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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

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

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

C Name of organization
REX HOSPITAL INC

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 $ 1,750,563,874

F Name and address of principal officer
STEPHEN BURRISS
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
TO PROVIDE THE BEST IN HEALTH SERVICES THROUGH COMPASSIONATE CARE AND LEADING-EDGE TECHNOLOGY

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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	6,988
6	Total number of volunteers (estimate if necessary)	**6**	1,369
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,938,757
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-76,856

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,979,704	3,402,553
9	Program service revenue (Part VIII, line 2g)	978,292,468	1,052,634,825
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,488,752	18,148,396
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,586,843	1,026,131
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,064,347,767	1,075,211,905
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	969,415	1,186,134
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)	425,922,352	461,400,667
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)	512,619,174	539,284,556
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	939,510,941	1,001,871,357
19	Revenue less expenses Subtract line 18 from line 12	124,836,826	73,340,548

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	929,466,692	1,011,503,690
21	Total liabilities (Part X, line 26)	524,751,693	524,676,830
22	Net assets or fund balances Subtract line 21 from line 20	404,714,999	486,826,860

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

****** 2018-05-15
Signature of officer Date

ANDREW ZUKOWSKI CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOHN NORMAN	JOHN NORMAN	2018-05-15		P01506766

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶ 41-0746749

Firm's address ▶ 227 WEST TRADE STREET SUITE 800
CHARLOTTE, NC 28202 — Phone no (704) 998-5200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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 COMBINING COMPASSIONATE CARE AND LEADING-EDGE TECHNOLOGY UNC REX HEALTHCARE PROVIDES SERVICES AT FACILITIES AND CLINICS ACROSS WAKE COUNTY TO ALL PATIENTS, REGARDLESS OF THEIR 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 $ 828,690,545 including grants of $ 1,186,134) (Revenue $ 1,047,124,972)

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 ▶** 828,690,545

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	234		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	6,988		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
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)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

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 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶CFO 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 (919) 784-3100

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

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

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

(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										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(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 ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								11,844,706	3,275,755	2,386,649

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 ▶ 535

			Yes	No
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*	**3**		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*	**4**	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*	**5**		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
SKANSKA USA BUILDING INC 4309 EMPEROR BLVD STE 200 DURHAM, NC 27703	CONSTRUCTION	44,459,290
PRESIDIO NETWORKED SOLUTION 5337 MILLENIA LAKES BLVD STE 300 ORLANDO, FL 32839	IT CONSULTING	3,785,443
MAYO MEDICAL LABORATORIES 200 SW 1ST STREET ROCHESTER, MN 55095	LAB SERVICES	1,969,102
QUALITY TEXTILE SERVICES INC 313 S ROGERS LANE RALEIGH, NC 27610	LINEN SERVICES	1,965,036
WHR ARCHITECTS INC 1111 LOUISIANA 26TH FLOOR HOUSTON, TX 77002	ARCHTECTURAL DESIGN	1,696,538

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 ▶ 67

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	3,402,553		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		3,402,553		
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	625100	1,011,786,655	1,011,786,655		
	b					
	c					
	d					
	e					
	f All other program service revenue		40,848,170	32,199,397	2,938,757	5,710,016
	g Total. Add lines 2a–2f . . . . ▶		1,052,634,825			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,697,945			1,697,945
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	1,347,345				
	b Less rental expenses	346,469				
	c Rental income or (loss)	1,000,876				
	d Net rental income or (loss) . . . . . ▶		1,000,876			1,000,876
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	691,455,951				
	b Less cost or other basis and sales expenses	674,997,490	8,010			
	c Gain or (loss)	16,458,461	-8,010			
	d Net gain or (loss) . . . . . ▶		16,450,451			16,450,451
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**					
	b Less direct expenses . . . **b**					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**					
	b Less direct expenses . . . **b**					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . **a**					
	b Less cost of goods sold . . **b**					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a LOSS ON CIP DISPOSAL	621990	25,255			25,255
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d . . . . . ▶		25,255			
	12 Total revenue. See Instructions . . . . . ▶		1,075,211,905	1,043,986,052	2,938,757	24,884,543

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,186,134	1,186,134		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,155,763		6,155,763	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	376,658,267	341,440,719	35,217,548	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,084,731	21,946,654	1,138,077	
9 Other employee benefits	29,486,606	26,178,209	3,308,397	
10 Payroll taxes	26,015,300	22,893,464	3,121,836	
11 Fees for services (non-employees)				
a Management				
b Legal	1,279,564		1,279,564	
c Accounting	110,648		110,648	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	824,863		824,863	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	34,311,671	31,223,621	3,088,050	
12 Advertising and promotion	3,512,445	3,196,325	316,120	
13 Office expenses	8,359,575	7,607,213	752,362	
14 Information technology	6,616,713	6,021,209	595,504	
15 Royalties				
16 Occupancy	25,545,887	23,246,757	2,299,130	
17 Travel	1,728,382	1,572,828	155,554	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	77,177		77,177	
20 Interest	5,444,959	4,954,913	490,046	
21 Payments to affiliates	22,335,083	22,335,083		
22 Depreciation, depletion, and amortization	30,672,868	27,912,310	2,760,558	
23 Insurance	6,205,643	5,647,135	558,508	
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 &	232,628,092	232,628,092		
b HOME OFFICE ALLOCATION	108,603,251		108,603,251	
c BAD DEBT EXPENSE	25,162,669	25,162,669		
d MINOR EQUIPMENT AND R&M	20,088,119	18,280,188	1,807,931	
e All other expenses	5,776,947	5,257,022	519,925	
25 **Total functional expenses.** Add lines 1 through 24e	1,001,871,357	828,690,545	173,180,812	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 ▶ ☐ 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		57,092,540	1	26,279,184
	2	Savings and temporary cash investments		30,453,969	2	30,468,878
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		116,946,132	4	141,037,339
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		17,225,654	8	19,460,573
	9	Prepaid expenses and deferred charges		32,884,632	9	43,305,505
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 944,029,423			
	b	Less accumulated depreciation	10b 521,969,677	369,616,579	10c	422,059,746
	11	Investments—publicly traded securities		254,570,720	11	278,379,105
	12	Investments—other securities See Part IV, line 11		18,763,500	12	24,761,097
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		31,912,966	15	25,752,263
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		929,466,692	16	1,011,503,690
Liabilities	17	Accounts payable and accrued expenses		145,940,653	17	143,497,078
	18	Grants payable			18	
	19	Deferred revenue		405,419	19	727,015
	20	Tax-exempt bond liabilities		252,507,516	20	247,081,712
	21	Escrow or custodial account liability Complete Part IV of Schedule D		14,598	21	18,180
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		125,883,507	25	133,352,845
	26	**Total liabilities.** Add lines 17 through 25		524,751,693	26	524,676,830
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		297,882,177	27	403,240,787
	28	Temporarily restricted net assets		106,832,822	28	83,586,073
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		404,714,999	33	486,826,860
	34	Total liabilities and net assets/fund balances		929,466,692	34	1,011,503,690

Part XI Reconcilliation 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	1,075,211,905
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,001,871,357
3	Revenue less expenses Subtract line 2 from line 1	3	73,340,548
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	404,714,999
5	Net unrealized gains (losses) on investments	5	8,771,313
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	486,826,860

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 56-1509260

Name: REX HOSPITAL INC

Form 990 (2016)

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 6,400 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 "UNC REX'S CULINARY TEAM HAS CREATED A CHEF-BASED PROGRAM THAT IS GAINING 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 MEDITERREAN-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 FURTHERMORE, OUR CARDIAC AND PULMONARY REHAB OFFERINGS HAVE GROWN BY 35 PERCENT AND ALL CLASSES ARE FULL OUR CHEFS AND DIETITIANS STARTED COMMUNITY HEALTHY COOKING DEMONSTRATIONS IN THE FALL OF 2017, 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 FY17 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 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 REX'S TWO MOBILE MAMMOGRAPHY VEHICLES (NICKNAMED BETTY AND WILMA) PROVIDE A CONVENIENT OPTION FOR BUSINESS AND OTHER ORGANIZATIONS SO THAT ALL WOMEN MAY BENEFIT FROM MAMMOGRAPHY'S EARLY DETECTION CAPABILITIES MOBILE MAMMOGRAPHY IS MADE POSSIBLE THROUGH GENEROUS FUNDING FROM REVLON INC , THE KAY YOW CANCER FUND, THE UNC REX HOSPITAL OPEN, AND THE REX HEALTHCARE FOUNDATION MAMMOGRAPHY SERVICES FUNDING IS AVAILABLE FOR QUALIFIED WOMEN UTILIZING THE MOBILE MAMMOGRAPHY UNIT THROUGH GENEROUS FUNDING FROM SUSAN G KOMEN FOR THE CURE, NC TRIANGLE AFFILIATE UNC REX IS A LEADER IN WELLNESS, PREVENTION AND EDUCATION IN OUR COMMUNITY WE WORK WITH VARIOUS COMMUNITY PARTNERS TO IMPROVE THE OVERALL HEALTH OF RESIDENTS OF ALL AGES UNC REX WELLNESS CENTERS IN RALEIGH, CARY, WAKEFIELD, GARNER AND KNIGHTDALE PROVIDE A WIDE RANGE OF FITNESS, DIET, REHAB, EDUCATION AND OTHER SERVICES FOR THOUSANDS OF MEMBERS REX EXPRESS CARE, OR URGENT CARE, CLINICS (CARY, HOLLY SPRINGS, KNIGHTDALE, RALEIGH AND WAKEFIELD) PROVIDE A CONVENIENT, LOWER-COST ALTERNATIVE TO THE HOSPITAL EMERGENCY DEPARTMENT FOR PATIENTS WHO NEED URGENT MEDICAL TREATMENT BECAUSE OF AN ACCIDENT OR ILLNESS REX EXPRESS CARE USES AN ONLINE RESERVATION SYSTEM AT ALL FIVE LOCATIONS ACROSS WAKE COUNTY, MAKING IT EASIER FOR PATIENTS TO SCHEDULE THEIR URGENT CARE VISITS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CATHARINE B ARROWOOD DIRECTOR	1 00 2 00	X						0	0	0
TERESA C ARTIS DIRECTOR	1 00 2 00	X						0	0	0
ANN S COLLINS MD DIRECTOR	1 00 2 00	X						0	0	0
COURTNEY A CROWDER DIRECTOR	1 00 2 00	X						0	0	0
PETER D HANS DIRECTOR	1 00 2 00	X						0	0	0
STEVEN C LILLY DIRECTOR	1 00 2 00	X						0	0	0
C HOWARD NYE DIRECTOR/VICE CHAIRMAN	2 00 4 00	X						0	0	0
BOBBY T PARKER DIRECTOR	1 00 2 00	X						0	0	0
RIG S PATEL MD DIRECTOR/HOSPITALIST	59 00 1 00	X						71,010	0	0
WILLIAM L ROPER MD DIRECTOR	1 00 59 00	X						0	934,489	636,968

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT S THOMAS DIRECTOR/CHAIRMAN	2 00 4 00	X						0	0	0
GARY L PARK CEO	59 00 1 00	X		X				0	2,030,958	540,181
STEPHEN W BURRISS PRESIDENT	59 00 1 00	X		X				589,701	0	147,720
SUSAN M SANDBERG COO	59 00 1 00			X				473,689	0	61,885
ANDREW K ZUKOWSKI CFO & TREASURER (AS OF 8/22/2016)	59 00 1 00			X				148,829	0	18,924
LINDA H BUTLER MD VP/MEDICAL AFFAIRS, CMO & CMIO	60 00 0 00			X				366,572	0	61,458
JAYNE R BYRD VP/SURGICAL SERVICES	60 00 0 00			X				249,858	0	131,288
DONALD R ESPOSITO JR VP/GENERAL COUNSEL & SECRETARY	59 00 1 00			X				351,439	0	60,683
SYLVIA D HACKETT VP/REX HEALTHCARE FOUNDATION	59 00 1 00			X				346,677	0	68,646
CHAD T LEFTERIS VP/OPERATIONS	60 00 0 00			X				267,647	0	32,488

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			
JOEL D RAY VP/PATIENT CARE SERVICES & CNO	60 00 0 00			X				268,098	0	27,994
ROBERT D RICKER VP/PHYSICIAN SERVICES	60 00 0 00			X				285,314	0	78,879
KRISTEN RIGGS VP	60 00 0 00			X				245,995	0	28,541
LISA R SCHILLER VP/MKTG, PR, COMM RELATIONS & GOVT AFFAIRS	60 00 0 00			X				252,326	0	46,272
TAMMIE T STANTON VP/POST ACUTE SERVICES	60 00 0 00			X				0	310,308	78,324
SEAN T TEHRANI MD VP/REGIONAL HOSPITALISTS SERVICES	60 00 0 00			X				568,720	0	56,878
TOM G WILLIAMS VP/AMBULATORY SERVICES	60 00 0 00			X				254,880	0	48,263
JEFF S LEGAY ASST TREASURER & ASST SECRETARY (AS OF 9/1/2016)	1 00 59 00			X				233,341	0	16,167
ERIC JANIS PHYSICIAN	60 00 0 00					X		1,459,102	0	47,874
RAVISH SACHAR PHYSICIAN	60 00 0 00					X		1,458,753	0	48,812

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			
MATTHEW HOOK PHYSICIAN	60 00 0 00					X		1,407,975	0	49,250
MATEEN AKHTAR PHYSICIAN	60 00 0 00					X		1,291,882	0	51,280
JOEL SCHNEIDER PHYSICIAN	60 00 0 00					X		1,252,898	0	47,874

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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)*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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? *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*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
REX HOSPITAL INC	56-1509260

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ 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-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		36,244
j	Total Add lines 1c through 1i			36,244
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	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 NCHA AND AHA, A PERCENTAGE OF THE ORGANIZATION'S MEMBERSHIP DUES ARE ATTRIBUTED TO LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table	
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		25,788,330		25,788,330
b Buildings		349,244,269	113,175,145	236,069,124
c Leasehold improvements		21,679,747	9,238,071	12,441,676
d Equipment		404,800,822	325,467,165	79,333,657
e Other		142,516,255	74,089,296	68,426,959
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				422,059,746

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	
CAPITAL LEASE	394,313
PAYABLE TO RELATED PARTY	9,778,747
PENSION LIABILITY	123,179,785
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	133,352,845

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	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, THE FOUNDATION, AND HOME SE RVICES 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 TH AT PREVIOUSLY HAD NET OPERATING LOSS CARRYFORWARDS WHICH EXPIRED IN 2012 PHYSICIANS IS A SINGLE MEMBER LIMITED LIABILITY COMPANY THAT HAS ELECTED TO BE TAXED AS A FOR-PROFIT CORPO RATION PHYSICIANS HAD A NET OPERATING LOSS IN 2013 AND 2012 THE HOSPITAL IS THE SOLE MEM BER OF ROV AND RSCW, AND ENTERPRISES IS THE SOLE MEMBER OF RWE, AND RWE IS THE SOLE MEMBER OF WELLNESS, MOB AND RHVLLC AS SUCH, THESE ENTITIES ARE CONSIDERED DISREGARDED ENTITIES FOR TAX PURPOSES

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
REX HOSPITAL INC

Employer identification number
56-1509260

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			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 25000 0000000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23,841,003		23,841,003	2 380 %
b Medicaid (from Worksheet 3, column a)			44,592,637	49,764,429	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			68,433,640	49,764,429	23,841,003	2 380 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			924,957		924,957	0 090 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			863,122		863,122	0 090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,216,517		1,216,517	0 120 %
j **Total.** Other Benefits			3,004,596		3,004,596	0 300 %
k **Total.** Add lines 7d and 7j			71,438,236	49,764,429	26,845,599	2 680 %

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 Heathcare 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	8,156,806		
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			
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	361,906,947		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	463,894,080		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-101,987,133		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 REX SURGERY CENTER OF CARY LLC	AMBULATORY SURGICAL CENTER	55 000 %	0 %	45 000 %
2 2 ORTHOPAEDIC SURGERY CENTER OF RALEIGH LLC	SURGERY CENTER	51 000 %	0 %	49 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group REX HOSPITAL INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V			
b	☑ Other website (list url) SEE PART V			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 000000000000 % and FPG family income limit for eligibility for discounted care of _____ %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14		No
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ 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	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ 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 non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☐ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

REX HOSPITAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

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, 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? **41**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, 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, 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, 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
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 PAYERS, 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	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
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	THE ORGANIZATION SERVES AN AREA THAT ENCOMPASSES A FOUR-COUNTY AREA CONSISTING OF WAKE COUNTY AS THE PRIMARY SERVICE AREA WITH HARNETT, FRANKLIN AND JOHNSTON COUNTIES, COMPRISING THE SECONDARY SERVICE AREA WAKE COUNTY AND ITS SURROUNDING COMMUNITIES ARE AMONG THE FASTEST GROWING REGIONS IN THE NATION UNEMPLOYMENT RATES IN THE PRIMARY SERVICE AREA ARE LESS THAN THE UNEMPLOYMENT RATES FOR THE NATION AND THE STATE AVERAGE HOUSEHOLD INCOME AND EDUCATION LEVEL ALSO COMPARE FAVORABLY WITH BOTH THE NATION AND THE STATE
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	REX HEALTHCARE IS A SUBSIDIARY OF THE UNC HEALTH CARE SYSTEM IN CHAPEL HILL THAT SYSTEM SERVES PATIENTS FROM ALL 100 COUNTIES, REGARDLESS OF THEIR ABILITY TO PAY, PROVIDING MORE THAN $300 MILLION A YEAR IN UNCOMPENSATED CARE AS PART OF THE INTEGRATED SYSTEM, REX STRIVES TO IMPROVE ACCESS AND SERVICES IN WAKE COUNTY'S 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 REX'S 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 COMMUNITY'S HEALTH, AND REX'S ROLE IN THE BIGGER SYSTEM'S 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** Name, address, primary website address, and state license number		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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
REX HOSPITAL, INC	PART V, SECTION B, LINE 5 THE ORGANIZATION TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE COMMUNITY THROUGH PARTICIPATION IN BOTH A COMMUNITY WIDE HEALTH OPINION SURVEY AND FOCUS GROUPS THE HEALTH OPINION SURVEY WAS INTERNET BASED AND TELEPHONE SURVEYS OF RANDOMLY SELECTED HOUSEHOLDS THE NINE FOCUS GROUPS, INCLUDING TWO IN SPANISH, CONSISTED OF RECRUITED PARTICIPANTS REPRESENTING SPECIFIC GROUPS

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

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

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

Form and Line Reference	Explanation
REX HOSPITAL, INC	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

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

Form and Line Reference	Explanation
REX HOSPITAL, INC	PART V, SECTION B, LINE 11 THE ORGANIZATION IS ADDRESSING THE FOLLOWING TOP IDENTIFIED AR EAS HEALTH INSURANCE COVERAGE WHILE THIS CONCERN CERTAINLY RELATES TO THOSENOT HAVING COV ERAGE AT ALL, MORE FREQUENTLY THAN EVER CONCERNS ARE BEINGRAISED BY THOSE WHO HAVE INSURAN CE REGARDING OTHER CRITICAL ISSUES, SUCHAS, LIMITATIONS ON WHAT INSURANCE DOES OR DOES NOT COVER, COMPLEXITY OFTHE SYSTEM AND THE NEED FOR EDUCATION RELATED TO HOW INSURANCE WORKS ANDHOW TO USE IT, ABILITY TO AFFORD POST-INSURANCE FINANCIAL OBLIGATIONSRELATED TO VISITS AND PRESCRIPTIONS AND REMAINING BARRIERS TO ACCESS FORCERTAIN INSURANCE TYPES, NAMELY MEDI CARE AND MEDICAID, AS SOME PHYSICIANSAND PROVIDERS HAVE LIMITED OR SUSPENDED THEIR ACCEPTA NCE OF THOSEINSURANCE TYPES UNC REX WILL FOCUS ON EDUCATION TO INTERNAL AUDIENCES,MOST SP ECIFICALLY PATIENT FINANCIAL SERVICES AND NURSE NAVIGATORS, TOALLOW FOR EXPANDED CONVERSAT IONS REGARDING HEALTH INSURANCE COVERAGE,OPTIONS, AND MEANS OF OBTAINING THEM UNC REX WIL L FORM A STRONGERPARTNERSHIP WITH ENROLL AMERICA, THE NATION'S LEADING HEALTH CAREENROLLME NT COALITION IN ADDITION, CHANGES TO THE UNC REX CO-WORKERBENEFITS STRUCTURE WILL INCREAS E THE NUMBER OF CO-WORKERS WHO CAN AFFORDCOVERAGE, THIS IS KEY AS ONE OF THE LARGEST WAKE COUNTY EMPLOYERS UNCREX WILL EVALUATE ITS SUPPORT OF THE TRIANGLE UNITED WAY ACA PROGRAM TOFUND PREMIUMS OF THOSE WHO CANNOT AFFORD THEM AND THE EXPANSION OF THE UNCREX ANGEL FUND , WHICH SUPPORTS PATIENTS UNDERGOING CANCER TREATMENT TRANSPORTATION ACCESS TO AND COST O F TRANSPORTATION IS AN ISSUE THATIMPACTS EVERY RESIDENT OF WAKE COUNTY, REGARDLESS OF THEI R BACKGROUND ORSOCIAL STATUS AND CAN HAVE MULTIPLE IMPLICATIONS ON HEALTH UNC REX HASINIT IATED A NEW INTERNAL EFFORT TO COORDINATE APPOINTMENTS FOR PATIENTSWITH CHRONIC CONDITIONS TO REDUCE TRAVEL, WHICH WILL ASSIST INEFFICIENCIES FOR BOTH PATIENTS AND PROVIDERS EXPAN SION OF MOBILE HEALTH OUTREACH, MAMMOGRAPHY AND HEART & VASCULAR SCREENINGS, INCLUDING POT ENTIALNEW OPTIONS TO REACH PEOPLE CLOSER TO WHERE THEY LIVE AND WORK, ESPECIALLYIN UNDERSE RVED AREAS IS IN REVIEW IN ADDITION, ADVANCEMENTS INTELEMEDICINE ALTERNATIVES WILL REDUCE A PATIENT'S RELIANCE ONTRANSPORTATION TO RECEIVE CARE ACCESS TO HEALTH SERVICES FROM A H EALTH NEED PERSPECTIVE FOR WAKECOUNTY, ACCESS TO HEALTH SERVICES ENCOMPASSES THOSE AREAS O R ITEMS THATPRESENT A BARRIER TO RESIDENTS RECEIVING THE CARE THEY NEED, AS SUCH, THISNEED CAN BE FAIRLY BROAD HOWEVER, THE KEY AREAS ARE SYSTEM COMPLEXITY,AFFORDABILITY, PROVIDER AVAILABILITY AND PRIMARY CARE ACCESS FOCUSEDEFFORTS ON POPULATION HEALTH WILL REDUCE COS TS AND IMPROVE MEDICAL CAREAND PREVENTION ACROSS THE COMMUNITY UNC REX'S EDUCATION TO ADD RESSPROPER UTILIZATION OF EMERGENCY DEPARTMENTS, URGENT CARE CENTERS ANDPRIMARY CARE FACIL ITIES IS ONGOING FURTHER EXPANSION OF THE UNC HEALTHALLIANCE CLINICALLY INTEGRATED NETWOR K WILL ENGAGE PHYSICIANS ACROSS THECOUNTY AND BEYOND IN THE TRANSFORMATION OF PATIENT CARE ADDING PRIMARYCARE AND SPECI

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

Form and Line Reference	Explanation
REX HOSPITAL, INC	ALTY PROVIDERS ACROSS THE TRIANGLE AS WELL AS HEART &VASCULAR, SURGICAL AND HOSPITALIST PR OGRAMS IN JOHNSTON COUNTY HASPROVIDED RESIDENTS WITH GREATER ACCESS TO QUALITY HEALTHCARE OPTIONS INADDITION, EXPANSION OF SERVICES IN HOLLY SPRINGS, INCLUDING FUTURE HOLLYSPRINGS HOSPITAL, WILL PROVIDE RESIDENTS OF SOUTHERN WAKE COUNTY GREATERACCESS TO QUALITY HEALTHC ARE AND ADDITION JOB OPPORTUNITIES UNC REX WILLEXPLORE NEW AND INTERACTIVE WAYS TO REACH PEOPLE, THROUGH COMMUNITYOUTREACH, TELEHEALTH OR OTHER ALTERNATIVES THE FIVE REX WELLNESS CENTERSGEOGRAPHICALLY SPREAD ACROSS THE COUNTY WILL CONTINUE TO BE AN INTEGRAL PART OF IM PROVING FITNESS AND NUTRITION, SUPPORTING COMMUNITY ACTIVITIES,PROVIDING EDUCATION AND ACC ESS TO MOBILE HEART AND VASCULAR SCREENINGS OTHER ACTIVITIES THAT UNC REX HAVE IMPLEMENTED OR ARE PURSUING INCLUDE ADEMONSTRATION KITCHEN IN THE NEW HEART & VASCULAR HOSPITAL, EXPA NSION OFFREE ONLINE TOOLS FOR HEALTH ASSESSMENT AND INCREASING THE NUMBER OFNAVIGATORS TO ASSIST PATIENTS FROM POINT OF DIAGNOSIS THROUGH REFERRALVISITS AND SURGICAL PROCEDURES WIL L BE REVIEWED MAKING IT EASIER FORPATIENTS TO NAVIGATE THE HEALTHCARE LANDSCAPE MENTAL HEA LTH AND SUBSTANCE ABUSE PATIENTS WILL HAVE MUCH-NEEDED ACCESSTO HIGHER LEVELS OF SPECIALI ZED BEHAVIORAL HEALTH AND MEDICAL CARE AT UNCWAKEBROOK, WHICH RECEIVES ANNUAL FINANCIAL SU PPORT FROM UNC REX INADDITION, AT UNC REX HOSPITAL EMERGENCY DEPARTMENT (ED), A NEW BEHAV IORALHEALTH HOLDING AREA IN IN PROCESS, WHICH WILL POSITIVELY IMPACT ACCESS TOTHE ED AND A LLOW FOR PATIENTS TO BE CARED FOR IN A BETTER LOCATION MORETRAINING FOR CORE STAFF WITH B ACKGROUNDS IN MENTAL AND BEHAVIORAL HEALTHWILL EXPAND THE CAREGIVER POOL UNC REX WILL CON TINUE COLLABORATIONS WITHOTHER COMMUNITY PROVIDERS TO BEST MEET THE NEEDS OF THIS SPECIAL PATIENTPOPULATION EFFORTS WITH THE UNC REX PAIN MANAGEMENT DEPARTMENT AND THECOMMUNITY CA RE OF NORTH CAROLINA TO EXPAND ITS COLLABORATIVE, PROACTIVEAPPROACH FOR ASSISTING PATIENTS WITH CHRONIC PAIN ISSUES WILL CONTINUE TOREDUCE THE INCIDENCE OF OVERDOSE AND DEATH DUE T O SUBSTANCE ABUSE UNCREX WILL CONTINUE THROUGH PARTNERSHIPS TO BUILD AWARENESS AROUND RED UCINGTHE STIGMAS SURROUNDING MENTAL HEALTH THE ORGANIZATION DID NOT ADDRESS THE FOLLOWING FOCUS AREAS IDENTIFIED INTHE CHNA INCOME AND POVERTY, EMPLOYMENT, HEALTH PROFESSIONALS, P HYSICAL ACTIVITY, NUTRITION AND OBESITY, HOUSING AND HOMELESSNESS, COMMUNITYENGAGEMENT, CA REGIVING, ENVIRONMENTAL HEALTH, EDUCATION AND LIFELONGLEARNING, CHILD WELFARE AND FINANCIA L ASSISTANCE, HEALTH STATUS, INJURYAND VIOLENCE, MATERNAL AND INFANT HEALTH, ORAL HEALTH, CRIME AND SAFETY,DISABILITIES AND CULTURAL AND/OR LANGUAGE BARRIERS AS A HEALTHCAREORGANI ZATION, UNC REX'S RESOURCES ARE MORE READILY AVAILABLE TO ADDRESSTHE AREAS IDENTIFIED ABOV E

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

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

Form and Line Reference	Explanation
PART VI LINE 2	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 UNC REX, TO CONDUCT A COMMUNITY-WIDE HEALTH ASSESSMENT THIS ASSESSMENT, CONDUCTED EVERY THREE TO FOUR YEARS, IDENTIFIES OPPORTUNITIES AND CHALLENGES IN THE MARKET UNC REX COLLABORATES WITH COMMUNITY PARTNERS REGULARLY TO ENSURE OUR EFFORTS ARE PROPERLY ALIGNED BASED ON WAKE COUNTY'S SOCIOECONOMIC AND DEMOGRAPHIC INFORMATION UNC 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

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

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

Form and Line Reference	Explanation
PART VI LINE 3	UNC REX PROVIDES A WIDE RANGE OF TOOLS AND EDUCATION TO HELP PATIENTS WHO NEED FINANCIAL ASSISTANCE AND THE PROGRAM IS DESIGNED TO MAKE IT EASY FOR PATIENTS TO APPLY FOR FINANCIAL ASSISTANCE, CHARITY CARE AND OTHER AID PROGRAMS UNC REX POSTS DETAILED INFORMATION ABOUT ITS GENEROUS CHARITY CARE POLICY AND OTHER FINANCIAL AID INFORMATION AT VARIOUS POINTS IN THE HOSPITAL AND ON ITS WEBSITE DURING PATIENT REGISTRATION, STAFF WILL DISTRIBUTE A COPY OF THE UNC HEALTHCARE FINANCIAL ASSISTANCE POLICY, WHICH INCLUDES USEFUL INFORMATION AND HELPFUL RESOURCES, TO ANYONE WHO DOES NOT HAVE INSURANCE OR ASKS FOR ASSISTANCE UNC 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 UNC REX ASSIST APPLICATION FINALLY, UNC 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

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

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

Form and Line Reference	Explanation
PART VI LINE 4	THE ORGANIZATION SERVES AN AREA THAT ENCOMPASSES A FOUR-COUNTY AREA CONSISTING OF WAKE COUNTY AS THE PRIMARY SERVICE AREA WITH HARNETT, FRANKLIN AND JOHNSTON COUNTIES, COMPRISING THE SECONDARY SERVICE AREA WAKE COUNTY AND ITS SURROUNDING COMMUNITIES ARE AMONG THE FASTEST GROWING REGIONS IN THE NATION UNEMPLOYMENT RATES IN THE PRIMARY SERVICE AREA ARE LESS THAN THE UNEMPLOYMENT RATES FOR THE NATION AND THE STATE AVERAGE HOUSEHOLD INCOME AND EDUCATION LEVEL ALSO COMPARE FAVORABLY WITH BOTH THE NATION AND THE STATE

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

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

Form and Line Reference	Explanation
PART VI LINE 5	THERE ARE MANY WAYS UNC REX WORKS WITH COMMUNITY PARTNERS TO ADDRESS HEALTH ISSUES AND CONCERNS IDENTIFIED WITHIN THE COMMUNITY THROUGH BOTH FINANCIAL, IN-KIND AND STAFF SUPPORT, UNC REX PROVIDES ASSISTANCE IN HOSTING COMMUNITY HEALTH SCREENINGS, MOBILE MAMMOGRAPHY SCREENINGS AND ON-SITE MEDICAL CARE THROUGH THE UNC 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 UNC 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

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

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

Form and Line Reference	Explanation
PART VI LINE 6	UNC REX HEALTHCARE IS A SUBSIDIARY OF THE UNC HEALTH CARE SYSTEM IN CHAPEL HILL THAT SYSTEM SERVES PATIENTS FROM ALL 100 COUNTIES, REGARDLESS OF THEIR ABILITY TO PAY, PROVIDING MORE THAN $300 MILLION A YEAR IN UNCOMPENSATED CARE AS PART OF THE INTEGRATED SYSTEM, UNC REX STRIVES TO IMPROVE ACCESS AND SERVICES IN WAKE COUNTY'S GROWING AND UNDERSERVED AREAS UNC 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 UNC REX'S 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 COMMUNITY'S HEALTH, AND UNC REX'S ROLE IN THE BIGGER SYSTEM'S MISSION

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 7A AND 10A	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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7B	WWW WAKEGOV COM/HUMANSERVICES/DATA

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 16A, 16B AND 16C	HTTP //WWW UNCMEDICALCENTER ORG/UNCMC/PATIENTS-VISITORS/BILLING/FINANCIAL-ASSISTANCE-PROGRAMS/

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 - REX HEALTHCARE OF WAKEFIELD 11200 GOVERNOR MANLY WAY RALEIGH, NC 27614	HEALTHCARE
2 - REX HEALTHCARE OF CARY 1505 SW PARKWAY CARY, NC 27511	HEALTHCARE
3 - REX HEALTHCARE OF GARNER 300 HEALTH PARK DRIVE GARNER, NC 27529	HEALTHCARE
4 - REX REHABILITATION AND NURSING CARE CENT 4210 LAKE BOONE TRAIL RALEIGH, NC 27607	NURSING FACILITY
5 - REX VASCULAR SPECIALISTS 4414 LAKE BOONE TRAIL SUITE 108 RALEIGH, NC 27607	VASCULAR HEALTH
6 - REX REHABILITATION AND NURSING CARE CENT 911 S HUGHES SREET APEX, NC 27502	NURSING FACILITY
7 - NORTH CAROLINA HEART AND VASCULAR 2800 BLUE RIDGE ROAD SUITE 400 RALEIGH, NC 27607	HEART & VASCULAR
8 - REX HEALTHCARE OF KNIGHTDALE 6602 KNIGHTDALE BOULEVARD 102 KNIGHTDALE, NC 27545	HEALTHCARE
9 - REX NEUROSURGERY AND SPINE SPECIALISTS 4207 LAKE BOONE TRAIL SUITE 220 RALEIGH, NC 27607	NEUROSURGERY
10 - SMITHFIELD RADIATION ONCOLOGY 514 N BRIGHT LEAF BOULEVARD SUITE 1200 SMITHFIELD, NC 27577	ONCOLOGY
11 - NORTH CAROLINA HEART AND VASCULAR 2615 HOSPITAL ROAD SUITE 300 GOLDSBORO, NC 27534	HEART & VASCULAR
12 - REX CARDIAC SURGICAL SPECIALISTS 2800 BLUE RIDGE ROAD SUITE 201 RALEIGH, NC 27607	CARDIAC SURGERY
13 - REX HEALTHCARE OF HOLLY SPRINGS 781 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540	HEALTHCARE
14 - REX WOUND HEALING CENTER - RALEIGH 2916 BLUE RIDGE ROAD RALEIGH, NC 27612	WOUND CARE
15 - REX SURGICAL SPECIALISTS BARIATRIC SPECI 4207 LAKE BOONE TRAIL SUITE 210 RALEIGH, NC 27607	BARIATRIC

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 - REX THORACIC SURGICAL SPECIALISTS OF CAR 150 PARKWAY OFFICE COURT SUITE 200 CARY, NC 27518	THORACIC SURGERY
17 - REX SURGICAL SPECIALISTS 2800 BLUE RIDGE ROAD SUITE 300 RALEIGH, NC 27607	GENERAL SURGERY
18 - REX WELLNESS CENTER OF WAKEFIELD 11200 GALLERIA AVENUE RALEIGH, NC 27614	WELLNESS AND REHABILITATION
19 - NORTH CAROLINA HEART AND VASCULAR 603 BEAMAN STREET SUITE 5 CLINTON, NC 28328	HEART & VASCULAR
20 - REX HEMATOLOGY ONCOLOGY ASSOCIATES 2605 BLUE RIDGE ROAD SUITE 190 RALEIGH, NC 27607	ONCOLOGY
21 - REX WELLNESS CENTER OF RALEIGH 4200 LAKE BOONE TRAIL RALEIGH, NC 27607	WELLNESS
22 - REX WELLNESS CENTER OF CARY 1515 SW CARY PARKWAY CARY, NC 27511	WELLNESS AND REHABILITATION
23 - NORTH CAROLINA HEART AND VASCULAR 500 REDWOOD LANE LOUISBURG, NC 27549	HEART & VASCULAR
24 - REX WELLNESS CENTER OF GARNER 1400 TIMBER DRIVE EAST GARNER, NC 27529	WELLNESS AND REHABILITATION
25 - REX HEMATOLOGY ONCOLOGY ASSOCIATES 150 PARKWAY OFFICE COURT SUITE 200 CARY, NC 27518	ONCOLOGY
26 - NORTH CAROLINA HEART AND VASCULAR 910 BERKSHIRE ROAD SMITHFIELD, NC 27577	HEART & VASCULAR
27 - UNC REX REHABILITATION SERVICES 2709 BLUE RIDGE ROAD SUITE 200 RALEIGH, NC 27607	REHABILITATION
28 - REX PULMONARY SPECIALISTS 300 ASHEVILLE AVENUE SUITE 301 CARY, NC 27518	PULMONARY HEALTH
29 - NORTH CAROLINA HEART AND VASCULAR 701 S MAIN STREET LILLINGTON, NC 27546	HEART & VASCULAR
30 - REX WELLNESS CENTER OF KNIGHTDALE 6602 KNIGHTDALE BOULEVARD KNIGHTDALE, NC 27545	WELLNESS

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
31 - REX HOME SERVICES 1500 SUNDAY DRIVE SUITE 113 RALEIGH, NC 27607	HOME HEALTHCARE AND REHABILITATION
32 - NORTH CAROLINA HEART AND VASCULAR 102 PROFESSIONAL PARK DRIVE SUITE C OXFORD, NC 27656	HEART & VASCULAR
33 - NORTH CAROLINA HEART AND VASCULAR 2605 FOREST HILLS ROAD SW WILSON, NC 27893	HEART & VASCULAR
34 - REX EAR NOSE AND THROAT SPECIALISTS 790 SE CARY PARKWAY SUITE 110 CARY, NC 27511	ENT HEALTHCARE
35 - REXUNC FAMILY PRACTICE OF PANTHER CREEK 10030 GREEN LEVEL CHURCH ROAD SUITE 808 CARY, NC 27519	FAMILY HEALTHCARE
36 - REX SLEEP LAB OF RALEIGH 4210 LAKE BOONE TRAIL RALEIGH, NC 27607	SLEEP LAB
37 - TRIANGLE EAST SURGERY - SMITHFIELD 131 EAST MARKET STREET SMITHFIELD, NC 27520	GENERAL SURGERY
38 - TRIANGLE EAST SURGERY - CLAYTON 2076 NC HIGHWAY 42W SUITE 210 CLAYTON, NC 27520	GENERAL SURGERY
39 - REX SLEEP LAB OF CARY 790 SE CARY PARKWAY SUITE 105 CARY, NC 27511	SLEEP LAB
40 - REX BREAST CARE CENTER 3100 DURALEIGH ROAD SUITE 205 RALEIGH, NC 27612	BREAST CARE CENTER
41 - REX CHILD DEVELOPMENT CENTER 3116 BLUE RIDGE ROAD RALEIGH, NC 27612	CHILD DEVELOPMENT

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
REX HOSPITAL INC

Employer identification number
56-1509260

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 35

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 6

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	**Explanation**
PART I, LINE 2	REX REQUIRES ALL REQUESTS FOR GRANTS OR OTHER ASSISTANCE TO BE IN WRITING SUCH REQUESTS ARE TYPICALLY REVIEWED ON AN ANNUAL BASIS FOLLOWING GUIDELINES RELATED TO COMMUNITY NEED AND REX'S MISSION REX'S PRIORITIES INCLUDE SUPPORTING HEALTH, HUMAN SERVICES, EDUCATION AND ARTS IN COMMUNITIES IT SERVES REX HAS VARIOUS WAYS OF TRACKING THE RESULTS OF ITS CONTRIBUTIONS BECAUSE REX OFTEN WORKS CLOSELY WITH THE COMMUNITY GROUPS IT SUPPORTS, THE ORGANIZATION RECEIVES FREQUENT UPDATES ON THEIR WORK AND PROGRESS FOR LARGER GRANTS, REX ALSO RECEIVES ANNUAL OR QUARTERLY REPORTS ON RESULTS

Additional Data

Software ID:
Software Version:
EIN: 56-1509260
Name: REX HOSPITAL INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER RALEIGH CHAMBER PO BOX 2978 RALEIGH, NC 27602	56-0370850	501(C)(6)	108,317				GENERAL SUPPORT
UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMETER PARK DRIVE SUITE 150 RALEIGH, NC 27560	56-1949103	501(C)(3)	86,756				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH CAROLINA SYMPHONY 4350 LASSITER SUITE 250 RALEIGH, NC 27609	56-0556755	501(C)(3)	75,000				GENERAL SUPPORT
INTERACT 1012 OBERLIN ROAD SUIE 100 RALEIGH, NC 27605	58-1320613	501(C)(3)	60,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION NORTH CAROLINA AFFILIATE INC 3901 COMPUTER DRIVESUITE 110 RALEIGH, NC 27609	56-0529996	501(C)(3)	53,500				GENERAL SUPPORT/EDUCATION SUPPORT
CARY CHAMBER OF COMMERCE 307 NORTH ACADEMY STREET CARY, NC 27519	56-0989726	501(C)(3)	26,379				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALICE AYCOCK POE CENTER FOR HEALTH EDUCATION 224 SUNNYBROOK ROAD RALEIGH, NC 27610	56-1500678	501(C)(3)	25,500				GENERAL SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	13-5644916	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
URBAN MINISTRIES OF WAKE COUNTY 1390 CAPITAL BLVD RALEIGH, NC 27603	58-1422700	501(C)(3)	25,000				GENERAL SUPPORT
WAKE EDUCATION PARTNERSHIP 706 HILLSBOURGH STREET SUITE A RALEIGH, NC 27603	58-1518182	501(C)(3)	20,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE YOUNG MEN'S CHRISTIAN ASSOCIATION 801CORPORATE CENTER DRIVE SUITE 200 RALEIGH, NC 27607	56-0591307	501(C)(3)	15,000				GENERAL SUPPORT
TRANSITIONS LIFECARE 250 HOSPICE CIRCLE RALEIGH, NC 27607	56-1228779	501(C)(3)	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USO OF NORTH CAROLINA 600 AIRPORT BLVD SUITE 200 MORRISVILLE, NC 27560	56-0532315	501(C)(3)	14,000				GENERAL SUPPORT
SUSAN G KOMEN NC TRIANGLE 600 AIRPORT BLVD SUITE 100 MORRISVILLE, NC 27560	75-2845066	501(C)(3)	12,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLY SPRINGS CHAMBER OF COMMERCE 344 RALEIGH STREET SUITE 100 HOLLY SPRINGS, NC 27540	56-1875144	501(C)(6)	11,550				GENERAL SUPPORT
BAND TOGETHER PO BOX 6445 RALEIGH, NC 27268	56-2273756	501(C)(3)	11,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE MEDICAL MINISTRY 101 DONALD ROSS DRIVE RALEIGH, NC 27610	56-2168673	501(C)(3)	10,800				GENERAL SUPPORT
MORRISVILLE CHAMBER OF COMMERCE 260 TOWN HALL DRIVE SUITE A MORRISVILLE, NC 27560	56-1712502	501(C)(6)	10,464				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLUE RIDGE ALLIANCE CORRIDOR 2416 HILLSBOROUGH STREET RALEIGH, NC 27607	47-1697576	501(C)(3)	10,000				GENERAL SUPPORT
GET YOUR REAR IN GEAR 5666 LINCOLN DRIVE SUITE 270 EDINA, MN 55436	30-0377727	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INNOVATE RALEIGH 310 S HARRINGTON STREET RALEIGH, NC 27603	26-2891963	501(C)(3)	10,000				GENERAL SUPPORT
MARCH OF DIMES NORTH CAROLINA CHAPTER 6504 FALLS OF NEUSE RD SUITE 100 RALEIGH, NC 27615	13-1846366	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RALEIGH CIVIC VENTURES DOWNTOWN RALEIGH ALLIANCE 120 S WILMINGTON STREET SUITE 103 RALEIGH, NC 27601	56-2095185	501(C)(3)	10,000				GENERAL SUPPORT
ZERO THE END PROSTATE CANCER 515 KING STREET NO 420 ALEXANDRIA, VA 22314	59-3400922	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST AREA CHAMBER OF COMMERCE 350 S WHITE STREET WAKE FOREST, NC 27587	56-1122169	501(C)(6)	8,025				GENERAL SUPPORT
HOLT BROTHERS FOUNDATION 8801 FAST PARK DRIVE SUITE 105 107 RALEIGH, NC 27617	56-6570426	501(C)(3)	7,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REX HEALTHCARE FOUNDATION 2500 BLUE RIDGE ROAD SUITE 325 RALEIGH, NC 27607	56-6052117	501(C)(3)	7,500				GENERAL SUPPORT
DOWNTOWN RALEIGH ALLIANCE 120 SOUTH WILMINGTON STREET SUITE 103 RALEIGH, NC 27601	56-1994005	501(C)(6)	6,575				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LUNG CANCER INITIATIVE OF NC 4000 BLUE RIDGE ROAD SUITE 170 RALEIGH, NC 27612	26-2300885	501(C)(3)	6,550				GENERAL SUPPORT
FOOD BANK CENTRAL & EASTERN NC 1924 CAPITAL BLVD RALEIGH, NC 27604	56-1283426	501(C)(3)	6,246				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAW UNIVERISTY 118 EAST SOUTH STREET RALEIGH, NC 27106	56-0530235	501(C)(3)	6,000				GENERAL SUPPORT
KNIGHTDALE CHAMBER OF COMMERCE 207 MAIN STREET KNIGHTDALE, NC 27545	56-1325118	501(C)(6)	5,599				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS NORTH CAROLINA INC 1305 NAVAHO DRIVE SUITE 101 RALEIGH, NC 27609	56-1501117	501(C)(3)	5,000				GENERAL SUPPORT
FOUNDATION OF HOPE 9401 GLENWOOD AVENUE RALEIGH, NC 27617	56-6246626	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAB MY WHEEL 2305 SILENT STREAM COURT RALEIGH, NC 27607	20-5615564	501(C)(3)	5,000				GENERAL SUPPORT
JUNIOR LEAGUE OF RALEIGH INC PO BOX 26821 RALEIGH, NC 27611	56-0562849	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KAY YOW CANCER FOUNDATION 5121 KINGDOM WAY SUITE 305 RALEIGH, NC 27607	26-1789695	501(C)(3)	5,000				GENERAL SUPPORT
NAMI WAKE COUNTY PO BOX 12562 RALEIGH, NC 27605	56-1552949	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC MEDASSIST 4428 TAGGART CREEK ROAD CHARLOTTE, NC 28208	56-2018957	501(C)(3)	5,000				GENERAL SUPPORT
NC PREVENTION PARTNERS 88 VILCOM CENTER DRIVE SUITE 110 CHAPEL HILL, NC 27514	31-1722051	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE FIRST TEE OF THE TRIANGLE 8800 WESTGATEPARK DRIVE SUITE 104 RALEIGH, NC 27617	56-2266025	501(C)(3)	5,000				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
REX HOSPITAL INC

Employer identification number
56-1509260

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**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 in 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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ 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**		No
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 non-fixed 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 accured 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 II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
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 6 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 4B	GARY PARK PARTICIPATED IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN FUNDED AND CONTROLLED BY A RELATED ORGANIZATION, UNC HCS, AND RECEIVED DISTRIBUTIONS TOTALING $1,052,629 STEPHEN W BURRISS PARTICIPATED IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN FUNDED AND CONTROLLED BY A RELATED ORGANIZATION, UNC HCS HE EARNED COMPENSATION UNDER THIS PLAN TOTALING $57,618, WHICH IS PAYABLE IN THE FUTURE
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

Additional Data

Software ID:
Software Version:
EIN: 56-1509260
Name: REX HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1WILLIAM L ROPER MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	776,346	137,546	20,597	617,385	19,583	1,571,457	0
1GARY L PARKCEO	(I)	0	0	0	0	0	0	0
	(II)	810,343	140,626	1,079,989	520,598	19,583	2,571,139	1,052,629
2STEPHEN W BURRISS PRESIDENT	(I)	451,286	89,910	48,505	132,557	15,163	737,421	0
	(II)	0	0	0	0	0	0	0
3SUSAN M SANDBERGCOO	(I)	306,738	110,450	56,501	49,055	12,830	535,574	0
	(II)	0	0	0	0	0	0	0
4ANDREW K ZUKOWSKI CFO & TREASURER (AS OF 8/22/2016)	(I)	104,534	0	44,295	14,258	4,666	167,753	0
	(II)	0	0	0	0	0	0	0
5LINDA H BUTLER MD VP/MEDICAL AFFAIRS, CMO & CMIO	(I)	279,161	55,842	31,569	46,295	15,163	428,030	0
	(II)	0	0	0	0	0	0	0
6JAYNE R BYRD VP/SURGICAL SERVICES	(I)	206,318	38,824	4,716	126,268	5,020	381,146	0
	(II)	0	0	0	0	0	0	0
7DONALD R ESPOSITO JR VP/GENERAL COUNSEL & SECRETARY	(I)	272,593	50,967	27,879	44,403	16,280	412,122	0
	(II)	0	0	0	0	0	0	0
8SYLVIA D HACKETT VP/REX HEALTHCARE FOUNDATION	(I)	270,435	51,052	25,190	59,191	9,455	415,323	0
	(II)	0	0	0	0	0	0	0
9CHAD T LEFTERIS VP/OPERATIONS	(I)	204,237	41,697	21,713	27,468	5,020	300,135	0
	(II)	0	0	0	0	0	0	0
10JOEL D RAY VP/PATIENT CARE SERVICES & CNO	(I)	224,482	41,529	2,087	27,619	375	296,092	0
	(II)	0	0	0	0	0	0	0
11ROBERT D RICKER VP/PHYSICIAN SERVICES	(I)	231,487	43,875	9,952	71,455	7,424	364,193	0
	(II)	0	0	0	0	0	0	0
12KRISTEN RIGGSVP	(I)	200,725	39,709	5,561	12,261	16,280	274,536	0
	(II)	0	0	0	0	0	0	0
13LISA R SCHILLER VP/MKTG, PR, COMM RELATIONS & GOVT A	(I)	201,399	38,305	12,622	31,109	15,163	298,598	0
	(II)	0	0	0	0	0	0	0
14TAMMIE T STANTON VP/POST ACUTE SERVICES	(I)	0	0	0	0	0	0	0
	(II)	255,870	44,226	10,212	66,690	11,634	388,632	0
15SEAN T TEHRANI MD VP/REGIONAL HOSPITALISTS SERVICES	(I)	450,172	94,167	24,381	44,004	12,874	625,598	0
	(II)	0	0	0	0	0	0	0
16TOM G WILLIAMS VP/AMBULATORY SERVICES	(I)	203,627	39,077	12,176	33,100	15,163	303,143	0
	(II)	0	0	0	0	0	0	0
17JEFF S LEGAY ASST TREASURER & ASST SECRETARY (AS	(I)	195,829	36,746	766	7,087	9,080	249,508	0
	(II)	0	0	0	0	0	0	0
18ERIC JANISPHYSICIAN	(I)	1,412,770	20,400	25,932	35,000	12,874	1,506,976	0
	(II)	0	0	0	0	0	0	0
19RAVISH SACHAR PHYSICIAN	(I)	1,431,261	24,480	3,012	35,000	13,812	1,507,565	0
	(II)	0	0	0	0	0	0	0

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 MATTHEW HOOK PHYSICIAN	(I)	1,388,715	0	19,260	35,000	14,250	1,457,225	0
	(II)	0	0	0	0	0	0	0
1 MATEEN AKHTAR PHYSICIAN	(I)	1,252,660	20,400	18,822	35,000	16,280	1,343,162	0
	(II)	0	0	0	0	0	0	0
2 JOEL SCHNEIDER PHYSICIAN	(I)	1,249,286	0	3,612	35,000	12,874	1,300,772	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
REX HOSPITAL INC

Employer identification number
56-1509260

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DFJ5	10-26-2010	127,456,150	SEE PART VI		X		X		X
B	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DTR2	05-21-2015	150,167,728	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	28,190,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	127,456,150	150,167,728		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	2,184,840	4,130,000		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,628,054	1,051,300		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	47,608,529	150,000,000		
11	Other spent proceeds	76,034,727			
12	Other unspent proceeds				
13	Year of substantial completion	2013	2017		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
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 ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
REX HOSPITAL INC

Employer identification number
56-1509260

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S 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 ORGANIZATION'S BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ORGANIZATION'S BOARD REQUIRES PRIOR APPROVAL OF THE UNIVERSITY OF NORTH CAROLINA HEALT H CARE SYSTEM FOR CERTAIN POWERS, INCLUDING BUT NOT LIMITED TO ADDITION OR DELETION OF A H EALTH CARE SERVICE, PARTICIPATION, DIRECTLY OR INDIRECTLY, IN A JOINT VENTURE, INDEBTEDNES S 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 ORGANIZATION'S EXECUTIVE TEAM DISCUSSES AND REVIEWS THE FORM 990 AND ALL ASSOCIATED SC HEDULES 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 AL ONG 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 CONF LICT OF INTEREST POLICY BY REQUIRING ALL BOARD MEMBERS TO ANNUALLY COMPLETE AND SIGN A QUE STIONNAIRE 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 ORGANIZATION'S PRESIDENT AND OTHER TOP MANAGEMENT THE ORGANIZATION'S BOARD REVIEWS AN D 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 ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST AND ON GUIDESTAR'S WEBSITE AND THE F INANCIAL STATEMENTS ARE AVAILABLE ON MUNICIPAL SECURITIES RULEMAKING BOARD'S WEBSITE THE ORGANIZATION DOES NOT MAKE OTHER GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY A VAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
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 CAPITAL INVESTMENT	NC	0	15,109,513	REX HOSPITAL INC
(2) REX ORTHOPEDIC VENTURES LLC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 27-3434805	ORTHOPEDIC PRACTICE VENTU	NC	3,788,396	0	REX HOSPITAL INC
(3) REX SURGERY CENTER OF WAKEFIELD LLC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 46-5511168	ASC	NC	0	0	REX HOSPITAL INC

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HIGH POINT SURGERY CENTER LLC 600 NORTH LINDSAY STREET HIGH POINT, NC 27260 56-1867005	HEALTHCARE	NC						No			No	
(2) REX SURGERY CENTER OF CARY 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 27-3684056	ASC	NC						No			No	
(3) JRH VENTURES LLC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 27-4092967	MED CAMPUS DEVELOPMENT	NC						No			No	
(4) REX HEALTH VENTURES I LP 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 37-1690478	VENTURE CAPITAL INVST	NC						No			No	
(5) ORTHOPAEDIC SURGERY CENTER OF RALEIGH LLC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 27-1740526	ORTHOPAEDIC SURGERY	NC						No			No	
(6) TRO VENTURES LLC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 82-1330195	HEALTHCARE	NC						No			No	

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

(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	(i) No
(1)REX ENTERPRISES COMPANY INC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 56-1553957	OPERATIONS SUPPORT	NC	REX HEALTHCARE	C					No
(2)HIGH POINT HEALTHCARE VENTURES INC 601 N ELM STREET HIGH POINT, NC 27261 56-1343468	HOLDING COMPANY	NC	N/A	C					No
(3)UNC PHYSICIANS NETWORK GROUP PRACTICES LLC 1600 PERIMETER PARK DRIVE SUITE 225 MORRISVILLE, NC 27560 46-1416986	HEALTHCARE	NC	N/A	C					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 orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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	3,002,390	FMV
(2)THE REX HEALTHCARE FOUNDATION INC	P	748,610	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 56-1509260
Name: REX HOSPITAL INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 101 MANNING DRIVE CHAPEL HILL, NC 27514 56-2206970	HEALTHCARE	NC	SECTION 115		UNC HEALTHCARE		No
(1) 211 FRIDAY CENTER DR SUITE 2029 CHAPEL HILL, NC 27517 56-1118388	HEALTHCARE	NC	SECTION 115		UNC HEALTHCARE		No
(2) PO BOX 1890 LENIOR, NC 28645 56-0554204	HEALTHCARE	NC	501(C)(3)	LINE 3	UNC HEALTHCARE		No
(3) PO BOX 1890 LENIOR, NC 28645 58-1935514	SUPPORT OF CALDWELL	NC	501(C)(3)	LINE 7	CALDWELL MEMORIAL HOSPITAL		No
(4) PO BOX 649 SILVER CITY, NC 27344 56-0611546	HEALTHCARE	NC	501(C)(3)	LINE 3	UNC HEALTHCARE		No
(5) 601 N ELM STREET HIGH POINT, NC 27261 56-0532309	HEALTHCARE	NC	501(C)(3)	LINE 3	UNC HEALTHCARE		No
(6) 601 N ELM STREET HIGH POINT, NC 27261 56-1497163	HEALTHCARE	NC	501(C)(3)	509(A)(3) TYPE 2	UNC HEALTHCARE		No
(7) 601 N ELM STREET HIGH POINT, NC 27261 27-2854711	SUPPORT OF HIGH POINT	NC	501(C)(3)	509(A)(3) TYPE 1	HIGH POINT REGIONAL HEALTH		No
(8) 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 56-1509129	HEALTHCARE	NC	501(C)(3)	509(A)(3) TYPE 2	UNC HEALTHCARE		No
(9) 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 56-6052117	SUPPORT OF REX HOSPITAL	NC	501(C)(3)	509(A)(3) TYPE 2	REX HEALTHCARE		No
(10) 1600 PERIMETER PARK DRIVE SUITE 225 MORRISVILLE, NC 27560 27-1081647	HEALTHCARE	NC	501(C)(3)	LINE 9	UNC HEALTHCARE		No