	.990-T	E	Exempt Organizatio			ss Incom ction 6033(e		ax Return	\	OMB No 1545-0687
•	٠,	For as	lendar year 2017 or other tax year beginning. J			•		N 30 10374	′ል	2017
		PO CAL	Go to www.irs.gov/Forn						ٽ ا	2011
	rtment of the Treasury al Revenue Service	 	Do not enter SSN numbers on this for							Open to Public Inspection fo 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check be	ox if name ch	hanged	and see instruction	ons.)	<u> </u>	(Emp	loyer identification number ployees' trust, see uctions)
B Ex	xempt under section	Print DUKE UNIVERSITY HEALTH SYSTEM, INC.							1	6-2070036
_	501(c)(3)	or	Number, street, and room or suite no.			•	<u> </u>		E Unre	lated business activity codes
[2]	408(e) 220(e)	Type	324 BLACKWELL ST.		•		NO.	850	(See	instructions)
	408A 530(a)	<u> </u>	City or town, state or province, country				110.		1	
	529(a)		DURHAM, NC 27701		loreig			•	900	099
o at e	end of year	0.2	F Group exemption number (See instr		<u> </u>	501/2	\ 	401/a		Other trust
	,904,321,3		G Check organization type ► X ary unrelated business activity. ► UN					401(a) ED INCOME	iiust	Other trust
								D INCOME		es X No
	• • •		oration a subsidiary in an affiliated grou lifying number of the parent corporation		it-subsi	olary controlled g	roup	7	T	es [A] NO
			BETSY CASSIDY	<u>. – – – – – – – – – – – – – – – – – – –</u>			Telenho	one number 🕨 (919)668-8910
			de or Business Income			(A) Income		(B) Expenses		(C) Net
			0.			,		- (D) IMPONDO		(0,101
	Gross receipts or sale		c Balance		,					1
-	Less returns and allow			~	1c 2				•	
	Cost of goods sold (S			``	3	•				+
	Gross profit. Subtract		<i>1</i> .	$\overline{}$	4a					
	Capital gain net incom	•		\						
			art II, line 17) (attach Form 4797)		4b					
	Capital loss deduction			<u> </u>	4c					
			ips and S corporations (attach statemen	11)	5	·				
	Rent income (Schedu				6	E 072 2	60	12 216 7	<u> </u>	-6,243,392.
	Unrelated debt-finance		•		7	5,973,3	00.	12,210,7	60.	<u>-0,243,392.</u>
	•		and rents from controlled organizations		8					-
			on 501(c)(7), (9), or (17) organization (S	Schedule G)	9					
	Exploited exempt activ	-	· ·		10					
	Advertising income (S		•		11					
12	Other Income (See inc		is; attach schedule)		12		60	10 016 7	60	-6,243,392.
	•								$\circ \circ$	
13	Total, Combine lines				13	5,973,3		12,210,7		0,213,332
13	Total, Combine lines	ns No	ot Taken Elsewhere (See inst		r limita	tions on deduct	tions)			0,213,332.
13 Pa	Total, Combine lines irt II Deductio (Except for c	ns No	t Taken Elsewhere (See institutions, deductions must be directly		r limita	tions on deduct	tions)		<u> </u>	0,213,332.
13 Pai	Total. Combine lines irt II Deductio (Except for compensation of offi	ns No	ot Taken Elsewhere (See inst		r limita	tions on deduct	tions)		14	0,213,332.
13 Par 14 15	Total. Combine lines Int II Deductio (Except for compensation of office Salaries and wages)	ns No contribu	t Taken Elsewhere (See institutions, deductions must be directly		r limita	tions on deduct	tions)		14 15	0,213,332.
13 Par 14 15 16	Total. Combine lines int II Deduction (Except for compensation of office Salaries and wages) Repairs and mainten	ns No contribu	t Taken Elsewhere (See institutions, deductions must be directly		r limita	tions on deduct	tions)		14 15 16	0,213,332.
13 Par 14 15 16 17	Total. Combine lines int II Deduction (Except for compensation of office Salaries and wages) Repairs and mainten Bad debts	ns No contribu icers, dir ance	t Taken Elsewhere (See institutions, deductions must be directly		r limita	tions on deduct	tions)		14 15 16 17	0,213,332
13 Par 14 15 16 17 18	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages Repairs and mainten Bad debts Interest (attach schein	ns No contribu icers, dir ance	t Taken Elsewhere (See institutions, deductions must be directly		r limita	tions on deduct	tions)		14 15 16 17 18	0,213,332
13 Par 14 15 16 17 18 19	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages Repairs and mainten Bad debts Interest (attach schell Taxes and licenses	ns No contribu icers, dir ance dule)	t Taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K)	connected	r limital with t	tions on deductions unrelated bu	tions)	income.)	14 15 16 17 18 19	
13 Par 14 15 16 17 18 19 20	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach scheil Taxes and licenses) Charitable contribution	ns No contribu icers, dir ance dule)	t Taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K)		r limital with t	tions on deduction unrelated but 2 SEE S	tions) siness		14 15 16 17 18	0,213,332.
13 Par 14 15 16 17 18 19 20 21	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach scheil Taxes and licenses) Charitable contribution Depreciation (attach	ns No contribu icers, dir ance dule) ons (See Form 45	t Taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K) e instructions for limitation rules) S. (562)	connected	r limital with t	tions on deduction unrelated but 2 SEE S	tions) siness	income.)	14 15 16 17 18 19 20	
13 Par 14 15 16 17 18 19 20 21 22	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach schein Taxes and licenses) Charitable contributed Depreciation (attach Less depreciation class)	ns No contribu icers, dir ance dule) ons (See Form 45	t Taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K)	connected	r limital with t	tions on deductions unrelated bu	tions) siness	income.)	14 15 16 17 18 19 20	
13 Pai 14 15 16 17 18 19 20 21 22 23	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach schetaxes and licenses) Charitable contributed Depreciation (attach Less depreciation clar Depletion	ns No contribu icers, dir ance dule) ons (See Form 45 aimed or	e instructions for limitation rules) Schedule A and elsewhere on return	connected	r limital with t	tions on deduction unrelated but 2 SEE S	tions) siness	income.)	14 15 16 17 18 19 20 ·	
13 Pai 14 15 16 17 18 19 20 21 22 23 24	Total. Combine lines Int II Deductio (Except for of Compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach scheil Taxes and licenses) Charitable contribution Depreciation (attach Less depreciation claid Depletion) Contributions to defer	ns No contribu icers, dir ance dule) ons (See Form 45 aimed or	e instructions for limitation rules) Schedule A and elsewhere on return	connected	r limital with t	tions on deduction unrelated but 2 SEE S	tions) siness	income.)	14 15 16 17 18 19 20 ·	
13 Pai 14 15 16 17 18 19 20 21 22 23 24 25	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages) Repairs and maintent Bad debts Interest (attach scheiltrass and licenses) Charitable contribution Depreciation (attach Less depreciation claid Depletion) Contributions to defer Employee benefit pro	ns No contribu icers, dir ance dule) ons (See Form 45 aimed or erred cor ograms	taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K) e instructions for limitation rules) 562) In Schedule A and elsewhere on return	connected	r limital with t	tions on deduction unrelated but 2 SEE S	tions) siness	income.)	14 15 16 17 18 19 20 ·	
13 Pai 14 15 16 17 18 19 20 21 22 23 24 25 26	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach scheil Taxes and licenses) Charitable contribution Depreciation (attach Less depreciation claid Depletion) Contributions to defer Employee benefit processes exempt experiences.	ns No contribu icers, dir ance dule) ons (See Form 45 aimed or erred cor ograms nses (Sc	taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K) e instructions for limitation rules) 562) In Schedule A and elsewhere on return mpensation plans chedule I)	connected	r limital with the	tions on deduction unrelated but 2 SEE S	tions) siness	income.)	14 15 16 17 18 19 20 · 22b 23 24 25 26	
13 Pai 14 15 16 17 18 19 20 21 22 23 24 25	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages) Repairs and maintent Bad debts Interest (attach scheiltrass and licenses) Charitable contribution Depreciation (attach Less depreciation claid Depletion) Contributions to defer Employee benefit pro	ns No contribu icers, dir ance dule) ons (See Form 45 aimed or erred cor ograms nses (Sc	taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K) e instructions for limitation rules) 562) In Schedule A and elsewhere on return mpensation plans chedule I)	· Connected	r limital with the	tions on deduction unrelated but 2 SEE S	tions) siness	income.)	14 15 16 17 18 19 20 · 22b 23 24 25 26 27	
13 Pai 14 15 16 17 18 19 20 21 22 23 24 25 26	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach scheil Taxes and licenses) Charitable contribution Depreciation (attach Less depreciation claid Depletion) Contributions to defer Employee benefit processes exempt experiences.	ns No contributions, directly ance dule) ons (See Form 45 aimed or erred cor orgrams nses (Sco	taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K) e instructions for limitation rules) Schedule A and elsewhere on return impensation plans chedule I) hedule J)	· Connected	r limital with the	tions on deduction unrelated but 2 SEE S	tions) siness	income.)	14 15 16 17 18 19 20 · 22b 23 24 25 26	0.
13 Pai 14 15 16 17 18 19 20 21 22 23 24 25 26 27	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach schell Taxes and licenses) Charitable contribution Depreciation (attach Less depreciation clar Depletion) Contributions to defe Employee benefit processes exempt experiences readership contributions contributions.	ns No contributions, directly ance dule) ons (See Form 45 aimed or erred cor ograms nses (Sc osts (Sch tach sch	et Taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K) et instructions for limitation rules) schedule A and elsewhere on return impensation plans chedule I) hedule J) hedule J)	· Connected	r limital with the	tions on deduction unrelated but 2 SEE S	tions) siness	income.)	14 15 16 17 18 19 20 · 22b 23 24 25 26 27 28 29	0.
13 Par 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach scheilt Taxes and licenses) Charitable contribution Depreciation (attach) Less depreciation claid Depletion Contributions to defee Employee benefit profice Excess exempt experiences are adership contributions (attach) Excess readership contributions (attach) Total deductions. Actach	ns No contributions, directly ance dule) ons (See Form 45 aimed or erred corpograms nses (Sco posts (Sch dd lines	et Taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K) et instructions for limitation rules) schedule A and elsewhere on return impensation plans chedule I) hedule J) hedule J)	TATEME	r limital with t	tions on deductive unrelated but 2 SEE S 21 22a	STAT	EMENT 1	14 15 16 17 18 19 20 · 22b 23 24 25 26 27 28	0.
13 Pai 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach scheilt Taxes and licenses) Charitable contribution Depreciation (attach) Less depreciation claid Depletion Contributions to defee Employee benefit profections Excess exempt experiences readership contributions (attach) Total deductions. At Unrelated business to	ns No contribu- icers, dir ance dule) ons (See Form 45 aimed or erred cor- ograms nses (Sc osts (Sch tach sch dd lines axable ir	et Taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K) et instructions for limitation rules) schedule A and elsewhere on return impensation plans chedule I) hedule J) hedule J) hedule J) hedule J) hedule J1 hedule J1 hedule J28	TATEME	r limital with t	tions on deductive unrelated but 2 SEE S 21 22a	STAT	income.)	14 15 16 17 18 19 20 · 22b 23 24 25 26 27 28 29	0.
13 Pai 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Total. Combine lines Int II Deduction (Except for compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach scheilt Taxes and licenses) Charitable contributed Depreciation (attach Less depreciation clath Depletion) Contributions to defee Employee benefit profescess exempt experiences except experiences except experiences readership contributions. At Unrelated business to the operating loss defeated to the combines of the compensation of the combines of the c	ns No contribu icers, dir ance dule) ons (See Form 45 aimed or erred cor ograms nses (Sc osts (Sch tach sch dd lines axable ir eduction	rectors, and trustees (Schedule K) rectors, and trustees (Schedule K)	TATEME	r limital with the wi	tions on deductive unrelated but the unrelated b	STAT	EMENT 1	14 15 16 17 18 19 20 · 22b 23 24 25 26 27 28 29 30	0.
13 Pai 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Total. Combine lines Int II Deduction (Except for of Compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach scheiltrass and licenses) Charitable contribution Depreciation (attach Less depreciation clarulated) Depletion Contributions to defee Employee benefit profescess exempt experence excess readership contributions. According to the deductions of the contributions of the deductions. According to the contributions of the deductions of the contributions of the deductions of the contributions of	ns No contribu icers, dir ance dule) ons (See Form 45 aimed or erred cor ograms nses (Sc osts (Sch tach sch dd lines axable ir eduction axable ir Generally	taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K) e instructions for limitation rules) 562) a Schedule A and elsewhere on return impensation plans chedule I) hedule J) hedule J) hedule J it through 28 accome before net operating loss deduction (limited to the amount on line 30) accome before specific deduction. Subtra (\$1,000, but see line 33 instructions for	TATEME tion. Subtract act line 31 fro	In limit at line 29 com line	2 SEE S from line 13 SEE S	STAT	EMENT 1	14 15 16 17 18 19 20 · 22b 23 24 25 26 27 28 29 30 31	0.
13 Pai 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	Total. Combine lines Int II Deduction (Except for of Compensation of office Salaries and wages) Repairs and mainten Bad debts Interest (attach scheiltrass and licenses) Charitable contribution Depreciation (attach Less depreciation clarulated) Depletion Contributions to defee Employee benefit profescess exempt experence excess readership contributions. According to the deductions of the contributions of the deductions. According to the contributions of the deductions of the contributions of the deductions of the contributions of	ns No contribu icers, dir ance dule) ons (See Form 45 aimed or erred cor ograms nses (Sc osts (Sch tach sch dd lines axable ir eduction axable ir Generally	taken Elsewhere (See institutions, deductions must be directly rectors, and trustees (Schedule K) e instructions for limitation rules) 562) a Schedule A and elsewhere on return impensation plans chedule I) hedule J) hedule J) hedule J) hedule J through 28 ncome before net operating loss deduction (limited to the amount on line 30) ncome before specific deduction. Subtra	TATEME tion. Subtract act line 31 fro	In limit at line 29 com line	2 SEE S from line 13 SEE S	STAT	EMENT 1	14 15 16 17 18 19 20 · 22b 23 24 25 26 27 28 29 30 31 32 33	0.

Form 990-T		UNIVERSITY HE	ALTH SYSTEM,	INC.			56-20	<u> 700:</u>	36		Page 2
Part I			<u> </u>						ļ		
35	-		uctions for tax computation						-		
		•	63) check here 🕨 🗶 See						1		
a	f .		925,000 taxable income bracke					-			
	(1) \$	0. (2) \$	0. (3)			2.		İ	1		
b	Enter organization's	share of: (1) Additional 5% ta		\$		<u> </u>					
	(2) Additional 3% tax	x (not more than \$100,000)		\$	().			_		_
C	Income tax on the an	nount on line 34					•	35c	:		0.
36	Trusts Taxable at Tr	ust Rates. See instructions fo	r tax computation. Income tax	on the amou	int on line 3	4 from:			_		
	Tax rate schedu	ule or Schedule D (Fo	rm 1041)				>	36			
37	Proxy tax. See instru	uctions					>	37			
38	Alternative minimum	tax						38	ļ		
39	Tax on Non-Complia	int Facility Income. See instri	uctions					39			
40		38 and 39 to line 35c or 36, w	nichever applies					40	į		0.
Part I	V Tax and Pa	<u>iyments</u>							.,		
41a	Foreign tax credit (co	orporations attach Form 1118;	trusts attach Form 1116)		41a			_	ļ		
b	Other credits (see ins	structions)			41b			_			
C	General business cre	dit. Attach Form 3800			41c			_l ,			
d	Credit for prior year i	minimum tax (attach Form 880)1 or 8827)		41d				_		
е	Total credits. Add lin	nes 41a through 41d						41e			
42	Subtract line 41e from	m line 40						42			0.
43	Other taxes. Check if	from: Form 4255	Form 8611 Form 8697	Form	8866	Other	(attach schedule)	43			
44	Total tax. Add lines	42 and 43						44			0.
45 a	Payments: A 2016 o	verpayment credited to 2017			45a						
b	2017 estimated tax p	ayments			45b						
	Tax deposited with Fe	=			45c			7			
	•	s: Tax paid or withheld at sour	ce (see instructions)		45d			7			
	e Backup withholding (see instructions) 45e							7			
		loyer health insurance premiur	ms (Attach Form 8941)		45f	-		7	İ		
	Other credits and pay	•	orm 2439		1						
9	Form 4136		ther	Total	▶ 45g						
46		I lines 45a through 45g		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1081			46	-		
47		/ (see instructions). Check if F	orm 2220 is attached.					47	1		
48		less than the total of lines 44						48	 		0.
49			nes 44 and 47, enter amount o	warnaid				49	 		0.
49 50		line 49 you want; Credited to :		verpaiu		مو ا	funded 🕨	50	 		
Part V			Activities and Other	Informat	ion (see			1 30	1		
ь			organization have an interest in							Yes	No
51			in a foreign country? If YES, t				y			165	110
		, , , , , ,	ncial Accounts. If YES, enter th	-	-						
	·	•	ncial Accounts. Il TES, enter ti	ie name or u	ie ioreigii c	ouriu y				X	
		STATEMENT 4	finite but on from or won it the		r transferer	to o for	oran truata			<u> </u>	х
52		~	distribution from, or was it the	grantor of, o	i ilalisteloi	io, a ioi	eigii irusiz			-	<u> </u>
	•	ns for other forms the organiz	· · · · · · · · · · · · · · · · · · ·								
53			r accrued during the tax year this return, including accompanying		l etatemente d	and to the	heet of my knowle	adaa ana	thelief it is t		
Sign	correct, and complete	e Declaration of preparer (other than	taxpayer) is based on all information	of which prep	arer has any l	nowledge	est of my knows	auge and	Dener, it is u	ue,	
Here		7% X 7/1\C'	102/18/2020	arr (750 O	א כז מח	מממוזה		RS discuss t		with
Here	Cranatura of	GX MAX	300 202	SVP, (CFO, 1	'KEA			rer shown be		
	Signature of d	whicer 7	Dette 1	Tue				nstructio		Yes X	. No
	Print/Type pre	parer's name	Preparer's signature		Date	- 1		If P	ΓIN		
Paid			1				self- employed				
Prepa	rer						Γ'	L_			
Use O	1	<u> </u>					Firm's EIN	<u> </u>			
	Firm's address	s >					Phone no.		<u></u>		
									Form	990-T	(2017

Form 990-T (2017) DUKE UNIVERSITY HEALTH SYSTEM, I
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56-2070036

Page 3

Schedule A - Cost of Goods S	Sold Fate	. 411		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
	Diu. Enter m	etnoa of invent						r	
1 Inventory at beginning of year	1			Inventory at end of year		C	6		
2 Purchases	2		1	Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in i	arti,	7	·	
4a Additional section 263A costs	1.1			line 2	2624 (with receipt to		Yes	No
(attach schedule)	42		8	Do the rules of section	•	•		103	1.00
b Other costs (attach schedule)	4b			property produced or a	cquired	i ioi resale) apply to			
5 Total. Add lines 1 through 4b Schedule C - Rent Income (Fr	om Real P	operty and	Dore	the organization?	0250	d With Real Pron	ortv)	<u> </u>	1
(see instructions)	om near r	operty and	. 613	onal Hoperty E	cusc	a with real riop	Ci ty	,	
(coo mendenens)					-				
1. Description of property									
(1)									
(2)	<u> </u>								
(3)	-								
(4)									
2	2. Rent received					3(a) Deductions directly	,	stod with the income	_
rent for personal property is more than for p			rsonal p	nal property (if the percentag property exceeds 50% or if id on profit or income)	je	columns 2(a) a	nd 2(b) (attach schedule)	'
(1)									
(2)									
(3)									
(4)									
Total	0.]	otal			0.				
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)		•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	•		0.
Schedule E - Unrelated Debt-I	Financed Ir	ncome (see ii	nstruc	ctions)					
						3. Deductions directly con to debt-finant	nected	with or allocable	
4				Gross income from or allocable to debt-	(a)	Straight line depreciation	rea brot	(b) Other deduction	ns
Description of debt-finance	ed property			financed property	(4)	(attach schedule)		(attach schedule)	
							S	PATEMENT	5
(1) BOND INVESTMENT				5,973,368.				12,216,7	60.
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 6	5. Average ac of or allo debt-finance CTA	cable to	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
	299 T	735,454.		100.00%		5,973,368	_	12,216,7	60.
(1) 595,234,055. (2)	, , ,			100.00 %		3,2,3,300	* -	,,	
(3)						<u></u>	+-		
(4)				% %			+		
<u> </u>				70		nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals		, ,				5,973,368		12,216,7	
Total dividends-received deductions include	ded in column 8		-			3,3,3,300	:		0.
Intal disingling-leceisen nennrttong meint	uco in columni o	· · · · · · · · · · · · · · · · · · ·							

Form **990-T** (2017)

orm 990-T (2017) DUKE U	<u>NIVE</u> RSIT	Y HEAL	TH SYS	TEM, IN	IC.			<u>56-20</u>	<u>70036</u>	Page
chedule F - Interest, A	Annuities, Ro	yalties,	and Rents	From Co	ntrolle	d Organiza	tions	(see ins	structions) N/A
			Exempt	Controlled O	rganizati	ons				
1. Name of controlled organizat	ion	2. Employer identification number	3. Net unr (loss) (see	related income a instructions)	4. Tot	al of specified nents made	ınclude	of column 4 d in the cont tion's gross	rolling	6. Deductions directly connected with income in column 5
							1			
1)							1			
2)							ł			
3)							 			
4)										
onexempt Controlled Organi	zations	_								
7. Taxable Income	8. Net unrelated (see instr		9 . Total	of specified payn made	nents	10. Part of colur in the controlli gross	mn 9 that ing organi s income	is included zation's	11. Ded with	luctions directly connecte income in column 10
1)										
2)										
3)			1							
4)		-		*				-		
		-	., , 1			Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 we and on page 1, Part I, ine 8, column (B)
otals					<u> </u>			0.		0
chedule G - Investme (see insti		f a Section	on 501(c)(7	7), (9), or (17) Org	janization				N/A
1. Desc	ription of income			2. Amount of	income	 Deduction directly connected (attach schedule) 	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
1)										
2)										
3)										
4)		-	-					•		
				Enter here and o Part I, line 9, co			· ·	_		Enter here and on page Part I, line 9, column (B
otals			•		0.	•				0
chedule I - Exploited (see instru		vity Inco	me, Other	Than Adv	ertisin	g Income				N/A
		,		4. Net incom	e (loss)					7. Excess exempt
Description of exploited activity	2. Gross unrelated busines income from trade or busines	ss direc	Expenses ofly connected the production of unrelated siness income	from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cots 5	5. Gross inco from activity to is not unrelate business inco	that ted	attribut	penses able to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)				1						
3)			-							
(4)		_								
	Enter here and o page 1, Part I, line 10, col (A)	pa line	or here and on age 1, Part I, a 10, col (B)		·	-				Enter here and on page 1, Part II, line 26
otals ► Schedule J - Advertisii		0 . (see instruc	0.							
Part I Income From		•		solidated	Basis					<u> </u>
	 						Г			
1. Name of periodical	2. G advert inco	tising	3. Direct advertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, comput	5. Circulat		6. Read cos		Excess readership costs (column 6 minus column 5, but not more than column 4)
1)										
(2)	- -			7						
(3)				7	-					
				\dashv					-	
(4)						+	+			
otals (carry to Part II, line (5))	•	0.	0							- 000 T (00
										Form 990-T (20

Form 990-T (2017) DUKE _UNIV	ERSITY HEA	ALTH SYST	EM, INC.			2070036	5 Page 5
Part II Income From Perio columns 2 through 7 on a			ate Basis (For ea	ch periodical list	ed in Pa	rt II, fill ın	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)					Î		-
(4)					Ì		
Totals from Part I	0.	0.					0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.					0.
Schedule K - Compensation	of Officers, [Directors, and	Trustees (see in	structions)			
1. Name	•		2. Title	3. Perd time dev busin	oted to		ensation attributable elated business
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Total. Enter here and on page 1, Part II, II	ne 14				•		0.

Form 990-T (2017)

DUKE UNIVERSITY HEALTH SYSTEM, INC. 56-2070036

FORM 990-T CONTRIBUTIONS STATEMENT 1

DESCRIPTION/KIND OF PROPERTY METHOD USED TO DETERMINE FMV AMOUNT

VARIOUS ORGANIZATIONS N/A 1,358,539.

TOTAL TO FORM 990-T, PAGE 1, LINE 20 1,358,539.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 2	2
QUALIFIED CONTRIBU	TIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR FOR TAX YEAR 2011 FOR TAX YEAR 2011 FOR TAX YEAR 2011 FOR TAX YEAR 2011 FOR TAX YEAR 2011	3 4 5			
TOTAL CARRYOVER TOTAL CURRENT YEAR	10% CONTRIBUTIONS	1,358,539		
TOTAL CONTRIBUTION TAXABLE INCOME LIM	S AVAILABLE ITATION AS ADJUSTED	1,358,539	_	
EXCESS 10% CONTRIB EXCESS 100% CONTRI TOTAL EXCESS CONTR	BUTIONS	1,358,539 0 1,358,539	_	
ALLOWABLE CONTRIBU			_	C
TOTAL CONTRIBUTION	DEDUCTION			0

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	882,276.	0.	882,276.	882,276.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	882,276.	882,276.

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 4

NAME OF COUNTRY

BRAZIL

CHILE

COLOMBIA

CZECH REPUBLIC

DENMARK

GREECE

HUNGARY

INDONESIA

IRELAND

JAPAN

KUWAIT

MALAYSIA

NIGERIA

NORWAY

PERU

POLAND

PORTUGAL

BERMUDA ROMANIA

SOUTH KOREA

SWEDEN

UNITED KINGDOM

TURKEY

CHINA

DUKE UNIVERSITY HEAL	TH SYSTEM, INC.			56-2070036
FORM 990-T	SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE INVESTMENT MANAGEMEN	T & COMMISSION - SUBTOTAL	- 1	11,974,900. 241,860.	
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		12,216,760.

DUKE UNIVERSITY HEALTH SYSTEM, INC.			56-2070036
FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
BOND INVESTMENTS - SEE ATTACHED STATEMENT 7A FOR SCHEDULE - SUBTOTAL -	1	595,234,055.	595,234,055.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		595,234,055.

DUKE UNIVERSITY HEALTH SYSTEM, INC. FORM 990-T FYE 06/30/18

56-2070036

STATEMENT 6A

AMOUNT OF AVERA	GE ACQUISITION DE	T ON OR ALLO	CABLE TO DEBT-FINANCED PROP	ERTY
MONTH	YEAR	BOND	UTSTANDING BALANCE	
July, 1	2017	\$	595,234,055	
August,_1	2017	\$	595,234,055-	
September, 1	2017	\$	595,234,055	
October, 1	2017	\$	595,234,055	
November, 1	2017	_\$	595,234,055	
December, 1	2017	\$	595,234,055	
January, 1	2018	\$	595,234,055	
February, 1	2018	\$	595,234,055	
March, 1	2018	\$	595,234,055	
April, 1	2018	\$	595,234,055	
May, 1	2018	\$	595,234,055	
June, 1	2018	\$	595,234,055	
-	TOTAL	\$	7,142,808,656	
	Average	\$	595,234,055	
AVERAGE AC	QUISITION DEBT REP	ORTABLE ON F	ORM 990-T, SCH E, COL 4 \$	595,234,055

DUKE UNIVERSITY HEALTH SYSTEM, INC.			56-2070036
FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-F			STATEMENT 7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
BOND INVESTMENTS - SEE ATTACHED STATEMENT 8A FOR SCHEDULE - SUBTOTAL	- 1	299,735,454.	299,735,454.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		299,735,454.

DUKE UNIVERSITY HEALTH SYSTEM, INC. FORM 990-T FYE 06/30/18

56-2070036

STATEMENT 7A

r	AVERAGE AD	JUSTED BASIS REPORTAB	LE ON	FORM 990-T, SCH E, COL 5	\$ 299,735,454
_					
Ļ	AVG OF ADJUSTED BASIS	AT FIRST & LAST DAY OF TAX YEAR	\$	299,735,454	
_	June, 3.0	2018	_\$	204,588,719-	
L	July, 1	2017	\$	394,882,188	
Ē	MONTH	YEAR		BOND BALANCE	
ľ	AVERAGE ADJUSTED	BASIS			

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

DUKE UNIVERSITY H	EALTH SYSTEM,	INC.		56-	2070036
	ains and Losses - Ass	sets Held One Year o	r Less		
See instructions for how to figure the amount to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gei or loss from Form(s) 894 Part I, line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	184,008,924.	184,133,269.			-124,345.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sa	ales from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-	kınd exchanges from Form 8824			5	
6 Unused capital loss carryover (attach com	putation)	SEE SI	ATEMENT 8	6	(3,889.)
7 Net short-term capital gain or (loss). Com	7	-128,234.			
	ains and Losses - Ass	ets Held More Than	One Year		
See instructions for how to figure the amount to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions report on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transaction on Form 8949, leave this line blank and go line 8b	e er, ns				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on	26 790 640	26 006 045			-197,296.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on	26,789,649.	26,986,945.			-191,290:
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, line 7 or 9	<u>_</u> _			11	
12 Long-term capital gain from installment sa	ales from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-	kınd exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Com	bine lines 8a through 14 in colum	nn h		15	-197,296.
Part III Summary of Parts I a	nd II				
16 Enter excess of net short-term capital gain	(line 7) over net long-term capit	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-t	erm capital gain (line 15) over ne	t short-term capital loss (line 7	7)	17	
18 Add lines 16 and 17. Enter here and on Fo	rm 1120, page 1, line 8, or the pr	oper line on other returns. If th	ne corporation		
has qualified timber gain, also complete P				18	0.
Note: If losses exceed gains, see Capital I	osses in the instructions.				
					<u>-</u>
JWA For Paperwork Reduction Act Noti	ce, see the Instructions for Form	1120.		S	chedule D (Form 1120) 2017

721051 03-01-18

Schedule D (Form 1120) 2017 DUKE UNIVERSITY HEALTH SYSTEM	, INC.	56-2070036 Page 2
Part IV Alternative Tax for Corporations with Qualified Tim	ber Gain. Complete Part IV only	y if the corporation has
qualified timber gain under section 1201(b). Skip this part if you are filing Fo	rm 1120-RIC. See instructions.	
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	·
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line		·
of your tax return	20	
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or		
(c) the amount on Part III, line 17	21	
22 Multiply line 21 by 23.8% (0.238)	1 1	22
23 Subtract line 17 from line 20. If zero or less, enter -0-	23	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appre	opriate for	
the return with which Schedule D (Form 1120) is being filed	1 1	24
•		
25 Add lines 21 and 23	25	 `
00.0 1.0 1.0 057 1.00 1/2 2 2 2 2 2 2 2 2	00	
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	 '
27 Multiply line 26 by 35% (0.35)		27
27 Multiply into 20 by 00 % (0.00)		=
28 Add lines 22, 24, and 27		28
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appro	opriate for the	
return with which Schedule D (Form 1120) is being filed		29
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J,	line 2, or the	
applicable line of your tax return		30
		Schedule D (Form 1120) 2017

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Social security number or taxpaver identification no.

56-2070036

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your may even tell you which hox to check

Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box sactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

[X] (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (h) (d) (e) (b) (c) Gain or (loss). Proceeds Cost or other Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis. See the Subtract column (e) (Example 100 sh XYZ Co.) (Mo, day, yr) disposed of Note below and from column (d) & (Mo., day, yr) (g) Amount of adjustment combine the result see Column (e) In Code(s) with column (g) the instructions 90DAY EURODOLLAR 6,979 6,979. VARIOUS 06/19/18 0. FUTURE ALLY AUTO 2. 288,603. 288,601. RECEIVABLES 08/15/1706/15/18 AMERICAN HONDA 07/17/1704/18/18 3077180 3082573. <5,393·> FINANCE **AMERICREDIT** 06/07/1702/08/18 955,000. 959,801. <4,801.> AUTOMOBILE REC ANHEUSER-BUSCH 1652624. <2,624.> 06/06/1704/23/18 1650000. INBEV <3,976.> 06/06/17/10/11/17 1653762. APPLE, INC. 1649786. **AUSTRALIA & NEW** <5,569·> 06/08/1712/07/17 1376196. 1381765. ZEALAND B BANK OF MONTREAL 09/06/1705/16/18 1536848. 1535000. 1.848. BANK TOKYO-MITSUB 02/21/1804/27/18 2998290. 2992809. 5,481. DISC BK OF NY MELLON 3,807. 10/16/1710/26/17 5387547. 5383740. DISC CANADIAN IMPERIAL 06/27/1712/27/17 2680000. 2680118. <118.> BANK CAPITAL AUTO 07/06/1711/20/17 870,000. 872,375. <2,375.> RECEIVABLES CAPITAL ONE 3304186. MULTI-ASSET 06/07/1705/16/18 3295875 <8,311. CARMAX AUTO OWNER <682.> 06/16/1706/15/18 2339988. 2340670. TRUST CATERPILLAR 3320033. <18,598.> FINANCIAL SERVICES 06/06/1704/18/18 3301435. <11,329.> |06/15/17|05/16/18| 3293532. 3304861. CHEVRON CORP <30,588.> CITIBANK, 06/15/1704/18/18 1618403. 1648991. CITIGROUP 82,766. 06/06/17/06/01/18 <1,275.> COMMERCIAL M GC15 81,491. 2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 184 008 924 184 133 269 <124345.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Internal Revenue Service File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

56-2070036

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your oker and may even tell you which hox to check

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below, Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

DUKE UNIVERSITY HEALTH SYSTEM,

(C) Short-term transactions not reported to you on Form 1099-B

(C) Short-term transactions no	or reported to you	John Formi 1099-1			,		
1 (a) Description of property (Example 100 sh. XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo., day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		, , ,,,,		see Column (e) In the instructions	Code(s)	Amount of adjustment	combine the result with column (g)
COLONY AMERICAN							
HOME 2A A	06/21/17	02/28/18	29,265.	29,277.			<12.>
COMM 2012-LC4							
MORTGAGE LC4	06/06/17	06/01/18	51,337.	52,171.			<834 <u>.</u> >
COMM							
2013-2014-CCRE							
MORTG	06/21/17	06/01/18	161,661.	162,198.			<537.>
COMMIT TO PUR FNMA							
SF MTG	11/29/17	11/30/17	21,658,569.	21,691,219.			<32,650.>
COMMONWEALTH BANK	_		-				
OF AUS	06/19/17	09/13/17	2707825.	2701015.			6,810.
DRIVE AUTO				Ī			
RECEIVABLES	07/25/17	06/15/18	1444474.	1446645.			<2,171.>
EXXON MOBIL CORP	06/06/17	10/11/17	1629729.	1633953.			<4,224.>
FHLMC POOL	08/02/17	06/01/18	1426739.	1531202.			<104463.>
FHLMC MULTICLASS	08/14/17	06/01/18	6062400.	6112272.			<49,872.>
FNMA POOL	01/03/18	06/01/18	5815612.	6150193.			<334581.>
FNMA GTD REMIC P/T				5581966.			<80,195.>
FORD CREDIT AUTO							
OWNER T C	11/14/17	05/21/18	0.	0.			0.
GILEAD SCIENCES,							
INC.	09/14/17	04/18/18	2208136.	2205000.			3,136.
GM FINANCIAL						·	
	12/12/17	06/20/18	63,059.	62,912.			147.
GNMA GTD REMIC P/T				448,452.			<59,421.>
GOLDMAN SACHS							
GROUP, INC.	06/07/17	04/18/18	3231705.	3288460.			<56,755.>
GS MORTGAGE			•				
	07/18/17	06/01/18	325,091.	325,716.			<625.>
HERSHEY FOODS CP							
	03/26/18	03/28/18	999,045.	998,950.			95.
2 Totals. Add the amounts in colu	umns (d), (e), (g) a	and (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A ab		•					
above is checked), or line 3 (if i	•	·					
above to encoured, or line o (ii)							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074
2017
Attachment

Name(s) shown on return

Social security number or taxpayer identification no.

56-2070036

DUKE UNIVERSITY HEALTH SYSTEM, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box if you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh. XYZ Co.)	(b) Date acquired (Mo , day, yr.)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in	loss. If you not column (f)	t, if any, to gain or ou enter an amount (g), enter a code in . See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	adjustment	with column (g)
HOME PARTNERS OF							
AMER 1 A	VARIOUS	06/17/18	29,202.	29,111.			91.
HONDA AUTO							
RECEIVABLES 20 3	09/25/17	06/18/18	211,464.	211,451.			13.
HYUNDAI AUTO LEASE							
S B A3	06/07/17	05/15/18	1094412.	1094440.			<28.>
INTERNATIONAL							
BUSINESS MACHINE	06/15/17	10/11/17	3290360.	3291676.			<1,316.>
LILLY ELI & CO		·					
DISC	09/14/17	09/25/17	2998117.	2997013.	ļ		1,104.
MERCEDES-BENZ AUTO							
LEASE B	06/07/17	05/15/18	274,774.	274,488.			286.
MICROSOFT CORP	06/15/17	05/16/18	3288344.	3297889.			<9,545.>
MORGAN STANLEY						· · · · · · · · · · · · · · · · · · ·	
	06/22/17	06/01/18	168,864.	166,169.			2,695.
NATIONAL BK CANADA							
DISC	10/17/17	12/07/17	2880284.	2880284.			0.
NISSAN AUTO							
RECEIVABLES B	08/16/17	06/15/18	3501030.	3502264.			<1,234.>
	07/18/17	12/07/17	3246523.	3252161.			<5,638.>
PHILIP MORRIS DISC			2246079.	2243936.		-	2,143.
PNC BANK, NA	06/06/17	01/17/18	1648268.	1650563.			<2,295.>
ROYAL BK CANADA NY							
	07/19/17	05/16/18	1630047.	1630000.			47.
SANTANDER DRIVE							
AUTO RECEIVABLE	08/21/17	04/23/18	802,316.	806,644.			<4,328.>
SIEMENS							
	06/21/17	12/07/17	3219389.	3225506.			<6,117.>
SKANDINAVISKA ENS							
	06/12/17	10/26/17	3318032.	3305056.			12,976.
SUMITOMO MITSUI							
	06/12/17	10/26/17	6130533.	6125000.			5,533.
2 Totals. Add the amounts in colu							
negative amounts) Enter each to							
Schedule D, line 1b (if Box A ab		•					
above is checked), or line 3 (if I	•						
and the contraction of the contr							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

56-2070036

DUKE UNIVERSITY HEALTH SYSTEM, INC. Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your may even tell you which hox to check

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

[X] (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (a) (b) (c) (e) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example 100 sh. XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) (g) Amount of combine the result see Column (e) In Code(s) with column (g) the instructions adjustment TOYOTA AUTO 09/06/1706/15/18 1305736. 1,422. 1304314. RECEIVABLES 2 B TRICON AMERICAN HO VARIOUS 05/01/18 604. 585 19. SFR1 A 06/06/1705/16/18 1653808. 1650000. 3,808. TYSON FOODS, U S TREASURY 06/29/1707/20/17 47,842,985 70,281. BILL/NOTE 47,913,266 US 5YR/10YR NOTE/TREAS NTS VARIOUS 05/29/18 116,203. 0. 116,203. USD IRS 5YR/10YR 09/11/1712/06/17 520,927. 520,927. PRIM 0. VERIZON COMMUNICATIONS 06/06/17|08/16/17| 1621953. 1659811. <37,858.> INC. WORLD OMNI AUTO 07/31/1706/15/18 785,787. 785,647. 140. RECEIVABL B Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Name(s) shown on return Name and	SSN or taxpaye	er identification n	o not required if s				ity number or
DUKE UNIVERSIT	ט טפאותט	CVCMEM	TNC			1	ntification no.
Before you check Box D. F. or F. held	w see whether	vou received any	Form(s) 1099-B o	r substitute statem	ent(s) from	your broker A su	bstitute
statement will have the same informa-	ation as Form 10:	99-B Either will s	show whether you	basis (usually you	r cost) was i	reported to the IF	RS by your
Part II Long-Term. Transact	tions involving ca	pital assets you	held more than 1	year are long term	For short-te	erm transactions	see page 1.
Note: You may aggregate all codes are required. Enter the	i long-term transact totals directly on t	lions reported on F Schedule D, line 8a	orm(s) 1099-B snowi i, you aren't required	ng basis was reported to report these trans	actions on Fo	m 8949 (see instru	ustments or ections)
You must check Box D. E. or F below.	Check only one bo	X. If more than one b	ox applies for your long-	term transactions, compl	ete a separate F	orm 8949, page 2, for	
If you have more long-term transactions than will	fit on this page for one	or more of the boxes,	complete as many form	s with the same box ched	ked as you nee	d	
(D) Long-term transactions rep		•	•	•	Note abov	/e)	
(E) Long-term transactions rep	•	•	-	ported to the INS			
(F) Long-term transactions not	1			(0)	Adjustment	, if any, to gain or	(h)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you	enter an amount	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo, day, yr.)	disposed of	(sales price)	basis. See the	in column (column (f).	g), enter a code in See instructions.	Subtract column (e)
(C.C., p. c. v. c. v. v. c. c. v,	(****, ==,, , **,	(Mo , day, yr)		Note below and	(f)	(g)	from column (d) & combine the result
				see Column (e) in the instructions	Code(s)	Amount of adjustment	with column (g)
BANK OF AMERICA		<u> </u>				aujustment	
CORP	06/06/17	06/15/18	3249870.	3261603.			<11,733.>
BMW VEHICLE LEASE	00,00,1	007 207 20	02200.00				
TRUST 2	06/12/17	06/20/18	284,825.	284,503.			322.
BRANCH BANKING &	<u> </u>						
TRUST CO	06/06/17	06/15/18	3225482.	3291195.			<65,713.>
CARMAX AUTO OWNER	9,00,00		_ +				
TRUST 2	06/07/17	06/15/18	1784434.	1790586.			<6,152.>
FNMA GTD REMIC P/T							
12-14 QS	06/12/17	06/25/18	<153.	> 0.		_	<153.>
HYUNDAI AUTO LEASE	_						
S B A3		06/18/18	2202108.	2205637.			<3,529.>
JOHN DEERE CAPITAL							
CORP	06/06/17	06/15/18	3264422.	3282016.			<17,594.>
JPMORGAN CHASE			-				
BANK, NA	06/15/17	06/18/18	3290760.	3298298.			<7,538.>
MERCEDES-BENZ AUTO							
LEASE B	06/07/17	06/15/18	3016779.	3022312.			<5,533.>
ORACLE CORP		06/15/18	3221711.	3239891.			<18,180.>
PNC BANK, NA	06/08/17	06/15/18	1624293.	1657761.			<33,468.>
WESTPAC BANKING							
CORP	06/15/17	06/15/18	1625118.	1653143.			<28,025.>
			<u> </u>				
2 Totals. Add the amounts in colu	ımns (d), (e), (g) a	and (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D at							
above is checked), or line 10 (if			26,789,649.	26,986,945.			<197296.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

DUKE UNIVERSITY HEALTH SYSTEM, INC.

56-2070036

SCHEDULE D	Cz	STATEMENT 8		
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2012 2013 2014 2015 2016	3,889		3,889
CAPITAL LOSS	CARRYOVER TO	CURRENT TAXABLE YEAR	` {	3,889