

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
Rex Hospital Inc

% ANDREW ZUKOWSKI
Doing business as
See Schedule O

Number and street (or P O box if mail is not delivered to street address) Room/suite
4420 Lake Boone Trail

City or town, state or province, country, and ZIP or foreign postal code
Raleigh, NC 27607

F Name and address of principal officer
Stephen Burriss
4420 Lake Boone Trail
Raleigh, NC 27607

D Employer identification number
56-1509260

E Telephone number
(919) 784-3100

G Gross receipts \$ 1,217,362,468

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.rexhealth.com

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1986

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Inspiring hope, improving health and healing communities

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)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	9
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	7,763
6 Total number of volunteers (estimate if necessary)	1,395
7a Total unrelated business revenue from Part VIII, column (C), line 12	181,514
7b Net unrelated business taxable income from Form 990-T, line 34	-1,640,999

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,402,553	4,454,519
9 Program service revenue (Part VIII, line 2g)	1,052,634,825	1,138,427,222
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,148,396	4,071,308
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,026,131	1,388,374
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,075,211,905	1,148,341,423
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,186,134	910,225
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	461,400,667	487,912,218
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	539,284,556	619,962,024
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,001,871,357	1,108,784,467
19 Revenue less expenses Subtract line 18 from line 12	73,340,548	39,556,956

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,011,503,690	1,054,404,277
21 Total liabilities (Part X, line 26)	524,676,830	505,392,389
22 Net assets or fund balances Subtract line 21 from line 20	486,826,860	549,011,888

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2019-05-14

ANDREW ZUKOWSKI CFO
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name Marc Berger Preparer's signature Marc Berger Date 2019-05-14 Check if self-employed PTIN P01871563

Firm's name ▶ BDO USA LLP Firm's EIN ▶

Firm's address ▶ 421 Fayetteville Street Suite 300 Raleigh, NC 27601 Phone no (919) 278-1936

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

UNC Rex Healthcare is the preferred choice for health services among patients in Wake County and beyond by inspiring hope, improving health and healing communities UNC Rex Healthcare provides services at facilities and clinics across Wake County to all patients, regardless of the ability to pay UNC Rex Healthcare also seeks to improve the health of the community by providing education, diagnostic and preventative care, often by joining forces with other community groups In addition to its main Raleigh campus, UNC Rex Healthcare offers much needed care and support at campuses in Apex, Cary, Garner, Holly springs, Knightdale, Raleigh and Wakefield

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 \$ 925,436,848 including grants of \$ 910,225) (Revenue \$ 1,138,427,222)
See Additional Data

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

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

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

4e Total program service expenses ▶ 925,436,848

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	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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	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		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		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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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	Yes	
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		No
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	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		No
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		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		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		No
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		No
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		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)		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		No
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		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (9), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	4,454,519				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		4,454,519				
Program Service Revenue		Business Code					
	2a PATIENT SERVICE REVENUE	625100	1,088,663,716	1,088,663,716			
	b ALL OTHER PROGRAM SERVICE REVENUE	625100	49,763,506	43,674,104	181,514	5,907,888	
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,138,427,222					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,176,430			1,176,430	
	4 Income from investment of tax-exempt bond proceeds		0			0	
	5 Royalties		0			0	
	6a Gross rents	(i) Real	(ii) Personal				
		1,489,205					
		b Less rental expenses	385,347				
		c Rental income or (loss)	1,103,858	0			
	d Net rental income or (loss)			1,103,858		1,103,858	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		68,726,812	2,803,764				
		b Less cost or other basis and sales expenses	68,635,698	0			
		c Gain or (loss)	91,114	2,803,764			
	d Net gain or (loss)			2,894,878		2,894,878	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	0			
c Net income or (loss) from fundraising events				0			
9a Gross income from gaming activities See Part IV, line 19	a	0					
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	Business Code						
11a GAIN ON CIP DISPOSAL	621990	284,516			284,516		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		284,516					
12 Total revenue. See Instructions		1,148,341,423	1,132,337,820	181,514	11,367,570		

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	910,225	910,225		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,279,861		7,279,861	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	400,231,919	362,810,235	37,421,684	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,684,694	22,517,039	1,167,655	
9 Other employee benefits	30,773,619	27,320,819	3,452,800	
10 Payroll taxes	25,942,125	22,829,070	3,113,055	
11 Fees for services (non-employees)				
a Management	0			
b Legal	808,652		808,652	
c Accounting	67,361		67,361	
d Lobbying	33,039		33,039	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	719,560		719,560	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,596,532	36,942,844	3,653,688	
12 Advertising and promotion	4,121,330	3,750,410	370,920	
13 Office expenses	8,452,927	7,722,229	730,698	
14 Information technology	5,634,010	5,126,949	507,061	
15 Royalties	0			
16 Occupancy	27,872,957	25,364,391	2,508,566	
17 Travel	2,270,357	2,066,025	204,332	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	289,768		289,768	
20 Interest	8,126,096	7,394,747	731,349	
21 Payments to affiliates	34,901,720	34,901,720		
22 Depreciation, depletion, and amortization	38,257,863	34,814,655	3,443,208	
23 Insurance	7,446,608	6,776,413	670,195	
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 PATIENT CARE SUPPLIES & SERVIC	274,040,163	274,040,163		
b BAD DEBT EXPENSE	27,846,317	27,846,317		
c MINOR EQUIPMENT AND R&M	17,175,105	15,629,346	1,545,759	
d HOME OFFICE ALLOCATION	113,968,416		113,968,416	
e All other expenses	7,333,243	6,673,251	659,992	
25 Total functional expenses. Add lines 1 through 24e	1,108,784,467	925,436,848	183,347,619	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	26,279,184	1	69,318,809
	2 Savings and temporary cash investments	30,468,878	2	64,941,844
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	141,037,339	4	129,290,627
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	19,460,573	8	21,592,722
	9 Prepaid expenses and deferred charges	43,305,505	9	52,704,784
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	967,862,957		
	b Less accumulated depreciation	554,121,861		
		422,059,746	10c	413,741,096
	11 Investments—publicly traded securities	278,379,105	11	253,007,581
	12 Investments—other securities See Part IV, line 11	24,761,097	12	27,784,591
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	25,752,263	15	22,022,223	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,011,503,690	16	1,054,404,277	
Liabilities	17 Accounts payable and accrued expenses	143,497,078	17	143,863,853
	18 Grants payable	0	18	0
	19 Deferred revenue	727,015	19	408,519
	20 Tax-exempt bond liabilities	247,081,712	20	241,140,822
	21 Escrow or custodial account liability Complete Part IV of Schedule D	18,180	21	22,441
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	133,352,845	25	119,956,754
	26 Total liabilities. Add lines 17 through 25	524,676,830	26	505,392,389
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	403,240,787	27	485,969,930
	28 Temporarily restricted net assets	83,586,073	28	63,041,958
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	486,826,860	33	549,011,888
	34 Total liabilities and net assets/fund balances	1,011,503,690	34	1,054,404,277

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,148,341,423
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,108,784,467
3	Revenue less expenses Subtract line 2 from line 1	3	39,556,956
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	486,826,860
5	Net unrealized gains (losses) on investments	5	22,628,072
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	549,011,888

Part XII Financial Statements and Reporting

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

	Yes	No
<p>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</p>		
<p>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</p>		No
<p>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</p>	Yes	
<p>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</p>	Yes	
<p>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?</p>		No
<p>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</p>		

Software ID:**Software Version:****EIN:** 56-1509260**Name:** Rex Hospital Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

UNC REX is the only hospital in North Carolina to receive straight 'A' grades since the Leapfrog Group began a national hospital safety scorecard in 2012. In Dec. 2017, UNC REX received a top five-star rating from the Centers for Medicare & Medicaid Services, one of only 337 hospitals nationwide, and the only hospital in the Triangle region to earn that recognition. More than 10 years ago, UNC REX became the first hospital in the Triangle to be awarded Magnet status by the American Nurses Credentialing Center. In 2015, UNC REX was re-designated Magnet status for the third consecutive time. The Magnet Recognition Program recognizes health care organizations for excellence in nursing care. This award puts UNC REX's nurses in an elite group of the top 2 percent of nurses in the nation. UNC REX is one of the largest employers in Wake County, with more than 7,000 co-workers. UNC REX is known for its excellent benefits and is routinely recognized by local and national publications as a "best place to work." In late 2018, UNC Health Care and UNC REX announced plans to increase the living wage for its employees across the Triangle to attract and retain a talented workforce, and reinforce the organization's reputation as a great place to work. The living wage will rise to \$15 per hour in July 2019 for employees at UNC Medical Center in Chapel Hill, UNC REX in Raleigh, and UNC Physicians Network in the Triangle. Also in late 2018, UNC REX opened a new Food Pantry to support patients and their families who struggle with access to healthy food. The pantry is a partnership between UNC REX, Food Lion and the Food Bank of Central & Eastern North Carolina. It's one of the first food pantries operated by a community hospital in North Carolina, and one of only a handful across the country. Patients at UNC REX who indicate that they have recently struggled with food access, or who are considered food insecure, are prescribed a visit to the Food Pantry with their hospital discharge paperwork. They will receive a three-day supply of healthy food, enough for a family of four, including fresh produce, staple items and healthy snacks. The UNC REX Food Pantry will also provide nutritional information, healthy recipes from UNC REX's award-winning chefs and dietitians, and a comprehensive list of food banks and other community resources. UNC REX's culinary team has created a chef-based program that has attracted international recognition and reinventing traditional 'hospital food.' They tend an herb and vegetable garden at UNC REX, and use local and fresh ingredients as much as possible. UNC REX was the first hospital in the Southeast to get rid of deep fryers and the chefs continue to explore new ways to cook and serve our cuisine. In March 2017, the UNC REX chefs opened a new Mediterranean-themed, heart healthy restaurant called Kardia in the new North Carolina Heart & Vascular Hospital. In addition, the chefs began offering classes on healthy cooking and eating to patients, their families and members of the community in a new demonstration kitchen. UNC REX performs thousands of heart and vascular procedures a year, including coronary artery bypass grafting, endovascular AAA repair, echocardiography, peripheral vascular ultrasound, valve replacement and repair, angioplasty, cardiac catheterization, minimally invasive structural heart procedures, invasive peripheral vascular interventions, including critical limb ischemia procedures, electrophysiology procedures and stent placement, regardless of patients' ability to pay. UNC REX has been a Chest Pain Accredited hospital for more than a decade, reinforcing the organization's dedication to community outreach and innovation in the care of chest pain patients. The service line also includes open heart surgical suites where physicians perform procedures such as coronary artery bypass grafting, mitral valve replacement and repair, and aortic valve and aortic arch replacements. UNC REX also provides a full range of invasive catheter based cardiac, vascular and electrophysiology procedures. All of the existing heart and vascular services and care, which were provided at more than seven locations across the main hospital in Raleigh, were consolidated into a modern, more efficient and more convenient facility with the March 2017 opening of the North Carolina Heart and Vascular Hospital on UNC REX's main Raleigh campus. This eight-story, 306,000-square-foot hospital provides easier and more comfortable access for patients and their families, physicians and staff, in a facility that's designed to promote healing, prevention, education, innovation and wellness. Our chefs and dietitians regularly hold community healthy cooking demonstrations in a conference space that includes a demonstration kitchen, and have hosted hundreds of participants, including patients and their families. UNC REX Surgery Centers in Raleigh, Cary and Wakefield were used by hundreds of physicians to provide thousands of in- and out-patient surgeries and procedures in FY18. The three locations have improved access to specialized care for patients across the region. Surgeons make substantial use of minimally invasive technology and innovation for diagnosis and treatment, reducing patients' recovery time and hospital stay and supporting quality care. The centers include 38 operating suites, 11 minor procedure rooms, and various perioperative and ancillary support spaces. UNC REX is increasingly performing surgeries on an outpatient basis, and continuing to look for other ways to reduce overall costs for patients. Some of the top procedures include general, orthopedic, gynecologic and ophthalmic surgeries. During the year, thousands of outpatient orthopedic procedures were performed at Raleigh Orthopaedic Surgery Center, UNC REX's joint venture with Raleigh Orthopaedic Clinic located about a mile from UNC REX's main Raleigh campus. UNC REX provides a full range of specialized, multi-disciplinary oncology therapy and support services to patients in Wake County and beyond including medical, radiation and surgical oncology. In addition to providing cancer treatments and therapies at five locations in Wake County, the centers offer outreach and support services including nutritional services, nurse navigation, social work, rehabilitation services and survivorship or end of life care. UNC REX Cancer Center also provides oncologic surgical services to cancer patients through access to UNC REX Hospital. UNC REX Cancer Center is accredited by the Commission on Cancer as a Comprehensive Community Cancer Center and works closely with the nationally recognized NCC Cancer Hospital and the UNC Lineberger Comprehensive Cancer Center in Chapel Hill to extend specialty oncology services and clinical trials to patients in Raleigh. In early 2017, UNC REX Cancer Care began a Patient & Family Advisory Council. It's a group of survivors and other volunteers who visit with cancer patients and families going through treatment to offer support, gather feedback, develop new programs and activities, and more. The goal is to help staff understand ways they could improve the overall patient experience. In late 2018, UNC REX announced plans to build a new, \$65 million Cancer Center across the street from our main Raleigh campus. That facility is expected to open in 2021. At UNC REX's Women's Center, caregivers seek to provide family-centered care to the new mother, baby and extended family. Every year, thousands of babies are born at the Women's Center. These births are supported by 24/7 anesthesiology and neonatology services, high risk obstetrics provided by UNC Maternal Fetal Medicine, lactation support services provided by a team of certified lactation consultants and an in-house retail center for infant nutrition. UNC REX also offers a wide variety of pre- and post-natal classes, screening for postpartum depression and psychological services. There are three operating suites for cesarean births and 70 private rooms in which labor, delivery, recovery, and postpartum care of the mother and child normally occur. UNC REX's Neonatal Intensive Care Unit is a Level IV designation, allowing UNC REX's team of board certified neonatologists, nurses, respiratory therapists, developmental care team and others to care for even more premature and medically fragile babies. UNC REX's NICU was previously designated Level III. In 2016, Rex also added an Obstetric Emergency Department. The OB ED is staffed 24/7 with a team of OB Hospitalists, nurses and technicians who provide obstetric emergency care in partnership with our community obstetricians. This assures our patients always receive timely obstetric care, not to mention an extra pair of hands when an obstetrician has two deliveries at one time or is managing other urgent patient care needs. UNC REX provided screening mammograms to thousands of women across a 17-county region, including many with no insurance or who are underinsured.

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			
Catharine B Arrowood Director	1 0 2 0	X						0	0	0
Teresa C Artis Director	1 0 2 0	X						0	0	0
Ann S Collins MD Director	1 0 2 0	X						0	0	0
Courtney A Crowder Director	1 0 2 0	X						0	0	0
Peter D Hans Director	1 0 2 0	X						0	0	0
Steven C Lilly Director	1 0 2 0	X						0	0	0
C Howard Nye Director/Vice Chairman	2 0 4 0	X						0	0	0
Bobby T Parker Director	1 0 2 0	X						0	0	0
Rig S Patel MD Director	1 0 2 0	X						608,629	0	27,251
William L Roper MD Director	1 0 2 0	X						0	1,653,964	690,645

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			
Robert S Thomas Director/Chairman	2 0 4 0	X						0	0	0
Gary L Park Director/CEO	20 0 40 0	X		X				0	1,019,986	549,846
Stephen W Burriss Director/President	59 0 1 0	X		X				619,513	0	177,033
Susan M Sandberg COO	59 0 1 0			X				451,726	0	69,518
Andrew K Zukowski CFO & Treasurer	59 0 1 0			X				379,003	0	57,998
Tate Bombard VP/General Counsel & Secretary	60 0 0 0			X				212,478	0	25,068
Linda H Butler MD VP/Medical Affairs, CMO & CMIO	60 0 0 0			X				371,743	0	72,926
Jayne R Byrd VP/Surgical Services	60 0 0 0			X				356,388	0	222,123
Donald R Esposito Jr VP/General Counsel & Secretary	60 0 0 0			X				371,720	0	63,865
Sylvia D Hackett VP/Rex Healthcare Foundation	1 0 59 0			X				353,767	0	87,084

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			
Chad T Lefteris VP/Operations	60 0 0 0			X				326,173	0	35,097
Joel D Ray VP/Patient Care Services & CNO	60 0 0 0			X				285,450	0	39,686
Robert D Ricker VP/Physician Services	60 0 0 0			X				286,622	0	102,523
Kirsten Riggs VP	60 0 0 0			X				263,821	0	56,658
Lisa R Schiller VP/Mktg, PR, Comm Relations &	60 0 0 0			X				264,309	0	52,663
Tammie T Stanton VP/Post Acute Services	60 0 0 0			X				0	324,127	90,639
Sean T Tehrani MD VP/Regional Hospitalists Servi	60 0 0 0			X				605,560	0	58,455
Roy C Tempke VP/Care Transitions	60 0 0 0			X				202,409	0	39,426
Tom G Williams VP/Ambulatory Services	60 0 0 0			X				247,987	0	56,557
Jeff S LeGay Asst Treasurer & Asst Secretar	60 0 0 0			X				226,260	0	17,551

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			
Benjamin J Mathew Asst Treasurer & Asst Secreter	60 0 0 0			X				137,055	0	22,091
Mateen Akhtar Physician	60 0 0 0					X		1,659,391	0	16,981
Deepak Pasi Physician	60 0 0 0					X		1,431,572	0	14,453
Ravish Sachar Physician	60 0 0 0					X		1,386,887	0	14,407
Eric Janis Physician	60 0 0 0					X		1,330,146	0	14,453
John Buttram Jr Physician	60 0 0 0					X		1,315,578	0	9,328

SCHEDULE A
(Form 990 or 990EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Rex Hospital Inc

Employer identification number

56-1509260

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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 ►
- b 33 1/3% support test—2016.** 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 ►
- 17a 10%-facts-and-circumstances test—2017.** 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 ►
- b 10%-facts-and-circumstances test—2016.** 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 ►
- 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 ►

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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? 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.		
	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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))? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	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>		

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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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>	Yes	No
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>		
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>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 56-1509260

Name: Rex Hospital Inc

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

2017
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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 Rex Hospital Inc	Employer identification number 56-1509260
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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)?		No	
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?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		33,039
j Total Add lines 1c through 1i			33,039
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
Schedule C, Part-II B	Rex Hospital believes in maintaining strong, open and effective relationships with elected officials and policy makers at the local, state and national levels. The objective is to educate these groups on healthcare issues, to serve as a resource and to communicate the Organization's position in support of its mission. As a member of the North Carolina Hospital Association and American Hospital Association, a percentage of the Organization's membership dues are attributed to lobbying activities.

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
2017
Open to Public Inspection

Name of the organization
Rex Hospital Inc

Employer identification number
56-1509260

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 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

b 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 ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - 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 | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 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		30,906,290		30,906,290
b Buildings		349,086,791	121,526,527	227,560,264
c Leasehold improvements		22,240,854	10,813,172	11,427,682
d Equipment		417,679,729	341,282,169	76,397,560
e Other		147,949,293	80,499,993	67,449,300
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				413,741,096

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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	0
CAPITAL LEASE	251,703
PAYABLE TO RELATED PARTY	2,782,406
PENSION LIABILITY	116,922,645
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	119,956,754

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: 56-1509260

Name: Rex Hospital Inc

Supplemental Information

Return Reference	Explanation
Part IV, Line 2b	THE ORGANIZATION HOLDS CASH IN TRUST FOR THE RESIDENTS OF THE NURSING HOME FACILITIES

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>The following footnote comes from the consolidated financial statements of Rex Hospital, I NC D/B/A Rex Healthcare. The footnote references other members of the audit consolidated group that are not part of this tax return. Rex, the Hospital, and the Foundation are exempt from federal income tax under Section 501(a) as organizations described in Section 501(c)(3) of the Internal Revenue Code. Enterprises is a taxable corporation that previously had net operating loss carryforwards which expired in 2012. The Hospital is the sole member of RHV GP, RHVI, ROV, RSCW, Holdings and Enterprises, and Enterprises is the sole member of RWE and RHVLLC. RWE is the sole member of Wellness and MOB. As such, these entities are considered disregarded entities for tax purposes.</p>

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Rex Hospital Inc

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.**

Employer identification number
 56-1509260

OMB No 1545-0047
2017
Open to Public Inspection

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	No
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 Yes	
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	No
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	

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)			25,438,002		25,438,002	2 290 %
b Medicaid (from Worksheet 3, column a)			51,319,424	49,305,970	2,013,454	0 180 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			76,757,426	49,305,970	27,451,456	2 470 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			922,190		922,190	0 080 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			678,631		678,631	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,197,189		1,197,189	0 110 %
j Total. Other Benefits			2,798,010		2,798,010	0 250 %
k Total. Add lines 7d and 7j			79,555,436	49,305,970	30,249,466	2 720 %

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

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	No
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	27,846,317	
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	1,074,570	
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	393,662,152
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	524,966,449
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-131,304,297
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 checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	No
9b	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	No

Part IV Management Companies and Joint Ventures

(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 Rex Surgery Center o	Ambulatory Surgical Center	55 %	0 %	45 %
2 Orthopaedic Surgery	Surgery Center	51 %	0 %	49 %
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?

1

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)
 Rex Hospital INC

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): _____ 1

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?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 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 or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>See Part V</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Part V</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Rex Hospital INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?		No
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Part V</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part V</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part V</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Rex Hospital INC

Name of hospital facility or letter of facility reporting group

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
	a <input type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	d <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> Other similar actions (describe in Section C)		
	f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	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 checked="" 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 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)

Rex Hospital INC

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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? 68

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
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 III, Section A, Line 2	<p>THE COSTING METHODOLOGY USED TO DETERMINE PAYER COSTS IS THE ANDI METHODOLOGY, WHICH USES A FACILITY-WIDE RATIO OF COST TO CHARGES AS DESCRIBED IN THE NCHA COMMUNITY BENEFITS GUIDELINES Part III, Section A, Line 3 WHILE THE COSTS OF BAD DEBTS ARE PRESENT FOR ESSENTIALLY EVERY BUSINESS ORGANIZATION, FEW OTHER THAN HOSPITALS ARE EXPECTED TO CONTINUE TO PROVIDE SERVICES TO THOSE WITH MEANS WHO HAVE PREVIOUSLY FAILED TO PAY CONTINUATION OF SERVICE TO PATIENTS WITH THE MEANS TO PAY BUT WHO HAVE FAILED TO DO SO IS A FURTHER COMMUNITY BENEFIT RELATED TO THE ORGANIZATION'S MISSION THEREFORE, WE BELIEVE THAT THE COST OF BAD DEBTS SHOULD BE CONSIDERED A COMMUNITY BENEFIT Part III, Section A, Line 4 Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments due to future audits, reviews, and investigations Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations Part III, Section A, Line 8 HOSPITALS TREAT PATIENTS COVERED BY MEDICARE, JUST AS THEY DO ANY PATIENT AMOUNTS THAT HOSPITALS ARE ELIGIBLE TO RECEIVE IN PAYMENT FOR SERVICES PROVIDED TO PATIENTS COVERED BY MEDICARE ARE NOT NEGOTIABLE AS MEDICARE REIMBURSEMENT RATES DECLINE RELATIVE TO THE COSTS OF PROVIDING CARE, HOSPITALS CONTINUE TO SERVE THE MEDICARE POPULATION WITHOUT THE SERVICES PROVIDED BY HOSPITALS, THE GOVERNMENT WOULD BECOME OBLIGATED FOR THE SERVICES REQUIRED BY THESE PATIENTS THEREFORE, WE BELIEVE THAT ANY UNREIMBURSED COSTS OF PROVIDING THIS CARE ARE A BENEFIT PROVIDED BY THE HOSPITAL TO THE COMMUNITY AND GOVERNMENT Part III, Section C, Line 9B PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE ARE APPROVED FOR 100% ADJUSTMENT OF ELIGIBLE CHARGES MINUS A COPAYMENT COPAYMENTS ACCRUE AND ARE NOT ELIGIBLE FOR COLLECTIONS PROCESSES</p>
Part VI, Line 2	<p>AS THE COUNTY CONTINUES TO GROW, NECESSARY STEPS MUST BE TAKEN TO ENSURE THAT THE NEEDS OF ALL OF OUR CITIZENS ARE BEING MONITORED AND EVALUATED WAKE COUNTY HUMAN SERVICES WORKS WITH ALL LOCAL HOSPITALS, INCLUDING REX, TO CONDUCT A COMMUNITY-WIDE HEALTH ASSESSMENT THIS ASSESSMENT, CONDUCTED EVERY THREE TO FOUR YEARS, IDENTIFIES OPPORTUNITIES AND CHALLENGES IN THE MARKET REX COLLABORATES WITH COMMUNITY PARTNERS REGULARLY TO ENSURE OUR EFFORTS ARE PROPERLY ALIGNED BASED ON WAKE COUNTY'S SOCIOECONOMIC AND DEMOGRAPHIC INFORMATION REX ALSO RELIES ON INPUT FROM OUR PHYSICIANS AND CLINICAL STAFF, PATIENT OUTCOMES AS WELL AS QUALITATIVE AND QUANTITATIVE RESEARCH TO IDENTIFY AREAS OF OPPORTUNITY TO IMPROVE THE HEALTH OF OUR COMMUNITY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	REX PROVIDES A WIDE RANGE OF TOOLS AND EDUCATION TO HELP PATIENTS WHO NEED FINANCIAL ASSISTANCE THE REX ASSIST PROGRAM IS DESIGNED TO MAKE IT EASY FOR PATIENTS TO APPLY FOR FINANCIAL ASSISTANCE, CHARITY CARE AND OTHER AID PROGRAMS REX POSTS DETAILED INFORMATION ABOUT ITS GENEROUS CHARITY CARE POLICY, THE REX ASSIST PROGRAM AND OTHER FINANCIAL AID INFORMATION AT VARIOUS POINTS IN THE HOSPITAL AND ON ITS WEBSITE DURING PATIENT REGISTRATION, STAFF WILL DISTRIBUTE THE "YOUR REX HOSPITAL BILL" FLYER TO ANYONE WHO DOES NOT HAVE INSURANCE OR ASKS FOR ASSISTANCE THAT FLYER INCLUDES USEFUL INFORMATION AND HELPFUL RESOURCES REX FINANCIAL COUNSELORS WILL BEGIN WORKING WITH PATIENTS NEEDING ASSISTANCE AT REGISTRATION OR VISIT THE ROOMS OF PATIENTS WHO ASK FOR HELP THE COUNSELORS WILL ASSIST WITH DETERMINING MEDICAID ELIGIBILITY AND WITH FILLING OUT A REX ASSIST APPLICATION FINALLY, REX ALSO WORKS WITH VARIOUS COMMUNITY GROUPS THAT HELP PROVIDE ASSISTANCE TO THE UNINSURED OR UNDERINSURED, INCLUDING PROJECT ACCESS, PRETTY IN PINK AND OTHERS THE ANGEL FUND OF THE REX HEALTHCARE FOUNDATION ALSO SUPPORTS CANCER PATIENTS WITH UNIQUE FINANCIAL NEEDS, INCLUDING TRANSPORTATION, LIVING EXPENSES AND PRESCRIPTIONS
Part VI, Line 4	THE ORGANIZATION SERVES AN AREA THAT ENCOMPASSES A FOUR-COUNTY AREA CONSISTING OF WAKE COUNTY AS THE PRIMARY SERVICE AREA WITH HARNETT, FRANKLIN AND JOHNSTON COUNTIES, COMPRISING THE SECONDARY SERVICE AREA WAKE COUNTY AND ITS SURROUNDING COMMUNITIES ARE AMONG THE FASTEST GROWING REGIONS IN THE NATION UNEMPLOYMENT RATES IN THE PRIMARY SERVICE AREA ARE LESS THAN THE UNEMPLOYMENT RATES FOR THE NATION AND THE STATE AVERAGE HOUSEHOLD INCOME AND EDUCATION LEVEL ALSO COMPARE FAVORABLY WITH BOTH THE NATION AND THE STATE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	THERE ARE MANY WAYS REX WORKS WITH COMMUNITY PARTNERS TO ADDRESS HEALTH ISSUES AND CONCERNS IDENTIFIED WITHIN THE COMMUNITY THROUGH BOTH FINANCIAL, IN-KIND AND STAFF SUPPORT, REX PROVIDES ASSISTANCE IN HOSTING COMMUNITY HEALTH SCREENINGS, MOBILE MAMMOGRAPHY SCREENINGS AND ON-SITE MEDICAL CARE THROUGH THE REX EMERGENCY RESPONSE TEAM ADDITIONALLY, COMMUNITY RELATIONS ACTIVITIES REGULARLY DEMONSTRATE PROMOTING HEALTH AND WELLNESS INITIATIVES "ASK THE EXPERT" FORUMS ARE FREE AND OFFERED THROUGHOUT WAKE COUNTY BY PHYSICIANS AND STAFF REX HAS BEEN DILIGENT IN AWARDING GRANTS TO COMMUNITY GROUPS TO ASSIST THEM WHERE NEEDS ARE GREATEST TWICE A YEAR WE HOST A COLLABORATIVE BREAKFAST INVITING COMMUNITY PARTNERS, ORGANIZATIONS AND HEALTHCARE PROVIDERS WHO WORK WITH UNINSURED WOMEN TO DISCUSS AND ADDRESS CURRENT HARDSHIPS AND RESOURCES - TRULY A COMMITMENT TO THE NONPROFIT COMMUNITY
Part VI, Line 6	REX HEALTHCARE IS A SUBSIDIARY OF THE UNC HEALTH CARE SYSTEM IN CHAPEL HILL THAT SYSTEM SERVES PATIENTS FROM ALL 100 COUNTIES, REGARDLESS OF THEIR ABILITY TO PAY, PROVIDING MORE THAN \$300 MILLION A YEAR IN UNCOMPENSATED CARE AS PART OF THE INTEGRATED SYSTEM, REX STRIVES TO IMPROVE ACCESS AND SERVICES IN WAKE COUNTYS GROWING AND UNDERSERVED AREAS REX CAREGIVERS ALSO WORK CLOSELY WITH THEIR COUNTERPARTS AT UNC HEALTH CARE TO FIND MORE WAYS TO IMPROVE CARE AND QUALITY, REACH MORE UNINSURED PATIENTS AND MORE REXS BOARD REPRESENTS A CROSS-SECTION OF THE COMMUNITY, WITH VOLUNTEERS THAT INCLUDE BUSINESS LEADERS, COMMUNITY PHYSICIANS AND OTHERS THAT BOARD WORKS CLOSELY WITH THE BOARD AT UNC HEALTH CARE TO DETERMINE THE BEST WAYS TO PLAY A LARGER ROLE IN IMPROVING THE COMMUNITYS HEALTH, AND REXS ROLE IN THE BIGGER SYSTEMS MISSION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 7	THE ORGANIZATION SUBMITS AN ANNUAL COMMUNITY BENEFIT REPORT TO THE NORTH CAROLINA HOSPITAL ASSOCIATION AND THE NORTH CAROLINA MEDICAL CARE COMMISSION

Schedule H (Form 990) 2017

Additional Data**Software ID:****Software Version:****EIN:** 56-1509260**Name:** Rex Hospital Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Rex Hospital INC 4420 Lake Boone Trail Raleigh, NC 27607 www.rexhealth.com H0065	X	X					X			

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 5	The organization took into account input from persons representing the community through participation in both a community wide health opinion survey and focus groups. The health opinion survey was internet based and telephone surveys of randomly selected households. The nine focus groups, including two in Spanish, consisted of recruited participants representing specific groups.

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 6A	The Organization's community health needs assessment (CHNA) was conducted with the following hospital facilities Wakemed health and hospitals and Duke Raleigh Hospital

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 6B	The organization's community health needs assessment (CHNA) was conducted with the following organizations other than hospital facilities wake county human services, advance community health, united way of the greater triangle and wake county medical society community health foundation

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 7a	www.rexhealth.com/rh/about/community/community-health-needs-assessment

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 7b	www.wakegov.com/humanservices/data

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 10a	www.rexhealth.com/rh/about/community/community-health-needs-assessment

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

Form and Line Reference	Explanation
Part V, Section B, Line 11	<p>THE ORGANIZATION IS ADDRESSING THE FOLLOWING TOP IDENTIFIED AREAS HEALTH INSURANCE COVERAGE WHILE THIS CONCERN CERTAINLY RELATES TO THOSE NOT HAVING COVERAGE AT ALL, MORE FREQUENTLY THAN EVER CONCERNS ARE BEING RAISED BY THOSE WHO HAVE INSURANCE REGARDING OTHER CRITICAL ISSUES, SUCH AS, LIMITATIONS ON WHAT INSURANCE DOES OR DOES NOT COVER, COMPLEXITY OF THE SYSTEM AND THE NEED FOR EDUCATION RELATED TO HOW INSURANCE WORKS AND HOW TO USE IT, ABILITY TO AFFORD POST-INSURANCE FINANCIAL OBLIGATIONS RELATED TO VISITS AND PRESCRIPTIONS AND REMAINING BARRIERS TO ACCESS FOR CERTAIN INSURANCE TYPES, NAMELY MEDICARE AND MEDICAID, AS SOME PHYSICIANS AND PROVIDERS HAVE LIMITED OR SUSPENDED THEIR ACCEPTANCE OF THOSE INSURANCE TYPES UNC REX WILL FOCUS ON EDUCATION TO INTERNAL AUDIENCES, MOST SPECIFICALLY PATIENT FINANCIAL SERVICES AND NURSE NAVIGATORS, TO ALLOW FOR EXPANDED CONVERSATIONS REGARDING HEALTH INSURANCE COVERAGE, OPTIONS, AND MEANS OF OBTAINING THEM UNC REX WILL FORM A STRONG PARTNERSHIP WITH ENROLL AMERICA, THE NATION'S LEADING HEALTH CARE ENROLLMENT COALITION IN ADDITION, CHANGES TO THE UNC REX CO-WORKER BENEFITS STRUCTURE WILL INCREASE THE NUMBER OF CO-WORKERS WHO CAN AFFORD COVERAGE, THIS IS KEY AS ONE OF THE LARGEST WAKE COUNTY EMPLOYERS UNC REX WILL EVALUATE ITS SUPPORT OF THE TRIANGLE UNITED WAY ACA PROGRAM TO FUND PREMIUMS OF THOSE WHO CANNOT AFFORD THEM AND THE EXPANSION OF THE UNC REX ANGEL FUND, WHICH SUPPORTS PATIENTS UNDERGOING CANCER TREATMENT TRANSPORTATION ACCESS TO AND COST OF TRANSPORTATION IS AN ISSUE THAT IMPACTS EVERY RESIDENT OF WAKE COUNTY, REGARDLESS OF THEIR BACKGROUND SOCIAL STATUS AND CAN HAVE MULTIPLE IMPLICATIONS ON HEALTH UNC REX HAS INITIATED A NEW INTERNAL EFFORT TO COORDINATE APPOINTMENTS FOR PATIENTS WITH CHRONIC CONDITIONS TO REDUCE TRAVEL, WHICH WILL ASSIST INEFFICIENCIES FOR BOTH PATIENTS AND PROVIDERS EXPANSION OF MOBILE HEALTH OUTREACH, MAMMOGRAPHY AND HEART & VASCULAR SCREENINGS, INCLUDING POTENTIAL NEW OPTIONS TO REACH PEOPLE CLOSER TO WHERE THEY LIVE AND WORK, ESPECIALLY IN UNDERSERVED AREAS IS IN REVIEW IN ADDITION, ADVANCEMENTS IN TELEMEDICINE ALTERNATIVES WILL REDUCE A PATIENT'S RELIANCE ON TRANSPORTATION TO RECEIVE CARE ACCESS TO HEALTH SERVICES FROM A HEALTH NEED PERSPECTIVE FOR WAKE COUNTY, ACCESS TO HEALTH SERVICES ENCOMPASSES THOSE AREAS OR ITEMS THAT PRESENT A BARRIER TO RESIDENTS RECEIVING THE CARE THEY NEED, AS SUCH, THIS NEED CAN BE FAIRLY BROAD HOWEVER, THE KEY AREAS ARE SYSTEM COMPLEXITY, AFFORDABILITY, PROVIDER AVAILABILITY AND PRIMARY CARE ACCESS FOCUSED EFFORTS ON POPULATION HEALTH WILL REDUCE COSTS AND IMPROVE MEDICAL CARE AND PREVENTION ACROSS THE COMMUNITY UNC REX'S EDUCATION TO ADDRESS PROPER UTILIZATION OF EMERGENCY DEPARTMENTS, URGENT CARE CENTERS AND PRIMARY CARE FACILITIES IS ONGOING FURTHER EXPANSION OF THE UNC HEALTH ALLIANCE CLINICALLY INTEGRATED NETWORK WILL ENGAGE PHYSICIANS ACROSS THE COUNTY AND BEYOND IN THE TRANSFORMATION OF PATIENT CARE ADDING PRIMARY CARE</p>

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

Form and Line Reference	Explanation
Part V, Section B, Line 11	<p>RE AND SPECIALTY PROVIDERS ACROSS THE TRIANGLE AS WELL AS HEART & VASCULAR, SURGICAL AND HOSPITALIST PROGRAMS IN JOHNSTON COUNTY HAS PROVIDED RESIDENTS WITH GREATER ACCESS TO QUALITY HEALTHCARE OPTIONS. IN ADDITION, EXPANSION OF SERVICES IN HOLLY SPRINGS, INCLUDING FUTURE HOLLY SPRINGS HOSPITAL, WILL PROVIDE RESIDENTS OF SOUTHERN WAKE COUNTY GREATER ACCESS TO QUALITY HEALTHCARE AND ADDITIONAL JOB OPPORTUNITIES. UNC REX WILL EXPLORE NEW AND INTERACTIVE WAYS TO REACH PEOPLE, THROUGH COMMUNITY OUTREACH, TELEHEALTH OR OTHER ALTERNATIVES. THE FIVE REX WELLNESS CENTERS GEOGRAPHICALLY SPREAD ACROSS THE COUNTY WILL CONTINUE TO BE AN INTEGRAL PART OF IMPROVING FITNESS AND NUTRITION, SUPPORTING COMMUNITY ACTIVITIES, PROVIDING EDUCATION AND ACCESS TO MOBILE HEART AND VASCULAR SCREENINGS. OTHER ACTIVITIES THAT UNC REX HAVE IMPLEMENTED OR ARE PURSUING INCLUDE A DEMONSTRATION KITCHEN IN THE NEW HEART & VASCULAR HOSPITAL, EXPANSION OF FREE ONLINE TOOLS FOR HEALTH ASSESSMENT AND INCREASING THE NUMBER OF NAVIGATORS TO ASSIST PATIENTS FROM POINT OF DIAGNOSIS THROUGH REFERRAL VISITS AND SURGICAL PROCEDURES WILL BE REVIEWED MAKING IT EASIER FOR PATIENTS TO NAVIGATE THE HEALTHCARE LANDSCAPE. MENTAL HEALTH AND SUBSTANCE ABUSE PATIENTS WILL HAVE MUCH-NEEDED ACCESS TO HIGHER LEVELS OF SPECIALIZED BEHAVIORAL HEALTH AND MEDICAL CARE AT UNC WAKEBROOK, WHICH RECEIVES ANNUAL FINANCIAL SUPPORT FROM UNC REX. IN ADDITION, AT UNC REX HOSPITAL EMERGENCY DEPARTMENT (ED), A NEW BEHAVIORAL HEALTH HOLDING AREA IS IN PROCESS, WHICH WILL POSITIVELY IMPACT ACCESS TO THE ED AND ALLOW FOR PATIENTS TO BE CARED FOR IN A BETTER LOCATION. MORE TRAINING FOR CORE STAFF WITH BACKGROUNDS IN MENTAL AND BEHAVIORAL HEALTH WILL EXPAND THE CAREGIVER POOL. UNC REX WILL CONTINUE COLLABORATIONS WITH OTHER COMMUNITY PROVIDERS TO BEST MEET THE NEEDS OF THIS SPECIAL PATIENT POPULATION. EFFORTS WITH THE UNC REX PAIN MANAGEMENT DEPARTMENT AND THE COMMUNITY CARE OF NORTH CAROLINA TO EXPAND ITS COLLABORATIVE, PROACTIVE APPROACH FOR ASSISTING PATIENTS WITH CHRONIC PAIN ISSUES WILL CONTINUE TO REDUCE THE INCIDENCE OF OVERDOSE AND DEATH DUE TO SUBSTANCE ABUSE. UNC REX WILL CONTINUE THROUGH PARTNERSHIPS TO BUILD AWARENESS AROUND REDUCING THE STIGMAS SURROUNDING MENTAL HEALTH. THE ORGANIZATION DID NOT ADDRESS THE FOLLOWING FOCUS AREAS IDENTIFIED IN THE CHNA: INCOME AND POVERTY, EMPLOYMENT, HEALTH PROFESSIONALS, PHYSICAL ACTIVITY, NUTRITION AND OBESITY, HOUSING AND HOMELESSNESS, COMMUNITY ENGAGEMENT, CAREGIVING, ENVIRONMENTAL HEALTH, EDUCATION AND LIFELONG LEARNING, CHILD WELFARE AND FINANCIAL ASSISTANCE, HEALTH STATUS, INJURY AND VIOLENCE, MATERNAL AND INFANT HEALTH, ORAL HEALTH, CRIME AND SAFETY, DISABILITIES AND CULTURAL AND/OR LANGUAGE BARRIERS. AS A HEALTHCARE ORGANIZATION, UNC REX'S RESOURCES ARE MORE READILY AVAILABLE TO ADDRESS THE AREAS IDENTIFIED ABOVE.</p>

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

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

Form and Line Reference	Explanation
part v, section b, lines 16a, 16b and 16c	www.uncmedicalcenter.org/uncmc/patients-visitors/billing/financial-assistance-programs

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
1 North Carolina Heart & Vascular Hospital 2800 Blue Ridge Road Raleigh, NC 27607	Heart & Vascular
1 Rex Healthcare of Wakefield 11200 Governor Manly Way Raleigh, NC 27614	Healthcare
2 Rex Healthcare of Cary 1505 SW Cary Parkway Cary, NC 27511	Healthcare
3 Rex Healthcare of Garner 1400 Timber Drive East Garner, NC 27529	Healthcare
4 Rex Medical Office Building 2800 Blue Ridge Road Raleigh, NC 27607	Healthcare
5 Rex Medical Plaza 4414 Lake Boone Trail Raleigh, NC 27607	Healthcare
6 Rex Healthcare of Knightdale 6602 Knightdale Blvd Knightdale, NC 27545	Healthcare
7 Rex Healthcare of Holly Springs 781 Avent Ferry Road Holly Springs, NC 27540	Healthcare
8 UNC REX Rehabilitation & Nursing Care Ce 4210 Lake Boone Trail Raleigh, NC 27607	Nursing Facility
9 UNC REX Rehabilitation & Nursing Care Ce 911 S Hughes Street Apex, NC 27502	Nursing Facility
10 WakeBrook Primary Care Office 107 Sunnybrook Road Raleigh, NC 27610	Healthcare
11 North Carolina Surgery 4207 Lake Boone Trail Suite 210 Raleigh, NC 27607	General Surgery
12 Raleigh Orthopaedic Clinic- Edwards Mill 3001 Edwards Mill Road Raleigh, NC 27612	Orthopaedic
13 Rex Hematology Oncology Associates- Blue 2605 Blue Ridge Road Suite 190 Raleigh, NC 27607	Oncology
14 North Carolina Heart & Vascular Goldsbor 2615 Hospital Road Suite 300 Goldsboro, NC 27534	Heart & Vascular

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
16 North Carolina Heart & Vascular Clinton 603 Beaman Street Suite 501 Clinton, NC 28328	Heart & Vascular
1 UNC Hospitals at WakeBrook 111 Sunnybrook Road Raleigh, NC 27610	Healthcare
2 UNC REX Rehabilitation Services- Raleigh 2709 Blue Ridge Road Suite 200 Raleigh, NC 27607	Rehabilitation
3 UNC Radiation Oncology at Smithfield 514 N Bright Leaf Blvd Suite 120 Smithfield, NC 27577	Oncology
4 UNC Radiation Oncology at Clayton 2076 NC Highway 42 W Suite 120 Clayton, NC 27520	Oncology
5 Raleigh Orthopaedic (North Raleigh) 10880 Durant Road Suite 300 Raleigh, NC 27614	Orthopaedic
6 Rex Digestive Healthcare (Raleigh) 2417 Atrium Drive Suite 150 Raleigh, NC 27607	Digestive Healthcare
7 Rex Digestive Healthcare (North Raleigh) 8300 Health Park Suite 327 Raleigh, NC 27615	Digestive Healthcare
8 Rex Ear Nose and Throat Specialists (Ca 790 SE Cary Parkway Suite 110 Cary, NC 27511	ENT Healthcare
9 Rex Neurosurgery & Spine Specialists (Ra 4207 Lake Boone Trail Suite 220 Raleigh, NC 27607	Neurosurgery
10 Rex Hospital Outpatient Rehabilitation (2709 Blue Ridge Road Suite 200 Raleigh, NC 27607	Rehabilitation
11 North Carolina Surgery- Rex Breast Care 3100 Duraleigh Road Suite 205 Raleigh, NC 27612	Breast Care
12 Rex Digestive Healthcare (Wakefield) 11211 Galleria Ave Suite 100 Raleigh, NC 27614	Digestive Healthcare
13 Rex Digestive Healthcare (Knightdale) 6905 Knightdale Blvd Suite 103 Knightdale, NC 27545	Digestive Healthcare
14 Rex Hematology Oncology Associates- Cary 150 Parkway Office Court Suite 200 Cary, NC 27518	Oncology

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
31 Rex Pulmonary Specialists (Wakefield) 11081 Forest Pines Drive Suite 104 Raleigh, NC 27614	Pulmonary Health
1 UNC Center for Rehabilitation Care of Ra 2709 Blue Ridge Road Suite 220 Raleigh, NC 27607	Rehabilitation
2 UNC REX Cancer Care of East Raleigh 117 Sunnybrook Road Raleigh, NC 27610	Cancer Care
3 North Carolina Heart & Vascular (Clayton) 2076 NC Highway 42 W Clayton, NC 27520	Heart & Vascular
4 North Carolina Heart & Vascular (Briar C) 10208 Cerny Street Suite 106 Raleigh, NC 27617	Heart & Vascular
5 North Carolina Surgery- Rex Breast Care 300 Ashville Ave Suite 240 Cary, NC 27518	Breast Care
6 Raleigh Orthopaedic (Cary) 222 Ashville Ave Suite 20 Cary, NC 27518	Orthopaedic
7 Rex Pulmonary Specialists (Cary) 300 Ashville Ave Suite 301 Cary, NC 27518	Pulmonary Health
8 North Carolina Heart & Vascular (Louisbu) 500 Redwood Lane Louisburg, NC 27549	Heart & Vascular
9 North Carolina Surgery at Brier Creek 10208 Cerny Street Suite 106 Raleigh, NC 27617	General Surgery
10 North Carolina Heart & Vascular (Wilson) 2605 Forest Hills Road SW Suite D Wilson, NC 27893	Heart & Vascular
11 North Carolina Surgery at Smithfield 131 E Market Street Smithfield, NC 27577	General Surgery
12 Rex Heart Failure Clinic (Goldsboro) 2615 Hospital Road Suite 300 Goldsboro, NC 27534	Heart Health
13 Women's Health Alliance PA- Women's Hea 11211 Galleria Ave Raleigh, NC 27614	Women's Healthcare
14 North Carolina Heart & Vascular (Rocky M) 2412 Professional Drive Rocky Mount, NC 27804	Heart & Vascular

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
46 North Carolina Surgery at Wilson 130 Glendale Drive W Wilson, NC 27893	General Surgery
1 Rex Digestive Healthcare (Cary) 10030 Green Level Church Road STE Cary, NC 27519	Digestive Healthcare
2 North Carolina Heart & Vascular (Lilling 701 S Main Street Lillington, NC 27546	Heart & Vascular
3 North Carolina Heart & Vascular (Smithfi 910 Berkshire Road Smithfield, NC 27577	Heart & Vascular
4 Rex Neurosurgery and Spine Specialists (34 Healthpark Way Suite 100 C Clayton, NC 27520	Neurosurgery
5 Rex Vascular Specialists (Smithfield) 910 Berkshire Road Smithfield, NC 27577	Vascular Health
6 UNC Urgent Care at Raleigh 3050 Duraleigh Road Suite 111 Raleigh, NC 27612	Vascular Health
7 Rex Vascular Specialists (Clayton) 2076 NC Highway 42 W Suite 100 Raleigh, NC 27520	Vascular Health
8 UNC Urogynecology and Reconstructive Pel 4325 Lake Boone Trail Suite 315 Raleigh, NC 27607	Surgery
9 Rex Digestive Healthcare (Smithfield) 507 N Brightleaf Blvd Suite 100 Smithfield, NC 27577	Digestive Healthcare
10 Raleigh Orthopaedic (Garner) 1325 Timber Drive E Garner, NC 27529	Orthopaedic
11 Rex Sleep Lab of Raleigh 3050 Duraleigh Road Suite 101 Raleigh, NC 27612	Sleep Lab
12 Women's Health Alliance PA pka Capital 1110 SE Cary Parkway Suite 200 Cary, NC 27518	Women's Healthcare
13 UNC Neurosurgery at Nash 45 Guardian Court Rocky Mount, NC 27804	Neurosurgery
14 Associates in Women's Healthcare PA 901 Ridgefield Drive Raleigh, NC 27609	Women's Healthcare

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**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? _____

Name and address	Type of Facility (describe)
61 Arbor Obstetrics and Gynecology 2615 Lake Drive Suite 201 Raleigh, NC 27607	Women's Healthcare
1 Rex Sleep Lab of Cary 790 SE Cary Parkway Suite 105 Cary, NC 27511	Sleep Lab
2 Rex Wellness Center of Raleigh 4200 Lake Boone Trail Raleigh, NC 27607	Wellness & Rehabilitation
3 Rex Pain Management Center 3050 Duraleigh Road Suite 201 Raleigh, NC 27612	Pain Management
4 Rex Home Services 1500 Sunday Drive Suite 113 Raleigh, NC 27607	Home Healthcare
5 Rex Hospital Lab of Duraleigh 3050 Duraleigh Road Suite 121 Raleigh, NC 27612	Lab
6 Carolina Elite Women's Care 934 Vandora Springs Road Garner, NC 27529	Women's Healthcare
7 Rex Child Development Center 3116 Blue Ridge Road Raleigh, NC 27612	Child Development

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 Rex Hospital Inc

Employer identification number 56-1509260

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 27
3 Enter total number of other organizations listed in the line 1 table. 5

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(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
Part I, Line 2	<p>REX REQUIRES ALL REQUESTS FOR GRANTS OR OTHER ASSISTANCE TO BE IN WRITING SUCH REQUESTS ARE TYPICALLY REVIEWED ON AN ANNUAL BASIS FOLLOWING GUIDELINES RELATED TO COMMUNITY NEED AND REXS MISSION REXS PRIORITIES INCLUDE SUPPORTING HEALTH, HUMAN SERVICES, EDUCATION AND ARTS IN COMMUNITIES IT SERVES REX HAS VARIOUS WAYS OF TRACKING THE RESULTS OF ITS CONTRIBUTIONS BECAUSE REX OFTEN WORKS CLOSELY WITH THE COMMUNITY GROUPS IT SUPPORTS, THE ORGANIZATION RECEIVES FREQUENT UPDATES ON THEIR WORK AND PROGRESS FOR LARGER GRANTS, REX ALSO RECEIVES ANNUAL OR QUARTERLY REPORTS ON RESULTS</p>

Additional Data

Software ID:
Software Version:
EIN: 56-1509260
Name: Rex Hospital 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
NORTH CAROLINA SYMPHONY 4350 LASSITER RALEIGH, NC 27609	56-0556755	501(c)(3)	81,500				GENERAL SUPPORT
UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMETER PARK DRIVE RALEIGH, NC 27560	56-1949103	501(c)(3)	59,220				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 PO BOX 2978 RALEIGH, NC 27602	56-0370850	501(c)(6)	55,745				General Support
AMERICAN HEART ASSOCIATION NORTH CAROLINA AFFILIATE INC RALEIGH, NC 27609	56-0529996	501(c)(3)	45,000				General/Education 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
FOUNDATION OF HOPE 9401 GLENWOOD AVENUE RALEIGH, NC 27617	56-6246626	501(c)(3)	35,000				General Support
ALICE AYCOCK POE CENTER FOR HEALTH EDUCATION 224 SUNNYBROOK ROAD RALEIGH, NC 27610	56-1500678	501(c)(3)	31,050				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
INTERACT 1012 OBERLIN ROAD RALEIGH, NC 27605	58-1320613	501(c)(3)	30,000				General Support
KAY YOW CANCER FOUNDATION 5121 KINGDOM WAY RALEIGH, NC 27607	26-1789695	501(c)(3)	27,500				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
LEUKEMIA & LYMPHOMA SOCIETY 401 HARRISON OAKS BLVD CARY, NC 27513	13-5644916	501(c)(3)	25,000				General Support
URBAN MINISTRIES OF WAKE COUNTY 1390 CAPITAL BLVD RALEIGH, NC 27603	58-1422700	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
WAKE TECH COMMUNITY COLLEGE FOUNDATION 9101 FAYETTEVILLE ROAD RALEIGH, NC 27603	23-7017752	501(c)(3)	21,500				General Support
NC MUSEUM OF ART FOUNDATION 2110 BLUE RIDGE ROAD RALEIGH, NC 27607	23-7071511	501(c)(3)	21,000				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
WAKE EDUCATION PARTNERSHIP 706 HILLSBOURGH STREET RALEIGH, NC 27603	58-1518182	501(c)(3)	20,000				General Support
SUSAN G KOMEN NC TRIANGLE 600 AIRPORT BLVD MORRISVILLE, NC 27560	75-2845066	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
TRIANGLE FAMILY SERVICES INC 3937 WESTERN BLVD RALEIGH, NC 27606	56-0547491	501(c)(3)	13,475				General Support
USO OF NORTH CAROLINA 600 AIRPORT BLVD MORRISVILLE, NC 27560	56-0532315	501(c)(3)	12,500				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
CARY CHAMBER OF COMMERCE 307 NORTH ACADEMY STREET CARY, NC 27519	56-0989726	501(c)(3)	10,576				General Support
TOWN OF KNIGHTDALE 950 STEEPLE SQUARE COURT KNIGHTDALE, NC 27545	56-0789285	n/a	10,500				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
WAKE FOREST AREA CHAMBER OF COMMERCE 350 S WHITE STREET WAKE FOREST, NC 27587	56-1122169	501(c)(6)	10,290				General Support
ALLIANCE MEDICAL MINISTRY 101 DONALD ROSS DRIVE RALEIGH, NC 27610	56-2168673	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
BLUE RIDGE ALLIANCE CORRIDOR 2416 HILLSBOROUGH STREET RALEIGH, NC 27607	47-1697576	501(c)(3)	10,000				General Support
INNOVATE RALEIGH 310 S HARRINGTON STREET RALEIGH, NC 27603	26-2891963	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
MARCH OF DIMES NORTH CAROLINA CHAPTER RALEIGH, NC 27615	13-1846366	501(c)(3)	10,000				General Support
NAMI WAKE COUNTY PO BOX 12562 RALEIGH, NC 27605	56-1552949	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 PHYSICIANS HEALTH PROGRAM 220 HORIZON DRIVE RALEIGH, NC 27615	56-1846599	501(c)(3)	10,000				General Support
ZERO THE END PROSTATE CANCER 515 KING STREET NO 420 ALEXANDRIA, VA 22314	59-3400922	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
DOWNTOWN RALEIGH ALLIANCE 120 SOUTH WILMINGTON STREET RALEIGH, NC 27601	56-1994005	501(c)(6)	8,050				General Support
MAKE-A-WISH FOUNDATION 3809 COMPUTER DRIVE RALEIGH, NC 27609	58-1792140	501(c)(3)	7,000				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
MORRISVILLE CHAMBER OF COMMERCE 260 TOWN HALL DRIVE MORRISVILLE, NC 27560	56-1712502	501(c)(6)	6,799				General Support
THE FIRST TEE OF THE TRIANGLE 8800 WESTGATEPARK DRIVE RALEIGH, NC 27617	56-2266025	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
LUNG CANCER INITIATIVE OF NC 4000 BLUE RIDGE ROAD RALEIGH, NC 27612	26-2300885	501(c)(3)	6,250				General Support
HOLLY SPRINGS CHAMBER OF COMMERCE 344 RALEIGH STREET HOLLY SPRINGS, NC 27540	56-1875144	501(c)(6)	6,080				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

2017

Open to Public Inspection

Name of the organization
Rex Hospital Inc

Employer identification number
56-1509260

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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.</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a		No		
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	Yes			
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	Yes			
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1A	THE ORGANIZATION OFFERS COMPLIMENTARY MEMBERSHIPS TO REX WELLNESS CENTERS FOR THE EXECUTIVE STAFF, BOTH ACTIVE AND RETIRED BOARD MEMBERS AND MEDICAL DIRECTORS. ALL MEMBERS RECEIVING COMPLIMENTARY MEMBERSHIPS ARE REQUIRED TO COMPLETE THE SAME APPLICATION AND TESTING PROCEDURES AS OTHER MEMBERS. CURRENTLY, THERE ARE 9 INDIVIDUALS LISTED THAT RECEIVE COMPLIMENTARY MEMBERSHIPS. THE VALUE OF THE COMPLIMENTARY MEMBERSHIP IS TREATED AS TAXABLE COMPENSATION AND IS REPORTED ON THE INDIVIDUALS W-2.
Part I, Line 4B	William Roper received distributions totaling \$687,156 from a non-qualified supplemental retirement plan funded and controlled by a related organization, UNC HCS. Stephen Burriss received distributions totaling \$104,185 from a non-qualified supplemental retirement plan funded and controlled by a related organization, UNC HCS.
Part I, Line 6	EMPLOYEES IN MANAGERIAL ROLES PARTICIPATE IN AN INCENTIVE COMPENSATION PLAN APPROVED ANNUALLY BY THE UNC HCS BOARD OF DIRECTORS. THE COMPENSATION EARNED UNDER THIS PLAN IS BASED PARTLY ON THE NET EARNINGS OF THE ORGANIZATION AND THE UNC HCS. OTHER PERFORMANCE MEASURES USED TO DETERMINE INCENTIVE COMPENSATION ARE PATIENT SATISFACTION, PATIENT CARE QUALITY OUTCOMES AND INNOVATIVE INITIATIVES TO IMPROVE OPERATIONS AND CARE DELIVERY.

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				
21 Jeff S LeGay Asst Treasurer & Asst Secretar	(i)	194,660	24,513	7,087	8,096	9,455	243,811	0
	(ii)	0	0	0	0	0	0	0
1 Benjamin J Mathew Asst Treasurer & Asst Secretar	(i)	127,397	9,318	340	5,323	16,768	159,146	0
	(ii)	0	0	0	0	0	0	0
2 Mateen Akhtar Physician	(i)	1,176,588	463,843	18,960		16,981	1,676,372	0
	(ii)	0	0	0	0	0	0	0
3 Deepak Pasi Physician	(i)	852,096	544,808	34,668		14,453	1,446,025	0
	(ii)	0	0	0	0	0	0	0
4 Ravish Sachar Physician	(i)	1,330,381	37,246	19,260		14,407	1,401,294	0
	(ii)	0	0	0	0	0	0	0
5 Eric Janis Physician	(i)	1,292,334	10,200	27,612		14,453	1,344,599	0
	(ii)	0	0	0	0	0	0	0
6 John Buttram Jr Physician	(i)	1,190,974	105,344	19,260		9,328	1,324,906	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service Name of the organization Rex Hospital Inc

Employer identification number 56-1509260

Part I Bond Issues

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

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion), 2013, 2017, Yes/No columns for questions 14-17.

Part III Private Business Use

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

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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6 Total of lines 4 and 5	0 %		0 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		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				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X					
b Exception to rebate?		X		X				
c No rebate due?	X			X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part I, Column F - Issue A	Construction of Central Energy Plant, purchase routine capital equipment and refund Series 1998 Bonds, originally issued on 4/21/1998

Return Reference	Explanation
Schedule K, Part I, Column F - Issue B	Construction of North Carolina Heart & Vascular Hospital and parking deck, purchase equipment for North Carolina Heart & Vascular Hospital and fund capitalized interest

Return Reference	Explanation
Schedule K, Part II, Line 3, Column A&B	The total proceeds of issue being reported is greater than filed on the Form 8038 due to investment earnings, mainly interest earned For Issue A and Issue B, the interest earned as of 6/30/2018 is \$2,620 and \$3,238, respectively

Return Reference	Explanation
Schedule K, Part II, Line 11, Column A	The other spent proceeds were used to redeem Series 1998 Bonds, originally issued on 4/21/1998

Return Reference	Explanation
Schedule K, Part I, Line 2c, Column A	The rebate computation was performed for period ended September 30, 2015 and based on an Independent Accountants' Report dated November 6, 2015, no rebate payment was required

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Rex Hospital Inc

Employer identification number

56-1509260

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Doing Business As	<p>NORTH CAROLINA SURGERY NORTH CAROLINA HEART AND VASCULAR HOSPITAL REX BLOOD PLAN REX BREAST CARE CENTER REX CANCER CENTER REX CANCER SPECIALTY CENTER REX CARDIAC SURGICAL SPECIALISTS REX COMPREHENSIVE VEIN CENTER REX CRITICAL CARE TRANSPORT REX DIGESTIVE HEALTHCARE REX EAR NOSE & THROAT SPECIALISTS REX EAR NOSE & THROAT SPECIALISTS AT WAKEFIELD REX EXPRESS CARE OF CARY REX EXPRESS CARE OF HOLLY SPRINGS REX EXPRESS CARE OF KNIGHTDALE REX EXPRESS CARE OF RALEIGH REX EXPRESS CARE OF WAKEFIELD REX FAMILY BIRTH CENTER REX FAMILY PRACTICE OF KNIGHTDALE REX FAMILY PRACTICE OF WAKEFIELD REX HEALTHCARE REX HEALTHCARE OF CARY REX HEALTHCARE OF GARNER REX HEALTHCARE OF HOLLY SPRINGS REX HEALTHCARE OF KNIGHTDALE REX HEALTHCARE OF WAKEFIELD REX HEART CENTER REX HEART FAILURE REX HEMATOLOGY ONCOLOGY ASSOCIATES REX HOME SERVICES REX HOSPITAL REX HOSPITAL PELVIC HEALTH CENTER REX HOSPITAL TRANSPORT REX INTERNAL MEDICINE OF CARY REX LABORATORY SERVICES OF CARY REX MOBILE MAMMOGRAPHY REX NEURO SURGERY & SPINE SPECIALISTS REX NUTRITION SERVICES REX OUTREACH REX PAIN CENTER REX PALLIATIVE CARE SPECIALISTS REX PEDIATRICS OF CARY REX PEDIATRICS OF HOLLY SPRINGS REX PHARMACY OF RALEIGH REX PRIMARY CARE OF CARY REX PULMONARY SPECIALISTS REX RADIOLOGY SERVICES OF CARY REX RADIOLOGY SPECIALISTS REX REHABILITATION AND NURSING CARE CENTER OF APEX REX REHABILITATION SERVICES OF CARY REX SAME DAY SURGERY REX SENIOR HEALTH CENTER REX STRATEGIC INNOVATIONS REX STRUCTURAL HEART REX SURGICAL SPECIALISTS REX THORACIC SPECIALISTS REX THORACIC SURGICAL SPECIALISTS REX UNC HEALTHCARE REX VASCULAR SPECIALISTS REX VASCULAR SURGICAL SPECIALISTS REX WELLNESS CENTER OF CARY REX WELLNESS CENTER OF GARNER REX WELLNESS CENTER OF KNIGHTDALE REX WELLNESS CENTER OF WAKEFIELD REX WOUND HEALING CENTER UNC REX CANCER CENTER UNC REX CRITICAL CARE TRANSPORT UNC REX HEALTHCARE UNC REX HOME SERVICES UNC REX HOSPITAL UNC REX HOSPITAL TRANSPORT UNC REX PHARMACY OF RALEIGH UNC REX REHABILITATION & NURSING CARE CENTER OF APEX UNC REX REHABILITATION & NURSING CARE CENTER OF RALEIGH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	THE ORGANIZATIONS SOLE MEMBER IS REX HEALTHCARE, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7A	THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM APPOINTS ALL OF THE THIRTEEN SEATS ON THE ORGANIZATIONS BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7B	THE ORGANIZATIONS BOARD REQUIRES PRIOR APPROVAL OF THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM FOR CERTAIN POWERS, INCLUDING BUT NOT LIMITED TO ADDITION OR DELETION OF A HEALTH CARE SERVICE, PARTICIPATION, DIRECTLY OR INDIRECTLY, IN A JOINT VENTURE, INDEBTEDNESS AND CAPITAL BUDGETS, OPERATING BUDGETS AND NON-BUDGETED MATERIAL EXPENDITURES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11B	THE ORGANIZATIONS EXECUTIVE TEAM DISCUSSES AND REVIEWS THE FORM 990 AND ALL ASSOCIATED SCHEDULES THROUGHOUT THE INFORMATION GATHERING STAGE THE FORM 990 AND ASSOCIATED SCHEDULES ARE THEN REVIEWED AND APPROVED BY THE BOARD AS A WHOLE A COPY OF THE APPROVED FORM 990 ALONG WITH THE ASSOCIATED SCHEDULES IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING ALL BOARD MEMBERS TO ANNUALLY COMPLETE AND SIGN A QUESTIONNAIRE DOCUMENTING ANY AREA OF CONFLICT OF INTEREST THE BOARD MEMBERS ARE REQUIRED TO REPORT AND DOCUMENT ANY NEW AREAS OF CONFLICT OF INTEREST AS THEY ARISE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	THE ORGANIZATION USES AN INDEPENDENT CONSULTANT TO MEASURE FAIR VALUE OF COMPENSATION FOR THE ORGANIZATIONS PRESIDENT AND OTHER TOP MANAGEMENT THE ORGANIZATIONS BOARD REVIEWS AND APPROVES THE COMPENSATION FOR ALL OFFICERS EXCEPT THE ASSISTANT TREASURER AND ASSISTANT SECRETARY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	THE ORGANIZATIONS FORM 990 IS AVAILABLE UPON REQUEST AND ON GUIDESTARS WEBSITE AND THE FINANCIAL STATEMENTS ARE AVAILABLE ON MUNICIPAL SECURITIES RULEMAKING BOARDS WEBSITE THE ORGANIZATION DOES NOT MAKE OTHER GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Line 1B Average Hours Per Week	Board members and officers contribute their time and services upon request and on an as-needed basis, which, throughout the year, may differ from the average number of hours per week reported on Part VII, Line 1B

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	The process has not changed from the prior year

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Rex Hospital Inc

Employer identification number

56-1509260

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) Rex Health Ventures GP I LLC 4420 Lake Boone Trail Raleigh, NC 27607 45-5070550	Venture Capit	NC	0	0	Rex Hospital
(2) Rex Orthopedic Ventures LLC 4420 Lake Boone Trail Raleigh, NC 27607 27-3434805	Orthopedic Pr	NC	3,492,610	0	Rex Hospital
(3) Rex Surgery Center of Wakefield LLC 4420 Lake Boone Trail Raleigh, NC 27607 46-5511168	ASC	NC	0	0	Rex Hospital

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.

(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	
(1) High Point Surgery Center LLC 600 North Lindsay Street High Point, NC 27260 56-1867005	Healthcare	NC		NONE	0	0			0			0 %
(2) Rex Surgery Center of Cary 4420 Lake Boone Trail Raleigh, NC 27607	ASC	NC		NONE	0	0			0			0 %
(3) JRH Ventures LLC 4420 Lake Boone Trail Raleigh, NC 27607 27-4092967	Med Campus DVLTL	NC		NONE	0	0			0			0 %
(4) Rex Health Ventures I LP 4420 Lake Boone Trail Raleigh, NC 27607	Venture Capital I	NC		NONE	0	0			0			0 %
(5) Orthopaedic Surgery Center of Raleigh LL 4420 Lake Boone Trail Raleigh, NC 27607 27-1740526	Orthopaedic Surge	NC		NONE	0	0			0			0 %
(6) TRO Ventures LLC 4420 Lake Boone Trail Raleigh, NC 27607 82-1330195	Healthcare	NC		NONE	0	0			0			0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Rex Enterprises Company Inc 4420 Lake Boone Trail Raleigh, NC 27607 56-1553957	Operations Suppor	NC	Rex Healthcare	C Corp	0	0	0 %		No
(2) High Point Healthcare Ventures Inc 601 N Elm Street High Point, NC 27261 56-1343468	Holding Company	NC	N/A	C Corp	0	0	0 %		No
(3) UNC Physicians Network Group Practices L 1600 Perimeter Park Drive STE 225 Morrisville, NC 27560 46-1416986	Healthcare	NC	N/A	C Corp	0	0	0 %		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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)The Rex Healthcare Foundation Inc	c	4,334,877	FMV
(2)The Rex Healthcare Foundation Inc	p	744,995	FMV

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 56-1509260
Name: Rex Hospital 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
117 E Kings Hwy Eden, NC 27288 82-3745228	Healthcare	NC	501(c)(3)	Line 3	UNC Health C		No
101 Manning Drive Chapel Hill, NC 27514 56-2206970	Healthcare	NC	Section 115		UNC Health C		No
211 Friday Center Dr STE 2029 Chapel Hill, NC 27517 56-1118388	Healthcare	NC	Section 115		UNC Health C		No
PO Box 1890 Lenoir, NC 28645 56-0554202	Healthcare	NC	501(c)(3)	Line 3	UNC Health C		No
PO Box 1890 Lenoir, NC 28645 58-1935514	Support of Ca	NC	501(c)(3)	Line 7	Caldwell Mem		No
PO Box 649 Siler City, NC 27344 56-0611546	Healthcare	NC	501(c)(3)	Line 3	UNC Health C		No
601 N Elm Street High Point, NC 27261 56-0532309	Healthcare	NC	501(c)(3)	Line 3	UNC Health C		No
601 N Elm Street High Point, NC 27261 56-1497163	Healthcare	NC	501(c)(3)	Line 12B,II	UNC Health C		No
601 N Elm Street High Point, NC 27261 27-2854711	Support High	NC	501(c)(3)	Line 12A, I	UNC Health C		No
4420 Lake Boone Trail Raleigh, NC 27607 56-1509129	Healthcare	NC	501(c)(3)	Line 12A, I	UNC Health C		No
4420 Lake Boone Trail Raleigh, NC 27607 56-6052117	Support Rex H	NC	501(c)(3)	Line 12, II	UNC Health C	Yes	
1600 Perimeter Park Drive STE 225 Morrisville, NC 27560 27-1081647	Healthcare	NC	501(c)(3)	Line 10	UNC Health C		No