

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

D Employer identification number
56-1509260

E Telephone number
(919) 784-3100

G Gross receipts \$ 1,238,695,403

F Name and address of principal officer:
Ernest Bovio Jr
4420 Lake Boone Trail
Raleigh, NC 27607

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)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	8,597
6 Total number of volunteers (estimate if necessary)	6	579
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,619,801
b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	161,722,276	1,114,029
9 Program service revenue (Part VIII, line 2g)	1,219,422,838	1,207,917,069
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,758,497	3,123,970
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,477,661	25,109,960
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,388,381,272	1,237,265,028

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	960,733	16,996
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)	526,124,844	543,833,514
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)	645,814,202	710,390,819
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,172,899,779	1,254,241,329
19 Revenue less expenses. Subtract line 18 from line 12	215,481,493	-16,976,301

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,268,499,027	1,590,769,743
21 Total liabilities (Part X, line 26)	485,022,859	817,804,406
22 Net assets or fund balances. Subtract line 21 from line 20	783,476,168	772,965,337

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: 2021-05-12
ANDREW ZUKOWSKI CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: BDO USA LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P01064157
Firm's EIN: [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 \$ 1,055,479,768 including grants of \$ 16,996) (Revenue \$ 1,231,410,250)
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 ▶ 1,055,479,768

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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	8,597			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
9 Sponsoring organizations maintaining donor advised funds.					
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter:					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter:					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p>			16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (8), 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

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

(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			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								15,794,844	1,568,314	1,806,121

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	▶ 810	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DPR Construction, 2000 Aerial Center Parkway STE 118 MORRISVILLE, NC 27560	Construction	25,383,873
Brasfield Gorrie LLC, 3800 Glenwood Ave Suite 300 RALEIGH, NC 27612	Construction	16,940,522
Perkins Will Inc, 411 W Chapel Hill St Suite 200 DURHAM, NC 27701	Architectural	4,189,145
Messer Construction Co, 5420 Wade Park Blvd 207 RALEIGH, NC 27607	Construction	3,290,327
Raleigh Emergency Med Associates, 2500 Blue Ridge Rd 417 RALEIGH, NC 27607	Emergency Care	2,157,620

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 42

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a PATIENT SERVICE REVENUE, 2b ALL OTHER PROGRAM SERVICE REVENUE, and 2c-2e.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain from sales of assets, 8a-8b Fundraising events, 9a-9b Gaming activities, 10a-10b Sales of inventory, and 11a-11d Miscellaneous Revenue.

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	16,996	16,996		
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, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,211,759		7,211,759	
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	438,381,172	397,392,532	40,988,640	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	27,538,260	26,180,624	1,357,636	
9 Other employee benefits	39,893,965	35,417,863	4,476,102	
10 Payroll taxes	30,808,358	27,111,355	3,697,003	
11 Fees for services (non-employees):				
a Management	0			
b Legal	404,970		404,970	
c Accounting	40,002		40,002	
d Lobbying	51,596		51,596	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	766,807		766,807	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	53,574,627	48,752,911	4,821,716	
12 Advertising and promotion	2,770,918	2,521,536	249,382	
13 Office expenses	6,978,502	6,350,437	628,065	
14 Information technology	277,065	252,129	24,936	
15 Royalties	0			
16 Occupancy	28,654,278	26,075,393	2,578,885	
17 Travel	3,069,955	2,793,659	276,296	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	70,313		70,313	
20 Interest	12,009,713	10,928,839	1,080,874	
21 Payments to affiliates	58,947,884	58,947,884		
22 Depreciation, depletion, and amortization	45,348,747	41,267,360	4,081,387	
23 Insurance	4,603,937	4,189,583	414,354	
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	312,349,736	312,349,736		
b BAD DEBT EXPENSE	34,787,465	34,787,465		
c MINOR EQUIPMNT AND R&M	14,138,704	12,866,221	1,272,483	
d HOME OFFICE ALLOCATION	123,548,628		123,548,628	
e All other expenses	7,996,972	7,277,245	719,727	
25 Total functional expenses. Add lines 1 through 24e	1,254,241,329	1,055,479,768	198,761,561	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	108,827,201	1	225,335,985
	2 Savings and temporary cash investments	205,416,326	2	207,822,597
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	142,393,702	4	129,506,845
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	18,755,032	8	21,289,835
	9 Prepaid expenses and deferred charges	39,455,181	9	36,932,993
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,072,431,896		
	b Less: accumulated depreciation	602,231,634		
	11 Investments—publicly traded securities	262,078,654	11	434,896,685
	12 Investments—other securities. See Part IV, line 11	24,031,569	12	26,746,573
	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	40,371,339	15	38,037,968
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,268,499,027	16	1,590,769,743	
Liabilities	17 Accounts payable and accrued expenses	137,658,986	17	134,795,420
	18 Grants payable	0	18	0
	19 Deferred revenue	496,161	19	119,327,121
	20 Tax-exempt bond liabilities	234,940,076	20	455,631,917
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	26,042	21	47,945
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	111,901,594	25	108,002,003
	26 Total liabilities. Add lines 17 through 25	485,022,859	26	817,804,406
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	548,174,153	27	782,658,115
	28 Net assets with donor restrictions	235,302,015	28	-9,692,778
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	783,476,168	32	772,965,337	
33 Total liabilities and net assets/fund balances	1,268,499,027	33	1,590,769,743	

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	1,237,265,028
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,254,241,329
3	Revenue less expenses. Subtract line 2 from line 1	3	-16,976,301
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	783,476,168
5	Net unrealized gains (losses) on investments	5	6,465,470
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	772,965,337

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b		No

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

Form 990 (2019)

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 8,000 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 rose 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 FY19. 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 N.C. 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. UNC

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			
Gary L Park CEO	20.0 40.0	X		X				0	1,568,314	558,879
Deepak Pasi Physician	60.0 0.0					X		1,799,864	0	19,552
Joseph Falsone Physician	60.0 0.0					X		1,740,105	0	19,552
Mateen Akhtar Physician	60.0 0.0					X		1,744,307	0	14,947
Mohit Pasi Physician	60.0 0.0					X		1,582,520	0	19,552
Benjamin Atkeson Physician	60.0 0.0					X		1,584,000	0	13,802
Stephen W Burriss President	59.0 1.0	X		X				810,367	0	195,566
Rig S Patel MD Director	1.0 2.0	X						864,555	0	34,321
Ernest L Bovio Jr President	59.0 1.0	X		X				656,150	0	99,325
Susan G Moore VP/UNC Rex Physicians	59.0 1.0			X				608,644	0	119,003

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			
Sean T Tehrani MD VP/Regional Hospitalists Servi	59.0 1.0			X				633,123	0	76,160
Linda H Butler MD VP/Medical Affairs, CMO & CMIO	59.0 1.0			X				485,773	0	85,800
Andrew K Zukowski CFO & Treasurer	59.0 1.0			X				437,862	0	67,015
Sylvia D Hackett VP/Rex Healthcare Foundation	59.0 1.0			X				371,204	0	81,290
Robert D Ricker VP/Physician Services	59.0 1.0			X				337,921	0	97,440
Tate Bombard VP/General Counsel & Secretary	59.0 1.0			X				352,665	0	56,085
Tom G Williams VP/Ambulatory Services	59.0 1.0			X				336,782	0	67,389
Joel D Ray VP/Patient Care Svcs & CNO	59.0 1.0			X				357,550	0	40,512
Kirsten Riggs COO	59.0 1.0			X				337,323	0	59,359
Roy C Tempke VP	59.0 1.0			X				256,343	0	40,400

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			
Jayne R Byrd Former Officer	0.0 0.0						X	174,769	0	19,296
Benjamin J Mathew Asst Treasury & Asst Secretary	59.0 1.0			X				169,884	0	20,876
Susan M Sandberg Former Officer	0.0 0.0						X	153,133	0	0
Catharine B Arrowood Director	1.0 2.0	X						0	0	0
Teresa C Artis Director	1.0 2.0	X						0	0	0
A Wesley Burks MD Director	1.0 2.0	X						0	0	0
Ann S Collins MD Director/Chairman	2.0 4.0	X		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

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
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 **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

Name of the organization 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-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>				
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		51,596
j	Total. Add lines 1c through 1i			51,596
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
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, determined by the individual Associations, of the Organization's membership dues are attributed to lobbying activities by the individual Associations.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	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 7/25/06, 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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		25,979,309		25,979,309
b Buildings		348,452,046	137,713,989	210,738,057
c Leasehold improvements		22,545,929	11,744,822	10,801,107
d Equipment		427,599,279	360,854,060	66,745,219
e Other		247,855,333	91,918,763	155,936,570
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				470,200,262

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
(2) CAPITAL LEASE	364,896
(3) PENSION LIABILITY	107,637,107
(4) PAYABLE TO RELATED PARTY	0
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	108,002,003

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, and Holdings. These entities are disregarded for tax purposes. The Hospital is the sole shareholder of Enterprises. Enterprises is the sole member of RWE and RHVLLC. RWE is the sole member of Wellness and MOB. RWE, RHVLLC, Wellness and MOB are disregarded entities for tax purposes.</p>

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

Name of the organization
Rex Hospital Inc

Employer identification number
56-1509260

OMB No. 1545-0047
2019
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		No

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			23,149,557		23,149,557	1.900 %
b Medicaid (from Worksheet 3, column a)			58,410,429	50,417,887	7,992,542	0.660 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			81,559,986	50,417,887	31,142,099	2.560 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)			739,670		739,670	0.060 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			2,212,206		2,212,206	0.180 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,021,693		1,021,693	0.080 %
j Total. Other Benefits			3,973,569		3,973,569	0.320 %
k Total. Add lines 7d and 7j			85,533,555	50,417,887	35,115,668	2.880 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 34,787,465		
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 27,643,406		
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)	5 432,370,413
6 Enter Medicare allowable costs of care relating to payments on line 5	6 582,650,051
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -150,279,638
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
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Rex Surgery Center	Ambulatory Surgical Center	55 %		45 %
2 Orthopaedic Surgery	Surgery Center	51 %		49 %
3 Rex Surgery Center	Ambulatory Surgical Center	70 %		30 %
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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

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? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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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 C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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? 60

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 I, Line 7, COLUMN (F)	<p>THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(a), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$34,787,465. Part III, Section A, Line 2: 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 B, 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 is projected to grow at a rate of 2.4 percent annually from 2010-2023 with the addition of over 323,000 people, increasing its population from 900,993 to 1,224,073. Wake County's population distribution by gender is 51.2% female and 48.8% male, with a median age of 35.7 years The population is 63.9% White, 20.5% Black/African-American, 7.3% Asian, .5% American Indian or Alaska Native, .1% Pacific Islander, 4.8% other race and 3.0% multiracial. The ethnic diversity is 10.3% Hispanic/Latino and 89.7% non-Hispanic/Latino. Wake County's median household income is among the highest in the state at \$74,355.

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 \$200 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.

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:	For this assessment, data were compiled from numerous primary and secondary sources. Primary sources included key leaders of organizations representing broad interest of the community provided input through an Internet-based survey, participation on the Steering committee, and an Internet-based prioritization survey. The process also included significant input and direction from the Community Health Assessment Team. Considering all these sources, input from nearly 5,900 Wake County residents and organizational leaders is included in this Community Health Needs Assessment. Secondary sources for existing data on Wake County included numerous public data sources related to demographics, social and economic determinants of health, environmental health, health status and disease trends, mental/behavioral health trends and modifiable health risks.

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 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 Hospital has identified the following five health priorities: Transportation Options and Transit Consumers need to be able to reach the healthcare they need, when they need it. As the Triangle region grows, transportation options and transit need greater evaluation. As one of Wake Countys largest employers, UNC REX will continue to have an interest in initiatives that address transportation for patients, co-workers and the community. - Evaluate transportation options to and from healthcare locations - Assist patients when scheduling multiple appointments to reduce travel - Expand mobile health outreach, mammography and heart & vascular screenings, to reach people closer to where they live and work, especially in underserved areas Employment UNC REX is one of the largest employers in Wake County with more than 6,500 co-workers. A high-quality organization attracts high-quality people. And a strong, diverse workforce is needed to provide high-quality health care, remain a competitive employer and offer continued investment in the community. UNC REX is consistently recognized as the preferred hospital in Wake County and honored by top decile national rankings in co-worker satisfaction. - Emphasis on talent recruitment and retention with intentional outreach to diverse population - Monitor and support fair living wage and other benefits - Make investments in co-workers through co-worker resource groups - Expand health services in southern Wake County Access to Care As the market moves from volume-based to value-based care, UNC REX will analyze high quality, innovative solutions to reduce costs, improve care and promote prevention and wellness. Growth of online and mobile engagement opportunities such as the educational unhealthtalk.org, MyChart and UNC Health App will continue to reduce system complexity, making it easier for consumers to navigate the healthcare landscape. Continued strategic analysis of the area, demographics and future projections for Wake County will be used to evaluate locations and scope of services in planning. UNC REX treats every patient regardless of their ability to pay, and will continue to offer generous charity care and financial assistance programs. - Pursuit of innovative solutions to assist consumers and patients including virtual care - Evaluate staffing across our primary care network - Construction and openings of multiple new locations and services throughout the area - Explore engaging, interactive ways beyond hospital walls to connect with consumers through education, community outreach, telehealth or alternatives - Provide education to address proper utilization of our medical care departments and centers - Extend the American Hospital Association's Knockout pneumonia effort Mental Health and Substance Abuse UNC REX made significant investments in mental and behavioral health in the last three years. In December 2017, an eight-bed behavioral health zone with access to an activity area and natural sunlight</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>opened in the Emergency Department. This is a safe environment for patients until discharge to outpatient services or transferred to an appropriate inpatient psychiatric facility. The behavioral health infrastructure in Wake County remains fragmented, difficult to navigate and hindered by gaps in services and greater resources are needed. UNC REX will continue to be a voice in the conversation regarding mental health and substance use disorder with partners in Wake County. This is vital in coordinating patient care and delineating available services across agencies, resulting in more appropriate referrals, avoiding redundancies and developing shared strategic priorities. The opioid addiction crisis has not spared the Triangle. UNC REX aims to pursue solutions that address the unique needs of those suffering with mental illness, behavioral health and substance abuse. - Advocate for mental and behavioral health across the County - Continue financial and operational support for specialized behavioral health and medical care - Build awareness around reducing the stigma surrounding mental health through partnerships with agencies specializing in mental health issues - Develop a program to dispense opioid reversal kits - Analyze opioid stewardship best practices and increase community education and awareness of opioid abuse Housing and Homelessness Health problems may cause a person's homelessness as well as be exacerbated by the experience. Those living with mental health and substance use disorders who are homeless are more likely to have immediate, life-threatening physical illnesses and live in dangerous conditions. Health and homelessness are inextricably linked. - Support for Wake County's pilot paramedic program to help address admissions among high risk patients - Bolster support for crisis intervention services in the Emergency Department and post-discharge follow up including home health visits to shelters - Continue support of Wake County and other non-profit initiatives that address affordable housing UNC REX celebrated a milestone of caring for the community for 125 years in 2019. A deep history of giving back will remain for years to come. UNC REX continues to offer one of the most generous charity care policies in the state, ensuring that eligible individuals receive medically necessary care regardless of their ability to pay. The program provides patients with relief of most financial obligation if the patient's income falls at or below 250 percent of the Federal Poverty Guidelines. Last year, this amounted to \$121 million or \$332,000 a day of free care provided to patients. In addition to providing community health benefits, UNC REX supports organizations that emulate our mission and the priorities of the community health needs assessment. Collaboration and action with like-minded citizens and business leaders who share the vision of making Wake County a highly desirable and healthier place to live and work will drive the commitment. UN</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:	C REX will remain highly engaged in core planning of the new Live Well Wake effort. Details of this new, broader initiative with greater Wake County Human Services will continue to unfold. UNC REX is committed to fulfill its mission of inspiring hope and healing communities across the Triangle.

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.rexhealth.com/rh/patients-visitors/billing

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 North Carolina Surgery 4207 Lake Boone Trail Suite 210 Raleigh, NC 27607	General Surgery
11 Raleigh Orthopaedic Clinic- Edwards Mill 3001 Edwards Mill Road Raleigh, NC 27612	Orthopaedic
12 Rex Hematology Oncology Associates- Blue 2605 Blue Ridge Road Suite 190 Raleigh, NC 27607	Oncology
13 North Carolina Heart &Vascular Goldsboro 2615 Hospital Road Suite 300 Goldsboro, NC 27534	Heart & Vascular
14 North Carolina Heart & Vascular Clinton 603 Beaman Street Suite 501 Clinton, NC 28328	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 UNC REX Rehabilitation Services- Raleigh 2709 Blue Ridge Road Suite 200 Raleigh, NC 27607	Rehabilitation
1 UNC Radiation Oncology at Smithfield 514 N Bright Leaf Blvd Suite 120 Smithfield, NC 27577	Oncology
2 UNC Radiation Oncology at Clayton 2076 NC Highway 42 W Suite 120 Clayton, NC 27520	Oncology
3 Raleigh Orthopaedic (North Raleigh) 10880 Durant Road Suite 300 Raleigh, NC 27614	Orthopaedic
4 Rex Digestive Healthcare (Raleigh) 2417 Atrium Drive Suite 150 Raleigh, NC 27607	Digestive Healthcare
5 Rex Digestive Healthcare (North Raleigh) 8300 Health Park Suite 327 Raleigh, NC 27615	Digestive Healthcare
6 Rex Ear Nose and Throat Specialists (Ca 790 SE Cary Parkway Suite 110 Cary, NC 27511	ENT Healthcare
7 Rex Neurosurgery & Spine Specialists (Ra 4207 Lake Boone Trail Suite 220 Raleigh, NC 27607	Neurosurgery
8 Rex Hospital Outpatient Rehabilitation (2709 Blue Ridge Road Suite 200 Raleigh, NC 27607	Rehabilitation
9 North Carolina Surgery- Rex Breast Care 3100 Duraleigh Road Suite 205 Raleigh, NC 27612	Breast Care
10 Rex Digestive Healthcare (Wakefield) 11211 Galleria Ave Suite 100 Raleigh, NC 27614	Digestive Healthcare
11 Rex Digestive Healthcare (Knightdale) 6905 Knightdale Blvd Suite 103 Knightdale, NC 27545	Digestive Healthcare
12 Rex Hematology Oncology Associates- Cary 150 Parkway Office Court Suite 200 Cary, NC 27518	Oncology
13 Rex Pulmonary Specialists (Wakefield) 11081 Forest Pines Drive Suite 104 Raleigh, NC 27614	Pulmonary Health
14 UNC Center for Rehabilitation Care of Ra 2709 Blue Ridge Road Suite 220 Raleigh, NC 27607	Rehabilitation

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 UNC REX Cancer Care of East Raleigh 117 Sunnybrook Road Raleigh, NC 27610	Cancer Care
1 North Carolina Heart & Vascular (Clayton) 2076 NC Highway 42 W Clayton, NC 27520	Heart & Vascular
2 North Carolina Heart & Vascular (Brier C) 10208 Cerny Street Suite 106 Raleigh, NC 27617	Heart & Vascular
3 North Carolina Surgery- Rex Breast Care 300 Ashville Ave Suite 240 Cary, NC 27518	Breast Care
4 Raleigh Orthopaedic (Cary) 222 Ashville Ave Suite 20 Cary, NC 27518	Orthopaedic
5 Rex Pulmonary Specialists (Cary) 300 Ashville Ave Suite 301 Cary, NC 27518	Pulmonary Health
6 North Carolina Heart & Vascular (Louisbu) 500 Redwood Lane Louisburg, NC 27549	Heart & Vascular
7 North Carolina Surgery at Brier Creek 10208 Cerny Street Suite 106 Raleigh, NC 27617	General Surgery
8 North Carolina Heart & Vascular (Wilson) 2605 Forest Hills Road SW Suite D Wilson, NC 27893	Heart & Vascular
9 North Carolina Surgery at Smithfield 131 E Market Street Smithfield, NC 27577	General Surgery
10 Rex Heart Failure Clinic (Goldsboro) 2615 Hospital Road Suite 300 Goldsboro, NC 27534	Heart Health
11 North Carolina Heart & Vascular (Rocky M) 2412 Professional Drive Rocky Mount, NC 27804	Heart & Vascular
12 North Carolina Surgery at Wilson 130 Glendale Drive W Wilson, NC 27893	General Surgery
13 Rex Digestive Healthcare (Cary) 10030 Green Level Church Road STE Cary, NC 27519	Digestive Healthcare
14 North Carolina Heart & Vascular (Lilling) 701 S Main Street Lillington, NC 27546	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 Heart & Vascular (Smithfi 910 Berkshire Road Smithfield, NC 27577	Heart & Vascular
1 Rex Neurosurgery and Spine Specialists (34 Healthpark Way Suite 100 C Clayton, NC 27520	Neurosurgery
2 Rex Vascular Specialists (Smithfield) 910 Berkshire Road Smithfield, NC 27577	Vascular Health
3 UNC Urgent Care at Raleigh 3050 Duraleigh Road Suite 111 Raleigh, NC 27612	Urgent Care
4 Rex Vascular Specialists (Clayton) 2076 NC Highway 42 W Suite 100 Raleigh, NC 27520	Vascular Health
5 UNC Urogynecology and Reconstructive Pel 4325 Lake Boone Trail Suite 315 Raleigh, NC 27607	Surgery
6 Rex Digestive Healthcare (Smithfield) 507 N Brightleaf Blvd Suite 100 Smithfield, NC 27577	Digestive Healthcare
7 Raleigh Orthopaedic (Garner) 1325 Timber Drive E Garner, NC 27529	Orthopaedic
8 Rex Sleep Lab of Raleigh 3050 Duraleigh Road Suite 101 Raleigh, NC 27612	Sleep Lab
9 UNC Neurosurgery at Nash 45 Guardian Court Rocky Mount, NC 27804	Neurosurgery
10 Rex Sleep Lab of Cary 790 SE Cary Parkway Suite 105 Cary, NC 27511	Sleep Lab
11 Rex Wellness Center of Raleigh 4200 Lake Boone Trail Raleigh, NC 27607	Wellness & Rehabilitation
12 Rex Pain Management Center 3050 Duraleigh Road Suite 201 Raleigh, NC 27612	Pain Management
13 Rex Hospital Lab of Duraleigh 3050 Duraleigh Road Suite 121 Raleigh, NC 27612	Lab
14 Rex Child Development Center 3116 Blue Ridge Road Raleigh, NC 27612	Child Development

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Rex Hospital Inc

Employer identification number
56-1509260

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> 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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a Yes	
b Any related organization?	6b Yes	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 10 individuals listed that receive complimentary memberships. The value of the complimentary membership is treated as taxable compensation and is reported on the individual's W-2.
Part I, Line 4A & 4B:	Susan Sandberg received a severance payment in the amount of \$153,032. Stephen Burriss received distributions totaling \$16,849 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 annual incentive compensation plan. The compensation earned under this plan is based partly on the combined earnings of Rex Healthcare Inc. and its subsidiaries. Additionally, the incentive compensation of the President and CFO is based partly on the earnings of the UNC Health Care System. Other performance measures used to determine incentive compensation are physician satisfaction, patient care quality outcomes, effective use of technology and individual goals.

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 Jayne R Byrd Former Officer	(i)	165,439	0	9,330	16,700	2,596	194,065	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
1 Kirsten Riggs COO	(i)	262,638	68,870	5,815	37,538	21,821	396,682	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)				0	0	0	0
2 Susan G Moore VP/UNC Rex Physicians	(i)	481,407	124,424	2,813	109,482	9,521	727,647	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)				0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

Open to Public Inspection

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

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 A, B, C, D for various bond metrics. Includes rows for amount of bonds retired, amount of bonds legally defeased, total proceeds of issue, and questions about bond issuance (14-17).

Part III Private Business Use

Table with columns A, B, C, D for private business use questions. Includes questions about partnership/LLC ownership and lease arrangements.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		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 %		0 %		
6 Total of lines 4 and 5		0 %		0 %		0 %		
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		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		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X			
b Exception to rebate?		X		X		X		
c No rebate due?	X		X			X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X			X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		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		X		
b Name of provider	0		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		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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 I, Column F - Issue C	Construction of Rex Holly Springs Hospital and Rex Cancer Center.

Return Reference	Explanation
Schedule K, Part II, Line 3, Columns A, B and C	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, B and C, the interest earned as of June 30, 2020 is \$2,620, \$3,429 and \$219,715 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 IV, 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.

Return Reference	Explanation
Schedule K, Part IV, Line 2c, Column B	The rebate computation was performed for period ended May 21, 2020 and based on an independent investment firm's report dated July 9, 2020, no rebate was required.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Linda Butler	Officer - VP/Medical Affairs, CMO & CMIO	39,152	Son employed by the Org.		No
(2) Linda Butler	Officer - VP/Medical Affairs, CMO & CMIO	35,163	Daughter-in-law employed		No
(3) Sylvia Hackett	Officer - VP/Rex Healthcare Foundation	52,230	Daughter employed by Org.		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2019
Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
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 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 PANTHER CREEK 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 NEUROSURGERY & 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 GYNECOLOGIC ONCOLOGY UNC REX HEALTHCARE UNC REX HOME SERVICES UNC REX HOSPITAL UNC REX HOSPITAL TRANSPORT UNC REX MATERNAL FETAL MEDICINE UNC REX PHARMACY OF RALEIGH UNC REX REHABILITATION & NURSING CARE CENTER OF APEX UNC REX REHABILITATION & NURSING CARE CENTER OF RALEIGH UNC URGENT CARE AT BEAVER CREEK COMMONS UNC URGENT CARE AT CARY UNC URGENT CARE AT FUQUAY VARINA UNC URGENT CARE AT GARNER UNC URGENT CARE AT HOLLY SPRINGS UNC URGENT CARE AT KNIGHTDALE UNC URGENT CARE AT MIDDLETOWN RALEIGH UNC URGENT CARE AT PANTHER CREEK UNC URGENT CARE AT PARK WEST VILLAGE MARKET UNC URGENT CARE AT RALEIGH UNC URGENT CARE AT WAKEFIELD</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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 3b:	The Organization and auditors were waiting on final guidance from the various federal agencies with respect to funding received under the CARES Act and other government sources. Once the final guidance was released, the organization and auditors have begun the process of having the Single Audits completed.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
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	Rex Hospital
(2) Rex Orthopedic Ventures LLC 4420 Lake Boone Trail Raleigh, NC 27607 27-3434805	Orthopedic Pr	NC	4,488,419	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) Rex Surgery Center of Cary 4420 Lake Boone Trail Raleigh, NC 27607 27-3684056	ASC	NC	NA	related	1,059,321	3,112,797		No	0		No	55.000 %
(2) JRH Ventures LLC 4420 Lake Boone Trail Raleigh, NC 27607 27-4092967	Med Campus DV	NC	NA	related	1,279,634	3,296,582		No	0		No	50.000 %
(3) Rex Health Ventures I LP 4420 Lake Boone Trail Raleigh, NC 27607 37-1690478	Venture Capit	NC	NA	related	9,085,447	9,418,525		No	0		No	
(4) Orthopaedic Surgery Center of Raleigh LL 4420 Lake Boone Trail Raleigh, NC 27607 27-1740526	Orthopaedic S	NC	NA	related	4,100,890	5,930,610		No	0		No	51.000 %
(5) TRO Ventures LLC 4420 Lake Boone Trail Raleigh, NC 27607 82-1330195	Healthcare	NC	NA	related	412,781	3,184,534		No	0		No	58.600 %
(6) Rex Surgery Center of Wakefield 4420 Lake Boone Trail Raleigh, NC 27607 46-5511168	ASC	NC	NA	related	-203,046	6,641,639		No	0		No	79.000 %

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 Su	NC	REX HEALTHCARE	C CORP	0	0			No
(2) UNC Physicians Network Group Practices L 1600 Perimeter Park Drive STE 225 Morrisville, NC 27560 46-1416986	Healthcare	NC	NA	C CORP	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)	Yes	
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)		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		No
q	Reimbursement paid by related organization(s) for expenses	Yes	
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	1,054,624	FMV
(2)The Rex Healthcare Foundation Inc	q	727,715	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 56-1509260
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
101 Manning Drive Chapel Hill, NC 27514 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
101 Manning Drive Medical Wing Eas Chapel Hill, NC 27261 56-1497163	SUPPORT OF UN	NC	501(C)(3)	LINE 12B,II	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	HEALTHCARE	NC	501(C)(3)	LINE 12B,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