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## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated return  
☐ Amended return  
☐ Application pending

## C Name of organization

RHI LEGACY FOUNDATION, INC.

## Doing business as

Number and street (or P O box if mail is not delivered to street address)

P.O. BOX 352

Room/suite

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

RUTHERFORDTON, NC 28139

## F Name and address of principal officer

TERRY W. HINES

P.O. BOX 352 RUTHERFORDTON, NC 28139

## D Employer identification number

56-0619367

## E Telephone number

(828) 202-4629

G Gross receipts \$ 16,312,537.

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)

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

J Website WWW.MYRUTHERFORDREGIONAL.COM

H(c) Group exemption number

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1906 M State of legal domicile NC

## Part I Summary

1 Briefly describe the organization's mission or most significant activities RHI LEGACY FOUNDATION, INC. PARTICIPATES IN A JOINT VENTURE WITH DLP RUTHERFORD REGIONAL HEALTH SYSTEM, LLC WHICH PROVIDES TRADITIONAL HEALTHCARE TO LOCAL RESIDENTS.

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	19.
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19.
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	2.
6 Total number of volunteers (estimate if necessary)	6	200.
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	71,619.	277,407.
9 Program service revenue (Part VIII, line 2g)	282,652.	511,367.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,715,906.	655,341.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,165.	54,539.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,125,342.	1,498,654.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	855,229.	1,178,968.
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)	197,378.	199,805.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	984,518.	3,664,303.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,037,125.	5,043,076.
19 Revenue less expenses Subtract line 18 from line 12	88,217.	-3,544,422.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	39,707,468.	43,759,916.
21 Total liabilities (Part X, line 26)	706,986.	582,866.
22 Net assets or fund balances Subtract line 21 from line 20	39,000,482.	43,177,050.

## Part II Signature Block

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

Sign Here

Signature of officer *Terry W. Hines*

Date 11/12/18

Type or print name and title TERRY W. HINES EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name

BRIAN D TODD

Preparer's signature

Brian D Todd CPA

Date

11/7/18

Check ☐ if self-employed

PTIN

P00422601

Firm's name BKD, LLP

Firm's EIN 44-0160260

Firm's address 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523

Phone no 417 865-8701

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

RHI LEGACY FOUNDATION IS DEDICATED TO CONTRIBUTING TO QUALITY AND  
ACCESSIBLE HEALTH CARE FOR THE COMMUNITY THROUGH A JOINT VENTURE  
WITH DUKE LIFEPOINT. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

**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 \$ 4,799,981 including grants of \$ 1,178,968 ) (Revenue \$ 511,367 )

RHI LEGACY FOUNDATION, INC., SUPPORTS LOCAL NOT FOR PROFIT  
ORGANIZATIONS WITH FOCUS ON HEALTH AND WELLNESS THROUGH GRANT  
FUNDING. RHI LEGACY FOUNDATION, INC. ALSO PARTICIPATED IN A JOINT  
VENTURE WITH DLP RUTHERFORD REGIONAL HEALTH SYSTEM, LLC IN AN  
EFFORT TO STRENGTHEN THE HOSPITAL AND ENHANCE ITS ABILITY TO  
PROVIDE OUTSTANDING CARE TO PATIENTS IN RUTHERFORD COUNTY AND  
SURROUNDING COUNTIES.

**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 **▶** 4,799,981.

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	2	X
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	X
4 <b>Section 501(c)(3) organizations.</b> 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	X
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	X
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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .	8	X
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	X
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	X
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	X
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	X
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	X
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	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	11e	X
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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	12a	X
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
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	X
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	X
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	X
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	X
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	X
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	X

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

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		X
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. . . . .	X	
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. . . . .		X
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. . . . .		X
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. . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
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? . . . . .		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
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. . . . .		X
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. . . . .		X
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. . . . .		X
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. . . . .		X
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. . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
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. . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		X
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. . . . .	X	
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. . . . .		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
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. . . . .		
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. . . . .		X
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. . . . .	X	
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. . . . .	X	

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	19	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	19	
<b>2</b> 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	X
<b>3</b> 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	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	X
<b>6</b> Did the organization have members or stockholders? . . . . .	6	X
<b>7a</b> 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	X
<b>b</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	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body? . . . . .	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
<b>9</b> 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	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	10a	X
<b>b</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	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	X
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	15a	X
<b>b</b> Other officers or key employees of the organization . . . . .	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> 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	X
<b>b</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	X

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 ►  
TERRY W HINES P O BOX 352 RUTHERFORDTON, NC 28139 828-202-4629

**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, and 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			
(1) BOBBY ENGLAND, MD CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) DAVID EAKER VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(3) ELIZABETH MILLER SECRETARY/TREASURER	1.00 0.	X		X				0.	0.	0.
(4) PAUL DECK TRUSTEE	1.00 0.	X						0.	0.	0.
(5) LUTHER PERSON, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(6) MATT BRIGHT TRUSTEE	1.00 0.	X						0.	0.	0.
(7) MICHAEL WHEELER, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(8) JOSEPH L. CARSON TRUSTEE	1.00 0.	X						0.	0.	0.
(9) JIMMY DANCY TRUSTEE	1.00 0.	X						0.	0.	0.
(10) JACKIE HAMPTON TRUSTEE	1.00 0.	X						0.	0.	0.
(11) SUMY JOSEPH TRUSTEE	1.00 0.	X						0.	0.	0.
(12) MAGGIE BELL, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(13) DAN HEGEMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(14) JOAN KING TRUSTEE	1.00 0.	X						0.	0.	0.

**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			
15) SHIRLEY KOONE TRUSTEE	1.00 0.	X						0.	0.	0.
16) KERRY GILES TRUSTEE	1.00 0.	X						0.	0.	0.
17) JOHN CONDREY TRUSTEE	1.00 0.	X						0.	0.	0.
18) JUDY BOND TRUSTEE	1.00 0.	X						0.	0.	0.
19) LARRY HARRILL TRUSTEE	1.00 0.	X						0.	0.	0.
20) TERRY HINES EXECUTIVE DIRECTOR	40.00 0.			X				106,000.	0.	0.
21) JILL MIRACLE COMMUNITY IMPACT DIRECTOR	40.00 0.			X				55,765.	0.	25,999.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								161,765.	0.	25,999.
<b>d Total (add lines 1b and 1c)</b>								161,765.	0.	25,999.

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

- 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
- 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
- 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

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	51,534			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	225,873			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		277,407			
	<b>Program Service Revenue</b>	<b>2a</b>	DLP RRHS, LLC OTHER INCOME	<b>Business Code</b>	900099	121,126	121,126.
<b>b</b>		OTHER REVENUE		900099	375,611	375,611	
<b>c</b>		AUXILIARY MISCELLANEOUS REVENUE		900099	14,630	14,630	
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		511,367			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶		632,256		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶		0			
	<b>5</b>	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .	21,066				
	<b>b</b>	Less rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .	21,066				
	<b>d</b>	Net rental income or (loss) . . . . . ▶		21,066			21,066
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			14,771,050				
	<b>b</b>	Less cost or other basis and sales expenses . . . . .		14,747,965			
	<b>c</b>	Gain or (loss) . . . . .		23,085			
	<b>d</b>	Net gain or (loss) . . . . . ▶		23,085			23,085
	<b>8a</b>	Gross income from fundraising events (not including \$ 51,534 of contributions reported on line 1c) See Part IV, line 18 . . . . . a		12,700			
	<b>b</b>	Less direct expenses . . . . . b		12,700			
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶		0			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . a					
<b>b</b>	Less direct expenses . . . . . b						
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . a		86,691				
<b>b</b>	Less cost of goods sold . . . . . b		53,218				
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶		33,473			33,473	
	Miscellaneous Revenue	Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		1,498,654	511,367		709,880	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,178,968.	1,178,968.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	187,430.	141,679.	45,751.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	0.			
10 Payroll taxes . . . . .	12,375.	9,354.	3,021.	
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	2,900.	2,269.	631.	
c Accounting . . . . .	14,854.	11,623.	3,231.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17 . . . . .	0.			
f Investment management fees . . . . .	163,812.		163,812.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	1,300.	1,017.	283.	
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	159,514.	145,810.	13,704.	
14 Information technology . . . . .	11,667.	11,450.	217.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	24,580.	19,234.	5,346.	
17 Travel . . . . .	1,286.	1,006.	280.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	15,196.	11,891.	3,305.	
23 Insurance . . . . .	12,603.	9,862.	2,741.	
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 DLP RRHS, LLC ORDINARY LOSS . . . . .	3,253,037.	3,253,037.		
b LICENSES, DUES, SUBSCRIPTION . . . . .	3,554.	2,781.	773.	
c . . . . .				
d . . . . .				
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e . . . . .	5,043,076.	4,799,981.	243,095.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	232,562.	1	429,568.
	2 Savings and temporary cash investments . . . . .	1,134,923.	2	4,738,178.
	3 Pledges and grants receivable, net . . . . .	0.	3	0.
	4 Accounts receivable, net . . . . .	6,100.	4	6,100.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0.	6	0.
	7 Notes and loans receivable, net . . . . .	0.	7	0.
	8 Inventories for sale or use . . . . .	14,359.	8	14,359.
	9 Prepaid expenses and deferred charges . . . . .	0.	9	0.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	10a 112,047.		
	b Less accumulated depreciation . . . . .	10b 94,022.	10c	18,025.
	11 Investments - publicly traded securities . . . . .	33,545,453.	11	34,216,802.
	12 Investments - other securities See Part IV, line 11 . . . . .	4,717,537.	12	4,336,884.
	13 Investments - program-related See Part IV, line 11 . . . . .	0.	13	0.
	14 Intangible assets . . . . .	0.	14	0.
	15 Other assets See Part IV, line 11 . . . . .	0.	15	0.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	39,707,468.	16	43,759,916.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	99,215.	17	93,264.
	18 Grants payable . . . . .	0.	18	0.
	19 Deferred revenue . . . . .	0.	19	0.
	20 Tax-exempt bond liabilities . . . . .	0.	20	0.
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	607,771.	25	489,602.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	706,986.	26	582,866.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	39,000,482.	27	43,177,050.
	28 Temporarily restricted net assets . . . . .	0.	28	0.
	29 Permanently restricted net assets . . . . .	0.	29	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b> . . . . .	39,000,482.	33	43,177,050.
	34 <b>Total liabilities and net assets/fund balances</b> . . . . .	39,707,468.	34	43,759,916.

Form 990 (2017)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,498,654.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,043,076.
3	Revenue less expenses Subtract line 2 from line 1	3	-3,544,422.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,000,482.
5	Net unrealized gains (losses) on investments	5	4,363,108.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,357,882.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,177,050.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

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

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

Form 990 (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

RHI LEGACY FOUNDATION, INC.

Employer identification number

56-0619367

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations. . . . .

g Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
b <b>33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15. . . . .	16	%

**Section D. Computation of Investment Income Percentage**

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

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (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.		
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 <b>Part VI</b> when and how the organization made the determination.		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.		
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.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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 <b>Part VI</b> 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.		
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 <b>Part VI</b> , 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).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
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 <b>Part VI</b> .		
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).		
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).		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 10b below.		
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.)		



**Part IV Supporting Organizations (continued)**

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

**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.		
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.		

**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).		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
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.			
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.			
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.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2017

**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	<b>Total annual distributions.</b> Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

  

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013 . . . . .			
c From 2014 . . . . .			
d From 2015 . . . . .			
e From 2016 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j <b>Remainder</b> Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c <b>Remainder</b> Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 <b>Excess distributions carryover to 2018</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013 . . . .			
b Excess from 2014 . . . .			
c Excess from 2015 . . . .			
d Excess from 2016 . . . .			
e Excess from 2017 . . . .			

Schedule A (Form 990 or 990-EZ) 2017

**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.)

**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

RHI LEGACY FOUNDATION, INC.

Employer identification number

56-0619367

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .
- 1b** If "Yes," was it a written policy? . . . . .
- 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
- ☐ 100% ☐ 150% ☒ 200% ☐ Other \_\_\_\_\_ %
- b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .
- ☐ 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"? . . . . .
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .
- 6a** Did the organization prepare a community benefit report during the tax year? . . . . .
- b** If "Yes," did the organization make it available to the public? . . . . .
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

	Yes	No
<b>1a</b>	X	
<b>1b</b>	X	
<b>2</b>		
<b>3a</b>	X	
<b>3b</b>	X	
<b>3c</b>		
<b>4</b>	X	
<b>5a</b>	X	
<b>5b</b>	X	
<b>5c</b>		X
<b>6a</b>		X
<b>6b</b>		

**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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			698,333.		698,333.	4.45
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			2,666,026.	2,599,546.	66,480.	.42
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .			3,364,359.	2,599,546.	764,813.	4.87
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			97,338.	15,310.	82,028.	.52
<b>f</b> Health professions education (from Worksheet 5) . . . . .						
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			2,170,075.	2,013,565.	156,510.	1.00
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			21,962.		21,962.	.14
<b>j</b> Total. Other Benefits . . . . .			2,289,375.	2,028,875.	260,500.	1.66
<b>k</b> Total. Add lines 7d and 7j. . . . .			5,653,734.	4,628,421.	1,025,313.	6.53

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

Schedule H (Form 990) 2017

**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			10,000.		10,000.	.06
3 Community support			676,654.		676,654.	4.31
4 Environmental improvements			329,400.		329,400.	2.10
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			35,500.		35,500.	.23
9 Other						
10 Total			1,051,554.		1,051,554.	6.70

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	X	
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	777,654.
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	167,196.
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	4,420,839.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	4,508,771.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-87,932.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	9a	X
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	X

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Part V Facility Information

## Section A. Hospital Facilities

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

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

[illegible]

**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

SCHEDULE H, PART V, SECTION B, LINE 5

COMMUNITY INPUT:

INCLUDING INPUT FROM THE COMMUNITY IS AN IMPORTANT ELEMENT OF THE  
COMMUNITY HEALTH ASSESSMENT PROCESS. OUR COUNTY INCLUDED COMMUNITY INPUT  
AND ENGAGEMENT IN A NUMBER OF WAYS INCLUDING:

- PARTNERSHIP ON CONDUCTING THE HEALTH ASSESSMENT PROCESS
- THROUGH PRIMARY DATA COLLECTION EFFORTS (SURVEY, KEY INFORMANT SURVEYS  
AND FOCUS GROUP)
- IN THE IDENTIFICATION AND PRIORITIZATION OF HEALTH ISSUES.

OVER 70 COMMUNITY AND HEALTH CARE ORGANIZATIONS AND INDIVIDUALS  
COLLABORATED TO CREATE A CHNA FOCUSED ON IDENTIFYING AND DEFINING  
SIGNIFICANT HEALTH NEEDS, ISSUES, AND CONCERNS OF THE RRHS COMMUNITY. THE  
NINE-MONTH PROCESS CENTERED ON GATHERING AND ANALYZING DATA AS WELL AS  
RECEIVING INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE  
COMMUNITY AND HAVE SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH TO  
PROVIDE DIRECTION FOR THE COMMUNITY AND HOSPITAL TO CREATE A PLAN TO  
IMPROVE THE HEALTH OF THE COMMUNITY.

IN APRIL, 2015, RRHS BEGAN WORKING WITH WNC HEALTHY IMPACT AND THE  
RUTHERFORD POLK MCDOWELL HEALTH DISTRICT TO CONDUCT A COMMUNITY HEALTH  
NEEDS ASSESSMENT FOR RUTHERFORD COUNTY. THE CONSORTIUM SOUGHT INPUT FROM  
PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY USING SEVERAL  
METHODS:

- INFORMATION GATHERING, USING SECONDARY PUBLIC HEALTH SOURCES, OCCURRED



**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

IN APRIL THROUGH AUGUST OF 2015.

-20 RUTHERFORD COUNTY LEADERS WERE SURVEYED VIA E-MAIL REGARDING THEIR PERSPECTIVES ON COMMUNITY HEALTH STATUS AND NEEDS FROM AUGUST 17-SEPTEMBER 9, 2015.

-200 COMMUNITY SURVEYS WERE CONDUCTED BY PHONE FROM MARCH 23 TO MAY 28, 2015 TO HEAR ABOUT THEIR CONCERNS AND PRIORITIES.

-THE RUTHERFORD POLK MCDOWELL DISTRICT HEALTH DEPARTMENT SHARED THE CHA FINDINGS WITH THE RUTHERFORD HEALTH COUNCIL AND MEMBERS OF THE RUTHERFORD REGIONAL HEALTH SYSTEM ON NOVEMBER 4, 2015.

-A THREE-COUNTY HEALTH PRIORITIZATION ADVISORY TEAM MET TO DETERMINE HEALTH PRIORITIES FOR EACH COUNTY ON DECEMBER 1, 2015.

-A COMMUNITY FORUM WAS HELD ON JANUARY 27, 2016 WITH 39 COMMUNITY STAKEHOLDERS. THE AUDIENCE CONSISTED OF HEALTHCARE PROVIDERS, THE HEALTH DEPARTMENT, BUSINESS LEADERS, SCHOOL SYSTEMS, GOVERNMENT REPRESENTATIVES, NOT-FOR-PROFIT ORGANIZATIONS AND OTHER COMMUNITY MEMBERS. CHA DATA WAS REVIEWED AND EVIDENCE BASED STRATEGIES WERE EXPLORED TO ADDRESS THE THREE CHOSEN HEALTH PRIORITY AREAS.

-22 COMMUNITY MEMBERS, EMPLOYERS, NOT-FOR-PROFIT ORGANIZATIONS (REPRESENTING VARIOUS POPULATIONS INCLUDING MEDICALLY-UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS, AND CHILDREN), SCHOOLS, HEALTH PROVIDERS, AND GOVERNMENT REPRESENTATIVES PARTICIPATED IN A FOCUS GROUP FOR THEIR PERSPECTIVES ON IMPLEMENTATION STRATEGIES MARCH 16, 2016.

-COMMENTS RECEIVED ON RRHS'S 2012 PRIORITIZED HEALTH ISSUES WERE RECEIVED ON MARCH 16, 2016.

PARTICIPANTS IN THE KEY INFORMANT SURVEY, COMMUNITY FORUM AND THE FOCUS

**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

GROUP CREATING THE RUTHERFORD COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT  
AND IMPROVEMENT PLAN ARE NOTED ON PAGE 7 OF THE COMMUNITY HEALTH NEEDS  
ASSESSMENT LOCATED AT  
  
WWW.MYRUTHERFORDREGIONAL.COM/PATIENTS-AND-VISITORS/COMMUNITY-HEALTH  
-NEEDS-ASSESSMENT

INPUT OF PUBLIC HEALTH OFFICIALS  
  
RUTHERFORD POLK AND MCDOWELL HEALTH DISTRICT WAS INTEGRAL IN THE  
CONSORTIUM TO GATHER THE SECONDARY COMMUNITY HEALTH INFORMATION AND  
ANALYZE THE PRIMARY DATA.

INPUT OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS THE  
PREVIOUS IDENTIFIES EACH ORGANIZATION THAT WAS INVOLVED IN THE CHNA, HOW  
THEY PROVIDED THEIR INPUT AND WHAT GROUPS THEY REPRESENTED. MANY OF THE  
ORGANIZATIONS INVOLVED REPRESENT THE MEDICALLY UNDERSERVED, LOW INCOME  
AND MINORITY POPULATIONS. INPUT WAS RECEIVED DURING THE FOCUS GROUP,  
SURVEYS AND THE SUMMIT. PARTICIPANTS WERE INVITED BASED ON THEIR ABILITY  
TO REPRESENT THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY  
POPULATIONS.

SCHEDULE H, PART V, SECTION B, LINES 6A & 6B  
  
CHNA CONDUCTED WITH OTHER HOSPITALS AND OTHER FACILITIES:  
  
LIFEPOINT HEALTH ENGAGED NATIONAL LEADERS IN COMMUNITY HEALTH NEEDS  
ASSESSMENTS TO REVIEW THE CHNA PROCESS. STRATASAN, A HEALTHCARE ANALYTICS  
AND FACILITATION COMPANY OUT OF NASHVILLE, TENNESSEE WAS ENGAGED TO

**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

REVIEW THE PROCESS AND PROVIDE COMMUNITY HEALTH PROCESS AND FACILITATION  
EXPERTISE. STRATASAN CONDUCTED A COMMUNITY FOCUS GROUP, REVIEWED THE  
RUTHERFORD COUNTY 2015 COMMUNITY HEALTH ASSESSMENT AND CREATED THE RRHS  
COMMUNITY REPORT. ALL OF THESE PARTIES - RRHS, RUTHERFORD POLK MCDOWELL  
HEALTH DISTRICT AND WNC HEALTHY IMPACT AND STRATASAN WILL BE KNOWN AS THE  
CONSORTIUM.

SCHEDULE H, PART V, SECTION B, LINE 7A

CHNA REPORT:

WWW.MYRUTHERFORDREGIONAL.COM/PATIENTS-AND-VISITORS/COMMUNITY-HEALTH-NEEDS  
ASSESSMENT

SCHEDULE H, PART V, SECTION B, LINE 10A

IMPLEMENTATION STRATEGY:

IN RESPONSE TO THE RESULTS OF RHI LEGACY FOUNDATION'S MOST RECENTLY  
CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT, THE ORGANIZATION ADOPTED AN  
IMPLEMENTATION STRATEGY. THE IMPLEMENTATION STRATEGY IS AVAILABLE ON THE  
WEBSITE AT  
WWW.MYRUTHERFORDREGIONAL.COM/PATIENTS-AND-VISITORS/COMMUNITY-HEALTH-NEEDS-  
ASSESSMENT.

SCHEDULE H, PART V, SECTION B, LINE 11

ADDRESSING IDENTIFIED NEEDS:

BASED ON THE RESULTS OF THE CHNA, RUTHERFORD REGIONAL HEALTH SYSTEM  
(RRHS) HAS SELECTED THREE (3) OF THE IDENTIFIED SIGNIFICANT HEALTH NEEDS

**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

TO ADDRESS.

1. TOBACCO
2. CHRONIC DISEASE - HEALTHY LIVING
3. SUBSTANCE ABUSE

RRHS PLANS TO MEET THE SIGNIFICANT HEALTH NEEDS BY:

1. TOBACCO

-STRATEGY: CREATE A FORM UPON ADMISSION TO HOSPITAL THAT IDENTIFIES PATIENTS AS SMOKERS IN ORDER TO CONNECT THEM TO RRHS 6-WEEK SMOKING CESSATION PROGRAM/REGIMEN TO HELP THEM QUIT IF THEY HAVE A DESIRE TO DO SO;

UPDATE: COMPLETED, IS AN ELECTRONIC TRIGGER IN THE NURSING ASSESSMENT

-STRATEGY: TRACK/MONITOR IDENTIFIED PATIENTS SEEKING ASSISTANCE THROUGH THE RRHS PROGRAM TO EVALUATE SUCCESS RATE 30, 60 AND 90 DAYS AFTER COMPLETION OF THE PROGRAM/REGIMEN;

UPDATE: COMPLETED

-STRATEGY: HOLD QUARTERLY BUSINESS ENGAGEMENT GROUP (BEG) MEETINGS TO COORDINATE AND SCHEDULE SMOKING CESSATION CLASSES/OFFERINGS TO LOCAL EMPLOYERS ON THE WORKSITES;

UPDATE: IN PROCESS, STILL NEEDS TO BE FINALIZED AND ROLLED OUT

-STRATEGY: INCREASE THE PRESENCE OF RADICAL RANDY - AN EDUCATION DOLL USED BY RRHS CARDIOPULMONARY SERVICES - IN THE SCHOOL SYSTEMS TO EDUCATE CHILDREN ON THE DANGERS OF TOBACCO USE; RRHS PATIENTS TO RESOURCES SUCH AS PROGRAMS HELPING THEM TO QUIT SMOKING INCLUDING A LINK FROM THE RRHS WEBSITE);

**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.

UPDATE: COMPLETED

-STRATEGY: INCREASE PARTICIPATION IN LOCAL POLICY AND ADVOCACY EFFORTS (I.E., LOCAL COUNCIL MEETINGS) TO PROMOTE TOBACCO-FREE ENVIRONMENTS IN RUTHERFORD COUNTY; CONNECTS LOCAL BUSINESS AND INDUSTRY WITH RRHS SMOKING CESSATION PROGRAM AND OTHER COMMUNITY RESOURCES;

UPDATE: COMPLETED, DISCUSSIONS TAKE PLACE DURING CANCER COMMITTEE

-STRATEGY: UTILIZE RRHS' STATUS AS THE COUNTY'S SECOND LARGEST EMPLOYER TO CONDUCT QUARTERLY LUNCH AND LEARNS WITH EMPLOYEES ABOUT SMOKING CESSATION THAT WOULD EARN PARTICIPANTS 500 VITALITY POINTS TO ATTEND.

UPDATE: IN PROCESS

2. CHRONIC DISEASE - HEALTHY EATING, ACTIVE LIVING

-STRATEGY: INCREASED EMPHASIS BY MARKETING, COMMUNITY RELATIONS AND EDUCATION DEPARTMENTS ON COMMEMORATING MONTHLY HEALTH OBSERVANCES IN THE COMMUNITY;

UPDATE: IN PROCESS

-STRATEGY: HOLD QUARTERLY BUSINESS ENGAGEMENT GROUP (BEG) MEETINGS TO CONNECT EMPLOYERS WITH RRHS PROGRAMS AND PROFESSIONALS WHO ASSIST WITH MANAGING CHRONIC DISEASE; COUNTY RESOURCES TOGETHER FOR ONE LARGE-SCALE EVENT AIMED AT PROMOTING HEALTHY LIVING;

UPDATE: IN PROCESS, STILL NEEDS TO BE FINALIZED AND ROLLED OUT

-STRATEGY: SUPPORT OF THE CONTINUED EXPANSION OF OUTDOOR EXERCISE OPPORTUNITIES IN THE COUNTY;

UPDATE: COMPLETED, MAIN SPONSOR OF RUTHERFORD RACE SERIES

-STRATEGY: INCREASED PARTICIPATION BY THE RRHS CERTIFIED DIABETES

**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

INSTRUCTOR IN LOCAL HEALTHY LIVING EVENTS AND HEALTH FAIRS, INCLUDING THE  
PRIME OF LIFE FESTIVAL AND CHANGE 4 LIFE EXPO; CONNECTS LOCAL BUSINESS  
AND INDUSTRY WITH RRHS AND OTHER COMMUNITY RESOURCES  
UPDATE: IN PROCESS, HAVE INCREASED REPRESENTATION AT LOCAL EVENTS. WILL  
INCREASE CERTIFIED DIABETES INSTRUCTOR PARTICIPATION IN 2019.

3. SUBSTANCE ABUSE:

FACILITIES THAT CONNECT RRHS PATIENTS TO RESOURCES SUCH AS PROGRAMS  
HELPING THEM TO ADDRESS SUBSTANCE ABUSE OR TOBACCO USE ISSUES (INCLUDING  
A LINK FROM THE RRHS WEBSITE);

-STRATEGY: SUPPORT AN INCREASED ROLE BY EMERGENCY DEPARTMENT PROVIDERS TO  
EDUCATE PATIENTS ABOUT THE ADDICTIVE QUALITIES OF PRESCRIPTION  
MEDICATIONS;

UPDATE: COMPLETED, IN EDUCATION INFORMATION PROVIDED TO PATIENTS

-STRATEGY: PROVIDE GREATER EDUCATION TO RRHS STAFF ABOUT HOW TO CONNECT  
PEOPLE TO THE MOBILE CRISIS HOTLINE AND REGIONAL WALK-IN CENTERS;  
CONNECTS LOCAL BUSINESS AND INDUSTRY WITH RRHS AND OTHER COMMUNITY  
RESOURCES;

UPDATE: IN PROCESS, INFORMATION AVAILABLE ON COMPUTERS SCREEN SAVERS.

STILL NEEDS ADDITIONAL EDUCATIONAL PIECES ROLLED OUT TO RRHS STAFF

-STRATEGY: HOST A ROUNDTABLE FORUM - LED BY THE RRHS PSYCHIATRIST - THAT  
INCLUDES LOCAL LAW ENFORCEMENT LEADERS AND COMMUNITY ACTIVISTS TO GAIN A  
GREATER UNDERSTANDING OF THE DEPTH AND BREADTH OF RUTHERFORD COUNTY'S  
SUBSTANCE ABUSE PROBLEM AND TO DEVELOP COLLABORATIVE PARTNERSHIPS AMONG

**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

THE PARTICIPANTS TO:

- (1) SHARE RELEVANT QUARTERLY UPDATES - STATISTICALLY, IF AVAILABLE, AND ANECDOTALLY, (2) APPRISE ONE ANOTHER OF RESOURCES AVAILABLE FOR THOSE REQUESTING ASSISTANCE,
- (3) DETERMINE THE MOST EFFECTIVE WAYS TO EDUCATE THE COMMUNITY - PARTICULARLY YOUTH AND CHILDREN - OF THE DANGERS AND CONSEQUENCES OF SUBSTANCE ABUSE, AND
- (4) IDENTIFY POTENTIAL CREATION OF ADDITIONAL RESOURCES FOR THOSE SEEKING ASSISTANCE"

UPDATE: COMPLETED, CONDUCTED DURING EMERGENCY MEDICINE MONTHLY MEETING.

HOSPITAL REPRESENTATIVES ATTEND MONTHLY RUTHERFORD COUNTY OPIOID FORUM

SCHEDULE H, PART V, SECTION B, LINE 16A

FAP WEBSITE URL:

[HTTP://WWW.MYRUTHERFORDREGIONAL.COM/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-INFORMATION](http://www.myrutherfordregional.com/patients-and-visitors/patient-financial-information)

SCHEDULE H, PART V, SECTION B, LINE 16B

FAP APPLICATION WEBSITE URL:

[HTTP://WWW.MYRUTHERFORDREGIONAL.COM/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-INFORMATION](http://www.myrutherfordregional.com/patients-and-visitors/patient-financial-information)

SECTION H, PART V, SECTION B, LINE 16C

FAP PLAIN LANGUAGE SUMMARY WEBSITE URL:

[HTTP://WWW.MYRUTHERFORDREGIONAL.COM/PATIENTS-AND-VISITORS/PATIENT-PLAIN-LANGUAGE-SUMMARY](http://www.myrutherfordregional.com/patients-and-visitors/patient-plain-language-summary)

**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.

FINANCIAL-INFORMATION



**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? 12

Name and address	Type of Facility (describe)
<b>1</b> CAROLINA HOME CARE 2270 HWY 74-A SUITE 345 FOREST CITY NC 28043	FAMILY GENERAL MEDICINE
<b>2</b> RUTHERFORD ORTHOPAEDICS 139 DR HENRY NORRIS DRIVE RUTHERFORDTON NC 28139	ORTHOPAEDIC PRACTICE
<b>3</b> RUTHERFORD SURGICAL ASSOCIATES 330 NC 108 HIGHWAY RUTHERFORDTON NC 28139	SURGICAL PRACTICE
<b>4</b> FOREST CITY FAMILY CARE 212 ALLENDALE DRIVE FOREST CITY NC 28043	FAMILY GENERAL MEDICINE
<b>5</b> RUTHERFORD CHILDREN'S CARE 162 COMMERCIAL DR, STE B FOREST CITY NC 28043	PEDIATRIC SERVICES
<b>6</b> CHASE FAMILY CARE 1269 US HWY 221A FOREST CITY NC 28043	FAMILY GENERAL MEDICAL
<b>7</b> RUTHERFORD EAST FAMILY CARE 605 NC 120 HIGHWAY MOORESBORO NC 28114	FAMILY GENERAL MEDICINE
<b>8</b> INSIGHTS PSYCHIATRIC RESOURCES 393 S OAK STREET SUITE 100 SPINDALE NC 28160	PSYCHIATRIC SERVICES
<b>9</b> THE CLINIC AT WALMART 197 PLAZA DRIVE FOREST CITY NC 28043	FAMILY GENERAL MEDICINE
<b>10</b> RUTHERFORD OCCUPATIONAL MEDICINE 288 SOUTH RIDGECREST AVENUE RUTHERFORDTON NC 28139	OCCUPATIONAL/INDUSTRIAL HEALTH

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**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
1 RUTHERFORD UROLOGY 288 SOUTH RIDGECREST AVENUE RUTHERFORDTON NC 28139	UROLOGICAL SERVICES
2 POLK MEDICAL SPECIALTIES 45 E. MILLS ST COLUMBUS NC 28722	FAMILY GENERAL MEDICINE
3	
4	
5	
6	
7	
8	
9	
10	

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**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 RUTHERFORD REGIONAL HEALTH SYSTEMLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1**Community Health Needs Assessment**

- 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? . . . . .
- 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 . . . . .
- 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .  
If "Yes," indicate what the CHNA report describes (check all that apply)
- 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 2016
- 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 . . . . .
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .
- 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 . . . . .
- 7 Did the hospital facility make its CHNA report widely available to the public? . . . . .  
If "Yes," indicate how the CHNA report was made widely available (check all that apply)
- a ☒ Hospital facility's website (list url) SEE PART V, SECTION C
- b ☐ Other website (list url) \_\_\_\_\_
- 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 . . . . .
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy 2016
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .
- a If "Yes," (list url) SEE PART V, SECTION C
- b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .
- 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed
- 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

	Yes	No
1		X
2		X
3	X	
4		
5	X	
6a	X	
6b	X	
7	X	
8	X	
9		
10	X	
10b		
11		
12a		X
12b		

**Part V Facility Information (continued)****Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group RUTHERFORD REGIONAL HEALTH SYSTEM

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> X	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0000</u> % and FPG family income limit for eligibility for discounted care of <u>300 0000</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> X	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> X	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information (continued)****Billing and Collections**Name of hospital facility or letter of facility reporting group RUTHERFORD REGIONAL HEALTH SYSTEM

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

Schedule H (Form 990) 2017

**Part V** Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group RUTHERFORD REGIONAL HEALTH SYSTEM

	Yes	No
<b>22</b> 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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C	<b>23</b>	X
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	<b>24</b>	X

Schedule H (Form 990) 2017

**Part VI** Supplemental Information

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SCHEDULE H, PART I, QUESTION 7, COLUMN F

PERCENT OF TOTAL EXPENSE:

RHI LEGACY FOUNDATION, INC. PARTICIPATES IN A JOINT VENTURE WITH DLP RUTHERFORD REGIONAL HEALTH SYSTEM, LLC (DLP). TO ARRIVE AT THE PERCENT OF TOTAL EXPENSES, THE DENOMINATOR WHICH EQUALS RHI LEGACY FOUNDATION'S PROPORTIONATE SHARE, OR TWENTY PERCENT, OF DLP'S TOTAL OPERATING EXPENSES LESS THE SHARE OF BAD DEBT EXPENSE OF \$777,654, PLUS RHI LEGACY FOUNDATION'S EXPENSES.

SCHEDULE H, PART I, LINE 7

COSTING METHODOLOGY:

THE COST TO CHARGE RATIO COMPUTED ON IRS WORKSHEET 2 WAS USED IN THE CALCULATIONS ON IRS WORKSHEETS 1, 3 AND 6.

SCHEDULE H, PART III, SECTION A, LINE 2

BAD DEBT EXPENSE:

THE BAD DEBT EXPENSE LISTED ON LINE 2 IS RHI LEGACY FOUNDATION'S PROPORTIONATE SHARE, OR TWENTY PERCENT, OF DLP RRHS, LLC'S BAD DEBT

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EXPENSE.

SCHEDULE H, PART III, SECTION A, LINE 3

BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE:

THE BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED USING POVERTY LIMIT DEMOGRAPHIC INFORMATION OBTAINED THROUGH THE US CENSUS BUREAU. USING DATA FROM 2010-2015, APPROXIMATELY 21.5 PERCENT OF RUTHERFORD COUNTY WAS CONSIDERED TO LIVE IN POVERTY.

SCHEDULE H, PART III, SECTION A, LINE 4

BAD DEBT EXPENSE:

RHI LEGACY FOUNDATION, INC. DID NOT HAVE AUDITED FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED 12/31/17. HOWEVER, THE AUDITED FINANCIAL STATEMENTS FOR DLP LIST THE FOLLOWING: AT THE END OF EACH REPORTING PERIOD THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR HOSPITAL PATIENT ACCOUNTS RECEIVABLE MUST EQUAL SELF-PAY AND COPAY/DEDUCTIBLE ACCOUNTS RECEIVABLE MULTIPLIED BY THEIR RESPECTIVE HISTORICAL WRITE-OFF PERCENTAGE, PLUS INSURANCE



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ACCOUNTS RECEIVABLE AGED OVER 360 DAYS, LESS RESERVES FOR PENDING  
MEDICAID, KHCP, ADMINISTRATIVE ADJUSTMENTS, CHARITY, AND ESTIMATED  
AMOUNTS IN ACCOUNTS RECEIVABLE EXPECTED TO BE REIMBURSED AS MEDICARE BAD  
DEBTS. SELF-PAY AND COPAY/DEDUCTIBLE HISTORICAL WRITE-OFF PERCENTAGES  
MUST BE CALCULATED USING THE FACILITY'S TRANSACTIONS FROM EITHER THEIR  
PATIENT ACCOUNTING SYSTEM OR CASEMIX. THE CALCULATION METHOD MUST BE  
APPROVED BY ONE OF THE FOLLOWING: VICE PRESIDENT, ACCOUNTING AND  
REPORTING; VICE PRESIDENT, CONTROLLER OPERATIONS; OR THE SENIOR DIRECTOR,  
HOSPITAL OPERATIONS CONTROLLER.

SCHEDULE H, PART III, SECTION B, LINE 8

COMMUNITY BENEFIT:

SERVING PATIENTS WITH GOVERNMENT HEALTH BENEFITS, SUCH AS MEDICARE, IS A  
COMPONENT OF THE COMMUNITY BENEFIT STANDARD THAT TAX-EXEMPT HOSPITALS ARE  
HELD TO. THIS IMPLIES THAT SERVING MEDICARE PATIENTS IS A COMMUNITY  
BENEFIT AND THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE  
COMMUNITY.

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SCHEDULE H, PART III, SECTION C, LINE 9B

COLLECTION POLICY:

THE HOSPITAL WILL NOT REFER ANY ACCOUNT TO A COLLECTION AGENCY OR INITIATE EXTRAORDINARY COLLECTION EFFORTS (ECAS) DURING THE NOTIFICATION PERIOD AND WILL FIRST MAKE REASONABLE EFFORTS TO DETERMINE WHETHER A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE. IN THE EVENT OF NONPAYMENT BY AN UNINSURED PATIENT OF CHARGES FOR COVERED SERVICES, IF THE PATIENT DOES NOT SUBMIT A FINANCIAL ASSISTANCE APPLICATION DURING THE NOTIFICATION PERIOD, ECAS MAY BE INITIATED IF THE FOLLOWING CRITERIA IS MET:

- THE HOSPITAL HAS SENT THE PATIENT A WRITTEN NOTICE THAT STATES THAT FINANCIAL ASSISTANCE IS AVAILABLE TO ELIGIBLE INDIVIDUALS, IDENTIFIES THE ECAS THE HOSPITAL INTENDS TO INITIATE, AND STATES A DEADLINE AFTER WHICH THE ECAS MAY BE INITIATED (WHICH WILL BE NO SOONER THAN 30 DAYS AFTER THE DATE OF SUCH WRITTEN NOTICE);
- SUCH WRITTEN NOTICE IS ACCOMPANIED BY A COPY OF THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY;
- THE HOSPITAL HAS MADE EFFORTS TO ORALLY NOTIFY THE PATIENT ABOUT THE

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FINANCIAL ASSISTANCE POLICY AND THE AVAILABILITY OF ASSISTANCE FOR

COMPLETING THE FINANCIAL ASSISTANCE APPLICATION;

-THE NOTIFICATION PERIOD HAS LAPSED; AND

-THE BUSINESS OFFICE DIRECTOR/PATIENT FINANCIAL SERVICES DIRECTOR OR HIS

OR HER DESIGNEE HAS REVIEWED THE PATIENT ACCOUNT AND DOCUMENTATION TO

CONFIRM SATISFACTION OF THE FOREGOING CRITERIA:

-FINANCIAL ASSISTANCE APPLICATION SUBMITTED DURING THE NOTIFICATION

PERIOD: IF THE PATIENT COMPLETES A FINANCIAL ASSISTANCE APPLICATION

DURING THE NOTIFICATION PERIOD AND THE HOSPITAL DETERMINES THAT THE

PATIENT IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL

INFORM THE PATIENT IN WRITING OF ITS ELIGIBILITY DETERMINATION AND MAY

INITIATE ECAS AFTER THE NOTIFICATION PERIOD HAS LAPSED.

-FINANCIAL ASSISTANCE APPLICATION SUBMITTED AFTER THE NOTIFICATION

PERIOD: IF A PATIENT COMPLETES A FINANCIAL ASSISTANCE APPLICATION AFTER

THE NOTIFICATION PERIOD BUT BEFORE THE END OF THE APPLICATION PERIOD, ANY

ECAS THAT HAVE BEEN INITIATED WILL BE SUSPENDED UNTIL THE HOSPITAL HAS

PROCESSED THE APPLICATION. IF THE HOSPITAL DETERMINES THAT THE PATIENT

IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL INFORM THE

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PATIENT IN WRITING OF ITS ELIGIBILITY DETERMINATION AND MAY RESUME ECAS.

-INCOMPLETE FINANCIAL ASSISTANCE APPLICATION SUBMITTED DURING THE

APPLICATION PERIOD: IF A PATIENT FILES AN INCOMPLETE FINANCIAL ASSISTANCE

APPLICATION DURING THE APPLICATION PERIOD, THE HOSPITAL WILL SUSPEND ANY

ECAS AND WILL SEND THE PATIENT WRITTEN NOTICE DESCRIBING THE ADDITIONAL

INFORMATION NEEDED AND GIVING THE PATIENT A REASONABLE OPPORTUNITY TO

RESPOND (AT LEAST 30 DAYS OR UNTIL THE END OF THE APPLICATION PERIOD,

WHICHEVER IS LATER). IF THE PATIENT DOES NOT PROVIDE THE REQUIRED

INFORMATION BY THE INDICATED RESPONSE DATE, THE HOSPITAL MAY INITIATE

ECAS IN ACCORDANCE WITH OTHER SECTIONS OF THE BILLING AND COLLECTIONS

POLICY. PATIENTS FOUND ELIGIBLE FOR FINANCIAL ASSISTANCE WILL BE REFUNDED

PAYMENTS IN EXCESS OF THE AMOUNT DETERMINED TO BE OWED BY THE PATIENT,

AND THE HOSPITAL WILL TAKE REASONABLY AVAILABLE MEASURES TO REVERSE ANY

ECAS TAKEN AGAINST THE INDIVIDUAL.

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT:

OVER 70 COMMUNITY AND HEALTH CARE ORGANIZATIONS AND INDIVIDUALS

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COLLABORATED TO CREATE A CHNA FOCUSED ON IDENTIFYING AND DEFINING  
SIGNIFICANT HEALTH NEEDS, ISSUES, AND CONCERNS OF THE RRHS COMMUNITY. THE  
NINE-MONTH PROCESS CENTERED ON GATHERING AND ANALYZING DATA AS WELL AS  
RECEIVING INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE  
COMMUNITY AND HAVE SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH TO  
PROVIDE DIRECTION FOR THE COMMUNITY AND HOSPITAL TO CREATE A PLAN TO  
IMPROVE THE HEALTH OF THE COMMUNITY.

IN APRIL, 2015, RRHS BEGAN WORKING WITH WNC HEALTHY IMPACT AND THE  
RUTHERFORD POLK MCDOWELL HEALTH DISTRICT TO CONDUCT A COMMUNITY HEALTH  
NEEDS ASSESSMENT FOR RUTHERFORD COUNTY. THE CONSORTIUM SOUGHT INPUT FROM  
PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY USING SEVERAL  
METHODS:

-INFORMATION GATHERING, USING SECONDARY PUBLIC HEALTH SOURCES, OCCURRED  
IN APRIL THROUGH AUGUST OF 2015.

-20 RUTHERFORD COUNTY LEADERS WERE SURVEYED VIA E-MAIL REGARDING THEIR  
PERSPECTIVES ON COMMUNITY HEALTH STATUS AND NEEDS FROM AUGUST

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17-SEPTEMBER 9, 2015.

-200 COMMUNITY SURVEYS WERE CONDUCTED BY PHONE FROM MARCH 23 TO MAY 28, 2015 TO HEAR ABOUT THEIR CONCERNS AND PRIORITIES.

-THE RUTHERFORD POLK MCDOWELL DISTRICT HEALTH DEPARTMENT SHARED THE CHA FINDINGS WITH THE RUTHERFORD HEALTH COUNCIL AND MEMBERS OF THE RUTHERFORD REGIONAL HEALTH SYSTEM ON NOVEMBER 4, 2015.

-A THREE-COUNTY HEALTH PRIORITIZATION ADVISORY TEAM MET TO DETERMINE HEALTH PRIORITIES FOR EACH COUNTY ON DECEMBER 1, 2015.

-A COMMUNITY FORUM WAS HELD ON JANUARY 27, 2016 WITH 39 COMMUNITY STAKEHOLDERS. THE AUDIENCE CONSISTED OF HEALTHCARE PROVIDERS, THE HEALTH DEPARTMENT, BUSINESS LEADERS, SCHOOL SYSTEMS, GOVERNMENT REPRESENTATIVES, NOT-FOR-PROFIT ORGANIZATIONS AND OTHER COMMUNITY MEMBERS. CHA DATA WAS REVIEWED AND EVIDENCE BASED STRATEGIES WERE EXPLORED TO ADDRESS THE THREE CHOSEN HEALTH PRIORITY AREAS.

-22 COMMUNITY MEMBERS, EMPLOYERS, NOT-FOR-PROFIT ORGANIZATIONS (REPRESENTING VARIOUS POPULATIONS INCLUDING MEDICALLY-UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS, AND CHILDREN), SCHOOLS, HEALTH PROVIDERS, AND GOVERNMENT REPRESENTATIVES PARTICIPATED IN A FOCUS GROUP

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FOR THEIR PERSPECTIVES ON IMPLEMENTATION STRATEGIES MARCH 16, 2016.

-COMMENTS RECEIVED ON RRHS'S 2012 PRIORITIZED HEALTH ISSUES WERE RECEIVED  
ON MARCH 16, 2016.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

PATIENTS WITH ESTIMATED BALANCES AFTER INSURANCE ARE CONTACTED PRIOR TO VISIT. THIS ALLOWS THE ESTIMATE TO BE PROVIDED TO PATIENT, AND TO DISCUSS INSURANCE BENEFITS AND ESTIMATED BALANCES AFTER INSURANCE. THIS DOES INCLUDE ALL SELF PAY PATIENTS AS WELL. A FINANCIAL COUNSELOR MAKES THIS CALL AND EXPLAINS ALL PAYMENT OPTIONS AND OPPORTUNITIES TO APPLY FOR MEDICAL ASSISTANCE. PATIENT REPRESENTATIVES ALSO FOLLOW UP WITH ALL SELF PAY PATIENTS TO PURSUE QUALIFICATION OF PATIENT INTO SOME TYPE OF ASSISTANCE (NCMEDICAID, DISABILITY, CRIME VICTIMS, VOCATIONAL REHAB OR OTHER POSSIBLE PAYMENT SOURCE). IF NO RESOURCES ARE IDENTIFIED FROM PATIENT REPRESENTATIVES, THE REPRESENTATIVE FACILITATES GETTING A MEDICAL ASSISTANCE APPLICATION TO THE PATIENT FOR POSSIBLE QUALIFICATION. REGISTRATION EMPLOYEES HAVE MEDICAL ASSISTANCE FORMS AND ARE TO PROVIDE

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THESE TO PATIENTS AT TIME OF REGISTRATION. PMAB (EXTENDED BUSINESS OFFICE) STAFF ALSO HAVE MEDICAL ASSISTANCE APPLICATIONS AND ARE TO PROVIDE THESE AS NECESSARY TO PATIENTS AFTER PHONE CONTACT. THE MEDICAL ASSISTANCE POLICY IS ON THE RRHS WEBSITE FOR PUBLIC VIEWING, ALONG WITH THE APPLICATION THAT CAN BE PRINTED FOR COMPLETION FROM THE INDIVIDUAL REQUESTING ASSISTANCE.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

RUTHERFORD COUNTY IS A RURAL COUNTY LOCATED IN THE FOOTHILLS OF THE WESTERN REGION OF THE STATE. THE STATE OF SOUTH CAROLINA AND POLK, HENDERSON, BUNCOMBE, MCDOWELL, BURKE, AND CLEVELAND COUNTIES BOUND RUTHERFORD COUNTY. RUTHERFORD COUNTY'S LAND AREA COMPRISED OF VALLEYS, MOUNTAINS, AND FLAT LAND IS 564.12 SQUARE MILES, AND 2 SQUARE MILES OF WATER. ACCORDING TO DATA FROM THE 2010 US CENSUS, THE TOTAL POPULATION OF RUTHERFORD COUNTY IS 67,810. IN RUTHERFORD COUNTY, AS REGION-WIDE AND STATEWIDE, THERE IS A SLIGHTLY HIGHER PROPORTION OF FEMALES THAN MALES (51.7% VS. 48.3%).



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- 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

IN RUTHERFORD COUNTY 17.3% OF THE POPULATION IS IN THE 65-AND-OLDER AGE GROUP, COMPARED TO 19.0% REGION-WIDE AND 12.9% STATEWIDE (TABLE 2). THE MEDIAN AGE IN RUTHERFORD COUNTY IS 42.5, WHILE THE REGIONAL MEAN MEDIAN AGE IS 44.7 YEARS AND THE STATE MEDIAN AGE IS 37.4 YEARS.

IN TERMS OF RACIAL AND ETHNIC DIVERSITY, RUTHERFORD COUNTY IS MORE DIVERSE THAN WNC BUT LESS DIVERSE THAN NC AS A WHOLE. IN RUTHERFORD COUNTY THE POPULATION IS 87.4% WHITE/CAUCASIAN AND 14.1% NON-WHITE. REGION-WIDE, THE POPULATION IS 89.3% WHITE/CAUCASIAN AND 11.7% NONWHITE. STATEWIDE, THE COMPARABLE FIGURES ARE 68.5% WHITE AND 31.5% NON-WHITE. THE PROPORTION OF THE POPULATION THAT SELF-IDENTIFIES AS HISPANIC OR LATINO OF ANY RACE IS 3.5% IN RUTHERFORD COUNTY, 5.4% REGION-WIDE, AND 8.4% STATEWIDE. THE PREDOMINANT MINORITY IN RUTHERFORD COUNTY IS AFRICAN AMERICAN (10.1%).

IN RUTHERFORD COUNTY THE MEDIAN HOUSEHOLD INCOME WAS \$36,334 FOR THE PERIOD OF 2009-2013. THIS REPRESENTS A \$970 INCREASE OVER THE PREVIOUS

**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

AGGREGATE PERIOD. THIS IS \$2,553 BELOW THE WNC AVERAGE AND \$10,000 BELOW THE NC AVERAGE. THE MEDIAN FAMILY INCOME WAS \$42,636 FOR THE MOST CURRENT PERIOD CITED. THIS IS \$1,066 LOWER THAN THE PREVIOUS AGGREGATE PERIOD. THIS IS \$5915 BELOW THE WNC AVERAGE AND \$14,292 BELOW THE NC AVERAGE.

THE THREE EMPLOYMENT SECTORS IN RUTHERFORD COUNTY WITH THE LARGEST PROPORTIONS OF WORK AND (AVERAGE WEEKLY WAGES) WERE: HEALTH CARE AND SOCIAL ASSISTANCE: 17.80% OF WORKFORCE; MANUFACTURING: 15.52% OF THE WORKFORCE; AND RETAIL TRADE: 13.16% OF WORKFORCE.

COMPARED TO THE WNC REGION AVERAGE, RUTHERFORD COUNTY HAS:

- .6% LOWER PERCENTAGE OF PERSONS IN THE POPULATION OVER AGE 25 HAVING ONLY A HIGH SCHOOL DIPLOMA OR EQUIVALENT (2009-2013 ESTIMATE)
- 20% LOWER PERCENTAGE OF PERSONS IN THE POPULATION OVER AGE 25 HAVING A BACHELOR'S DEGREE OR HIGHER (2009-2013 ESTIMATE)
- 7% LOWER OVERALL HS GRADUATION RATE (FOR A 4-YEAR COHORT OF 9TH GRADERS ENTERING SCHOOL IN SY 2010-2011 AND GRADUATING IN SY2013 2014 OR EARLIER).

**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

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

AT RUTHERFORD REGIONAL HEALTH SYSTEM, WE SPENT 2017 EXPLORING WAYS TO ADVANCE OUR MISSION OF MAKING THE COMMUNITIES OF RUTHERFORD, POLK AND CLEVELAND COUNTIES HEALTHIER. AND BY FOCUSING OUR EFFORTS ON CREATING A PLACE WHERE PEOPLE CHOOSE TO COME FOR HEALTHCARE, PHYSICIANS WANT TO PRACTICE AND EMPLOYEES WANT TO WORK, OUR MORE THAN 110-YEAR LEGACY OF CARING FOR OUR COMMUNITIES IS STRONGER THAN EVER.

INVITING THE BEST PHYSICIANS INTO OUR COMMUNITIES AND SUPPORTING THEM IS ONE OF THE MOST IMPORTANT DRIVERS OF OUR ABILITY TO OFFER THE BEST POSSIBLE HEALTHCARE TO OUR COMMUNITY. DURING THE PAST YEAR, RRHS ADDED SEVEN NEW PROVIDERS, INCLUDING FIVE PHYSICIANS IN BEHAVIORAL HEALTH, GENERAL SURGERY, PEDIATRICS AND CARDIOLOGY, AS WELL AS A NURSE PRACTITIONER IN FAMILY MEDICINE AND A PHYSICIAN'S ASSISTANT IN PEDIATRICS.

AND WHILE DELIVERING HIGH-QUALITY PATIENT CARE CLOSE TO HOME IS THE

**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

SINGLE MOST IMPORTANT CONTRIBUTION WE MAKE, THERE ARE MANY OTHER WAYS

WE'RE MAKING A POSITIVE IMPACT IN OUR COMMUNITIES.

WE ARE PROUD TO TAKE A LEADERSHIP ROLE IN OUR COMMUNITIES AND ARE  
COMMITTED TO DELIVERING NEEDED HEALTHCARE TO EVERYONE, REGARDLESS OF  
THEIR ABILITY TO PAY.

WE ARE ALSO COMMITTED TO ENSURING FISCAL RESPONSIBILITY - BOTH AT THE  
HOSPITAL AND IN THE COMMUNITY. WE ALSO PROVIDED NUMEROUS SPONSORSHIPS AND  
DONATIONS TO LOCAL ORGANIZATIONS.

ADDITIONAL SUPPORT WAS PROVIDED TO THE COMMUNITY THROUGH SPONSORSHIPS AND  
DONATIONS AS INDICATED ON SCHEDULE I.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM:

RUTHERFORD HOSPITAL CONTRIBUTED TO DLP RUTHERFORD REGIONAL HEALTH SYSTEM,  
LLC, ON JUNE 1, 2014. THIS WAS PART OF A CONTRIBUTION AGREEMENT ALONG

**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
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- 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

WITH DLP HEALTHCARE, LLC, AND AFFILIATES OF DUKE LIFEPOINT HEALTHCARE.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2017**

**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 organization	Employer identification number
RHI LEGACY FOUNDATION, INC.	56-0619367

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?	X		2,680.
j	Total Add lines 1c through 1i			2,680.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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.

SEE PAGE 4



**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 11

## OTHER LOBBYING ACTIVITIES:

RHI LEGACY FOUNDATION, INC. INVESTED IN DLP RUTHERFORD REGIONAL HEALTH SYSTEM, LLC. THIS ORGANIZATION ALLOCATED \$2,680 OF LOBBYING EXPENSES TO RHI LEGACY FOUNDATION, INC., AS REPORTED ON THE SCHEDULE K-1 FOR THE CALENDAR YEAR 2017. DLP RUTHERFORD REGIONAL HEALTH SYSTEM, LLC PAYS DUES TO THE NORTH CAROLINA HOSPITAL ASSOCIATION, OF WHICH A PORTION IS ATTRIBUTABLE TO LOBBYING ACTIVITIES.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public  
Inspection

Name of the organization

RHI LEGACY FOUNDATION, INC.

Employer identification number

56-0619367

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

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

**Part II Conservation Easements.**

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

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2017

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance . . . . .	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 on Part XIII . . . . . ☐ Yes ☐ No

**Part V Endowment Funds.**

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

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

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Temporarily restricted endowment ▶ \_\_\_\_\_ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		15,100.		15,100.
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		96,947.	94,022.	2,925.
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) . . . . .				18,025.

Schedule D (Form 990) 2017

**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) INV IN DLP RRHS, LLC	4,336,884.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	4,336,884.	

**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	
(2) EST AMT DUE TO 3RD PTY PYR	236,795.
(3) EST INSURANCE LIABILITY	252,807
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	489,602.

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.

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**Part XIII** Supplemental Information *(continued)*

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

RHI LEGACY FOUNDATION, INC.

**Supplemental Information Regarding Fundraising or Soliciting Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Employer identification number

56-0619367

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

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

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

	(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts . . . . .	64,234.			64,234.
2 Less Contributions . . . . .	51,534.			51,534.
3 Gross income (line 1 minus line 2). . . . .	12,700.			12,700.
<b>Direct Expenses</b>				
4 Cash prizes . . . . .	1,320.			1,320.
5 Noncash prizes . . . . .	4,009.			4,009.
6 Rent/facility costs . . . . .	3,822.			3,822.
7 Food and beverages . . . . .	2,179.			2,179.
8 Entertainment . . . . .				
9 Other direct expenses . . . . .	1,370.			1,370.
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				12,700.
11 Net income summary Subtract line 10 from line 3, column (d) . . . . .				

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer
                 
 ☐ Employee
                 
 ☐ Independent contractor
**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**SCHEDULE I  
(Form 990)**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

RHI LEGACY FOUNDATION, INC.

Employer identification number

56-0619367

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Part I General Information on Grants and Assistance**

- 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
- 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

1 (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
<b>(1)</b> CHASE CORNER UNITED METHODIST MINISTRIES 102 WEST MAIN STREET FOREST CITY, NC 28043	56-1055306	501 (C) (3)	17,487				SUPPORT
<b>(2)</b> COMMUNITY HEALTH COUNCIL OF RUTHERFORD COUN 688 WITHROW ROAD FOREST CITY, NC 28043	56-2198524	501 (C) (3)	10,000				SUPPORT
<b>(3)</b> COUNTY OF RUTHERFORD FINANCE OFFICE 294 FAIRGROUND ROAD SPINDALE, NC 28160	56-6000337	RUTHERFORD COUN	25,000				SUPPORT
<b>(4)</b> HUDLOW VOLUNTEER FIRE DEPARTMENT, INC 2910 HUDLOW ROAD FOREST CITY, NC 28043	56-1670712	501 (C) (3)	11,400				SUPPORT
<b>(5)</b> ISOTHERMAL COMMUNITY COLLEGE 286 ICC LOOP ROAD SPINDALE, NC 28160	56-0841505	501 (C) (3)	35,500				SUPPORT
<b>(6)</b> PARTNERSHIP FOR CHILDREN OF THE FOOTHILLS 338 WITHROW ROAD SUITE B	56-2014947	501 (C) (3)	25,000				SUPPORT
<b>(7)</b> PISGAH LEGAL SERVICES 169 NORTH MAIN STREET	56-1191115	501 (C) (3)	20,000				SUPPORT
<b>(8)</b> UNITED WAY OF RUTHERFORD COUNTY 668 WITHROW ROAD FOREST CITY, NC 28043	56-1030597	501 (C) (3)	53,612				SUPPORT
<b>(9)</b> BASIC CHRISTIAN MINISTRIES 141 NORTH MAIN STREET HENRIETTA, NC 28114	47-3642387	501 (C) (3)	10,000				SUPPORT
<b>(10)</b> KIDSENSES, INC 172 MAIN STREET RUTHERFORDTON, NC 28139	56-2148329	501 (C) (3)	100,000				SUPPORT
<b>(11)</b> NEW BEGINNINGS SOUP KITCHEN, INC 668 NORTH WASHINGTON STREET	49-2095514	501 (C) (3)	10,870				SUPPORT
<b>(12)</b> RUTHERFORD COUNTY SCHOOLS EDUCATION FOUNDAT 382 WEST MAIN STREET FOREST CITY, NC 28043	27-2771407	501 (C) (3)	87,000				SUPPORT

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

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

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

Schedule I (Form 990) (2017)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

RHI LEGACY FOUNDATION, INC.

Employer identification number

56-0619367

**Part I General Information on Grants and Assistance**

- 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
- 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

1 (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
(1) RUTHERFORD COUNTY SENIOR CENTER 193 CALLAHAN KOON ROAD SPINDALE, NC 28160	56-6000337	RUTHERFORD COUN	50,000				SUPPORT
(2) WASHBURN COMMUNITY OUTREACH CENTER 2934 PINEY MOUNTAIN CHURCH ROAD	56-6131754	501 (C) (3)	11,600				SUPPORT
(3) YOUTH EMPOWERMENT, INC 124 GROCE STREET FOREST CITY, NC 28043	56-2184997	501 (C) (3)	14,000	23,313	BOOK	BUILDING	SUPPORT
(4) GREEN RIVER BAPTIST ASSOCIATION 669 NORTH WASHINGTON STREET	56-1222329	501 (C) (3)	16,000				SUPPORT
(5) CAROLINA MOUNTAIN LAND CONSERVANCY 847 CASE STREET HENDERSONVILLE, NC 28792	56-6449365	501 (C) (3)	50,000				SUPPORT
(6) MUDDY SNEAKERS, INC 44 W JORDAN STREET BREVARD, NC 28712	26-0338084	501 (C) (3)	22,500				SUPPORT
(7) PIEDMONT COUNCIL, BOY SCOUTS OF AMERICA 668 BOY SCOUT ROAD RUTHERFORDTON, NC 28139	56-0529991	501 (C) (3)	17,785				SUPPORT
(8) RUTHERFORD OUTDOOR COALITION PO BOX 1349 RUTHERFORDTON, NC 28139	03-0521683	501 (C) (3)	35,000				SUPPORT
(9) SOUTH MOUNTAINS CHRISTIAN YOUTH CAMP 1129 SOUTH MOUNTAIN ROAD BOSTIC, NC 28018	56-1066984	501 (C) (3)	15,600				SUPPORT
(10) TOWN OF LAKE LURE 2948 MEMORIAL HIGHWAY LAKE LURE, NC 28746	56-6001261	LAKE LURE	25,000				SUPPORT
(11) TOWN OF RUTHERFORDTON 129 NORTH MAIN STREET	56-6001608	RUTHERFORDTON	100,000				SUPPORT
(12) UNION MILLS LEARNING CENTER 6495 HUDLOW ROAD UNION MILLS, NC 28167	31-1696612	501 (C) (3)	10,000				SUPPORT

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I**  
**(Form 990)**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

RHI LEGACY FOUNDATION, INC.

Employer identification number

56-0619367

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Part I General Information on Grants and Assistance**

- 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
- 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

1 (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
(1) GRACE OF GOD RESCUE MISSION, INC 537 WEST MAIN STREET FOREST CITY, NC 28043	56-1847921	501 (C) (3)	10,000				SUPPORT
(2) RUTHERFORD HOUSING PARTNERSHIP 718 WEST MAIN STREET FOREST CITY, NC 28043	56-2086573	501 (C) (3)	10,000				SUPPORT
(3) SAFE KIDS RUTHERFORD COUNTY, INC 125 REVELEY STREET SPINDALE, NC 28160	14-1879529	501 (C) (3)	8,300				SUPPORT
(4) TRINITY SCHOOL, INC 299 DETER STREET RUTHERFORDTON, NC 28139	59-1708962	501 (C) (3)	5,500				SUPPORT
(5) BLUE RIDGE COMMUNITY ACTION, INC 800 N GREEN STREET MORGANTON, NC 28655	56-0855390	501 (C) (3)	10,000				SUPPORT
(6) TOWN OF FOREST CITY 128 N POWELL STREET FOREST CITY, NC 28043	56-6001227	FOREST CITY	244,400				SUPPORT
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							30.
3 Enter total number of other organizations listed in the line 1 table							▶

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

Schedule I (Form 990) (2017)

**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

## SCHEDULE I, PART I, LINE 2

## MONITORING USE OF GRANT FUNDS:

RHI LEGACY FOUNDATION, INC. REQUIRES ALL GRANTEES TO PROVIDE A PROGRESS REPORT UPON COMPLETION OF SPENDING THE FUNDS GRANTED OR SIX MONTHS AFTER RECEIVING THE GRANT GIVING THE STATUS OF USE OF FUNDS. INCLUDED WITH THE PROGRESS REPORT IS A FINANCIAL ACCOUNTING OF HOW FUNDS WERE SPENT. EXECUTIVE DIRECTOR REVIEWS PROGRESS REPORTS AND SCHEDULES SITE VISITS WHERE APPROPRIATE TO MEET AT GRANTEES' LOCATIONS TO SEE HOW THE FUNDS WERE USED AND TO FOLLOW UP WITH ANY QUESTIONS OR CONCERNS.

**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](http://www.irs.gov/form990)

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

RHI LEGACY FOUNDATION, INC.

Employer identification number

56-0619367

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES:

OUR VISION IS THAT WE WILL PROVIDE AN EXCELLENT PATIENT CARE EXPERIENCE  
EVERY TIME.

OUR VALUES ARE TRUST, EXCELLENCE, ACCOUNTABILITY, AND MUTUAL RESPECT.

FORM 990, PART III, LINE 1

MISSION:

IN ADDITION, THE FOUNDATION IS COMMITTED TO IMPACT HEALTH AND WELLNESS IN  
RUTHERFORD COUNTY BY MAKING GRANTS TO SUPPORT ORGANIZATIONS AND  
INITIATIVES ALIGNED WITH THE FOUNDATION'S GRANT FOCUS AREAS OF CHRONIC  
DISEASE, HEALTHY EATING, AND ACTIVE LIVING.

RUTHERFORD REGIONAL HEALTH SYSTEM'S MISSION IS MAKING COMMUNITIES  
HEALTHIER.

FORM 990, PART IV, LINE 20B

AUDITED FINANCIAL STATEMENTS:

THE ORGANIZATION OPERATES THE HOSPITAL INDIRECTLY THROUGH A JOINT VENTURE  
AND DOES NOT HAVE AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW THE FORM 990:

Name of the organization

RHI LEGACY FOUNDATION, INC.

Employer identification number

56-0619367

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INTERNAL FINANCIAL STATEMENTS AS WELL AS INFORMATION PROVIDED BY THE EXECUTIVE DIRECTOR. THE FORM 990 IS REVIEWED INTERNALLY BY THE EXECUTIVE DIRECTOR AND, IF DEEMED NECESSARY, LEGAL COUNSEL AND IS THEN PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL. AFTER APPROVAL BY THE FINANCE COMMITTEE, THE FORM 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST:

THE ORGANIZATION HAS AN OBLIGATION TO CONDUCT ITS BUSINESS OPERATIONS, INCLUDING THE PROVISION OF PATIENT CARE, IN AN OBJECTIVE MANNER THAT IS NOT MOTIVATED BY AN INDIVIDUALS' DESIRE FOR PERSONAL OR FINANCIAL GAIN, EITHER FOR THEMSELVES, THEIR FRIENDS, OR THEIR FAMILY MEMBERS. ESPECIALLY FOR THOSE ON THE BOARD OF TRUSTEES, EXECUTIVE COMMITTEE, KEY LEADERS OF RHI MEDICAL STAFF, EXECUTIVE AND MANAGEMENT LEADERSHIP TEAM, AND RHI STAFF DIRECTLY INVOLVED IN PROCUREMENT AND CASE MANAGEMENT SERVICES, THERE IS INCREASING REGULATORY OVERSIGHT AND ACCOMPANYING PUBLIC SCRUTINY OF SPECIFIC SITUATIONS ASSOCIATED WITH CONFLICTS OF INTEREST. THE ORGANIZATION'S COMPLIANCE OFFICER COMPLETES AN ANNUAL COMPLIANCE SURVEY TO ENSURE THAT THE CONFLICT OF INTEREST POLICY IS BEING ENFORCED EFFECTIVELY.

IN ADDITION, EMPLOYEES ARE REQUIRED TO PROACTIVELY IDENTIFY SPECIFIC CONFLICTS OF INTEREST. EMPLOYEES MUST SEEK GUIDANCE AND APPROVAL FROM THEIR DEPARTMENT DIRECTOR WHEN POTENTIAL CONFLICTS OF INTEREST ARE

Name of the organization

RHI LEGACY FOUNDATION, INC.

Employer identification number

56-0619367

IDENTIFIED. WHEN DEEMED NECESSARY BY THEIR DEPARTMENT DIRECTOR, EMPLOYEES MUST AVOID OR DISCONTINUE THE ACTIVITY OR INTEREST AND MAY ALSO BE REQUIRED TO TAKE CORRECTIVE ACTION IF THEIR ACTIVITY HAS HARMED RHI IN ANY WAY. VIOLATION OF THE CONFLICT OF INTEREST POLICY IS GROUNDS FOR DISCIPLINARY ACTION APPROPRIATE TO THE VIOLATION UP TO AND INCLUDING TERMINATION.

FORM 990, PART VI, SECTION B, LINE 15A

REVIEW OF EXECUTIVE DIRECTOR COMPENSATION:

PRIOR TO ENTERING INTO THE JOINT VENTURE ARRANGEMENT, THE PERSONNEL, COMPLIANCE, AND QUALITY COMMITTEE OF THE BOARD OF TRUSTEES (THE "PCQ"), ACTING AS THE COMPENSATION COMMITTEE OF THE BOARD, REVIEWED AND APPROVED THE CEO COMPENSATION ANNUALLY USING THE ORGANIZATION'S REBUTTABLE PRESUMPTION POLICY WHICH IS BASED ON THE IRS "REBUTTABLE PRESUMPTION OF REASONABLENESS" PROCEDURE. CONSISTENT WITH THAT POLICY, THE VICE PRESIDENT OF HUMAN RESOURCES PROVIDED THE PCQ WITH VARIOUS COMPARATIVE HOSPITAL CEO COMPENSATION DATA AND INDUSTRY AND MARKET STANDARDS. SPECIFICALLY, THE COMPARATIVE DATA USED DURING THE LAST ANNUAL REVIEW INCLUDED THAT FROM THE NC HOSPITAL ASSOCIATION, COMPDATA HEALTHCARE, AND NCHHRA COMPENSATION & BENEFITS SURVEY DATA FOR CEO COMPENSATION.

THIS PROCESS WAS PERFORMED IN APRIL 2014 AND THERE HAVE BEEN NO CHANGES TO COMPENSATION SINCE THEN.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENT DISCLOSURE:



Name of the organization

RHI LEGACY FOUNDATION, INC.

Employer identification number

56-0619367

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND  
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

\$3,357,882 PASS-THROUGH INVESTMENT IN DLP RRHS, LLC GAAP DIFFERENCE

**SCHEDULE R**  
**(Form 990)****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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

Name of the organization

RHI LEGACY FOUNDATION, INC.

Employer identification number

56-0619367

OMB No. 1545-0047

**2017****Open to Public  
Inspection****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)	RHI LEGACY PAYROLL, LLC PO BOX 352 RUTHERFORDTON, NC 28139 46-5746292	PAYROLL	NC	0.	0.	RHI LEG FOUN
(2)						
(3)						
(4)						
(5)						
(6)						

**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

	(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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		<b>1a</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s).		<b>1b</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s).		<b>1c</b>
<b>d</b> Loans or loan guarantees to or for related organization(s).		<b>1d</b>
<b>e</b> Loans or loan guarantees by related organization(s).		<b>1e</b>
<b>f</b> Dividends from related organization(s).		<b>1f</b>
<b>g</b> Sale of assets to related organization(s).		<b>1g</b>
<b>h</b> Purchase of assets from related organization(s).		<b>1h</b>
<b>i</b> Exchange of assets with related organization(s).		<b>1i</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).		<b>1j</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).		<b>1k</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).		<b>1l</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).		<b>1m</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		<b>1n</b>
<b>o</b> Sharing of paid employees with related organization(s).		<b>1o</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses.		<b>1p</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses.		<b>1q</b>
<b>r</b> Other transfer of cash or property to related organization(s).		<b>1r</b>
<b>s</b> Other transfer of cash or property from related organization(s).		<b>1s</b>

**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)				
(2)				
(3)				
(4)				
(5)				
(6)				

**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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) DLP RUTHERFORD REGIONAL HE 30-0811171 330 SEVEN SPRIN BRENTWOOD, TN 37027	HOSPITAL	NC	RELATED		X	-3,122,155	6,735,972		X	0		X	20.0000
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

JSA

Schedule R (Form 990) 2017

**Part VII****Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.