY DONATIONS AND IN-KIND SERVICES TO LCHC DURHAM COUNTY EMERGENCY MEDICAL SERVICESDURHAM COUNTY EMERGENCY MEDICAL SERVICES (EMS) SERVES AS THE PRIMARY PROVIDER OF EMERGENCY AMBULANCE SERVICES AND ALTERNATIVE MEDICAL TRANSPORTATIO N IN DURHAM COUNTY IN FY 2015, DUKE REGIONAL PAID THE COUNTY MORE THAN \$2 3 MILLION TO SU PPORT DURHAM EMS 2016 GOAL DUKE REGIONAL WILL CONTINUE THAT LEVEL OF SUPPORT IN FY 2016 2016 PROGRESS DRH PAID \$2 4 MILLION TO SUPPORT DURHAM COUNTY EMS 2017 GOAL DRH WILL CON TINUE THAT LEVEL OF SUPPORT IN FY 17 2017 PROGRESS DRH PAID \$2 4 MILLION TO SUPPORT DURH AM COUNTY EMS PROJECT ACCESS DURHAM COUNTYPROJECT ACCESS OF DURHAM COUNTY (PADC) COORDINAT ES SPECIALTY CARE AT NO CHARGE</p>

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

Form and Line Reference	Explanation
2016 GOAL DUKE REGIONAL WILL CONTINUE TO SERVE AS A HOST	<p>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 2016 GOAL DUKE REGIONAL WILL CONTINUE TO PROVIDE OFFICE SPACE AS WELL AS TECHNOLOGICAL SUPPORT FOR PADC IN FY 2016 2016 PROGRESS DUKE REGIONAL PROVIDED OFFICE SPACE AND TECHNOLOGICAL SUPPORT TO PROJECT ACCESS DURHAM COUNTY 2017 GOAL DUKE REGIONAL WILL CONTINUE THIS LEVEL OF SUPPORT IN FY 17 2017 PROGRESS DUKE REGIONAL PROVIDED OFFICE SPACE AND TECH SUPPORT TO PADC IN FY17 CHARITY CAREEACH YEAR DUKE REGIONAL PROVIDES NO-COST OR DISCOUNTED URGENT OR EMERGENT HEALTH CARE SERVICES TO PATIENTS WHO WERE UNABLE TO PAY IN FY 2015 DUKE REGIONAL PROVIDED \$16.7 MILLION IN CHARITY CARE 2016 GOAL DUKE REGIONAL WILL CONTINUE TO PROVIDE CHARITY CARE AT A SIMILAR LEVEL IN FY 2016 2016 PROGRESS DRH PROVIDED \$21.4 MILLION IN CHARITY CARE 2017 GOAL DUKE REGIONAL WILL CONTINUE TO PROVIDE CHARITY CARE AT A SIMILAR LEVEL IN FY 17 2017 PROGRESS DUKE REGIONAL PROVIDED \$21.9 MILLION IN CHARITY CARE 5 MENTAL HEALTH AND SUBSTANCE ABUSEDURHAM CENTER ACCESS (OAKLEIGH) EACH YEAR DUKE REGIONAL PROVIDES \$100,000 TO SUPPORT DURHAM CENTER ACCESS, AN INPATIENT TREATMENT FACILITY FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITY AND SUBSTANCE ABUSE SERVICES 2016 GOAL DUKE REGIONAL WILL CONTINUE THAT LEVEL OF SUPPORT IN FY 2016 2016 PROGRESS DRH PROVIDED \$100,000 TO DURHAM CENTER ACCESS 2017 GOAL DRH WILL CONTINUE THAT LEVEL OF SUPPORT IN FY 17 2017 PROGRESS DRH PROVIDED \$100,000 TO DURHAM CENTER ACCESS 6 HIV AND SEXUALLY TRANSMITTED INFECTIONSDUKE REGIONAL DOES NOT HAVE A SPECIFIC GOAL TO ADDRESS THE RATE OF HIV AND SEXUALLY TRANSMITTED INFECTIONS BECAUSE CONSIDERABLE WORK IS ALREADY BEING DONE THROUGH ORGANIZATIONS WITHIN THE COMMUNITY THROUGH THE PARTNERSHIP FOR A HEALTHY DURHAM, THE HIV/STI ADVISORY COUNCIL BRINGS TOGETHER COMMUNITY MEMBERS AND AGENCIES TO FOCUS ON STRATEGIES TO PREVENT THE SPREAD OF SYPHILIS AND HIV/AIDS IN ADDITION, LINCOLN COMMUNITY HEALTH CENTER, WHICH DUKE REGIONAL SUPPORTS, OPERATES AN EARLY INTERVENTION CLINIC FOR PATIENTS WITH HIV/AIDS AT THE DURHAM COUNTY HEALTH DEPARTMENT FUNDRAISING AND OUTREACHIN ADDITION TO THE ACTIVITIES DESCRIBED IN THE PREVIOUS SECTIONS, DUKE REGIONAL CONDUCTS A NUMBER OF FUNDRAISING AND OUTREACH ACTIVITIES IN THE DURHAM COMMUNITY AND BEYOND DUKE REGIONAL EMPLOYEES RAISED \$31,763 FOR THE FOLLOWING CHARITABLE ORGANIZATIONS IN FY 2015 - DUKE COMMUNITY GIVING \$20,906 (INCLUDES UNITED WAY)- UNITED WAY OF THE GREATER TRIANGLE (SEE ABOVE)- AMERICAN HEART ASSOCIATION HEART WALK \$10,8572016 GOAL DUKE REGIONAL WILL RAISE AT LEAST \$35,000 FOR LOCAL CHARITIES, INCLUDING DUKE COMMUNITY GIVING/ UNITED WAY OF THE GREATER TRIANGLE, THE AMERICAN HEART ASSOCIATION HEART WALK AND AT LEAST ONE ADDITIONAL COMMUNITY-WIDE FUNDRAISING EFFORT 2016 PROGRESS DRH RAISED \$18,665 THROUGH DUKE'S DOING GOOD IN THE NEIGHBORHOOD CAMPAIGN, W</p>

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

Form and Line Reference	Explanation
2016 GOAL DUKE REGIONAL WILL CONTINUE TO SERVE AS A HOST	HICH INCLUDES DUKE COMMUNITY GIVING AND UNITED WAY OF THE GREATER TRIANGLE, \$8,173 FOR THE AMERICAN HEART ASSOCIATION TRIANGLE HEART WALK, AND \$14,316 FOR THE MARCH OF DIMES MARCH FOR BABIES 2017 GOAL DUKE REGIONAL WILL RAISE AT LEAST \$35,000 FOR LOCAL CHARITIES 2017 PROGRESS DRH RAISED \$15,066 THROUGH DUKE'S DOING GOOD IN THE NEIGHBORHOOD CAMPAIGN, WHICH INCLUDES DUKE COMMUNITY GIVING AND UNITED WAY OF THE GREATER TRIANGLE, \$15,333 FOR THE AMERICAN HEART ASSOCIATION TRIANGLE HEART WALK, AND \$7,840 FOR THE MARCH OF DIMES MARCH FOR BABIES THE HOSPITAL CONTINUES TO PARTNER WITH LOCAL NONPROFITS ON ENDEAVORS THAT EDUCATE OUR COMMUNITY ON HEALTH INITIATIVES AND DISPARITIES, AND PROVIDES MEETING SPACE FOR DURHAM AND ORANGE COUNTY'S DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAM, COMMUNITY HEALTH COALITION, AMERICAN CANCER SOCIETY'S LOOK GOOD FEEL BETTER PROGRAM, AND PROJECT ACCESS IN ADDITION, THE HOSPITAL -PARTNERED WITH THE AMERICAN RED CROSS TO HOST BLOOD DRIVES, COLLECTING 84 UNITS OF BLOOD FROM 252 DONORS -MARCHED IN THE NORTH CAROLINA PRIDEFEST PARADE IN SUPPORT OF THE LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER/QUESTIONING (LGBTQ) COMMUNITY AND SURVEYED ATTENDEES TO IDENTIFY SERVICE GAPS -DONATED 1,028 POUNDS OF NONPERISHABLE FOOD, CLEANING SUPPLIES, PERSONAL CARE ITEMS AND MORE FOR FAMILIES AFFECTED BY HURRICANE MATTHEW

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

Form and Line Reference	Explanation
GROUP A - FACILITY 3 - DUKE REGIONAL HOSPITAL	PART V, SECTION B, LINE 16J DUHS PROVIDES A BROCHURE TO ALL ADMISSIONS THAT INCLUDES A BRIEF SUMMARY OF DUHS FINANCIAL ASSISTANCE POLICIES DUHS ALSO COMMENTS ON THE BACK OF ITS BILLING INVOICES THAT PATIENTS SHOULD CONTACT PATIENT ACCOUNT REPRESENTATIVES TO HELP THEM IF THEY CANNOT PAY THEIR BILL IN FULL THIS COMMENT REFERENCES GOVERNMENT-SPONSORED PROGRAMS, MONTHLY PAYMENT PROGRAMS, AND OTHER FINANCIAL ASSISTANCE PROGRAMS AVAILABLE FOR PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA DUHS ALSO PUBLICIZED ITS FINANCIAL ASSISTANCE POLICY VERBALLY THROUGH ITS FINANCIAL CARE COUNSELORS PART V, SECTION B, LINE 24 CERTAIN ELECTIVE COSMETIC/AESTHETIC SERVICES, AND OTHER SERVICES NOT COVERED BY INSURANCE, WILL BE BILLED AT AN AMOUNT EQUAL TO GROSS CHARGES

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As Filed Data -

DLN: 93493135125588

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number
56-2070036

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 36

3 Enter total number of other organizations listed in the line 1 table 8

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FINANCIAL ASSISTANCE	43	56,000			
(1)					
(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 CHARITABLE GRANTS COMMITTEE 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
ALLIANCE MEDICAL MINISTRY INC 101 DONALD ROSS DR RALEIGH, NC 27610	56-2168673	501(C)(3)	17,500				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION PO BOX 50045 PRESCOTT, AZ 863045045	56-0529996	501(C)(3)	34,000				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
AMERICAN ORG OF NURSE EXECUTIVES 75 REMITTANCE DR SUITE 1201 CHICAGO, IL 606751201	36-3591337	501(C)(6)	12,000				GENERAL SUPPORT
AUTISM SOCIETY OF NORTH CAROLINA 505 OBERLILN RD SUITE 230 RALEIGH, NC 27605	23-7087887	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
BOYS & GIRLS CLUB OF GREATER DURHAM 808 E PETTIGREW ST DURHAM, NC 27701	56-6001906	501(C)(3)	6,500				GENERAL SUPPORT
BOYS CLUB OF WAKE COUNTY INC 701 N RALEIGH BLVD RALEIGH, NC 27610	56-0863051	501(C)(3)	20,000				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
CARING HOUSE INC 2625 PICKETT RD DURHAM, NC 277055603	56-1647154	501(C)(3)	10,000				GENERAL SUPPORT
CAROLINA THEATRE OF DURHAM INC 309 W MORGAN STREET DURHAM, NC 277012119	56-1759337	501(C)(3)	20,000				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
CEO ROUNDTABLE ON CANCER INC 101 SAS CAMPUS DR CARY, NC 27513	65-1230448	501(C)(3)	40,000				GENERAL SUPPORT
CITY OF DURHAM 101 CITY HALL PLAZA DURHAM, NC 27701	56-6000225	GOV'T ENTITY	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
COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM, NC 27703	47-5567396	501(C)(3)	15,000				GENERAL SUPPORT
DIX VISIONARIES PO BOX 28575 RALEIGH, NC 27611	20-8421281	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
DUKE SCHOOL FOR CHILDREN 3716 OLD ERWIN RD DURHAM, NC 27705	58-1521494	501(C)(3)	25,000				GENERAL SUPPORT
DURHAM ACADEMY INC 3130 PICKETT RD DURHAM, NC 277055599	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 CONGREGATIONS IN ACTION 504 W CHAPEL HILL ST DURHAM, NC 27701	23-7208424	501(C)(3)	11,500				GENERAL SUPPORT
DURHAM PUBLIC SCHOOLS 301 CRUTCHFIELD ST DURHAM, NC 27704	56-6001021	GOV'T ENTITY	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
EAST DURHAM CHILDRENS INITIATIVE 107 N DRIVER ST 3RD FLOOR DURHAM, NC 27703	32-0263133	501(C)(3)	10,000				GENERAL SUPPORT
ECONOMIC DEVELOPMENT PARTNERSHIP 15000 WESTON PKY CARY, NC 27513	46-4840814	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
EL CENTRO HISPANO INC 2000 CHAPEL HILL RD DURHAM, NC 277071197	56-2011661	501(C)(3)	6,000				GENERAL SUPPORT
FAMILY VIOLENCE PREVENTION CTR 1012 OBERLINE RD SUITE 100 RALEIGH, NC 27605	58-1320613	501(C)(3)	20,000				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
GREATER RALEIGH CHAMBER OF COMMERCE PO BOX 2978 RALEIGH, NC 276022978	56-0370850	501(C)(6)	27,750				GENERAL SUPPORT
HABITAT FOR HUMANITY OF WAKE COUNTY 2420 RALEIGH BLVD RALEIGH, NC 27604	56-1492703	501(C)(3)	20,000				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
HOLT BROTHERS FOUNDATION INC 421 FAYETTEVILLE ST STE 1300 RALEIGH, NC 27601	56-6570426	501(C)(3)	5,500				GENERAL SUPPORT
HUMAN RIGHTS CAMPAIGN INC 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1243457	501(C)(4)	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
JUNIOR LEAGUE OF RALEIGH INC PO BOX 25728 RALEIGH, NC 276115728	56-0562849	501(C)(3)	10,000				GENERAL SUPPORT
MARCH OF DIMES FOUNDATION 6504 FALLS OF NEUSE ROAD STE 100 RALEIGH, NY 27615	13-1846366	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
MEDICAL FOUNDATION OF NC INC CB 7145 SUITE 4100 BONDURANT CHAPEL HILL, NC 275997120	56-6057494	501(C)(3)	50,000				GENERAL SUPPORT
MIDTOWN EVENTS LLC PO BOX 19107 RALEIGH, NC 27619	27-1832351		50,000				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
MIDTOWN RALEIGH ALLIANCE 1110 NAVAHO DR SUITE 100 RALEIGH, NC 27609	45-2559048	501(C)(6)	12,000				SPONSORSHIP
MUSEUM OF DURHAM HISTORY PO BOX 362 DURHAM, NC 27702	94-3455685	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
NC LUNG CANCER PARTNERSHIP 4000 BLUE RIDGE RD SUITE 170 RALEIGH, NC 27612	26-2300885	501(C)(3)	25,000				GENERAL SUPPORT
NC PHYSICIANS HEALTH PROGRAM INC 220 HORIZON DRIVE 201 RALEIGH, NC 27615	56-1846599	501(C)(3)	16,000				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 SYMPHONY SOCIETY 3700 GLENWOOD AVE SUITE 130 RALEIGH, NC 27612	56-0556755	501(C)(3)	33,500				GENERAL SUPPORT
ORANGE COUNTY RAPE CRISIS CENTER 1506 E FRANKLIN ST SUITE 302 CHAPEL HILL, NC 27514	58-1356356	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
POLKA DOT MAMA MELANOMA FOUNDATION 925 ALDEN BRIDGE DR CARY, NC 27519	47-4543960	501(C)(3)	10,250				GENERAL SUPPORT
RACE 131 LLC 3803-B COMPUTER DR STE 205 RALEIGH, NC 27609	46-4157559		7,500				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
RALEIGH SCHOOL OF NURSE ANESTHESIA 3900 BARRETT DR SUITE 200 RALEIGH, NC 27609	56-1684241	501(C)(3)	18,151				GENERAL SUPPORT
RONALD MCDONALD HOUSE OF DURHAM 506 ALEXANDER AVE DURHAM, NC 27705	56-1220376	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
SENIOR PHARMASSIST INC 406 RIGSBEE AVE STE 201 DURHAM, NC 277012186	56-2084639	501(C)(3)	20,000				GENERAL SUPPORT
SHAW UNIVERSITY 118 E SOUTH ST RALEIGH, NC 27601	56-0530235	501(C)(3)	6,500				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
SUSAN G KOMEN FOR THE CURE NC 600 AIRPORT BLVD SUITE 100 MORRISVILLE, NC 27560	75-2845066	501(C)(3)	65,000				GENERAL SUPPORT
THE UNIVERSITY OF NORTH CAROLINA CAMPUS BOX 3480 CHAPEL HILL, NC 275993480	56-6001393	501(C)(3)	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
UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMETER PARK DR 150 MORRISVILLE, NC 27560	56-1949103	501(C)(3)	593,895				SPONSORSHIP
YMCA OF THE TRIANGLE AREA INC 801 CORPORATE CENTER DR STE 20 RALEIGH, NC 27606	56-0591307	501(C)(3)	10,000				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number
56-2070036

Part I

Questions Regarding Compensation

	Yes	No
<div>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.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<div>b If any of the boxes in 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.</div>	1b	No
<div>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 in line 1a?</div>	2	No
<div>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.</div> <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>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:</div> <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	<div>4a</div> <div>4b</div> <div>4c</div>	<div>No</div> <div>Yes</div> <div>No</div>
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div> <div>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:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>	<div>5a</div> <div>5b</div>	<div>No</div> <div>No</div>
<div>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:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>	<div>6a</div> <div>6b</div>	<div>No</div> <div>No</div>
<div>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	Yes
<div>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.</div>	8	No
<div>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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 1A	TAX INDEMNIFICATION. RHONDA BRANDON AND DAVID ZAAS, MD RECEIVED A BENEFIT THAT WAS GROSSED UP TO COMPENSATE FOR WITHHOLDING OF TAXES. SCHEDULE J, PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE FOLLOWING INDIVIDUAL PARTICIPATED IN AND RECEIVED PAYMENTS UNDER A DEFERRED COMPENSATION PLAN DESCRIBED UNDER SECTION 457(F) OF THE INTERNAL REVENUE CODE. RICHARD H. BRODHEAD \$230,000. SUCH AMOUNT WAS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AS DEFINED UNDER IRC SECTION 457(F). SCHEDULE J, PART I, LINE 7 NON-FIXED PAYMENTS. DUHS MAINTAINS AN EXECUTIVE INCENTIVE COMPENSATION PLAN. PAYMENTS UNDER THE PLAN ARE BASED ON PRE-ESTABLISHED PERFORMANCE METRICS AND A FIXED CALCULATION METHODOLOGY APPROVED BY THE DUHS COMPENSATION COMMITTEE WITH ASSISTANCE AND INPUT FROM AN EXECUTIVE COMPENSATION CONSULTING FIRM ASSURING COMPARABILITY WITH SIMILAR SYSTEMS. THE PLAN ALLOWS FOR A 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.

Additional Data

Software ID:

Software Version:

EIN: 56-2070036

Name: DUKE UNIVERSITY HEALTH SYSTEM INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1NANCY ANDREWS MD DIRECTOR	(i)0	0	0	0	0	0	0
	(ii)-	-	-	-	-	-	-
	594,822	346,539	18,000	32,411	59,782	1,051,554	0
1RICHARD H BRODHEAD DIRECTOR	(i)0	0	0	0	0	0	0
	(ii)-	-	-	-	-	-	-
	994,475	0	263,534	153,161	15,585	1,426,755	115,000
2MARY E KLOTMAN MD DIRECTOR	(i)0	0	0	0	0	0	0
	(ii)-	-	-	-	-	-	-
	310,727	76,114	18,000	32,411	13,859	451,111	0
3MARK F NEWMANDIRECTOR	(i)0	0	0	0	0	0	0
	(ii)-	-	-	-	-	-	-
	184,681	0	29,008	26,603	20,784	261,076	0
4A EUGENE WASHINGTON MD PRESIDENT & CEO DUHS/DIRECTOR	(i)0	0	0	0	0	0	0
	(ii)-	-	-	-	-	-	-
	1,161,674	904,735	23,700	132,411	15,246	2,237,766	0
5MONTE D BROWN MD VP FOR ADMINISTRATION/SECRETARY	(i)329,638	247,336	92,973	32,411	18,667	721,025	0
	(ii)-	-	-	-	-	-	-
	0	0	0	0	0	0	0
6WILLIAM J FULKERSON MD EXECUTIVE VP, DUHS	(i)813,955	594,041	18,000	32,411	7,243	1,465,650	0
	(ii)-	-	-	-	-	-	-
	0	0	0	0	0	0	0
7KENNETH C MORRIS SVP, CFO, TREASURER	(i)728,235	473,611	69,442	32,411	11,345	1,315,044	0
	(ii)-	-	-	-	-	-	-
	0	0	0	0	0	0	0
8MARY ANN FUCHS VP-PATIENT CARE/CHIEF NURSE EXEC	(i)321,029	137,705	0	32,411	7,018	498,163	0
	(ii)-	-	-	-	-	-	-
	0	0	0	0	0	0	0
9KATHLEEN GALBRAITH PRESIDENT, DUKE REGIONAL HOSPITAL	(i)372,099	114,986	27,367	32,411	17,405	564,268	0
	(ii)-	-	-	-	-	-	-
	0	0	0	0	0	0	0
10KEVIN SOWERS PRESIDENT, DUKE UNIVERSITY HOSPITAL	(i)480,618	222,708	18,000	32,411	12,029	765,766	0
	(ii)-	-	-	-	-	-	-
	0	0	0	0	0	0	0
11DAVID ZAAS MD PRESIDENT, DUKE RALEIGH HOSPITAL	(i)370,857	150,721	18,016	32,411	15,449	587,454	0
	(ii)-	-	-	-	-	-	-
	0	0	0	0	0	0	0
12RHONDA BRANDON CHIEF HUMAN RESOURCES OFFICER	(i)308,231	212,744	24,046	32,411	23,587	601,019	0
	(ii)-	-	-	-	-	-	-
	0	0	0	0	0	0	0
13MARC CALABRESE PHYSICIAN	(i)377,657	42,986	19,260	32,411	23,643	495,957	0
	(ii)-	-	-	-	-	-	-
	0	0	0	0	0	0	0
14CAROLYN C CARPENTER CHIEF OPERATING OFFICER DUH	(i)320,062	124,421	0	32,411	19,802	496,696	0
	(ii)-	-	-	-	-	-	-
	0	0	0	0	0	0	0
15JEFFREY M FERRANTI VP, CIO, DHTS ADMINISTRATION	(i)399,756	204,904	18,000	32,411	21,886	676,957	0
	(ii)-	-	-	-	-	-	-
	21,236	80,984	0	0	0	102,220	0
16THOMAS A OWENS MD CHIEF MEDICAL OFFICER	(i)429,419	199,154	82,701	32,411	13,144	756,829	0
	(ii)-	-	-	-	-	-	-
	0	0	0	0	0	0	0
17VICTOR J DZAU MD FORMER DIRECTOR/OFFICER	(i)0	0	0	0	0	0	0
	(ii)-	-	-	-	-	-	-
	0	143,032	0	18,666	15	161,713	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
DUKE UNIVERSITY HEALTH SYSTEM INC

Supplemental Information on Tax Exempt Bonds

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

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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		03-22-2012	322,140,000	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	65821DLJ8	06-28-2012	326,853,753	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	228,820,000		184,550,000		6,705,000		21,695,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	322,140,000		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	322,140,000		214,760,000		128,325,000			
12	Other unspent proceeds								
13	Year of substantial completion					2009		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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 03/22/2012 WAS TO REFUND THE 2005ABC BONDS I SSUED ON 08/21/2009, WHICH REFUNDED THE ORIGINAL 2005ABC BONDS ISSUED ON 5/19/2005 THE PU RPOSE OF THE BONDS ISSUED 05/19/2005 WAS TO PARTIALLY REFUND THE 1996C BONDS ISSUED ON 10/ 24/1996, 1998A BONDS ISSUED ON 08/27/1998, AND THE 1998B BONDS ISSUED ON 10/13/1998 BOND ISSUE B THE PURPOSE OF THE BONDS ISSUED 05/30/2012 WAS TO PARTIALLY REFUND THE 2005ABC BO NDS ISSUED ON 03/22/12, WHICH REFUNDED THE 2005ABC BONDS ISSUED ON 08/21/2009, WHICH REFUN DED 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 0 8/27/1998, AND THE 1998B BONDS ISSUED ON 10/13/1998 BOND ISSUE C THE PURPOSE OF THE BOND S ISSUED 03/19/2015 WAS TO REFUND THE 2006ABC BONDS ISSUED ON 10/06/2011,WHICH REFUNDED TH E BONDS ISSUED 11/15/2006 FOR HOSPITAL IMPROVEMENTS INCLUDING ROUTINE INFRASTRUCTURE, REN OVATION AND IMPROVEMENT PROJECTS AT DUKE UNIVERSITY HOSPITAL AND DUKE RALEIGH HOSPITAL, IM PROVEMENTS TO INFORMATION SYSTEMS, RENOVATION AND EXPANSION OF EMERGENCY DEPARTMENT AT DUK E UNIVERSITY HOSPITAL, HELIPORT AND NEW ROOF IMPROVEMENTS AT DUKE UNIVERSITY HOSPITAL, AND PHASES 1 AND 2 OF AN OPERATING ROOM SUITE RENOVATION AND EXPANSION AT DUKE UNIVERSITY HOS PITAL BOND ISSUE D THE PURPOSE OF THE BONDS ISSUED 06/14/12 WAS TO FINANCE PART OF THE C OST OF HOSPITAL CAPITAL IMPROVEMENTS INCLUDING THE CONSTRUCTION OF A MAJOR TERTIARY CARE ADDITION TO DUKE UNIVERSITY HOSPITAL REFERRED TO AS THE DUKE MEDICINE PAVILION (DMP) WHICH INCLUDED A NEW 609,000 SQUARE FOOT TERTIARY CARE ADDITION INCLUDING FOUR 24-BED INTENSIVE CARE UNITS, TWO 32 BED INTERMEDIATE /STEP-DOWN UNITS, 16 OPERATING ROOMS, EXPANDED IMAGIN G FACILTITES, AND PATIENT AND FAMILY ORIENTED AMENITIES, A 9,000 SQUARE FOOT SOUTH CONCOUR SE CONNECTOR CORRIDOR BETWEEN THE EXISTING CANCER CENTER AND DUKE CLINICS AND THE DMP, A 4 6,000 SQUARE FOOT NORTH CONCOURSE CONNECTOR CORRIDOR BETWEEN THE DMP AND DUKE UNIVERSITY H OSPITAL-NORTH, RENOVATION OF APPROXIMATELY 29,000 SQUARE FEET IN DUKE UNIVERSITY HOSPITAL AND ROAD IMPROVEMENT AND VEHICLE PARKING PROJECTS REQUIRED TO COMPLETE AND OPERATE THE NEW ADDITION BOND ISSUE A (2) THE 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, P ARKING, AND A DEBT SERVICE FUND, AND TO REFUND THE ORIGINAL 1993A BONDS ISSUED ON 08/12/19 93 THE PURPOSE OF THE BONDS ISSUED 08/12/1993 WAS TO PARTIALLY REFUND THE 1991D BONDS ISS UED ON 7/1/1991 AND THE 1985A BONDS ISSUED ON 10/02/1985 THE 2012C BONDS WERE PAID OFF EF FECTIVE JUNE 1, 2015 BOND ISSUE B (2) THE PURPOSE OF THE BONDS ISSUED 05/26/16 WAS TO RE FUND THE ORIGINAL 2009A BONDS ISSUED ON 10/22/09 TO FINANCE HOSPITAL IMPROVEMENTS INCLUDIN G THE AMBULATORY CANCER CENTER AT DUKE UNIVERSITY HOSPITAL AND OTHER RENOVATION AND IMPROV EMENT PROJECTS AT DUKE RALEIGH</p>

Return Reference	Explanation
<p>SCHEDULE K, PART I, COLUMN F</p>	<p>HOSPITAL, AND TO REFUND THE 2005C BONDS ISSUED ON 05/30/12 AND TO PARTIALLY REFUND THE 20 05B BONDS ISSUED ON 05/30/12 THE PURPOSE OF THE BONDS ISSUED 05/30/2012 WAS TO PARTIALLY REFUND THE 2005ABC BONDS ISSUED ON 03/22/12, WHICH REFUNDED THE 2005ABC BONDS ISSUED ON 08 /21/2009, WHICH REFUNDED THE ORIGINAL 2005ABC BONDS ISSUED ON 5/19/2005 THE PURPOSE OF TH E BONDS ISSUED 05/19/2005 WAS TO PARTIALLY REFUND THE 1996C BONDS ISSUED ON 10/24/1996, 19 98A BONDS ISSUED ON 08/27/1998, AND THE 1998B BONDS ISSUED ON 10/13/1998 BOND ISSUE C (2) THE PURPOSE OF THE BONDS ISSUED 08/11/16 WAS TO REFUND THE ORIGINAL 2010A BONDS ISSUED O N 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 PAVILI ON (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, E XPANDED IMAGING FACILTITES, AND PATIENT AND FAMILY ORIENTED AMENITIES, A 9,000 SQUARE FOOT SOUTH CONCOURSE CONNECTOR CORRIDOR BETWEEN THE EXISTING CANCER CENTER AND DUKE CLINICS AN D THE DMP, A 46,000 SQUARE FOOT NORTH CONCOURSE CONNECTOR CORRIDOR BETWEEN THE DMP AND DUK E UNIVERSITY HOSPITAL-NORTH, RENOVATION OF APPROXIMATELY 29,000 SQUARE FEET IN DUKE UNIVER SITY HOSPITAL AND ROAD IMPROVEMENT AND VEHICLE PARKING PROJECTS REQUIRED TO COMPLETE AND O PERATE THE NEW ADDITION BOND ISSUE D (2) DRAW-DOWN FINANCING LEASE PROGRAM WITH BANC OF AMERICA PUBLIC CAPITAL CORP IN THE MAXIMUM PRINCIPAL AMOUNT OF \$40,000,000 TO FINANCE MED ICAL, COMPUTER, OFFICE, AND CAPITAL EQUIPMENT BOND ISSUE A (3) DRAW-DOWN FINANCING LEASE PROGRAM WITH SUNTRUST EQUIPMENT FINANCE AND LEASING CORP IN THE MAXIMUM PRINCIPAL AMOUNT OF \$40,000,000 TO FINANCE MEDICAL, COMPUTER, OFFICE, AND CAPITAL EQUIPMENT SCHEDULE K, P ART II, LINE 3 BOND ISSUE B PROCEEDS INCLUDE ISSUE PRICE PLUS ORIGINAL ISSUE DISCOUNT / U PFRONT FEE PAID DIRECTLY BY DUHS TO THE BANK UPON ISSUANCE BOND ISSUES D PROCEEDS INCLUD E INVESTMENT EARNINGS BOND ISSUES D (2) AND A (3) PROCEEDS REFLECT ACTUAL PRINCIPAL DRAW N DOWN UNDER DRAW DOWN FINANCING LEASE PROGRAM SCHEDULE K, PART III, B(2), LINES 4-6 RES PONSES REFLECT THE COMPUTATION OF THE PORTION OF THE ISSUE ALLOCABLE TO THE REFUNDING OF T HE 2009A BONDS SCHEDULE K, PART IV, LINE 2C BOND ISSUES A, B, AND D BOND ISSUE (A) ARBIT RAGE REPORT COMPLETED 03/22/17, (B) COMPLETED 05/30/17, (D) COMPLETED 05/31/17 AS TO D(2) AND A(3), NO ARBITRAGE COMPUTATION WAS NECESSARY BECAUSE NO PROCEEDS WERE REINVESTED BON D ISSUES A, B, C AND A (2) THESE PROCEEDS WERE DISBURSED OR DEEMED DISBURSED UPON ISSUANC E TO CURRENTLY REFUND THE PRIOR BONDS BOND ISSUES D (2), AND A (3) SALES PROCEEDS ALLOCA TED UPON ISSUANCE AND NOT INVESTED SCHEDULE K, PART III, LINE 8C, BOND ISSUE (C) DISPOSI TION WAS THE SUBJECT OF A CLOSING AGREEMENT ACCEPTED AND CLOSED WITH THE IRS IN OCTOBER 20 14 THROUGH THE TAX EXEMPT BOND</p>

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	S VOLUNTARY CLOSING AGREEMENT PROGRAM

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
DUKE UNIVERSITY HEALTH SYSTEM INC

Supplemental Information on Tax Exempt Bonds

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

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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		08-28-2012	48,225,000	SEE PART VI		X		X		X
B	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DUD1	05-26-2016	383,990,154	SEE PART VI		X		X		X
C	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DVK4	08-11-2016	140,200,389	SEE PART VI		X		X		X
D	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402		03-06-2012	40,000,000	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	19,575,000		11,355,000				14,988,274	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	48,225,000		383,990,154		140,200,389		30,861,504	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows			201,888,819		139,008,505			
7	Issuance costs from proceeds			2,101,335		1,191,884			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	48,225,000		180,000,000				30,861,504	
12	Other unspent proceeds								
13	Year of substantial completion							2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X	X		X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

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).

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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		04-21-2015	40,000,000	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,457,421							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	19,035,078							
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	19,035,078							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

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							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	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 %							
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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

Part V Procedures To Undertake Corrective Action

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

▶ 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.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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	636,582	SEE PART V		No
(2) DANIEL J SCOTT MD	SEE PART V	67,752	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 BIOVENTUS LLC, DIRECTOR IS A DUHS, INC DIRECTOR(C) AMOUNT OF TRANSACTION \$636,582(D) DESCRIPTION OF TRANSACTION PAYMENT FOR GOODS OR SERVICES(E) SHARING OF ORGANIZATION REVENUE? = NO(A) NAME OF INTERESTED PERSON DANIEL J SCOTT, MD(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DANIEL J SCOTT, MD IS A FAMILY MEMBER OF A DUHS, INC DIRECTOR(C) AMOUNT OF TRANSACTION \$67,752(D) DESCRIPTION OF TRANSACTION PAYMENT FOR SALARY AND BENEFITS(E) SHARING OF ORGANIZATION REVENUE? = NO

Name of the organization
DUKE UNIVERSITY HEALTH SYSTEM INC

Employer identification number
56-2070036

Part ITypes 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	X		2	THRIFT STORE VALUE
5 Clothing and household goods	X		2,813	THRIFT STORE VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	50,398	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 ► (EQUIPMENT)	X	2	20,696	MARKET QUOTE
26 Other ► (ENTERTAINMENT)	X	9	790	MARKET QUOTE
27 Other ► (SPORTS)	X	4	744	MARKET QUOTE
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

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 is not required to be used
for exempt purposes for the entire holding period?

30a

Yes

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 non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

33

Yes

No

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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

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 BELOW ARE EXCERPTS FROM THE ANNUAL DUHS REPORT ON COMMUNITY BENEFIT THE COST OF THESE ACTIVITIES CAN BE DIFFICULT TO MEASURE SOMETIMES THEY INCLUDE THE PARTICIPATION OF DUKE UNIVERSITY SO REFERENCES TO "DUKE" ARE MEANT TO INCLUDE DUHS AND DUKE UNIVERSITY IN THEIR RESPECTIVE MISSION CAPACITIES DUKE A PARTNER IN CARE FOR PEOPLE, COMMUNITIES ACROSS NORTH CAROLINA WHEN ITS MEDICAL SCHOOL AND FIRST HOSPITAL OPENED MORE THAN 85 YEARS AGO, DUKE DEDICATED ITSELF TO IMPROVING THE HEALTH OF PEOPLE ACROSS NORTH CAROLINA TODAY, IN WHAT HAS EVOLVED INTO DUKE UNIVERSITY HEALTH SYSTEM, THAT PROUD COMMITMENT TO CARE CONTINUES THIS ED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ITION OF OUR ANNUAL REPORT ON COMMUNITY BENEFIT TELLS HOW FOR THE FISCAL YEAR THAT ENDED JUNE 30, 2017, DUKE PROVIDED A TOTAL COMMUNITY BENEFIT AND INVESTMENT OF \$509 MILLION OF THAT FIGURE, \$97 MILLION REPRESENTS CHARITY CARE AT ESTIMATED COST PROVIDED TO 235,417 PAT IENTS, WITH 95% FROM NORTH CAROLINA INCLUDING THE \$509 MILLION FOR FY2017, DUKE'S TOTAL C OMMUNITY BENEFIT AND INVESTMENT OVER THE PAST 10 YEARS EXCEEDS \$3 BILLION MORE THAN 7,000 DUKE-TRAINED HEALTHCARE PROFESSIONALS MAKE THEIR HOME IN NORTH CAROLINA * PHYSICIANS 3,3 48 * NURSES 2,734 * PHYSICIAN ASSISTANTS 653 * PHYSICAL THERAPISTS 299 * PATHOLOGY ASSISTA NTS 28 FOR A TOTAL OF 7,062 DUKE PROVIDED \$97 MILLION IN CHARITY CARE AT ESTIMATED COST TO 235,417 PATIENTS DURING THE FISCAL YEAR THAT ENDED ON JUNE 30, 2017 95 PERCENT OF THESE PATIENTS WERE RESIDENTS OF NORTH CAROLINA 84 PERCENT RESIDED IN DUKE'S PRIMARY SERVICE AR EA OF ALAMANCE, DURHAM, GRANVILLE, ORANGE, PERSON, VANCE AND WAKE COUNTIES HIGHLIGHTS OF DUKE'S CHARITY CARE AND DISCOUNTED CARE POLICIES * DUKE PROVIDES WORLD-CLASS CARE WITH A CONSISTENTLY HIGH LEVEL OF DIGNITY, RESPECT AND SKILL TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY * DUKE PROVIDES ELIGIBLE CARE AT A DISCOUNT OR WITHOUT CHARGE TO ALL QUAL IFYING PATIENTS WHO DO NOT HAVE HEALTH INSURANCE, OR WHO CANNOT PAY FOR CARE BECAUSE OF FI NANCIAL HARDSHIP (ONLY MEDICALLY NECESSARY SERVICES ARE ELIGIBLE) * DUKE PHYSICIANS DONAT E EMERGENCY, PRIMARY, AND SPECIALTY CARE SERVICES TO ELIGIBLE UNINSURED PATIENTS THROUGH P ROJECT ACCESS, A PROGRAM IN DURHAM AND WAKE COUNTIES * DUKE HELPS PATIENTS NAVIGATE THROU GH GOVERNMENT-SPONSORED FINANCIAL-ASSISTANCE PROGRAMS * DUKE ABSORBS COST DIFFERENCES WHE N GOVERNMENT PROGRAMS SUCH AS MEDICAID DO NOT COMPLETELY COVER THE COST OF CARE DUKE UNIV ERSITY HEALTH SYSTEM, AS WELL AS DUKE HEALTH, WORKS WITHIN THE COMMUNITIES IT SERVES TO PR OMOTE WELLNESS AND ACCESS TO CARE PARTNERING WITH LOCAL RESIDENTS, WE ADDRESS PRESSING NE EDS TO ENSURE HEALTHY NORTH CAROLINIANS IN ADDITION, THROUGH ITS TWO HOSPITALS IN DURHAM AND ONE IN RALEIGH, DUKE COLLABORATES WITH PUBLIC HEALTH DEPARTMENTS IN DURHAM AND WAKE CO UNTIES AND NUMEROUS COMMUNITY ORGANIZATIONS TO BETTER UNDERSTAND THE NEEDS OF THE PEOPLE W HO LIVE HERE SUPPORTING THE WORK OF COMMUNITY GROUPS DUKE AND ITS LOCAL PARTNERS CONTINU E COLLABORATIVE EFFORTS TO ELIMINATE HEALTHCARE DISPARITIES AND IMPROVE ACCESS TO HIGH-QUA LITY MEDICAL CARE IN THE 2017 FISCAL YEAR, DUKE PROVIDED \$12 MILLION IN CASH AND IN-KIND SUPPORT FOR COMMUNITY GROUPS, INCLUDING (1) \$8 0 MILLION FOR LINCOLN COMMUNITY HEALTH CEN TER AND ITS SATELLITE COMMUNITY CLINICS, WHICH SERVE A MAJORITY POOR AND UNINSURED POPULAT ION, (2) \$2 4 MILLION FOR DURHAM COUNTY'S EMERGENCY MEDICAL SERVICES PROGRAM, (3) \$1 6 MIL LION IN CASH CONTRIBUTIONS TO OTHER COMMUNITY ORGANIZATIONS INVESTING IN HEALTH PROFESSIO NS EDUCATION EDUCATING THE NEXT GENERATION OF PHYSICIANS, NURSES, NURSE PRACTITIONERS, PH YSICIAN ASSISTANTS, PHYSICAL T</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THERAPISTS, AND PATHOLOGY ASSISTANTS IS CENTRAL TO DUKE'S MISSION TO IMPROVE HEALTHCARE FOR PATIENTS AND THE COMMUNITY. IN THE 2017 FISCAL YEAR, DUKE INVESTED MORE THAN \$65 MILLION IN ITS HEALTH PROFESSIONS EDUCATION PROGRAM. THE PROGRAM REMAINS AMONG THE MOST CHALLENGING AND INNOVATIVE IN THE COUNTRY AND EMPHASIZES NEW MODELS OF COMMUNITY-FOCUSED CARE ON HEALTH, WELLNESS, AND SELF-CARE, AS WELL AS POPULATION HEALTH MANAGEMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DIRECTORS JACK O BOVENDER, JR , RICHARD H BRODHEAD, THOMAS M GORRIE, WILLIAM HAWKINS, MICHAEL MARSICANO, DAVID M RUBENSTEIN, AND STEVEN SCOTT, MD ARE TRUSTEES OF DUKE UNIVERSITY DIRECTOR AND PRESIDENT/CEO, A EUGENE WASHINGTON, MD, IS AN OFFICER OF DUKE UNIVERSITY THE FOLLOWING INDIVIDUALS ARE EMPLOYEES OF DUKE UNIVERSITY NANCY CATHERINE ANDREWS, MD, MARY KLOTMAN, MD, AND MARK F NEWMAN DIRECTOR AND PRESIDENT/CEO, A EUGENE WASHINGTON, MD, DIRECTOR MARK F NEWMAN, AND OFFICERS WILLIAM J FULKERSON, MD, AND KENNETH C MORRIS ARE DIRECTORS OF DURHAM CASUALTY COMPANY, LTD DIRECTOR AND PRESIDENT/CEO, A EUGENE WASHINGTON, MD, DIRECTORS MARY KLOTMAN, MD, MARK F NEWMAN, AND OFFICER WILLIAM J FULKERSON, MD, ARE BOARD MEMBERS OF PRIVATE DIAGNOSTIC CLINIC, PLLC OFFICERS WILLIAM J FULKERSON, MD AND KENNETH C MORRIS ARE BOTH DIRECTORS AND OFFICERS OF HEALTH SYSTEM MEDICAL STRATEGIES, INC

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	DUHS AMENDED BYLAWS BECAME EFFECTIVE APRIL 7, 2017 STATING THE FOLLOWING SIGNIFICANT CHANGE QUORUM - AT ALL MEETINGS OF THE BOARD OF DIRECTORS, THE PRESENCE OF ONE-HALF (1/2) OF THE DIRECTORS THEN HOLDING OFFICE SHALL BE NECESSARY AND SUFFICIENT TO CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS, AND THE ACT OF A MAJORITY OF THE DIRECTORS PRESENT AT ANY MEETING AT WHICH THERE IS A QUORUM SHALL BE THE ACT OF THE BOARD OF DIRECTORS, EXCEPT AS MAY BE OTHERWISE SPECIFICALLY PROVIDED BY STATUTE, THE ARTICLES OF INCORPORATION, OR THESE BYLAWS

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

990 Schedule O, Supplemental Information

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

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 BY GOING TO WWW DUKEHEALTH ORG, SELECTING "ABOUT DUKEHEALTH, CLICKING ON "CLINICAL ENTERPRISE AND SELECTING "FINANCIAL INFORMATION"

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NONPERIODIC CHANGES IN DEFINED BENEFIT PLANS 83,820,252 NET TRANSFERS TO THE UNIVERSITY AND AFFILIATES -125,875,511 CHANGE IN MARKET VALUE OF DERIVATIVES 36,536,402

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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	145,211,047	1,925,658	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

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

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	

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

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

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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

Yes

1s

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

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

[illegible]

Part VII **Supplemental Information**

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

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
(1) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(1) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1845329	HEALTHCARE	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
(2) 280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1465177	INVESTMENTS	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(3) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1594088	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(4) 310 BLACKWELL ST DURHAM, NC 27701 42-1672476	EDUCATION	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(5) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211078	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(6) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 61-1588319	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(7) PO BOX 2895 DURHAM, NC 27710 56-1825604	SUPPORT	NC	501(C)(3)	11 TYPE III-O	N/A		No
(8) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 46-3129771	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
(9) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(10) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 46-1340679	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
(11) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1701245	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(12) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1902501	HEALTHCARE	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
(13) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 57-1211099	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(14) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(15) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-0532129	EDUCATION	NC	501(C)(3)	LINE 2	N/A		No
(16) 280 S MANGUM STREET STE 210 DURHAM, NC 27701 90-0754895	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(17) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1757238	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(18) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917936	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(19) 280 S MANGUM STREET STE 210 DURHAM, NC 27701 56-1776668	INVESTMENTS	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No

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
(21) 280 S MANGUM STREET STE 210 DURHAM, NC 27701 27-1325761	INVESTMENTS	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
(1) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1917939	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(2) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 32-0358709	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(3) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 65-0045051	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(4) 1317 PETTIGREW STREET DURHAM, NC 27705 56-1655039	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(5) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-1415423	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(6) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1150667	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(7) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1143245	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(8) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-1133466	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(9) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 47-5555092	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(10) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 81-1309454	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(11) 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 81-2623775	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY HEALTH SYSTEM INC	Yes	
(12) 310 BLACKWELL STREET 4TH FLOOR DURHAM, NC 27701 81-5328550	SUPPORT	NC	501(C)(3)	11 TYPE 1	DUKE UNIVERSITY		No
(13) 2200 WEST MAIN STREET DURHAM, NC 27705 56-1632379	BANKING	NC	501(C)(1)		N/A		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) Disproprtionate 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	
(1) BLACKWELL PARTNERS LLC - SERIES A - 20-8075455 280 S MANGUM ST STE 210 DURHAM, NC 27701	INVESTMENTS	DE	N/A	N/A				No			No	
(1) CANYON BLUE INV FD 27- 0186996 AVE OF STARS LA, CA 90067	INVESTMENTS	DE	N/A	N/A				No			No	
(2) CD FUND LP - 27-0130641 MCKINNEY AVE DALLAS, TX 75201	INVESTMENTS	TX	N/A	N/A				No			No	
(3) LIQUID REALTY PTR 05-0537755 LINDA MESA DANVILLE, CA 94526	INVESTMENTS	DE	N/A	N/A				No			No	
(4) LYRICAL BLUE RL PT 27-2994514 32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(5) LYRICAL-BLUE RGNT 45- 3626577 32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(6) OCTAVIAN BLUE FD 27-2408711 5TH AVENUE NY, NY 10151	INVESTMENTS	DE	N/A	N/A				No			No	
(7) SBER LUCKY STRIKE 20- 3891303 310 BLACKWELL ST DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				No			No	
(8) MANGUM II LLC - 46-5135858 280 S MANGUM STREET STE 210 DURHAM, NC 27701	INVESTMENTS	NC	N/A	N/A				No			No	
(9) LS INVESTOR LLC 20-3891381 310 BLACKWELL ST DURHAM, NC 27701	REAL ESTATE	NC	N/A	N/A				No			No	
(10) DILWEG BLUE PF LP 47-1225569 5310 S ALSTON AVE STE 210 DURHAM, NC 27713	INVESTMENTS	DE	N/A	N/A				No			No	
(11) LYRICAL BLUE RL PT IV 47- 2172270 32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(12) LYRICAL BLUE CHP PT 35- 2503856 32 N DEAN ST ENGLEWOOD, NJ 07631	INVESTMENTS	DE	N/A	N/A				No			No	
(13) 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	
(14) STRATUS CAPITAL PARTNERS C LP 50 LOTHIAN ROAD FESTIVAL SQUARE EDINBURGH EH3 9WJ UK	INVESTMENTS	UK	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	
(16) ALTOS HYBRID D LLC 2882 SAND HILL ROAD SUITE 100 MENLO PARK, CA 94025 47-3996176	INVESTMENTS	DE	N/A	N/A				No			No	
(1) GPE HOLDCO LLC 2000 AVE OF THE STARS 11TH FL LOS ANGELES, CA 90067 47-5652832	INVESTMENTS	DE	N/A	N/A				No			No	
(2) BLACKWELL PARTNERS LLC - SERIES C 280 S MANGUM ST STE 210 DURHAM, NC 27701 81-1264533	INVESTMENTS	DE	N/A	N/A				No			No	
(3) BLACKWELL PARTNERS LLC - SERIES B 280 S MANGUM ST STE 210 DURHAM, NC 27701 47-2530719	INVESTMENTS	DE	N/A	N/A				No			No	
(4) BLACKWELL PARTNERS LLC - SERIES D 280 S MANGUM ST STE 210 DURHAM, NC 27701 81-3385353	INVESTMENTS	DE	N/A	N/A				No			No	
(5) BLACKWELL PARTNERS LLC - SERIES E 280 S MANGUM ST STE 210 DURHAM, NC 27701 81-1511048	INVESTMENTS	DE	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
(1) DUKE CE LS INC 310 BLACKWELL STREET DURHAM, NC 27701 20-2004016	REAL ESTATE	NC	N/A	C					No
(1) DUKE CE (SEA) PRIVATE LIMITED 1 RAFFLES PLACE TOWER 2 SINGAPORE 048616 SN	SUPPORT	SN	N/A	C					No
(2) DUKE CORP EDU INDIA PRIVATE ACADEMIC BLOCK NEW CAMPUS VASTRAPUR, AHMEDABAD 380015 IN 42-1672476	CONSULTING	IN	N/A	C					No
(3) DUKE CORPORATE EDUCATION LIM 165 FLEET STREET LONDON EC4A 2DY UK 42-1672476	EDUCATION CONSULTING	UK	N/A	C					No
(4) DUKE CORPORATE EDUCATION RSA GROUND FLOOR TWICKEHNHAM BLDG BRYANSTON, JOHANNESBURG 02021 SF 42-1672476	CONSULTING	SF	N/A	C					No
(5) DUKE GLOBAL CONSULTING (KUNSHAN) 1666 WEI CHEN NAN RD KUNSHAN PR, KUNSHAN 215300 CH	CONSULTING	CH	N/A	C					No
(6) DUKE MEDICAL STRATEGIES INC 2200 WEST MAIN STREET STE 920 DURHAM, NC 27705 56-1993799	HEALTHCARE	NC	N/A	C					No
(7) DUKE MEDICINE ASIA PTE LTD 5 SHENTON WAY 07-00 UIC BLD SING 0688 SN	MEDICAL RESEARCH	SN	N/A	C					No
(8) DURHAM CASUALTY COMPANY LTD AON HOUSE 30 WOODBOURNE AVE PEMBROKE HM 08 BD 98-0113277	INSURANCE	BD	DUHS INC	C	29,397,168	211,773,945	100 000 %	Yes	
(9) DUSVF EUROPEAN LP 7 CAVENDISH SQUARE LONDON W1G 0PE UK 98-0346042	INVESTMENTS	UK	N/A	C					No
(10) GOTHIC INTERNATIONAL LTD 113 S CHURCH STREET QUEENSGATE HOU GRAND CAYMAN KY1-1108 CJ	INVESTMENTS	CJ	N/A	C					No
(11) HEALTH SYSTEM MEDICAL STRATEGIES INC 324 BLACKWELL STREET STE 850 DURHAM, NC 27701 56-2222444	HEALTH CARE	NC	DUHS INC	C	133,974	11,345	100 000 %	Yes	
(12) MARATHON BLUE CAYMAN FUND 89 NEXUS WAY PO BOX 31106 GRAND CAYMAN KY1-1205 CJ	INVESTMENTS	CJ	N/A	C					No
(13) GHI HOLDINGS MAURITIUS 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
(14) GHI ERP 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
(16) GHI HSP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
(1) GHI JBD LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
(2) GHI LTP LTD 9TH FL ORANGE TOWER CYBERCITY EBENE MP	INVESTMENTS	MP	N/A	C					No
(3) QUORUM FUND LIMITED PO BOX 1043 GEORGE TOWN GRAND CAYMAN KY1-1102 CJ	INVESTMENTS	CJ	N/A	C					No
(4) MCP PRIVATE CAPITAL (FEEDER) FUND I LP 6 RUE GABRIEL LIPPMAN LUXEMBOURG L-5365 LU	INVESTMENTS	LU	N/A	C					No
(5) DUKE INDIA SERVICES PRIVATE LIMITED 302 PRIDE ELITE 10 MUSEUM ROAD BANGALORE, KARNATAKA 560001 IN	MEDICAL RESEARCH	IN	N/A	C					No
(6) CPP OFFICE PORTFOLIO (FEEDER) LP 50 LOTHIAN ROAD FESTIVAL SQUARE EDINBURGH EH3 9WJ UK 98-1152490	REAL ESTATE	UK	N/A	C					No
(7) INDOCHINA LAND INVESTMENTS III CAPITAL PLACE 6 THAI VAN LUNG HO CHI MINH CITY VM	INVESTMENTS	VM	N/A	C					No
(8) TOWER VIEW LIMITED 89 NEXUS WAY CAMAN BAY GRAND CAYMAN KY1-9007 CJ	INVESTMENTS	CJ	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
(1) DUKE UNIVERSITY AFFILIATED PHYSICIANS INC	R	20,053,633	FMV
(1) DUKE UNIVERSITY AFFILIATED PHYSICIANS INC	S	77,710	FMV
(2) ASSOCIATED HEALTH SERVICES INC	R	630,745	FMV
(3) ASSOCIATED HEALTH SERVICES INC	S	4,635,652	FMV
(4) ASSOCIATED HEALTH SERVICES INC	O	4,510,710	FMV
(5) DURHAM CASUALTY COMPANY INC	R	7,404,663	FMV
(6) DURHAM CASUALTY COMPANY INC	S	5,648,118	FMV
(7) GOTHIC HSP CORPORATION	B	668,688,240	FMV
(8) GOTHIC HSP CORPORATION	C	386,440,219	FMV
(9) DUKE INTEGRATED NETWORK INC	R	2,036,792	FMV
(10) DUKE INTEGRATED NETWORK INC	O	7,279,021	FMV
(11) DUKE AFFILIATIONS NETWORK INC	R	125,372	FMV
(12) DUKE QUALITY NETWORK INC	S	417,770	FMV