

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			2019-11-14 Date
	FRED HARGETT EVP & CFO Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

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

SEE SCHEDULE O

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 \$ 578,849,835 including grants of \$ 1,924,975) (Revenue \$ 588,148,347)
See Additional Data

4b (Code) (Expenses \$ 102,678,514 including grants of \$ 71,467) (Revenue \$ 103,207,956)
See Additional Data

4c (Code) (Expenses \$ 20,459,508 including grants of \$) (Revenue \$ 25,461,085)
See Additional Data

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

4e Total program service expenses ▶ 701,987,857

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
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 Yes	
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 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2,192	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	5,724	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	Yes	
b If "Yes," enter the name of the foreign country ►UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AZ, CA, VA, AL, IN, OK

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ 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
KAREN DAUGHERTY 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 (336) 718-2803

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 ☒

☒

• 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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								34,780,232	1,385,652	2,864,688

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 **▶ 859**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VANNOY CONSTRUCTION PO BOX 635 JEFFERSON, NC 28640	CONSTRUCTION SERVICES	43,855,417
MYMOVE LLC 1101 RED VENTURES DRIVE FORT MILL, SC 29707	MARKETING SERVICES	5,118,100
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	IT CONSULTING/SERVICES	5,103,457
THE SALES FACTORY INC 1301 CAROLINA STREET STE 106 GREENSBORO, NC 27401	MARKETING SERVICES	2,775,976
LABORATORY CORPORATION OF AMERICA HOLDIN PO BOX 12140 BURLINGTON, NC 27216	LAB SERVICES	2,555,913

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 200**

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

1a Federated campaigns

1a

b Membership dues

1b

c Fundraising events

1c

d Related organizations

1d

2,050,467

e Government grants (contributions)

1e

255,856

f All other contributions, gifts, grants, and similar amounts not included above

1f

g Noncash contributions included in lines 1a - 1f \$

5,596

h Total. Add lines 1a-1f

2,306,323

Program Service Revenue

	Business Code				
2a CORPORATE SUPPORT	551114	524,184,166	524,184,166		
b NET PATIENT REVENUE	622110	134,220,687	134,220,687		
c AFFILIATED RENTAL	531120	28,572,799	27,900,776	672,023	
d CARE CONNECTIONS CALL CENTER	561420	8,637,975	7,908,657	729,318	
e INSURANCE PREMIUMS	524298	3,269,667	3,269,667		
f All other program service revenue		1,783,355	1,783,355		
g Total. Add lines 2a-2f		700,668,649			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)

56,936,729

3,380,813

53,555,916

4 Income from investment of tax-exempt bond proceeds

5 Royalties

6a Gross rents

(i) Real

(ii) Personal

5,090,266

b Less rental expenses

0

c Rental income or (loss)

5,090,266

d Net rental income or (loss)

5,090,266

7a Gross amount from sales of assets other than inventory

(i) Securities

(ii) Other

1,118,905,755

4,833,307

b Less cost or other basis and sales expenses

1,005,228,058

942,651

c Gain or (loss)

113,677,697

3,890,656

d Net gain or (loss)

117,568,353

117,568,353

8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18

a

15,136

b Less direct expenses

b

0

c Net income or (loss) from fundraising events

15,136

15,136

9a Gross income from gaming activities See Part IV, line 19

a

b Less direct expenses

b

c Net income or (loss) from gaming activities

10a Gross sales of inventory, less returns and allowances

a

74,969

b Less cost of goods sold

b

55,207

c Net income or (loss) from sales of inventory

19,762

19,762

Miscellaneous Revenue

Business Code

11a ADMINISTRATION

551114

23,220,029

12,470,492

10,749,537

b CLINICAL ENGINEERING MAINT PROG

811219

4,370,968

4,370,968

c SICK CLINIC

621111

708,620

708,620

d All other revenue

960,022

564,611

395,411

e Total. Add lines 11a-11d

29,259,639

12 Total revenue. See Instructions

911,864,857

716,817,388

16,096,302

176,644,844

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.	1,970,602	1,970,602		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	11,467	11,467		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	14,373	14,373		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	29,508,350		29,508,350	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	9,125,798		9,125,798	
7 Other salaries and wages.	326,760,189	294,639,662	32,120,527	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,773,785	2,501,122	272,663	
9 Other employee benefits.	38,455,635	34,675,446	3,780,189	
10 Payroll taxes.	23,794,938	21,455,896	2,339,042	
11 Fees for services (non-employees):				
a Management.				
b Legal.	4,155,308		4,155,308	
c Accounting.	1,536,661		1,536,661	
d Lobbying.	346,989		346,989	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	5,106,120		5,106,120	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	62,233,197	48,995,725	13,237,472	
12 Advertising and promotion.	16,151,553	10,479,446	5,672,107	
13 Office expenses.	13,152,846	10,042,444	3,110,402	
14 Information technology.	32,125,092	32,125,092		
15 Royalties.				
16 Occupancy.	45,466,737	45,466,737		
17 Travel.	5,683,533	2,544,463	3,139,070	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	748,533		748,533	
20 Interest.	25,766,409	25,765,344	1,065	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	102,404,601	102,404,601		
23 Insurance.	2,800,997	1,992,054	808,943	
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 UBI TAXES	530,843		530,843	
b MEDICAL SUPPLIES	17,511,817	17,511,817		
c REPAIRS & MAINTENANCE	15,133,565	15,133,565		
d DUES AND SUBSCRIPTIONS	9,509,118	8,897,069	612,049	
e All other expenses	32,373,545	25,360,932	7,012,613	
25 Total functional expenses. Add lines 1 through 24e.	825,152,601	701,987,857	123,164,744	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		300,754,568	1	91,459,259
	2	Savings and temporary cash investments		341,448,397	2	524,980,223
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		57,430,874	4	48,900,414
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		149,994,559	7	18,486,397
	8	Inventories for sale or use		14,993,244	8	17,501,653
	9	Prepaid expenses and deferred charges		38,908,726	9	36,171,097
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	2,054,976,935		
	b	Less: accumulated depreciation	10b	1,154,075,213		
	11	Investments—publicly traded securities		803,187,438	10c	900,901,722
	12	Investments—other securities. See Part IV, line 11		1,757,761,043	11	1,776,820,525
	13	Investments—program-related. See Part IV, line 11		670,151,840	12	511,154,368
	14	Intangible assets		6,295,099	13	5,584,378
	15	Other assets. See Part IV, line 11		7,609,458	14	6,064,187
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,918,023	15	2,805,427	
			4,150,453,269	16	3,940,829,650	
Liabilities	17	Accounts payable and accrued expenses		348,690,022	17	313,715,608
	18	Grants payable			18	
	19	Deferred revenue		17,726,795	19	34,668,049
	20	Tax-exempt bond liabilities		1,049,126,188	20	884,773,539
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		349,594,649	23	340,059,397
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,234,077,833	25	2,446,785,630
	26	Total liabilities. Add lines 17 through 25		3,999,215,487	26	4,020,002,223
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		151,237,782	27	-79,172,573
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		151,237,782	33	-79,172,573	
34	Total liabilities and net assets/fund balances		4,150,453,269	34	3,940,829,650	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	911,864,857
2	Total expenses (must equal Part IX, column (A), line 25)	2	825,152,601
3	Revenue less expenses Subtract line 2 from line 1	3	86,712,256
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	151,237,782
5	Net unrealized gains (losses) on investments	5	-301,819,836
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-21,212,434
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,909,659
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-79,172,573

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

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

Additional Data

Software ID:
Software Version:
EIN: 56-1376950
Name: NOVANT HEALTH INC

Form 990 (2018)

Form 990, Part III, Line 4a:

NOVANT HEALTH, INC IS THE PARENT HOSPITAL ORGANIZATION OF A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS, AND OTHER HEALTHCARE SERVICE PROVIDERS (COLLECTIVELY KNOWN AS "NOVANT HEALTH") NOVANT HEALTH CONSISTS OF MORE THAN 1,600 PHYSICIANS AND OVER 28,000 EMPLOYEES WHO MAKE HEALTHCARE REMARKABLE AT OVER 640 LOCATIONS, INCLUDING 15 MEDICAL CENTERS AND HUNDREDS OF OUTPATIENT FACILITIES AND PHYSICIAN CLINICS HEADQUARTERED IN WINSTON-SALEM, NC, NOVANT HEALTH IS COMMITTED TO MAKING HEALTHCARE REMARKABLE FOR PATIENTS AND COMMUNITIES

Form 990, Part III, Line 4b:

BRUNSWICK COMMUNITY HOSPITAL, LLC (BCH) DBA NOVANT HEALTH BRUNSWICK MEDICAL CENTER, AND NOVANT HEALTH MINT HILL MEDICAL CENTER, LLC (MHMC) DBA NOVANT HEALTH MINT HILL MEDICAL CENTER EXIST TO PROMOTE THE HEALTH OF THE INHABITANTS OF THE BRUNSWICK AND MECKLENBURG COUNTIES OF NC RESPECTIVELY, REGARDLESS OF THE PATIENT'S ABILITY TO PAY DURING 2018, THE HOSPITALS HAD 110 LICENSED BEDS THERE WERE 16,182 PATIENT DAYS, WITH AN AVERAGE LENGTH OF STAY OF 3 DAYS, AND AN AVERAGE DAILY CENSUS OF 44 THERE WERE 4,808 DISCHARGES, 80,632 INPATIENT AND OUTPATIENT ENCOUNTERS, AND 35,155 EMERGENCY DEPARTMENT VISITS

Form 990, Part III, Line 4c:

THE HOLDING COMPANY FOR NOVANT'S AMBULATORY SERVICES, PRESBYTERIAN AMBULATORY HOLDINGS, LLC, IS A SINGLE MEMBER LLC HELD BY NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC, A SINGLE MEMBER LLC IN WHICH NOVANT HEALTH IS THE SOLE MEMBER. THE AMBULATORY CENTERS' OPERATIONS SERVE THE COMMUNITY BY PROVIDING ACCESS TO MUCH NEEDED HEALTHCARE SERVICES, REGARDLESS OF THE PATIENT'S ABILITY TO PAY. DURING 2018, THERE WERE 59,639 OUTPATIENT ENCOUNTERS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALLY DEBORAH TRUSTEE	2 00	X						0	0	0
AMOS JAMES TRUSTEE	2 00	X						0	0	0
ARMATO CARL PRESIDENT & CEO NH / TRUSTEE	60 00	X		X				3,489,239	0	64,045
BARR ROBERT MD VICE CHAIR	2 00	X		X				0	0	0
BELDEN RICHARD TRUSTEE	2 00	X						261	0	0
DE MOLINA ALVARO TRUSTEE	2 00	X						0	0	0
KATZIFF CHRISTINE TRUSTEE	2 00	X						0	0	0
LYLES VIOLA TRUSTEE	2 00	X						0	0	0
MCDONALD IAN TRUSTEE	2 00	X						0	0	0
MURPHY DANIEL MD TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NEILL THOMAS TRUSTEE	2 00	X						0	0	0
PHILLIPS GEORGE PATRICK CHAIR	2 00	X		X				0	0	0
PLYLER DAVID TRUSTEE	2 00	X						0	0	0
SCHULTE LAURA SEC/TREAS	2 00	X		X				0	0	0
STOLZ ROBERT TRUSTEE	2 00	X						95	0	0
STONE LARRY TRUSTEE	2 00	X						0	0	0
HARGETT FRED EVP & CFO	60 00			X				1,965,950	0	61,924
MORRIS JOHN ASST SEC	2 00			X				393,030	0	47,612
WALSH BETSY ASST SEC	2 00			X				397,382	0	56,315
BLACKMON TANYA EVP - CHIEF DIVERSITY OFF	60 00				X			607,427	0	102,046

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUNSTETTER PETER FMR EVP & CHIEF LEGAL OFFICER	60 00				X			1,355,741	0	53,221
COOK DAVID SVP	60 00				X			900,393	0	59,503
CURETON JESSE EVP	60 00				X			1,329,559	0	186,175
EDWARDS BRYAN SVP	60 00				X			765,240	0	115,677
ESKIOGLU ERIC SVP	60 00				X			1,265,831	0	177,622
GARRETT DAVID FMR SVP & CIO	60 00				X			1,329,838	0	32,238
JENIKE THOMAS SVP	60 00				X			757,565	0	121,530
LANGFORD KATHRYN SVP	60 00				X			795,235	0	105,669
LIMENTANI STEVEN SVP	60 00				X			1,111,921	0	42,876
LINDSAY JEFFERY EVP	60 00				X			1,905,834	0	54,246

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIHAL DENISE EVP - CNO/CLIN OPS	60 00				X			1,457,418	0	43,808
MORGAN WAYNE SVP	60 00				X			777,626	0	129,987
OLIVER PAM EVP & PRES NHMG	60 00				X			54,983	431,218	55,975
PHIPPS JOHN FMR EVP & PRES NHMG	60 00				X			1,600,969	0	51,355
SEEHAUSEN ROBERT SVP	60 00				X			808,252	0	59,778
SMITH HARRY SVP HOSPITAL OPERATIONS	60 00				X			1,131,009	0	154,164
SMITH-HILL JANET EVP	60 00				X			974,468	0	155,598
YOCHEM ANGELA EVP	60 00				X			705,572	0	139,287
ZWENG THOMAS FMR EVP & CHIEF MEDICAL OFFICER	60 00				X			1,517,481	0	61,292
GREGORY CHERE SVP WOMEN'S HEALTH SERVICES	40 00					X		743,181	0	110,198

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GRIFFIN JON SVP FINANCIAL PLAN & ANALYSIS	40 00					X		731,294	0	123,392
MYERS SCOTT SVP CORPORATE FINANCE	40 00					X		742,453	0	103,004
PATEFIELD ARTHUR J SVP & CHIEF MED INFO OFF	40 00					X		726,889	0	55,074
WOOLLEN JR THOMAS SVP CORP HLTH & HALLMARK CARE	40 00					X		733,425	0	121,243
DANIELS JACQUELINE FMR EVP & CHIEF ADMIN OFFICER	0 00						X	628,429	0	8,334
BEST DIANA FMR SVP CLINICAL IMPROVEMENT	0 00						X	939,991	0	25,564
GARDELLA JOHN VP	0 00						X	384,928	152,877	38,452
GARMON-BROWN OPHELIA SVP	0 00						X	704,575	0	35,679
PARK DAVID SVP	0 00						X	607,778	0	42,038
ROBSON MELISSA FMR SVP & CEO NHUVA HEALTH SYSTEM	0 00						X	438,970	0	33,471

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VINCENT PAULA FMR NH SVP	0 00						X	0	801,557	36,296

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

NOVANT HEALTH INC

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

56-1376950

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☒

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations

20
- 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		
See Additional Data Table						
Total	20				521,106,574	0

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

Section B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		2	

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

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

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 checked="" 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.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	Yes
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	Yes

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

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

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, LINE 12G	NOVANT HEALTH, INC PROVIDES STRATEGIC PLANNING, ADMINISTRATIVE SUPPORT, INVESTMENT GUIDANCE AND MONETARY SUPPORT TO THE SUPPORTED ORGANIZATIONS LISTED IN PART I, AS WELL AS CAROLINA MEDICORP ENTERPRISES, INC AND ROWAN HEALTH SERVICES CORP NOVANT HEALTH, INC PROVIDES SUPPORT ON A PASS-THROUGH BASIS TO ENTITIES IN THE NOVANT HEALTH UVA HEALTH SYSTEM INCLUDING CULPEPER MEMORIAL HOSPITAL, INC PRINCE WILLIAM HOSPITAL, PWHS FOUNDATION AND PERSONAL CARE SERVICES ADDITIONAL SUPPORT IS ALSO PROVIDED TO PRINCE WILLIAM HEALTH SYSTEM, A TYPE III FUNCTIONALLY INTEGRATED SUPPORTING ORGANIZATION IN THE AMOUNT OF \$652,309

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1	THERE ARE OTHER PUBLICLY SUPPORTED ORGANIZATIONS WITHIN THE HEALTH SYSTEM THAT THE FILING ORGANIZATION SUPPORTS THESE ORGANIZATIONS HAVE A CONTINUING RELATIONSHIP WITH THE FILING ORGANIZATION BY VIRTUE OF THEIR RELATIONSHIPS TO THE SPECIFIED SUPPORTED ORGANIZATIONS BY REASON OF THIS RELATIONSHIP, A SUBSTANTIAL IDENTITY OF INTEREST HAS BEEN DEVELOPED BETWEEN THE ORGANIZATIONS THEREBY ESTABLISHING A HISTORIC AND CONTINUING RELATIONSHIP

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION D, LINE 2	<p>CERTAIN OF THE SUPPORTED ORGANIZATIONS OFFICERS AND/OR DIRECTORS ARE APPOINTED/ELECTED TO THE FILING ORGANIZATION'S GOVERNING BODY AND AT LEAST ONE MEMBER OF THE FILING ORGANIZATION'S GOVERNING BODY SERVES ON THE GOVERNING BODY OF A SUPPORTED ORGANIZATION THE FILING ORGANIZATION HAS AN ADEQUATE RELATIONSHIP WITH THE REMAINING SUPPORTED ORGANIZATIONS BECAUSE</p> <p>IT MAINTAINS A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH THE OFFICERS/DIRECTORS OF THOSE ORGANIZATIONS THESE RELATIONSHIPS ARE MAINTAINED THROUGH ONGOING COMMUNICATIONS, REGULAR MEETINGS INCLUDING ATTENDANCE AT BOARD MEETINGS OF THE SUPPORTED ORGANIZATIONS, AND JOINT PROJECTS</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION D, LINE 3	REPRESENTATIVES OF THE SUPPORTED ORGANIZATIONS PROVIDE ONGOING FEEDBACK AND GUIDANCE ON TH E BUDGETING, OVERHEAD ALLOCATIONS, AND ASSET PURCHASING AND UTILIZATION

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 3A	THE ORGANIZATION HAS THE POWER TO REGULARLY APPOINT OR ELECT A MAJORITY OF OFFICERS, DIRECTORS OR TRUSTEES OF EACH SUPPORTED ORGANIZATION

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 3B	THE FILING ORGANIZATION AS THE HEALTH SYSTEM PARENT PROVIDES ADMINISTRATIVE OVERSIGHT AND OVERSEES THE PROGRAMS, ACTIVITIES AND DIRECTION OF THE HEALTH SYSTEM SUPPORTED ORGANIZATIONS (WITH THEIR INPUT) THE FILING ORGANIZATION ASSUMES THESE ADMINISTRATIVE DUTIES IN ORDER TO ALLOW THE SUPPORTED ORGANIZATIONS TO FOCUS ON PURSUING THEIR EXEMPT PURPOSE

Additional Data

Software ID:
Software Version:
EIN: 56-1376950
Name: NOVANT HEALTH INC

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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) AUXILIARY OF FORSYTH MEMORIAL HOSPITAL INC	560862112	10	Yes		0	0
(A) BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION	274616751	7	Yes		0	0
(B) COMMUNITY GENERAL HEALTH PARTNERS INC	560636250	3	Yes		16,564,766	0
(C) COMMUNITY GENERAL HOSPITAL FOUNDATION INC	561828629	7	Yes		0	0
(D) CULPEPER MEMORIAL HOSPITAL INC	540622371	3	Yes		0	0
(E) FORSYTH MEDICAL CENTER FOUNDATION	562120959	7	Yes		0	0
(F) FORSYTH MEMORIAL HOSPITAL INC	560928089	3	Yes		184,002,513	0
(G) FOUNDATION HEALTH SYSTEMS CORP	561373175	10	Yes		140,424	0
(H) MEDICAL PARK HOSPITAL INC	561340424	3	Yes		13,595,859	0
(I) NMG SERVICES INC	562098809	10	Yes		0	0
(J) NOVANT MEDICAL GROUP INC	581728803	3	Yes		34,581,172	0
(K) PERSONAL CARE SERVICES	541291284	10	Yes		262,047	0
(L) PRESBYTERIAN HOSPITAL FOUNDATION	581413074	7	Yes		0	0
(M) PRESBYTERIAN MEDICAL CARE CORP	561376368	3	Yes		38,224,734	0
(N) PRINCE WILLIAM HOSPITAL	540696355	3	Yes		20,254,122	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
(P) PWHS FOUNDATION	541307595	7	Yes		0	0
(A) ROWAN REGIONAL MEDICAL CENTER AUXILIARY	237022472	10	Yes		0	0
(B) ROWAN REGIONAL MEDICAL CENTER FOUNDATION INC	561424818	7	Yes		0	0
(C) ROWAN REGIONAL MEDICAL CENTER INC	560547479	3	Yes		33,409,966	0
(D) THE PRESBYTERIAN HOSPITAL	560554230	3	Yes		180,070,971	0

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

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

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

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

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

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

Name of the organization NOVANT HEALTH INC	Employer identification number 56-1376950
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		346,989
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		32,163
j	Total. Add lines 1c through 1i			379,152
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	LINE 1A THERE IS LIMITED ENGAGEMENT OF THE BOARD. LINE 1B THERE ARE THREE FULL TIME GOVERNMENT RELATIONS STAFF POSITIONS AND MINIMAL TIME OF SENIOR LEADERS. LINE 1G THE GOVERNMENT RELATIONS STAFF AND CERTAIN CONTRACT LOBBYISTS REGULARLY CONTACT LEGISLATORS AND OTHER GOVERNMENT OFFICIALS REGARDING VARIOUS RELEVANT HEALTHCARE ISSUES. LINE 1I DUES PAID TO CERTAIN ORGANIZATIONS WHICH INCLUDE A PORTION RELATED 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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NOVANT HEALTH INC

Employer identification number
56-1376950

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		175,276,920		175,276,920
b Buildings		738,316,043	378,519,987	359,796,056
c Leasehold improvements		49,949,390	38,156,813	11,792,577
d Equipment		500,742,977	399,012,838	101,730,139
e Other		590,691,605	338,385,575	252,306,030
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				900,901,722

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) OTHER SECURITIES	377,333,088	F
(B) INVESTMENTS IN AFFILIATES	133,821,280	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	511,154,368	

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.

(a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
OTHER LIABILITIES	51,324,956	
DUE TO AFFILIATES	2,176,276,150	
THIRD PARTY PAYMENT PAYABLE	1,114,931	
NON-QUALIFIED BENEFIT PLANS	135,780,873	
ACCRUED INTEREST	73,042	
LINE OF CREDIT	80,500,000	
LOAN GUARANTEES	1,715,678	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,446,785,630	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 56-1376950
Name: NOVANT HEALTH INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	PART X, LINE 2 LIABILITY UNDER FIN 48 (ASC 740) FOOTNOTE THE AUDIT FOR NOVANT HEALTH AND ITS AFFILIATES IS PREPARED ON A CONSOLIDATED BASIS THE COMPANY IS REQUIRED TO EVALUATE UN CERTAIN TAX POSITIONS THIS EVALUATION INCLUDES A QUANTIFICATION OF TAX RISK IN AREAS SUCH AS UNRELATED BUSINESS TAXABLE INCOME AND THE TAXATION OF OUR FOR-PROFIT SUBSIDIARIES THI S EVALUATION DID NOT HAVE A MATERIAL EFFECT ON THE COMPANY'S CONSOLIDATED STATEMENTS OF OP ERATIONS AND CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
NOVANT HEALTH INC

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

56-1376950

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	6			479,971,000
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	6			479,971,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA				14,373	MEDICAL EQUIPMENT AND SUPPLIES	FMV
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**
- 3 Enter total number of other organizations or entities **1**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 56-1376950

Name: NOVANT HEALTH INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	6	PROGRAM SERVICES	NOVANT HEALTH TEAM MEMBERS IN CONJUNCTION WITH KYBELE VOLUNTEERS PROVIDED HANDS-ON MENTORING AND COACHING IN THE OBSTETRIC CAPACITY, INCLUDING TEACHING OF ADVANCED LIFE SUPPORT IN OBSTETRICS (ALSO) COURSE AND ANESTHESIA TECHNIQUES	3,000
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		398,673,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			INVESTMENTS		81,294,000
EUROPE	0	0	PROGRAM SERVICES	NOVANT HEALTH TEAM MEMBERS IN CONJUNCTION WITH KYBELE VOLUNTEERS PROVIDED HANDS-ON MENTORING AND COACHING IN THE OBSTETRIC CAPACITY, INCLUDING TEACHING OF ADVANCED LIFE SUPPORT IN OBSTETRICS (ALSO) COURSE AND ANESTHESIA TECHNIQUES	1,000

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NOVANT HEALTH INC

Employer identification number
56-1376950

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.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 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 ten 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						
Total ▶						

- 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	(b) Event #2	(c) Other events	(d)
		SITE SALES (event type)	UNIFORMS (event type)	5 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	3,707	2,370	9,059	15,136
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	3,707	2,370	9,059	15,136
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				15,136

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))
Revenue	1 Gross revenue				
Direct Expenses	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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations 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.

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493319019109

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NOVANT HEALTH INC

Employer identification number
56-1376950

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

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

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

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 30000 0000000000 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

No

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

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"?

No

5a

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

5c

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

6b

If "Yes," did the organization make it available to the public?

6b

Yes

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs

a

Financial Assistance at cost (from Worksheet 1)

17,339,938

17,339,938

5 880 %

b

Medicaid (from Worksheet 3, column a)

32,764,130

11,878,193

20,885,937

7 080 %

c

Costs of other means-tested government programs (from Worksheet 3, column b)

0 %

d

Total Financial Assistance and Means-Tested Government Programs

50,104,068

11,878,193

38,225,875

12 960 %

Other Benefits

e

Community health improvement services and community benefit operations (from Worksheet 4)

346,053

22,420

323,633

0 110 %

f

Health professions education (from Worksheet 5)

89,835

89,835

0 030 %

g

Subsidized health services (from Worksheet 6)

42,000

41,827

173

0 %

h

Research (from Worksheet 7)

0 %

i

Cash and in-kind contributions for community benefit (from Worksheet 8)

127,500

127,500

0 040 %

j

Total. Other Benefits

605,388

64,247

541,141

0 180 %

k

Total. Add lines 7d and 7j

50,709,456

11,942,440

38,767,016

13 140 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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			0	0	0	0 %
2 Economic development			55,674	0	55,674	0 020 %
3 Community support			61,875	0	61,875	0 020 %
4 Environmental improvements			627	0	627	0 %
5 Leadership development and training for community members			748	0	748	0 %
6 Coalition building			0	0	0	0 %
7 Community health improvement advocacy			1,000	0	1,000	0 %
8 Workforce development			61,089	0	61,089	0 020 %
9 Other			0	0	0	0 %
10 Total			181,013		181,013	0 060 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	8,566,298	
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	0	
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	28,642,012
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	32,625,935
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-3,983,923
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b		No

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 ENDOSCOPY CENTER OF LAKE NORMAN	HEALTHCARE	51 000 %	0 %	49 000 %
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?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
NH BRUNSWICK MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
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)	7 Yes	
a <input type="checkbox"/> Hospital facility's website (list url) _____		
b <input checked="" type="checkbox"/> Other website (list url) <u>WWW.NOVANTHEALTH.ORG</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>WWW.NOVANTHEALTH.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

NH BRUNSWICK MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>0 000000000000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14		No
15 Explained the method for applying for financial assistance? 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)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input 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)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE 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 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 checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

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

NH BRUNSWICK MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

NH BRUNSWICK MEDICAL CENTER

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24	Yes	

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)
NH MINT HILL MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

2

Community Health Needs Assessment

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

NH MINT HILL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>0 000000000000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14		No
15 Explained the method for applying for financial assistance? 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)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input 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)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE 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 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 checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

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

NH MINT HILL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

NH MINT HILL MEDICAL CENTER

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24	Yes	

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.

[illegible]

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? **8**

Name and address	Type of Facility (describe)
1 1 - ENDOSCOPY CENTER OF LAKE NORMAN 16525 HOLLY CREST LANE HUNTERSVILLE, NC 28078	ENDOSCOPY CENTER
2 2 - NH BALLANTYNE OUTPATIENT SURGERY 14215 BALLANTYNE CORPORATE PL STE 210 CHARLOTTE, NC 28277	AMBULATORY SURGERY CENTER
3 3 - NH BREAST CENTER 1718 EAST 4TH STREET CHARLOTTE, NC 28204	IMAGING CENTER
4 4 - NH BRUNSWICK ENDOSCOPY CENTER 13 MEDICAL CAMPUS DR STE 101 SUPPLY, NC 28462	ENDOSCOPY CENTER
5 5 - NH HUNTERSVILLE OUTPATIENT SURGERY 10030 GILEAD ROAD HUNTERSVILLE, NC 28078	AMBULATORY SURGERY CENTER
6 6 - NH IMAGING BALLANTYNE 14215 BALLANTYNE CORPORATE PL STE 140 CHARLOTTE, NC 28277	IMAGING CENTER
7 7 - NH IMAGING STEELE CREEK 13557 STEELECROFT PKWY SUITE 1100 CHARLOTTE, NC 28278	IMAGING CENTER
8 8 - NH IMAGING SOUTH BRUNSWICK 75 EMERSON BAY ROAD SW STE 100 CALABASH, NC 28467	IMAGING CENTER
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	OTHER CRITERIA BESIDES INCOME AND FPG USED IN DETERMINING ELIGIBILITY FOR FREE CARE INCLUDE (1) RESIDENCY - PATIENTS MUST RESIDE WITHIN THE SERVICE AREA OF THE HOSPITAL, (2) THE KIND OF SERVICE PROVIDED - ONLY MEDICALLY NECESSARY SERVICES ARE COVERED, (3) PATIENT STATUS - IN PROVIDER BASED PHYSICIAN CLINICS, PATIENTS MUST HAVE BEEN TREATED BY AN AFFILIATED MEDICAL GROUP PRIMARY CARE PHYSICIAN WITHIN THE PREVIOUS THREE YEARS, AND (4) ACCESS TO HEALTH CARE COVERAGE - PATIENTS MUST BE UNABLE TO ACCESS EMPLOYER SPONSORED HEALTH PLANS OR ENTITLEMENT PROGRAMS LASTLY, THE PATIENT MUST BE WITHOUT SUBSTANTIAL LIQUID ASSETS (I E CASH-ON-HAND) ASSETS SUCH AS HOUSES, CARS, PENALIZED RETIREMENT SAVINGS FUNDS, ETC ARE NOT CONSIDERED LIQUID ASSETS SUBSTANTIAL ASSETS ARE DEFINED AS ENOUGH CASH-ON-HAND TO COVER THE MEDICAL EXPENSES WITHOUT PLACING A HARDSHIP ON THE PATIENT PATIENTS WITH SPECIAL CIRCUMSTANCES SUCH AS BANKRUPTCY MAY ALSO BE ELIGIBLE FOR CHARITY CARE, DETERMINATION IS MADE ON A CASE BY CASE BASIS UNDER THESE CIRCUMSTANCES
PART I, LINE 7	PART I, LINE 7 COSTS REPORTED IN THE TABLE FOR CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AMOUNTS ARE CALCULATED USING AN ENTITY SPECIFIC COST TO CHARGE RATIO BASED ON WORKSHEET 2 (CCR)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE AMOUNT OF BAD DEBT REMOVED FROM TOTAL EXPENSES (DENOMINATOR) WAS \$8,566,298
PART II, COMMUNITY BUILDING ACTIVITIES	THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES ADDRESSES THE UNDERLYING CAUSES OF HEALTH PROBLEMS AND IMPACTS THE HEALTH OF OUR COMMUNITY THROUGH PARTNERSHIPS WITH LOCAL AGENCIES DEDICATED TO IMPROVING THE LIVES OF ALL INDIVIDUALS OUTREACH INCLUDES PROVIDING SUPPORT TO ORGANIZATIONS SUCH AS LOCAL YMCA'S, UNITED WAY PARTNER AGENCIES, CHAMBERS OF COMMERCE AND OTHER LOCAL COMMUNITY ORGANIZATIONS, ASSISTING WITH COMMUNITY AND COUNTY COALITIONS, AND PROVIDING EDUCATION SEMINARS AND TRAINING FOR COMMUNITY WORKFORCES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	IMPLICIT PRICE CONCESSIONS (ANALOGOUS TO BAD DEBT EXPENSE) ARE DETERMINED BASED ON MANAGEMENT'S ASSESSMENT OF CONTRACTUAL AGREEMENTS, DISCOUNT POLICIES, AND HISTORICAL EXPERIENCE
PART III, LINE 4	THE ORGANIZATION'S IMPLICIT PRICE CONCESSIONS (ANALOGOUS TO BAD DEBT EXPENSE) ON LINE 2 IS CALCULATED USING THE SAME METHODOLOGY AS CHARITY CARE AND OTHER COMMUNITY BENEFITS USING AN ENTITY SPECIFIC COST TO CHARGE RATIO (CCR) FOOTNOTE 2 (ACCOUNTS RECEIVABLE) ON PAGE 7 OF THE AUDITED FINANCIAL STATEMENTS DESCRIBES PRICE CONCESSIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT AS REFLECTED IN THE AMOUNT REPORTED IN PART III, LINE 6 IS DETERMINED BY FOLLOWING THE MEDICARE PRINCIPLES OF ALLOWABLE COSTS. COST FOR THE OVERHEAD DEPARTMENTS ARE STEPPED DOWN TO THE REMAINING COST CENTERS BASED ON STATISTICS FOR EACH OVERHEAD COST CENTER. ONCE THE STEP-DOWN PROCESS IS COMPLETE, A COST TO CHARGE RATIO ("CCR") IS DEVELOPED FOR EACH COST CENTER. THE CCR IS THEN APPLIED TO THE MEDICARE REVENUE BY COST CENTER AND TOTALED. IT SHOULD BE NOTED THAT THE MEDICARE COST REPORTS DO NOT ADDRESS ANY MANAGED CARE MEDICARE REVENUES, COSTS, OR RELATED SHORTFALL. THE TOTAL REVENUES REPORTED AS RECEIVED FROM MEDICARE IN LINE 5 OF SECTION B ARE ONLY REPRESENTATIVE OF MEDICARE FEE FOR SERVICE PAYMENTS RECEIVED. THE ALLOWABLE COSTS ON LINE 6 ARE SIGNIFICANTLY LOWER THAN THE ACTUAL EXPENDITURES. AS SUCH, THE SHORTFALL IS UNDERESTIMATED. EVERY HOSPITAL TREATS MEDICARE PATIENTS. SOME HOSPITALS ARE LOCATED IN HIGH MEDICARE POPULATION AREAS, OTHERS PROVIDE SERVICES DISPROPORTIONATELY USED BY MEDICARE PATIENTS. MEDICARE RATES AND NUMBERS OF MEDICARE PATIENTS ARE NOT NEGOTIATED. AS REIMBURSEMENT RATES DECLINE RELATIVE TO COSTS OF CARE, HOSPITALS CONTINUE TO SERVE THE MEDICARE POPULATION. WITHOUT THIS SERVICE THESE PATIENTS WOULD BECOME AN OBLIGATION ON THE GOVERNMENT. ANY UNREIMBURSED COSTS OF THIS CARE ARE A COMMUNITY BENEFIT PROVIDED BY THE HOSPITAL TO THE COMMUNITY AND GOVERNMENT.
PART III, LINE 9B	THE ORGANIZATION'S BILLING AND COLLECTIONS POLICY DOES EXPLAIN ACTIONS AGAINST PATIENTS WHO HAVE OUTSTANDING DELINQUENT AMOUNTS, BUT THE POLICY DOES NOT CONTAIN PROVISIONS FOR COLLECTION PRACTICES AGAINST PATIENTS WHO ARE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY (FAP) BECAUSE FAP ELIGIBLE PATIENTS RECEIVE 100% FREE CARE AND THEREFORE DO NOT RECEIVE BILLS ONCE FAP ELIGIBILITY HAS BEEN ESTABLISHED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>PART VI, LINE 2 NEEDS ASSESSMENTTHE ORGANIZATION, NOVANT HEALTH BRUNSWICK MEDICAL CENTER, IS PART OF NOVANT HEALTH, AN INTEGRATED NOT-FOR-PROFIT HEALTH SYSTEM, WHICH HAS A COMMUNITY BENEFIT DEPARTMENT ("CB DEPARTMENT") COMPRISED OF COMMUNITY BENEFIT PROFESSIONALS AND AN ASSOCIATED ADVISORY WORKING GROUP ("THE COMMUNITY BENEFIT GROUP") THAT INCLUDES REPRESENTATIVES FROM INTERNAL AUDIT, LEGAL, AND TAX THE CB DEPARTMENT IS RESPONSIBLE FOR COORDINATING THE PREPARATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) FOR EACH HOSPITAL WITHIN THE SYSTEM, INCLUDING THE CHNAS REPORTED IN PART V, SECTION B EACH HOSPITAL AND THE COMMUNITY BENEFIT GROUP WORK TOGETHER TO IDENTIFY ORGANIZATIONS AND RESOURCES WITHIN ITS COMMUNITY THAT CONTRIBUTE TO THE PROCESS THESE ORGANIZATIONS AND RESOURCES INCLUDE PUBLIC HEALTH DEPARTMENTS, LOCAL COMMUNITY COALITIONS REPRESENTING THE MEDICALLY UNDERSERVED, UNITED WAY, LOCAL UNIVERSITIES, ETC COMMUNITY HEALTH ASSESSMENTS PREPARED BY OTHER ORGANIZATIONS IN THE COMMUNITY ARE USED IN COMBINATION WITH INTERNAL HOSPITAL DATA AND INFORMATION COLLECTED FROM LOCAL AGENCIES TO PREPARE THE HOSPITAL'S CHNA IN ADDITION TO ADDRESSING NEEDS IDENTIFIED THROUGH THE CHNA, EACH HOSPITAL MAY RESPOND TO REQUESTS FOR SPECIFIC COMMUNITY BENEFIT ACTIVITIES OR PROGRAMS FROM PUBLIC AGENCIES OR COMMUNITY GROUPS PLEASE NOTE NOVANT HEALTH MINT HILL MEDICAL CENTER BEGAN OPERATIONS IN LATE 2018, THEREFORE, A COMMUNITY HEALTH NEEDS ASSESSMENT HAS NOT BEEN COMPLETED AT THIS TIME</p>
PART VI, LINE 3	<p>PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCETHE ORGANIZATION IS COMMITTED TO PROVIDING OUTSTANDING HEALTHCARE TO ALL MEMBERS OF OUR COMMUNITIES, REGARDLESS OF THEIR ABILITY TO PAY OUR FINANCIAL COUNSELING TEAMS ARE CONSTANTLY WORKING WITH THE PATIENTS WITHIN OUR COMMUNITIES TO UNDERSTAND THEIR NEEDS AND ENSURE THAT OUR POLICIES AND PROCESSES ADDRESS THESE NEEDS WE ALSO MAINTAIN CONTRACTS WITH MEDICAID ELIGIBILITY VENDORS AND THESE TEAMS OFFER ADDITIONAL SUPPORT IN PROCESSING AND ASSESSING HOW WE SERVE THE FINANCIAL NEEDS OF OUR PATIENTS BASED ON THE ASSESSMENTS OF OUR COMMUNITIES, THE ORGANIZATION HAS DEVELOPED FINANCIAL ASSISTANCE POLICIES AND PROGRAMS THAT ADDRESS THE FINANCIAL NEEDS OF OUR PATIENTS WE PRIDE OURSELVES ON THE TRANSPARENCY OF OUR PROGRAMS AND THE EDUCATION WE OFFER OUR PATIENTS AROUND OUR FINANCIAL ASSISTANCE POLICIES OUR PROGRAMS ARE DOCUMENTED ON OUR WEBSITE, ALONG WITH CONTACT INFORMATION FOR OUR FINANCIAL COUNSELORS ADDITIONALLY, OUR PROGRAMS ARE DOCUMENTED ON PATIENT FLYERS THROUGHOUT THE ORGANIZATION'S FACILITIES AND PHYSICIAN OFFICES OUR PATIENT ACCESS SPECIALISTS, FINANCIAL COUNSELORS AND BUSINESS OFFICE TEAMS WORK WITH ALL ELIGIBLE PATIENTS TO EDUCATE THEM ON THE VARIOUS OPTIONS AVAILABLE VIA OUR FINANCIAL ASSISTANCE PROGRAMS OR GOVERNMENT SPONSORED CARE THEY ALSO REFERENCE OUR FINANCIAL ASSISTANCE POLICY IN ALL CONVERSATIONS RELATED TO PATIENTS BILLS FINALLY, WE WORK WITH LOCAL AREA FREE HEALTH CLINICS AND OTHER CHARITABLE ORGANIZATIONS TO PROVIDE CONTINUATION OF CARE FOR THEIR PATIENTS IN ADDITION TO OUR FINANCIAL COUNSELING PROCESSES USED TO IDENTIFY CHARITY CARE PATIENTS, OUR COLLECTIONS PROCESSES WITHIN OUR BUSINESS OFFICES ALSO HELP IDENTIFY PATIENTS WHO ARE ALREADY ELIGIBLE FOR CHARITY OR WHO MAY BE ELIGIBLE BASED ON THEIR STATUS WITHIN THE FEDERAL POVERTY GUIDELINES ("FPG") WE UTILIZE PREVIOUSLY SUBMITTED PATIENT DOCUMENTATION AND CREDIT AGENCY REPORTED FPG FOR DETERMINATION SUPPORTING DOCUMENTS ARE VALID 6 MONTHS FROM THE DATE OF SUBMISSION OUR POLICIES ARE CONSIDERED FLUID AND ARE UPDATED FREQUENTLY BASED ON LOCAL AND NATIONAL MARKET STANDARDS AND NATIONAL ECONOMIC CONDITIONS ANY UPDATES TO OUR POLICIES REQUIRE MULTI-LEVEL LEADERSHIP APPROVAL AND ARE ULTIMATELY APPROVED BY THE ORGANIZATION'S BOARD</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>PART VI, LINE 4 COMMUNITY INFORMATION THE NOVANT HEALTH, INC FORM 990 INCLUDES THE OPERATIONS OF TWO HOSPITALS BRUNSWICK COMMUNITY HOSPITAL, LLC DBA NOVANT HEALTH BRUNSWICK MEDICAL CENTER AND NOVANT HEALTH MINT HILL MEDICAL CENTER, LLC BRUNSWICK COMMUNITY HOSPITAL, LLC DBA NOVANT HEALTH BRUNSWICK MEDICAL CENTER THE ORGANIZATION DEFINES ITS COMMUNITY BY ITS PRIMARY SERVICE AREA, WHICH IS BRUNSWICK COUNTY THIS INCLUDES THE CITY OF SOUTHPORT, THE TOWNS OF BOLIVIA, CALABASH, LELAND, OAK ISLAND, OCEAN ISLE BEACH, SHALLOTTE, SUNSET BEACH, AND THE UNINCORPORATED COMMUNITIES OF ASH, LONGWOOD, SUPPLY, AND WINNABOW THE SECONDARY SERVICE AREA COVERS A THREE COUNTY RADIUS, INCLUDING COLUMBUS AND NEW HANOVER COUNTIES IN NORTH CAROLINA AND HORRY COUNTY IN SOUTH CAROLINA BRUNSWICK COUNTY IS MORE RURAL IN NATURE ACCORDING TO THE US CENSUS BUREAU DATA, THE MEDIAN HOUSEHOLD INCOME LEVEL WAS \$51,656 ACCORDING TO SG2 DATA, THE SPECIFIC POPULATION GROUPS (ETHNIC AND CULTURAL) FOR THE PRIMARY AND SECONDARY SERVICE AREAS ARE AS FOLLOWS PRIMARY SERVICE AREA ETHNICITY POPULATION % OF POPULATION WHITE 107,308 81 59% BLACK/AFRICAN AMERICAN 13,607 10 35% HISPANIC/LATINO 6,180 4 70% ASIAN/PACIFIC ISLANDERS 1,170 0 89% OTHER 3,259 2 48% TOTAL POPULATION 131,524 100% SECONDARY SERVICE AREA ETHNICITY POPULATION % OF POPULATION WHITE 205,300 73 01% BLACK/AFRICAN AMERICAN 47,390 16 85% HISPANIC/LATINO 15,712 5 59% ASIAN/PACIFIC ISLANDERS 4,167 1 48% OTHER 8,625 3 07% TOTAL POPULATION 281,194 100% ACCORDING TO SG2 DATA, THE AGE BREAKDOWN FOR THE PRIMARY AND SECONDARY SERVICE AREAS IS AS FOLLOWS PRIMARY SERVICE AREA AGE GROUP POPULATION % OF POPULATION 0-17 21,704 16 50% 18-64 71,194 54 13% 65+ 38,626 29 37% TOTAL POPULATION 131,524 100% SECONDARY SERVICE AREA AGE GROUP POPULATION % OF POPULATION 0-17 55,544 19 75% 18-64 176,045 62 61% 65+ 49,605 17 64% TOTAL POPULATION 281,194 100% THERE ARE TWO ACUTE CARE HOSPITALS IN THE COMMUNITY, ONE OF WHICH IS THE ORGANIZATION THE OTHER HOSPITAL IS DESIGNATED AS A CRITICAL ACCESS HOSPITAL NOVANT HEALTH MINT HILL MEDICAL CENTER, LLC THE ORGANIZATION DEFINES ITS COMMUNITY BY ITS PRIMARY SERVICE AREA WHICH INCLUDES ZIP CODES FROM THE CITY OF CHARLOTTE AND THE TOWN OF MATTHEWS, BOTH IN MECKLENBURG COUNTY AND THE CITY OF MONROE AND TOWNS OF INDIAN TRAIL, STALLINGS, AND WAXHAW, ALL IN UNION COUNTY THE SECONDARY SERVICE ALSO INCLUDES OTHER ZIP CODES LOCATED WITHIN MECKLENBURG AND UNION COUNTIES NOT ALREADY MENTIONED MECKLENBURG COUNTY IS MORE URBAN IN NATURE THE COUNTY CONSISTS OF A LARGE URBAN CENTER SURROUNDED BY SMALLER, MORE RURAL COMMUNITIES UNION COUNTY IS LOCATED SOUTHEAST OF CHARLOTTE, NC AND IS PART OF THE CHARLOTTE METROPOLITAN STATISTICAL AREA ACCORDING TO THE US CENSUS BUREAU DATA, THE MEDIAN HOUSEHOLD INCOME LEVEL WAS \$65,502 ACCORDING TO SG2 DATA, THE SPECIFIC POPULATION GROUPS (ETHNIC AND CULTURAL) FOR THE PRIMARY AND SECONDARY SERVICE AREAS ARE AS FOLLOWS PRIMARY SERVICE AREA ETHNICITY POPULATION % OF POPULATION WHITE 195,378 68 19% BLACK/AFRICAN AMERICAN 40,535 14 15% HISPANIC/LATINO 32,445 11 32% ASIAN/PACIFIC ISLANDERS 10,601 3 70% OTHER 7,556 2 64% TOTAL POPULATION 286,515 100% SECONDARY SERVICE AREA ETHNICITY POPULATION % OF POPULATION WHITE 131,092 60 38% BLACK/AFRICAN AMERICAN 36,012 16 59% HISPANIC/LATINO 28,518 13 14% ASIAN/PACIFIC ISLANDERS 16,060 7 40% OTHER 5,421 2 50% TOTAL POPULATION 217,103 100% ACCORDING TO SG2 DATA, THE AGE BREAKDOWN FOR THE PRIMARY AND SECONDARY SERVICE AREAS IS AS FOLLOWS PRIMARY SERVICE AREA AGE GROUP POPULATION % OF POPULATION 0-17 73,204 25 55% 18-64 176,817 61 71% 65+ 36,494 12 74% TOTAL POPULATION 286,515 100% SECONDARY SERVICE AREA AGE GROUP POPULATION % OF POPULATION 0-17 52,835 24 34% 18-64 136,159 62 72% 65+ 28,109 12 95% TOTAL POPULATION 217,103 100% THERE ARE TWO NONPROFIT HOSPITALS IN THE COMMUNITY, BOTH ARE THE ORGANIZATION THERE ARE ALSO TWO GOVERNMENTAL HOSPITALS</p>
PART VI, LINE 5	<p>PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSES BY DOING THE FOLLOWING 1 ADOPTING A FINANCIAL ASSISTANCE POLICY, 2 REMAINING CERTIFIED BY THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES TO PROVIDE SERVICES TO ALL BENEFICIARIES OF MEDICARE, MEDICAID, AND OTHER GOVERNMENT PAYMENT PROGRAMS, AND PROVIDING SERVICES IN A NONDISCRIMINATORY MANNER TO SUCH BENEFICIARIES, 3 OPERATING A FULL-TIME EMERGENCY ROOM WHICH IS OPEN TO AND ACCEPTS ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY, 4 MAINTAINING AN OPEN MEDICAL STAFF, SUBJECT TO EXCLUSIVE CONTRACTS FOR HOSPITAL-BASED SERVICES SUCH AS ANESTHESIOLOGY, RADIOLOGY, PATHOLOGY, HOSPITALIST, AND EMERGENCY DEPARTMENT SERVICES, TO THE EXTENT AN EXCLUSIVE CONTRACT FOR THOSE SERVICES IS REQUIRED TO OBTAIN PROPER STAFFING COVERAGE OR TO PERMIT A MORE EFFICIENT DELIVERY OF THOSE SERVICES WITHIN THE HOSPITAL FACILITY, 5 MAINTAINING A GOVERNING BOARD CONSISTING PRIMARILY OF A BROAD CROSS-SECTION OF LEADERS IN THE COMMUNITY, 6 ADOPTING AND APPLYING A CONFLICT OF INTEREST POLICY, WHICH APPLIES TO THE GOVERNING BOARD AND ORGANIZATION OFFICERS, 7 PROVIDING HEALTH EDUCATION LECTURES AND WORKSHOPS, 8 PROVIDING HEALTH FAIRS, EDUCATION ON SPECIFIC DISEASES OR CONDITIONS, AND HEALTH PROMOTION AND WELLNESS PROGRAMS TO THE COMMUNITIES IT SERVES, 9 PROVIDING SUPPORT GROUPS AND SELF HELP PROGRAMS TO THE COMMUNITIES IT SERVES, 10 PROVIDING COMMUNITY-BASED CLINICAL SERVICES, INCLUDING WITHOUT LIMITATION, HEALTH SCREENINGS AND CLINICS FOR UNINSURED OR UNDERINSURED PERSONS TO THE COMMUNITIES IT SERVES, 11 PROVIDING HEALTHCARE SUPPORT SERVICES, INCLUDING WITHOUT LIMITATION, INFORMATION AND REFERRAL TO COMMUNITY SERVICES, CASE MANAGEMENT OF UNDERINSURED AND UNINSURED PERSONS, TELEPHONE INFORMATION SERVICES AND ASSISTANCE TO ENROLL IN PUBLIC PROGRAMS, SUCH AS STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) AND MEDICAID TO THE COMMUNITIES IT SERVES, 12 PROVIDING SUBSIDIZED HEALTH SERVICES AND CLINICAL PROGRAMS TO THE COMMUNITIES IT SERVES, 13 PROVIDING CASH AND IN-KIND CONTRIBUTIONS TO NONPROFIT COMMUNITY HEALTHCARE ORGANIZATIONS IN THE COMMUNITIES IT SERVES, AND 14 GENERALLY PROMOTING THE HEALTH, WELLNESS, AND WELFARE OF THE COMMUNITIES IT SERVES BY PROVIDING QUALITY HEALTHCARE SERVICES AT REASONABLE COST PLEASE SEE THE NOVANT HEALTH COMMUNITY BENEFIT REPORT, LOCATED AT HTTP //WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMPANY-INFORMATION/FINANCIAL-PROFILE/COMMUNITY-BENEFIT-REPORT.ASPX PLEASE NOTE THAT THE NUMERIC INFORMATION IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEMTHE ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS AND OTHER HEALTHCARE SERVICE PROVIDERS NOVANT HEALTH IS RANKED AS ONE OF OUR NATION'S TOP 20 INTEGRATED HEALTHCARE SYSTEMS CARING FOR PATIENTS AND COMMUNITIES IN NORTH CAROLINA, SOUTH CAROLINA, AND VIRGINIA EACH HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT TO THE COMMUNITY IT SERVES, AS REPORTED INDIVIDUALLY ON EACH HOSPITAL'S FORM 990, SCHEDULE H THE COMMUNITY BENEFIT OF THE SYSTEM AS A WHOLE IS DOCUMENTED IN A SYSTEM-WIDE COMMUNITY BENEFIT REPORT, LOCATED AT HTTPS //WWW NOVANTHEALTH ORG/HOME/ABOUT-US/COMMUNITY-INVOLVEMENT/COMMUNITY-BENEFIT ASPX PLEASE NOTE THAT THE NUMERIC INFORMATION IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES IT SHOULD NOT BE RELIED UPON AS THE ORGANIZATION'S FORM 990, SCHEDULE H COMMUNITY BENEFIT REPORT, ITS COMMUNITY HEALTH NEEDS ASSESSMENT OR COMMUNITY BENEFIT IMPLEMENTATION STRATEGY THERE ARE SIGNIFICANT COMMUNITY BENEFIT ACTIVITIES WITHIN NOVANT HEALTH WHICH MAY NOT BE REPORTABLE ON A SCHEDULE H BECAUSE THEY ARE NOT CONDUCTED BY AN ENTITY WHICH OWNS OR OPERATES A HOSPITAL IN ADDITION TO HOSPITALS, NOVANT HEALTH INCLUDES A PHYSICIAN ORGANIZATION WITH PRACTICES IN NORTH CAROLINA, SOUTH CAROLINA, AND VIRGINIA AND FIVE HOSPITAL FOUNDATIONS WHICH SUPPORT AND ENHANCE THE ACTIVITIES IN THOSE HOSPITALS' COMMUNITIES FURTHER, NOVANT HEALTH INCLUDES AMBULATORY SURGERY CENTERS, IMAGING CENTERS, REHABILITATION CENTERS, AND OTHER OUTPATIENT FACILITIES, ALL DEDICATED TO PROMOTING THE HEALTH OF THEIR RESPECTIVE COMMUNITIES
PART VI, LINE 7 STATE FILING OF COMMUNITY BENEFIT REPORT	NOVANT HEALTH, INC FILES A SYSTEM-WIDE COMMUNITY BENEFIT REPORT PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES WITH THE NORTH CAROLINA MEDICAL CARE COMMISSION AS PART OF THE DOCUMENTATION REQUIRED FOR THE ISSUANCE OF TAX EXEMPT BOND FINANCING

Additional Data

Software ID:
Software Version:
EIN: 56-1376950
Name: NOVANT HEALTH INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	NH BRUNSWICK MEDICAL CENTER 240 HOSPITAL DRIVE NE BOLIVIA, NC 28422 WWW.NOVANTHEALTH.ORG H0250	X	X					X			
2	NH MINT HILL MEDICAL CENTER 8201 HEALTHCARE LOOP CHARLOTTE, NC 28215 WWW.NOVANTHEALTH.ORG H0290	X	X					X			

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

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

Form and Line Reference	Explanation
NH BRUNSWICK MEDICAL CENTER	PART V, SECTION B, LINE 3J NH BRUNSWICK MEDICAL CENTER PART V, SECTION B, LINE 3E SEVERAL SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED IN THE NEEDS ASSESSMENT ONCE THE HEALTH NEEDS WERE IDENTIFIED, SURVEYS AND COMMUNITY MEETINGS WERE CONDUCTED IN WHICH THE VARIOUS COMMUNITY STAKEHOLDERS RANKED THE HEALTH ISSUES ACCORDING TO THE YEARS OF POTENTIAL LIFE LOST AND MAGNITUDE OF IMPACT THE INFORMATION GATHERED WAS THEN MATRIXED AND SCORED IN ORDER TO RANK THE FOCUS AREAS AND PRIORITIZE THE IDENTIFIED HEALTH NEEDS FURTHER PRIORITIZATION OCCURRED WITH THE REVIEW BY THE ORGANIZATION'S BOARD
NH BRUNSWICK MEDICAL CENTER	PART V, SECTION B, LINE 5 WHILE CONDUCTING THE CHNA, THE HOSPITAL FACILITY(IES) SOLICITED INPUT FROM, AND CONSULTED WITH, A VARIETY OF COMMUNITY REPRESENTATIVES INCLUDING, BUT NOT LIMITED TO, REPRESENTATIVES OF CITY AND COUNTY GOVERNMENT INCLUDING HEALTH DEPARTMENTS, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES/UNIVERSITIES, COMMUNITY COALITIONS AND OTHER SOCIAL SERVICE AGENCIES INPUT WAS GATHERED THROUGH COMMUNITY MEETINGS, STAKEHOLDERS INTERVIEWS, AND SOLICITED THROUGH WRITTEN COMMENTS THROUGHOUT THE SURVEY PERIOD UNTIL THE FINAL COMMUNITY PRIORITY SETTING MEETING(S) AND SURVEY THE SCOPE OF EXPERTISE WAS BROAD AND INCLUDED SUCH AREAS AS PUBLIC HEALTH, MINORITY POPULATIONS, HEALTH DISPARITIES, AND SOCIAL SERVICES

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

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

Form and Line Reference	Explanation
NH BRUNSWICK MEDICAL CENTER	PART V, SECTION B, LINE 11 THE HOSPITAL FACILITY(IES) IS/ARE A PART OF NOVANT HEALTH, AN INTEGRATED NOT-FOR-PROFIT HEALTH SYSTEM AS SUCH, NOVANT HEALTH INCLUDES MULTIPLE HOSPITAL FACILITIES AND HAS ENGAGED IN CHNAS FOR ALL OF THE COMMUNITIES BEING SERVED THE FACILITY'S CHNA IDENTIFIED MULTIPLE NEEDS FOR THE COMMUNITY SERVED THE NEEDS IDENTIFIED WERE REVIEWED AND PRIORITIZED BY THE CHNA RESOURCE GROUP AND SUBSEQUENTLY BY EACH FACILITY'S BOARD THEY EVALUATED EACH DOCUMENTED NEED AND ITS INTERSECTION WITH THE ORGANIZATION'S VISION, COMMITMENTS, AND KEY STRENGTHS BEFORE FURTHER PRIORITIZING THE HEALTH NEEDS AND AGREEING UPON THE TOP HEALTH PRIORITIES TO BE ADDRESSED WHERE POSSIBLE, WE HAVE LEVERAGED THE SYSTEM'S STRENGTHS AND RESOURCES TO BEST ADDRESS THOSE NEEDS THAT ARE HIGHEST IN PRIORITY AND CONSISTENT ACROSS COMMUNITIES NOVANT HEALTH AND EACH OF ITS HOSPITAL FACILITIES HAVE ADOPTED AND EXECUTED AN IMPLEMENTATION STRATEGY THAT ADDRESSES THE PRIORITIZED COMMUNITY HEALTH NEEDS FROM THE CHNAS THE IMPLEMENTATION STRATEGIES OUTLINE THE PLAN THAT THE HOSPITAL FACILITY(IES) WILL UNDERTAKE TO MEET THOSE HEALTH NEEDS IN EACH OF ITS COMMUNITIES CERTAIN NEEDS THAT WERE IDENTIFIED BY THE CHNA HAVE NOT BEEN ADDRESSED IT WAS DETERMINED THAT THERE ARE OTHER RESOURCES IN THE COMMUNITY THAT CAN MORE APPROPRIATELY ADDRESS THESE NEEDS BASED ON SCOPE OF SERVICES AND SKILL SET FOR MORE DETAILED INFORMATION, REFER TO THE PUBLICLY AVAILABLE IMPLEMENTATION PLAN AVAILABLE ON THE WEBSITE, REFER TO THE URL GIVEN PREVIOUSLY FOR THE POSTING OF THE PLAN
NH BRUNSWICK MEDICAL CENTER	PART V, SECTION B, LINE 13H OTHER ELIGIBILITY CRITERIA EXPLAINED IN THE FAP INCLUDE THE FOLLOWING FREE CARE IS ONLY APPLICABLE TO MEDICALLY NECESSARY SERVICES, PROVIDER BASED PHYSICIAN CLINICS REQUIRE THAT PATIENTS MUST HAVE BEEN TREATED BY AN AFFILIATED MEDICAL GROUP PRIMARY CARE PHYSICIAN WITHIN THE PREVIOUS THREE YEARS, PATIENTS MUST BE UNABLE TO ACCESS ENTITLEMENT PROGRAMS, PATIENTS WITH SPECIAL CIRCUMSTANCES SUCH AS BANKRUPTCY MAY ALSO BE ELIGIBLE FOR CHARITY CARE NH BRUNSWICK MEDICAL CENTER PART V, LINE 16A, FAP WEBSITE HTTPS://WWW.NOVANTHEALTH.ORG/HOME/PATIENTS--VISITORS/YOUR-HEALTHCARE-COSTS/FINANCIAL-ASSISTANCE-FOR-THE-UNINSURED ASPX PART V, LINE 16B, FAP APPLICATION WEBSITE HTTPS://WWW.NOVANTHEALTH.ORG/HOME/PATIENTS--VISITORS/YOUR-HEALTHCARE-COSTS/FINANCIAL-ASSISTANCE-FOR-THE-UNINSURED ASPX PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE HTTPS://WWW.NOVANTHEALTH.ORG/HOME/PATIENTS--VISITORS/YOUR-HEALTHCARE-COSTS/FINANCIAL-ASSISTANCE-FOR-THE-UNINSURED ASPX

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

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

Form and Line Reference	Explanation
NH MINT HILL MEDICAL CENTER	PART V, SECTION B, LINE 13H OTHER ELIGIBILITY CRITERIA EXPLAINED IN THE FAP INCLUDE THE FOLLOWING FREE CARE IS ONLY APPLICABLE TO MEDICALLY NECESSARY SERVICES, PROVIDER BASED PHYSICIAN CLINICS REQUIRE THAT PATIENTS MUST HAVE BEEN TREATED BY AN AFFILIATED MEDICAL GROUP PRIMARY CARE PHYSICIAN WITHIN THE PREVIOUS THREE YEARS, PATIENTS MUST BE UNABLE TO ACCESS ENTITLEMENT PROGRAMS, PATIENTS WITH SPECIAL CIRCUMSTANCES SUCH AS BANKRUPTCY MAY ALSO BE ELIGIBLE FOR CHARITY CARE NH MINT HILL MEDICAL CENTER PART V, LINE 16A, FAP WEBSITE HTTPS //WWW NOVANTHEALTH ORG/HOME/PATIENTS--VISITORS/YOUR-HEALTHCARE- COSTS/FINANCIAL-ASSISTANCE-FOR-THE-UNINSURED ASPX PART V, LINE 16B, FAP APPLICATION WEBSITE HTTPS //WWW NOVANTHEALTH ORG/HOME/PATIENTS--VISITORS/YOUR-HEALTHCARE- COSTS/FINANCIAL-ASSISTANCE-FOR-THE-UNINSURED ASPX PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE HTTPS //WWW NOVANTHEALTH ORG/HOME/PATIENTS--VISITORS/YOUR-HEALTHCARE- COSTS/FINANCIAL-ASSISTANCE-FOR-THE-UNINSURED ASPX
NH BRUNSWICK MEDICAL CENTER	PART V, SECTION B, LINE 24 IT IS POSSIBLE FOR A FINANCIAL ASSISTANCE POLICY (FAP) ELIGIBLE PATIENT TO BE CHARGED AN AMOUNT EQUAL TO THE GROSS CHARGE FOR A NON-EMERGENCY OR NON-MEDICALLY NECESSARY SERVICE HOWEVER, IF THE SERVICE IS DEEMED AN EMERGENCY OR A MEDICAL NECESSITY, THEN THE FAP ELIGIBLE PATIENT WOULD NOT BE CHARGED FOR CARE AND WOULD NOT RECEIVE A BILL ONCE FAP ELIGIBILITY HAD BEEN ESTABLISHED

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

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

Form and Line Reference	Explanation
NH MINT HILL MEDICAL CENTER	PART V, SECTION B, LINE 24 IT IS POSSIBLE FOR A FINANCIAL ASSISTANCE POLICY (FAP) ELIGIBLE PATIENT TO BE CHARGED AN AMOUNT EQUAL TO THE GROSS CHARGE FOR A NON-EMERGENCY OR NON-MEDICALLY NECESSARY SERVICE HOWEVER, IF THE SERVICE IS DEEMED AN EMERGENCY OR A MEDICAL NECESSITY, THEN THE FAP ELIGIBLE PATIENT WOULD NOT BE CHARGED FOR CARE AND WOULD NOT RECEIVE A BILL ONCE FAP ELIGIBILITY HAD BEEN ESTABLISHED

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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service
Name of the organization
NOVANT HEALTH INC

**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 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
56-1376950

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14

3 Enter total number of other organizations listed in the line 1 table 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PATIENT TRANSPORTATION	4		4,850	FMV	TRANSPORTATION
(2) SCHOLARSHIP	3	5,500			SCHOLARSHIP
(3) CLOTHING	984		1,117	FMV	CLOTHING FOR PATIENTS IN NEED
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	THE FILING ORGANIZATION IS PART OF THE INTEGRATED HEALTHCARE SYSTEM OPERATED BY NOVANT HEALTH, INC. ("NOVANT HEALTH"), THE PARENT ORGANIZATION. NOVANT HEALTH'S BYLAWS AUTHORIZE IT TO ESTABLISH CERTAIN POLICIES FOR ALL OF ITS SUBSIDIARIES WITHIN THE SYSTEM. NOVANT HEALTH HAS ESTABLISHED A SYSTEM-WIDE CORPORATE POLICY WITH STANDARDIZED GUIDELINES THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY AND SELECTION OF GRANTEEES RECEIVING CERTAIN EXEMPT PURPOSE FUNDS. THE FILING ORGANIZATION MAINTAINS DOCUMENTATION OF THE ELIGIBILITY AND SELECTION CRITERIA AND RECORDS OF THE AMOUNTS ARE MAINTAINED VIA THE GENERAL LEDGER. FUNDS ARE GENERALLY NOT TRACKED AFTER BEING GRANTED, AS THE ORIGINAL ELIGIBILITY AND SELECTION CRITERIA HAVE ALREADY BEEN MET.

Additional Data

Software ID:
Software Version:
EIN: 56-1376950
Name: NOVANT HEALTH INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA INSTITUTE OF MEDICINE 630 DAVIS DRIVE SUITE 100 MORRISVILLE, NC 27560	56-1506066	GOVERNMENT	7,500				COMMUNITY OUTREACH
HUMAN RIGHTS CAMPAIGN INC 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036	52-1243457	501(C)(3)	7,500				COMMUNITY OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303	13-1788491	501(C)(3)	8,500				COMMUNITY OUTREACH
MINT HILL CHAMBER OF COMMERCE PO BOX 23223 MINT HILL, NC 28227	20-8311079	501(C)(6)	8,700				COMMUNITY OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINT HILL EVENTS INC 4430 MINT HILL VILLAGE LANE MINT HILL, NC 28227	46-4593964	501(C)(3)	13,500				COMMUNITY OUTREACH
YBM LEADERSHIP ACADEMY PO BOX 480412 CHARLOTTE, NC 28269	26-2984776	501(C)(3)	15,000				COMMUNITY OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION TO LEARN 11611 SAN VICENTE BLVD 500 LOS ANGELES, CA 90049	45-3457853	501(C)(3)	20,000				COMMUNITY OUTREACH
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)(3)	20,000				COMMUNITY OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY BUILDING INITIATIVE 220 N TRYON ST CHARLOTTE, NC 28202	20-2892726	501(C)(3)	29,500				COMMUNITY OUTREACH
CHARLOTTE REGIONAL PARTNERSHIP INC 550 S CALDWELL STREET SUITE 760 CHARLOTTE, NC 28202	58-1457132	501(C)(3)	50,000				COMMUNITY OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL PIEDMONT COMMUNITY COLLEGE FOUNDATION INC PO BOX 35009 CHARLOTTE, NC 28235	56-0890420	501(C)(3)	50,000				COMMUNITY OUTREACH
JDRF INTERNATIONAL 26 BROADWAY 15TH FL NEW YORK, NY 10004	23-1907729	501(C)(3)	60,000				COMMUNITY OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINA OPERA 1600 ELIZABETH AVENUE CHARLOTTE, NC 28204	56-6019660	501(C)(3)	125,000				COMMUNITY OUTREACH
RENAISSANCE WEST COMMUNITY INITIATIVE 3610 NOBLES AVENUE CHARLOTTE, NC 28208	27-1396021	501(C)(3)	125,000				COMMUNITY OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINSTON-SALEM FOUNDATION 751 WEST FOURTH STREET SUITE 200 WINSTONSALEM, NC 27101	56-6037615	501(C)(3)	340,000				COMMUNITY OUTREACH
ROWAN REGIONAL MEDICAL CENTER FOUNDATION INC 2085 FRONTIS PLAZA BLVD WINSTONSALEM, NC 27103	56-1424818	501(C)(3)	975,000				COMMUNITY OUTREACH

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization NOVANT HEALTH INC	Employer identification number 56-1376950
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		No
b Any related organization?	5b		No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		No
b Any related organization?	6b		No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

See Additional Data Table

Schedule J (Form 990) 2018

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	PART I, LINE 1A FRINGE OR EXPENSE EXPLANATION FIRST-CLASS OR CHARTER TRAVEL FIRST-CLASS OR CHARTER TRAVEL IS NOT A COVERED TRAVEL EXPENSE FOR EXECUTIVES, THEY ARE LIMITED TO BUSINESS OR COACH CLASS FARES FOR COMMERCIAL FLIGHTS. HOWEVER, CHARTER TRAVEL IS AVAILABLE TO CERTAIN EXECUTIVES, BOARD MEMBERS, AND APPROVED BUSINESS PERSONNEL MEETING APPLICABLE POLICY CRITERIA. TRAVEL FOR COMPANIONS. COMPANIONS ARE ALLOWED ON CERTAIN CHARTER FLIGHTS PAID FOR BY THE ORGANIZATION. IN THAT CASE, THE VALUE OF THE COMPANION'S FLIGHT IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. EXECUTIVES WHO USE FUNDS MADE AVAILABLE THROUGH THEIR DISCRETIONARY SPENDING ACCOUNT UNDER THE EXECUTIVE PERQUISITE PLAN (THE "PLAN") TO PAY PREMIUMS ON CASH VALUE LIFE INSURANCE POLICIES MAY RECEIVE ADDITIONAL COMPENSATION TO ADJUST FOR THE INCOME TAX LIABILITY ASSOCIATED WITH PAYING PREMIUMS FOR THIS INSURANCE. DISCRETIONARY SPENDING ACCOUNT. CERTAIN EXECUTIVES RECEIVE A DISCRETIONARY SPENDING ACCOUNT. THE DOLLAR AMOUNT IN THE ACCOUNT IS PRE-APPROVED BY THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE NOVANT HEALTH BOARD OF TRUSTEES. THE ACCOUNT CAN BE USED ONLY FOR AN APPROVED LIST OF EXPENDITURES. ALL OPTIONS OTHER THAN A DEFERRED, AT-RISK, COMPENSATION OPTION ARE CONSIDERED TAXABLE AND ARE INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE. WE PROVIDE TEMPORARY HOUSING ALLOWANCES IN CERTAIN EXECUTIVE RECRUITMENT AND RELOCATION PACKAGES. THE VALUE IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS.

Return Reference	Explanation
PART I, LINES 4A-B	PART I, LINES 4A-C SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS SEVERANCE NONQUALIFIED EQUITY-BASED BEST, DIANA 346,408 BRUNSTETTER, PETER 87,385 90,000 COOK, DAVID 63,750 CURETON, JESSE 115,360 DANIELS, JACQUELINE 401,682 EASTERLING, DONALD 45,000 GARMON- BROWN, OPHELIA MD 54,075 GARRETT, DAVID 353,282 62,868 GREGORY, CHERE MD 52,500 GRIFFIN, JON 47,250 JENIKE, THOMAS MD 52,500 LANGFORD, KATHRYN 57,000 MORGAN, WAYNE 51,758 MYERS, SCOTT 45,084 PHIPPS, JOHN 127,927 93,150 ROBSON, MELISSA 445,943 59,483 SMITH, HARRY 77,250 SMITH-HILL, JANET 57,938 VANCE, AMY 47,895 WOOLLEN, THOMAS 55,525 ZWENG, THOMAS 249,913 90,643

Return Reference	Explanation
PART I, LINE 4A - SEVERANCE PLAN	ELIGIBLE EXECUTIVES MAY RECEIVE SEVERANCE PAY THAT IS BASED ON ANNUAL COMPENSATION FOR A SPECIFIED PERIOD OF TIME THE SEVERANCE PAY WOULD BE PAID ONLY IN THE EVENT OF CERTAIN TYPES OF EMPLOYMENT TERMINATION, AND IS FURTHER CONTINGENT ON THE SATISFACTION OF OTHER CONDITIONS SUCH AS COMPLIANCE WITH A NON-COMPETITION COVENANT ANY CURRENT YEAR PAYMENTS HAVE BEEN INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII AND IN COLUMN (B)(III) OF SCHEDULE J THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE NOVANT HEALTH BOARD REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS SEVERANCE PLAN

Return Reference	Explanation
PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS	THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") IS INTENDED TO SUPPORT RETENTION OF KEY EXECUTIVES, AND TO OFFER COMPETITIVE TOTAL COMPENSATION. ELIGIBLE EXECUTIVES WILL BE NOMINATED BY THE CEO AND APPROVED BY THE NOVANT HEALTH COMPENSATION AND LEADERSHIP COMMITTEE ("THE COMMITTEE") TO PARTICIPATE. GENERALLY, ANNUAL CONTRIBUTIONS TO THE PLAN OR PAYMENTS TO PARTICIPANTS WILL BE BASED ON A PERCENTAGE OF THE PARTICIPANT'S BASE SALARY AS OF JANUARY 1ST OF THE PREVIOUS PLAN YEAR AND ARE REPORTED IN COLUMN (C) OF SCHEDULE J. PRIOR TO MAKING THE CONTRIBUTIONS OR PAYMENTS, THE COMMITTEE WILL APPROVE THE AMOUNTS AS TO REASONABLENESS, WHEN COMBINED WITH ALL OTHER ANNUAL COMPENSATION. A 3 YEAR CLASS-YEAR VESTING PERIOD WILL APPLY UP TO AGE 62, WHEN ALL MONEY WOULD BE VESTED AND PAID OUT TO THE PARTICIPANT. OTHERWISE, VESTING WILL OCCUR ON JANUARY 1ST OF EACH YEAR FOR THE APPROPRIATE CLASS-YEAR VESTING PERIOD. THE COMMITTEE REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS.



Additional Data

Software ID:
Software Version:
EIN: 56-1376950
Name: NOVANT HEALTH INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ARMATO CARL PRESIDENT & CEO NH / TRUSTEE	(i)	1,503,933	1,331,375	653,931	24,000	40,045	3,553,284	7,500
	(ii)	0	0	0	0	0	0	0
HARGETT FRED EVP & CFO	(i)	841,602	754,167	370,181	24,000	37,924	2,027,874	7,500
	(ii)	0	0	0	0	0	0	0
MORRIS JOHN ASST SEC	(i)	258,746	101,077	33,207	24,000	23,612	440,642	7,500
	(ii)	0	0	0	0	0	0	0
WALSH BETSY ASST SEC	(i)	264,898	101,077	31,407	24,000	32,315	453,697	5,000
	(ii)	0	0	0	0	0	0	0
BLACKMON TANYA EVP - CHIEF DIVERSITY OFF	(i)	298,935	247,890	60,602	86,882	15,164	709,473	7,500
	(ii)	0	0	0	0	0	0	0
BRUNSTETTER PETER FMR EVP & CHIEF LEGAL OFFICER	(i)	405,889	631,696	318,156	22,514	30,707	1,408,962	97,500
	(ii)	0	0	0	0	0	0	0
COOK DAVID SVP	(i)	446,278	298,508	155,607	24,000	35,503	959,896	71,250
	(ii)	0	0	0	0	0	0	0
CURETON JESSE EVP	(i)	579,262	551,031	199,266	145,197	40,978	1,515,734	122,860
	(ii)	0	0	0	0	0	0	0
EDWARDS BRYAN SVP	(i)	603,564	112,133	49,543	81,604	34,073	880,917	7,500
	(ii)	0	0	0	0	0	0	0
ESKIOGLU ERIC SVP	(i)	751,181	478,503	36,147	139,875	37,747	1,443,453	0
	(ii)	0	0	0	0	0	0	0
GARRETT DAVID FMR SVP & CIO	(i)	129,646	472,315	727,877	4,838	27,399	1,362,075	228,649
	(ii)	0	0	0	0	0	0	0
JENIKE THOMAS SVP	(i)	394,917	254,284	108,364	86,038	35,492	879,095	60,000
	(ii)	0	0	0	0	0	0	0
LANGFORD KATHRYN SVP	(i)	407,099	270,701	117,435	88,154	17,515	900,904	64,500
	(ii)	0	0	0	0	0	0	0
LIMENTANI STEVEN SVP	(i)	600,695	384,463	126,763	16,500	26,376	1,154,797	0
	(ii)	0	0	0	0	0	0	0
LINDSAY JEFFERY EVP	(i)	915,320	762,396	228,118	24,000	30,246	1,960,080	7,500
	(ii)	0	0	0	0	0	0	0
MIHAL DENISE EVP - CNO/CLIN OPS	(i)	676,022	583,872	197,524	24,000	19,808	1,501,226	7,500
	(ii)	0	0	0	0	0	0	0
MORGAN WAYNE SVP	(i)	424,512	250,146	102,968	91,133	38,854	907,613	59,258
	(ii)	0	0	0	0	0	0	0
OLIVER PAM EVP & PRES NHMG	(i)	35,037	0	19,946	24,000	10,065	89,048	7,500
	(ii)	388,280	27,905	15,033	0	21,910	453,128	0
PHIPPS JOHN FMR EVP & PRES NHMG	(i)	475,523	700,711	424,735	24,000	27,355	1,652,324	100,650
	(ii)	0	0	0	0	0	0	0
SEEHAUSEN ROBERT SVP	(i)	409,511	279,810	118,931	24,000	35,778	868,030	7,500
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SMITH HARRY SVP HOSPITAL OPERATIONS	(i)	590,928	386,327	153,754	116,199	37,965	1,285,173	84,750
	(ii)	0	0	0	0	0	0	0
SMITH-HILL JANET EVP	(i)	460,866	383,588	130,014	120,236	35,362	1,130,066	65,438
	(ii)	0	0	0	0	0	0	0
YOCHAM ANGELA EVP	(i)	494,944	105,000	105,628	105,000	34,287	844,859	0
	(ii)	0	0	0	0	0	0	0
ZWENG THOMAS FMR EVP & CHIEF MEDICAL OFFICER	(i)	336,434	670,824	510,223	18,300	42,991	1,578,772	98,143
	(ii)	0	0	0	0	0	0	0
GREGORY CHERE SVP WOMEN'S HEALTH SERVICES	(i)	406,827	250,606	85,748	78,427	31,771	853,379	60,000
	(ii)	0	0	0	0	0	0	0
GRIFFIN JON SVP FINANCIAL PLAN & ANALYSIS	(i)	385,579	246,951	98,764	85,865	37,527	854,686	54,750
	(ii)	0	0	0	0	0	0	0
MYERS SCOTT SVP CORPORATE FINANCE	(i)	394,537	251,457	96,459	86,007	16,997	845,457	52,584
	(ii)	0	0	0	0	0	0	0
PATEFIELD ARTHUR J SVP & CHIEF MED INFO OFF	(i)	410,343	271,710	44,836	16,500	38,574	781,963	7,500
	(ii)	0	0	0	0	0	0	0
WOOLLEN JR THOMAS SVP CORP HLTH & HALLMARK CARE	(i)	369,378	250,050	113,997	83,096	38,147	854,668	63,025
	(ii)	0	0	0	0	0	0	0
DANIELS JACQUELINE FMR EVP & CHIEF ADMIN OFFICER	(i)	0	227,341	401,088	0	8,334	636,763	7,500
	(ii)	0	0	0	0	0	0	0
BEST DIANA FMR SVP CLINICAL IMPROVEMENT	(i)	83,407	419,131	437,453	4,996	20,568	965,555	7,500
	(ii)	0	0	0	0	0	0	0
GARDELLA JOHN VP	(i)	167,469	206,182	11,277	0	12,035	396,963	7,500
	(ii)	134,275	0	18,602	16,101	10,316	179,294	0
GARMON-BROWN OPHELIA SVP	(i)	352,851	239,012	112,712	16,500	19,179	740,254	61,575
	(ii)	0	0	0	0	0	0	0
PARK DAVID SVP	(i)	330,891	220,151	56,736	16,500	25,538	649,816	7,500
	(ii)	0	0	0	0	0	0	0
ROBSON MELISSA FMR SVP & CEO NHUVA HEALTH SYSTEM	(i)	0	0	438,970	0	33,471	472,441	66,983
	(ii)	0	0	0	0	0	0	0
VINCENT PAULA FMR NH SVP	(i)	0	0	0	0	0	0	0
	(ii)	454,883	274,707	71,967	16,500	19,796	837,853	22,500

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service
Name of the organization
NOVANT HEALTH INC

Employer identification number
56-1376950

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902U91	12-08-2004	110,000,000	SEE PART VI		X		X		X
B NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902V25	12-08-2004	25,000,000	SEE PART VI		X		X		X
C NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DMK4	12-21-2017	39,155,000	SEE PART VI		X		X		X
D NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DMK4	12-21-2017	44,245,000	SEE PART VI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired					4,400,000		4,400,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	110,000,000		25,000,000		39,155,000		44,245,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	916,056		208,194					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	109,083,944		24,791,806					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2007		2007		2017		2017	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b	Name of provider	MERRILL LYNCH		MERRILL LYNCH		SEE PART VI		SEE PART VI	
c	Term of hedge	2830 0000000000 %		2830 0000000000 %					
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?		X		X		X		X

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
FORM 990, SCHEDULE K ENTITY 1	FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE A DESCRIPTION OF PURPOSE (1) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (2) PAY ISSUANCE COSTS FORM 990, SCHEDULE K, PART IV, ENTITY 1, LINE 2C, COLUMN A DATE OF LAST REBATE COMPUTATION DECEMBER 8, 2014 FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE B DESCRIPTION OF PURPOSE (1) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (2) PAY ISSUANCE COSTS FORM 990, SCHEDULE K, PART IV, ENTITY 1, LINE 2C, COLUMN B DATE OF LAST REBATE COMPUTATION DECEMBER 8, 2014 FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE C DESCRIPTION OF PURPOSE CURRENT REFUND THE SERIES 2008A BONDS ISSUED 09/30/16 FORM 990, SCHEDULE K, PART IV, ENTITY 1, LINES 4B & 4C, COLUMN C NOVANT HEALTH ENTERED INTO QUALIFIED HEDGES WITH RESPECT TO THE BONDS ISSUED ON 09/30/16 THE HEDGES ARE PROVIDED BY GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, LP AND SUNTRUST BANK AND HAVE TERMS OF 17 8 AND 20 3 YEARS, RESPECTIVELY FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE D DESCRIPTION OF PURPOSE CURRENT REFUND THE SERIES 2008B BONDS ISSUED 03/03/14 FORM 990, SCHEDULE K, PART IV, ENTITY 1, LINES 4B & 4C, COLUMN D NOVANT HEALTH ENTERED INTO QUALIFIED HEDGES WITH RESPECT TO THE BONDS ISSUED ON 03/03/14 THE HEDGES ARE PROVIDED BY GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, LP AND SUNTRUST BANK AND HAVE TERMS OF 17 8 AND 20 3 YEARS, RESPECTIVELY

Return Reference	Explanation
FORM 990, SCHEDULE K ENTITY 2	<p>FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE A DESCRIPTION OF PURPOSE CURRENT REFUND THE SERIES 2008C BONDS ISSUED 03/03/14</p> <p>FORM 990, SCHEDULE K, PART IV, ENTITY 2, LINES 4B & 4C, COLUMN A NOVANT HEALTH ENTERED INTO QUALIFIED HEDGES WITH RESPECT TO THE BONDS ISSUED ON 03/03/14 THE HEDGES ARE PROVIDED BY GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, LP AND SUNTRUST BANK AND HAVE TERMS OF 17 8 AND 20 3 YEARS, RESPECTIVELY</p> <p>FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE B DESCRIPTION OF PURPOSE (1) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (2) PAY ISSUANCE COSTS</p> <p>FORM 990, SCHEDULE K, PART II, ENTITY 2, LINE 3, COLUMN B DIFFERENCE DUE TO INVESTMENT EARNINGS</p> <p>FORM 990, SCHEDULE K, PART IV, ENTITY 2, LINE 2C, COLUMN B DATE OF LAST REBATE COMPUTATION OCTOBER 31, 2015</p> <p>FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE C DESCRIPTION OF PURPOSE (1) FINANCE THE VERTICAL EXPANSION OF PRESBYTERIAN HOSPITAL HUNTERSVILLE, THE VERTICAL EXPANSION OF PRESBYTERIAN HOSPITAL MATTHEWS, THE CONSTRUCTION AND EQUIPPING OF CLEMMONS MEDICAL CENTER, G-WING RENOVATIONS AT PRESBYTERIAN HOSPITAL AND MEDICAL, COMPUTER OFFICE AND CAPITAL EQUIPMENT AT PRESBYTERIAN HOSPITAL, PRESBYTERIAN HOSPITAL MATTHEWS AND PRESBYTERIAN HOSPITAL HUNTERSVILLE (2) REFUND A PORTION OF THE 2003A BONDS (3) REFUND A TAXABLE BANK LOAN AND (4) PAY ISSUANCE COSTS</p> <p>FORM 990, SCHEDULE K, PART II, ENTITY 2, LINE 3, COLUMN C DIFFERENCE DUE TO INVESTMENT EARNINGS</p> <p>FORM 990, SCHEDULE K, PART IV, ENTITY 2, LINE 2C, COLUMN C DATE OF LAST REBATE COMPUTATION APRIL 30, 2018</p>

Return Reference	Explanation
FORM 990, SCHEDULE K, PART III, LINE 3B PRIVATE BUSINESS USE	THE NOVANT HEALTH CARE SYSTEM HAS A LEGAL DEPARTMENT, MATERIALS MANAGEMENT DEPARTMENT AND A RESEARCH DEPARTMENT THESE DEPARTMENTS REGULARLY REVIEW MANAGEMENT, SERVICE AND RESEARCH AGREEMENTS RELATED TO TAX-EXEMPT BOND FINANCED PROPERTY OUTSIDE BOND COUNSEL CONDUCTS ADDITIONAL REVIEW AND DUE DILIGENCE WHEN ENGAGED FOR A BOND ISSUANCE OR REFUNDING PROJECT

Additional Data

Software ID:
Software Version:
EIN: 56-1376950
Name: NOVANT HEALTH INC

Return Reference	Explanation
FORM 990, SCHEDULE K ENTITY 1	FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE A DESCRIPTION OF PURPOSE (1) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (2) PAY ISSUANCE COSTS FORM 990, SCHEDULE K, PART IV, ENTITY 1, LINE 2C, COLUMN A DATE OF LAST REBATE COMPUTATION DECEMBER 8, 2014 FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE B DESCRIPTION OF PURPOSE (1) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (2) PAY ISSUANCE COSTS FORM 990, SCHEDULE K, PART IV, ENTITY 1, LINE 2C, COLUMN B DATE OF LAST REBATE COMPUTATION DECEMBER 8, 2014 FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE C DESCRIPTION OF PURPOSE CURRENT REFUND THE SERIES 2008A BONDS ISSUED 09/30/16 FORM 990, SCHEDULE K, PART IV, ENTITY 1, LINES 4B & 4C, COLUMN C NOVANT HEALTH ENTERED INTO QUALIFIED HEDGES WITH RESPECT TO THE BONDS ISSUED ON 09/30/16 THE HEDGES ARE PROVIDED BY GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, LP AND SUNTRUST BANK AND HAVE TERMS OF 17 8 AND 20 3 YEARS, RESPECTIVELY FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE D DESCRIPTION OF PURPOSE CURRENT REFUND THE SERIES 2008B BONDS ISSUED 03/03/14 FORM 990, SCHEDULE K, PART IV, ENTITY 1, LINES 4B & 4C, COLUMN D NOVANT HEALTH ENTERED INTO QUALIFIED HEDGES WITH RESPECT TO THE BONDS ISSUED ON 03/03/14 THE HEDGES ARE PROVIDED BY GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, LP AND SUNTRUST BANK AND HAVE TERMS OF 17 8 AND 20 3 YEARS, RESPECTIVELY
FORM 990, SCHEDULE K ENTITY 2	FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE A DESCRIPTION OF PURPOSE CURRENT REFUND THE SERIES 2008C BONDS ISSUED 03/03/14 FORM 990, SCHEDULE K, PART IV, ENTITY 2, LINES 4B & 4C, COLUMN A NOVANT HEALTH ENTERED INTO QUALIFIED HEDGES WITH RESPECT TO THE BONDS ISSUED ON 03/03/14 THE HEDGES ARE PROVIDED BY GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, LP AND SUNTRUST BANK AND HAVE TERMS OF 17 8 AND 20 3 YEARS, RESPECTIVELY FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE B DESCRIPTION OF PURPOSE (1) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (2) PAY ISSUANCE COSTS FORM 990, SCHEDULE K, PART II, ENTITY 2, LINE 3, COLUMN B DIFFERENCE DUE TO INVESTMENT EARNINGS FORM 990, SCHEDULE K, PART IV, ENTITY 2, LINE 2C, COLUMN B DATE OF LAST REBATE COMPUTATION OCTOBER 31, 2015 FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE C DESCRIPTION OF PURPOSE (1) FINANCE THE VERTICAL EXPANSION OF PRESBYTERIAN HOSPITAL HUNTERSVILLE, THE VERTICAL EXPANSION OF PRESBYTERIAN HOSPITAL MATTHEWS, THE CONSTRUCTION AND EQUIPPING OF CLEMMONS MEDICAL CENTER, G-WING RENOVATIONS AT PRESBYTERIAN HOSPITAL AND MEDICAL, COMPUTER OFFICE AND CAPITAL EQUIPMENT AT PRESBYTERIAN HOSPITAL, PRESBYTERIAN HOSPITAL MATTHEWS AND PRESBYTERIAN HOSPITAL HUNTERSVILLE (2) REFUND A PORTION OF THE 2003A BONDS (3) REFUND A TAXABLE BANK LOAN AND (4) PAY ISSUANCE COSTS FORM 990, SCHEDULE K, PART II, ENTITY 2, LINE 3, COLUMN C DIFFERENCE DUE TO INVESTMENT EARNINGS FORM 990, SCHEDULE K, PART IV, ENTITY 2, LINE 2C, COLUMN C DATE OF LAST REBATE COMPUTATION APRIL 30, 2018
FORM 990, SCHEDULE K, PART III, LINE 3B PRIVATE BUSINESS USE	THE NOVANT HEALTH CARE SYSTEM HAS A LEGAL DEPARTMENT, MATERIALS MANAGEMENT DEPARTMENT AND A RESEARCH DEPARTMENT THESE DEPARTMENTS REGULARLY REVIEW MANAGEMENT, SERVICE AND RESEARCH AGREEMENTS RELATED TO TAX-EXEMPT BOND FINANCED PROPERTY OUTSIDE BOND COUNSEL CONDUCTS ADDITIONAL REVIEW AND DUE DILIGENCE WHEN ENGAGED FOR A BOND ISSUANCE OR REFUNDING PROJECT

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
NOVANT HEALTH INC

Employer identification number
56-1376950

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DMK4	12-21-2017	29,835,000	SEE PART VI		X		X		X
B NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DFU0	11-03-2010	259,620,763	SEE PART VI		X		X		X
C NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DRK9	05-07-2013	161,286,657	SEE PART VI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	2,825,000				23,430,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	29,835,000		259,673,777		161,291,650			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			2,703,029		1,248,186			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds			17,472,178		2,872,691			
10	Capital expenditures from proceeds			239,445,557		98,928,658			
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2017		2013		2014			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X			
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NOVANT HEALTH INC

Employer identification number
56-1376950

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 56-1376950
Name: NOVANT HEALTH INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
COTSWOLD MEDICAL CLINIC (CMC)	ENTITY OWNED > 35% BY THOMAS WOOLLEN, KEY EMPLOYEE	167,060	THE FILING ORGANIZATION HAS A LEASE IN PLACE WITH CMC		No
SOLID ROCK PROPERTIES (SRP)	ENTITY OWNED > 35% BY JOHN PHIPPS, KEY EMPLOYEE	112,234	THE FILING ORGANIZATION HAS A LEASE IN PLACE WITH SRP		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN ARMATO	FAMILY MEMBER OF CARL ARMATO, OFFICER	56,862	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No
PETER BRUNSTETTER JR	FAMILY MEMBER OF PETER BRUNSTETTER, KEY EMPLOYEE	81,465	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHASE GARRETT	FAMILY MEMBER OF DAVE GARRETT, KEY EMPLOYEE	64,244	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No
ASHLEY PARK-RICH	FAMILY MEMBER OF DAVID PARK, FORMER KEY EMPLOYEE	65,574	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ARTHUR J PATEFIELD JR	FAMILY MEMBER OF ARTHUR PATEFIELD, HIGHLY COMPENSATED EMPLOYEE/FMR KEY	73,001	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No
BRANDON RICH	FAMILY MEMBER OF DAVID PARK, FORMER KEY EMPLOYEE	110,711	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LAURA MYERS	FAMILY MEMBER OF SCOTT MYERS, HIGHLY COMPENSATED EMPLOYEE/FMR KEY EMPLOYEE	87,620	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
NOVANT HEALTH INC

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

56-1376950

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1 MISSION, VISION AND VALUES	MISSION NOVANT HEALTH EXISTS TO IMPROVE THE HEALTH OF COMMUNITIES, ONE PERSON AT A TIME VISION WE, THE NOVANT HEALTH TEAM, WILL DELIVER THE MOST REMARKABLE PATIENT EXPERIENCE, IN EVERY DIMENSION, EVERY TIME VALUES -COMPASSION WE TREAT OUR CUSTOMERS AND THEIR FAMILIES, STAFF AND OTHER HEALTHCARE PROVIDERS AS FAMILY MEMBERS BY SHOWING THEM KINDNESS, PATIENCE, EMPATHY AND RESPECT -DIVERSITY AND INCLUSION WE RECOGNIZE THAT EVERY PERSON IS DIFFERENT, EACH SHAPED BY UNIQUE LIFE EXPERIENCES THIS ENABLES US TO BETTER UNDERSTAND ONE ANOTHER AND OUR CUSTOMERS BY ENGAGING THE STRENGTHS AND TALENTS OF EACH TEAM MEMBER, WE ENSURE A STRONG ORGANIZATION CAPABLE OF PROVIDING REMARKABLE HEALTHCARE TO OUR PATIENTS, FAMILIES AND COMMUNITIES -PERSONAL EXCELLENCE WE STRIVE TO GROW PERSONALLY AND PROFESSIONALLY, AND WE APPROACH EACH SERVICE OPPORTUNITY WITH A POSITIVE, FLEXIBLE ATTITUDE HONESTY AND PERSONAL INTEGRITY GUIDE ALL THAT WE DO -TEAMWORK THE NEEDS AND EXPECTATIONS OF ANY ONE CUSTOMER ARE GREATER THAN THAT WHICH ONE PERSON'S SERVICE EFFORTS CAN SATISFY WE SUPPORT EACH OTHER SO THAT TOGETHER AS A TEAM, WE CAN BE SUCCESSFUL IN THE EYE OF THE CUSTOMER AS A QUALITY SERVICE PROVIDER -COURAGE WE ACT BOLDLY IN MAKING THE CHANGES NECESSARY TO ACHIEVE OUR MISSION, VISION AND PROMISE OF DELIVERING REMARKABLE HEALTHCARE OUR PEOPLE WE ARE AN INCLUSIVE TEAM OF PURPOSE-DRIVEN PEOPLE INSPIRED AND UNITED BY OUR PASSION TO CARE FOR EACH OTHER, OUR PATIENTS AND OUR COMMUNITIES OUR PROMISE TO PATIENTS WE ARE MAKING YOUR HEALTHCARE EXPERIENCE REMARKABLE WE WILL BRING YOU WORLD-CLASS CLINICIANS, CARE AND TECHNOLOGY - WHEN AND WHERE YOU NEED THEM WE ARE REINVENTING THE HEALTHCARE EXPERIENCE TO BE SIMPLER, MORE CONVENIENT AND MORE AFFORDABLE, SO THAT YOU CAN FOCUS ON GETTING BETTER AND STAYING HEALTHY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PI, L1 ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES	<p>NOVANT HEALTH, INC IS THE PARENT ORGANIZATION OF A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS AND OTHER HEALTHCARE SERVICE PROVIDERS (COLLECTIVELY KNOWN AS "NOVANT HEALTH") NOVANT HEALTH CONSISTS OF MORE THAN 1,600 PHYSICIANS AND OVER 28,000 EMPLOYEES WHO MAKE HEALTHCARE REMARKABLE AT OVER 640 LOCATIONS, INCLUDING 15 MEDICAL CENTERS AND HUNDREDS OF OUTPATIENT FACILITIES AND PHYSICIAN CLINICS HEADQUARTERED IN WINSTON-SALEM, NC, NOVANT HEALTH IS COMMITTED TO MAKING HEALTHCARE REMARKABLE FOR PATIENTS AND COMMUNITIES, SERVING MORE THAN FOUR MILLION PATIENTS ANNUALLY NOVANT HEALTH IS RANKED AS ONE OF THE NATION'S TOP 25 INTEGRATED HEALTH SYSTEMS BY SK&A IN 2018, THE NOVANT HEALTH SYSTEM REPORTED \$5 BILLION IN REVENUES GENERAL INFORMATION NOVANT HEALTH, INC EXISTS TO SUPPORT THE OVERALL HEALTHCARE SYSTEM AND DOES SO BY PROVIDING STRATEGIC PLANNING, CENTRALIZED ADMINISTRATIVE SUPPORT, HOSPITAL OPERATIONS, AND THE COORDINATION OF SYSTEM-WIDE ACTIVITIES WE EXIST TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE WE ACCOMPLISH THAT MISSION BY PROVIDING AND SUPPORTING EXCELLENT HEALTHCARE FACILITIES AND PHYSICIAN PRACTICES AND MAKING A COMMITMENT TO COMMUNITY OUTREACH AND SERVICE INCLUDING THE PROVISION OF PROGRAMS THAT SERVE OUR PATIENTS, NEIGHBORS, AND OUR COMMUNITIES' MOST VULNERABLE CITIZENS IN ADDITION TO OUR QUALITY AND COMPREHENSIVE CATEGORIES OF SERVICES, WE'RE VERY PROUD OF OUR PATIENT FINANCIAL ASSISTANCE PROGRAM WE WORK WITH PATIENTS TO HELP QUALIFY THEM FOR PUBLIC ASSISTANCE, ESTABLISH A REASONABLE PAYMENT PLAN, DISCOUNT THEIR BILL OR PROVIDE FREE CARE FOR THOSE THAT QUALIFY FOR FINANCIAL ASSISTANCE COMMUNITY OUTREACH NOVANT HEALTH PROVIDES HUNDREDS OF PROGRAMS THAT SERVE PATIENTS, NEIGHBORS AND SOME OF OUR COMMUNITIES' MOST VULNERABLE CITIZENS WE ALSO PROVIDE FINANCIAL ASSISTANCE FOR THE UNINSURED, SERVICES TO INDIVIDUALS WITH MEDICAID COVERAGE REIMBURSED AT LESS THAN COST, COMMUNITY HEALTH EDUCATION, MEDICAL SERVICES THAT LOSE MONEY BUT ARE IMPORTANT FOR THE COMMUNITY, SUPPORT GROUPS, OUTREACH SERVICES, COMMUNITY EVENTS AND SCREENINGS IN ADDITION, WE PARTICIPATE IN MEDICAL RESEARCH, ACADEMIC HEALTH PROGRAMS AND PARTNERSHIPS WITH A DIVERSE GROUP OF ORGANIZATIONS TO PROVIDE OTHER COMMUNITY INITIATIVES WE ASSIST OUR COMMUNITIES IN OTHER WAYS AS WELL, FOLLOWING ARE JUST A FEW EXAMPLES - IN 2018, NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER CONTINUED TO OFFER MENTAL HEALTH FIRST AID, AN EARLY INTERVENTION AND PUBLIC EDUCATION PROGRAM THIS INTERACTIVE COURSE IS DESIGNED TO HELP IDENTIFY, UNDERSTAND AND RESPOND TO A PERSON EXPERIENCING A MENTAL HEALTH ISSUE THE 8-HOUR ADULT AND YOUTH PROGRAMS TEACH WARNING SIGNS OF DEPRESSION, ANXIETY DISORDERS, TRAUMA, PSYCHOTIC DISORDERS, EATING DISORDERS AND SUBSTANCE USE DISORDERS COMMUNITY PARTICIPANTS LEARN A 5-STEP ACTION PLAN TO HELP SOMEONE IN A CRISIS AND NON-CRISIS SITUATIONS AND HAVE THE UNIQUE OPPORTUNITY TO PRACTICE THE PLAN THROUGH ROLE PLAYS, SCENARIOS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PI, L1 ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES</p>	<p>NARIOS AND ACTIVITIES - NOVANT HEALTH THOMASVILLE MEDICAL CENTER OFFERS THE COMMUNITY A SANE EXUAL ASSAULT NURSE EXAMINER ("SANE") ROOM FOR VICTIMS OF SEXUAL ASSAULT AND PROVIDES TRAINED SANE NURSES TO SERVE RESIDENTS THROUGHOUT THE COUNTY DURING THIS CRISIS IN 2018, THE HOSPITAL PARTNERED WITH FAMILY SERVICES OF DAVIDSON COUNTY TO RAISE AWARENESS AND FUNDING FOR THESE PROGRAMS AND WORKED CLOSELY WITH LOCAL LAW ENFORCEMENT TO HELP PROVIDE ADDITIONAL SENSITIVITY TRAINING - IN 2018, NOVANT HEALTH FORSYTH MEDICAL CENTER HELD OVER 400 FREE SCREENING EVENTS THAT SERVED MORE THAN 4,300 SCREENING PARTICIPANTS LOCATIONS INCLUDE NOVANT HEALTH TRIAD CAMPUSES, LOCAL PUBLIC SCHOOLS, YMCA/YWCA, HOMELESS SHELTERS, CORPORATIONS, FAITH COMMUNITIES, AND SENIOR CENTERS THE VARIOUS EVENTS SCREENED FOR DIABETES, PERIPHERAL ARTERY DISEASE, BONE DENSITY, BLOOD PRESSURE, BREAST CANCER, AND HEART HEALTH - NOVANT HEALTH BRUNSWICK MEDICAL CENTER FOCUSED ON INCREASING BREAST-FEEDING IN NEW MOMS, DECREASING SMOKING IN PREGNANT WOMEN AND DIMINISHING OBESITY IN BRUNSWICK COUNTY THROUGH THIS INITIATIVE, A FULL-TIME LACTATION COORDINATOR PARTNERED WITH LOCAL SCHOOLS TO HELP GET CHILDREN ACTIVE, AND HOSTED SMOKING CESSATION PROGRAMS - NOVANT HEALTH ROWAN MEDICAL CENTER PROVIDED A POSITIVE IMPACT ON THE HEALTH OF ROWAN COUNTY RESIDENTS BY PROVIDING TEACHERS AND STAFF OF THE ROWAN-SALISBURY SCHOOL SYSTEM WITH FREE BIOMETRIC SCREENINGS THAT INCLUDE BLOOD PRESSURE CHECKS, BLOOD WORK TO MEASURE CHOLESTEROL AND BLOOD SUGAR, AS WELL AS MEASUREMENT OF BODY MASS INDEX INDIVIDUALS RECEIVED SCREENING RESULTS ALONG WITH SUGGESTIONS ON HOW TO LIVE A HEALTHIER LIFE - NOVANT HEALTH MINT HILL MEDICAL CENTER OPENED TO THE COMMUNITY IN 2018 AS A PART OF THE CAMPUS, NOVANT HEALTH OPERATES THE MINT HILL MEDICAL OFFICE WHERE WE ARE ACCEPTING PATIENTS FOR PEDIATRICS, WOMEN'S HEALTH AND PRIMARY CARE NEW TECHNOLOGY & SERVICES IN 2018, NOVANT HEALTH FACILITIES CONTINUED THEIR RELENTLESS FOCUS ON DELIVERING A REMARKABLE PATIENT EXPERIENCE AND LOOKED FOR INNOVATIVE WAYS TO DELIVER EXPANDED ACCESS TO CARE, AS WELL AS EASE NAVIGATION OF THE HEALTHCARE SYSTEM NOVANT HEALTH CONTINUED TO INVEST IN ITS ELECTRONIC HEALTH RECORD (EHR), AND IN 2018 HAD MORE THAN 900,000 USERS ON MYCHART THROUGH THE ELECTRONIC HEALTH RECORD, NOVANT HEALTH MEDICAL GROUP PHYSICIANS ALSO OFFER A SECURE PATIENT PORTAL ("MYCHART") THAT GIVES PATIENTS DIRECT ACCESS TO THEIR MEDICAL RECORDS ONLINE AND THROUGH OUR MOBILE APP THROUGH THIS FREE ONLINE TOOL PATIENTS CAN COMMUNICATE WITH THE PHYSICIANS VIA EMAIL, SCHEDULE APPOINTMENTS AND REFILL PRESCRIPTIONS AS A RESULT OF THESE EFFORTS, NOVANT HEALTH ACHIEVED A 'WORLD'S FIRST' MILESTONE WHEN WE BECAME THE FIRST HEALTH SYSTEM IN THE WORLD TO BE REVALIDATED FOR THE HEALTH INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS) ANALYTICS STAGE 7 AMBULATORY AWARD FOR OUR USE OF AN EHR CLINICIANS CAN NOW SHARE PATIENTS' MEDICAL INFORMATION BETWEEN PHYSICIAN OFFICES, OUTPATIENT CENTERS AND</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PI, L1 ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES</p>	<p>D HOSPITALS THIS SHARING OF INFORMATION IMPROVES SAFETY AND COORDINATION OF CARE AND PROMOTES CONNECTIVITY AND COMMUNICATION BETWEEN HOSPITAL CAREGIVERS, SPECIALISTS AND PRIMARY CARE PROVIDERS EMBARKING ON THE JOURNEY TO CREATE A SHARED EHR IS THE MOST SIGNIFICANT AND IMPORTANT INVESTMENT NOVANT HEALTH HAS EVER MADE FOR ITS PATIENTS AND TEAM MEMBERS IN ADDITION TO GROWTH INITIATIVES, NOVANT HEALTH HAS FOCUSED ON MAKING HEALTHCARE MORE CONVENIENT AND EASIER TO ACCESS VIDEO VISITS ALLOW PATIENTS TO CONNECT WITH THEIR HEALTHCARE PROVIDERS FROM THE COMFORT OF THEIR HOMES OR OFFICES USED FOR NON-EMERGENT HEALTH CONCERNS, VIDEO VISITS WORK BEST FOR PATIENTS NEEDING CHRONIC DISEASE MANAGEMENT OR FOLLOW-UP CARE WITHOUT A PHYSICAL EXAM TELEMEDICINE ENABLES US TO DELIVER HIGH-LEVEL CLINICAL CARE ANYWHERE BY CONNECTING SMALLER HOSPITALS WITH SPECIALISTS AT OUR MAJOR MEDICAL CENTERS NOVANT HEALTH IS A LEADING HEALTHCARE ORGANIZATION, DEDICATED TO DELIVERING REMARKABLE HEALTHCARE AND IMPROVING ACCESS AND CONVENIENCE ACROSS FOUR STATES HOSPITALS RANGE FROM METROPOLITAN TERTIARY MEDICAL CENTERS TO SMALL, COMMUNITY HOSPITALS IN RURAL AREAS OTHER NOVANT HEALTH FACILITIES AND PROGRAMS INCLUDE PHYSICIAN PRACTICES, OUTPATIENT SURGERY CENTERS, IMAGING CENTERS, MEDICAL PLAZAS AND REHABILITATION PROGRAMS COMMUNITY BENEFIT REPORT HTTPS //WWW NOVANTHEALTH ORG/HOME/ABOUT-US/COMMUNITY-INVOLVEMENT/COMMUNITY-BENEFIT ASPX THE COMMUNITY BENEFIT REPORT, REFERRED TO AS A COMMUNITY IMPACT REPORT, PREPARED BY NOVANT HEALTH IS A SYSTEM-WIDE REPORT THAT INCLUDES QUALITATIVE AND QUANTITATIVE INFORMATION PLEASE NOTE THAT THE NUMERIC DATA IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES IT SHOULD NOT BE RELIED UPON AS THE ORGANIZATION'S FORM 990, SCHEDULE H COMMUNITY BENEFIT REPORT, ITS COMMUNITY HEALTH NEEDS ASSESSMENT OR COMMUNITY BENEFIT IMPLEMENTATION STRATEGY IN THIS REPORT, THE NOVANT HEALTH SYSTEM'S COMMUNITY BENEFIT WAS APPROXIMATELY \$884,000,000, INCLUDING \$155,000,000 IN FINANCIAL ASSISTANCE FOR 2018</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	IN 2018, NOVANT HEALTH MINT HILL MEDICAL CENTER OPENED TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FORM 990, PART VI, SECTION A, LINE 2 FAMILY AND/OR BUSINESS RELATIONSHIPS BUSINESS RELATIONSHIP CARL ARMATO ARTHUR PATEFIELD BUSINESS RELATIONSHIP CARL ARMATO FRED HARGETT JESSE CURETON BUSINESS RELATIONSHIP PETER BRUNSTETTER DENISE MIHAL TOM ZWENG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990, PART VI, SECTION B, LINE 11 ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE AUDIT AND COMPLIANCE COMMITTEE OF THE NOVANT HEALTH BOARD OF TRUSTEES ("THE COMMITTEE") HAS RESPONSIBILITY FOR OVERSEEING THE ORGANIZATION'S TAX MATTERS THE BOARD OF TRUSTEES HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE COMMITTEE THE COMMITTEE IS THE REVIEW BODY FOR ALL OF THE FORM 990S FILED FOR ORGANIZATIONS WITHIN THE NOVANT HEALTH SYSTEM THE COMMITTEE MEETS BEFORE THE FORM 990S ARE FILED WITH THE IRS AND AFTER ALL BOARD MEMBERS HAVE RECEIVED A COPY OF THE FORM 990 AND A SUMMARY OF ITS CONTENTS THE VICE PRESIDENT OF TAX AND LEGAL COUNSEL ATTEND THE MEETING TO ANSWER ANY QUESTIONS AND ADDRESS ANY SIGNIFICANT DISCLOSURES WITHIN THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	FORM 990, PART VI, SECTION B, LINE 12C MONITORING AND ENFORCEMENT OF COI THE ORGANIZATION'S TRUSTEE CONFLICT OF INTEREST POLICY APPLIES TO ALL TRUSTEES, PRINCIPAL OFFICERS OR MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS INCLUDING ANY APPLICABLE DISREGARDED ENTITIES ALL TRUSTEES ARE SENT AN ANNUAL DISCLOSURE QUESTIONNAIRE THE TRUSTEE ANNUAL DISCLOSURE QUESTIONNAIRES ARE REVIEWED BY THE COMPLIANCE DEPARTMENT WITH RESPECT TO PARTICULAR TRANSACTIONS THAT COME BEFORE THE BOARD, THE CONFLICT OF INTEREST POLICY WOULD BE FOLLOWED THE POTENTIAL CONFLICT OF INTEREST WOULD BE DISCLOSED BY THE BOARD MEMBER BEFORE A VOTE ON THE TRANSACTION AND THE REST OF THE BOARD WOULD DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS IF THE REST OF THE BOARD DETERMINED THAT A CONFLICT OF INTEREST EXISTED THEN THE BOARD MEMBER WITH THE CONFLICT OF INTEREST WOULD NOT PARTICIPATE IN THE DELIBERATIONS AND VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>FORM 990, PART VI, SECTION B, LINE 15A COMPENSATION PROCESS FOR TOP OFFICIAL NOVANT HEALTH, INC IS THE PARENT ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM COLLECTIVELY REFERRED TO AS "NOVANT HEALTH " INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH, INC BOARD OF TRUSTEES (WHO COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) REVIEW, APPROVE, AND OVERSEE ALL ASPECTS OF COMPENSATION AND BENEFITS FOR NOVANT HEALTH, INC 'S CEO THE COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT AND USES THIRD PARTY COMPARABILITY DATA FOR FUNCTIONALLY SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS TO ENSURE THAT TOTAL COMPENSATION INCLUDING BENEFITS IS REASONABLE THE COMMITTEE REVIEWS AND APPROVES CEO COMPENSATION AND BENEFITS ANNUALLY, CONSISTENT WITH THE WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY OF NOVANT HEALTH, AND IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS, THEREBY ASSURING THAT TOTAL COMPENSATION AND BENEFITS PROVIDED IS REASONABLE</p> <p>FORM 990, PART VI, SECTION B, LINE 15B COMPENSATION PROCESS FOR OFFICERS NOVANT HEALTH, INC IS THE PARENT ORGANIZATION OF AN INTEGRATED HEALTHCARE SYSTEM COLLECTIVELY REFERRED TO AS "NOVANT HEALTH " INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH, INC BOARD OF TRUSTEES (WHO COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) REVIEW, APPROVE, AND OVERSEE ALL ASPECTS OF COMPENSATION AND BENEFITS FOR CERTAIN EXECUTIVES ("EXECUTIVES") SERVING AS OFFICERS OR KEY EMPLOYEES FOR NOVANT HEALTH ENTITIES THE COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT AND USES THIRD PARTY COMPARABILITY DATA FOR FUNCTIONALLY SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS TO ENSURE THAT TOTAL COMPENSATION AND BENEFITS FOR EACH EXECUTIVE IS REASONABLE FOR THAT EXECUTIVE'S POSITION THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION AND BENEFITS ANNUALLY, CONSISTENT WITH THE WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY OF NOVANT HEALTH, AND IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS, THEREBY ASSURING THAT TOTAL COMPENSATION AND BENEFITS PROVIDED TO EACH EXECUTIVE IS REASONABLE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS DISCLOSURE THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAINING ALL ORGANIZATIONS IN THE NOVANT HEALTH SYSTEM ARE POSTED TO THE NOVANT HEALTH WEBSITE THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN B RELATED ORGANIZATIONS	THE ORGANIZATION EMPLOYS CERTAIN EXECUTIVES WHOSE ROLES ARE SUCH THAT THEY PROVIDE SERVICES TO NOT ONLY THE ORGANIZATION, BUT ALSO TO SOME OR ALL OF THE OTHER TAX-EXEMPT ORGANIZATIONS WITHIN THE HEALTHCARE SYSTEM. FOR EXAMPLE, MANY OF THESE EXECUTIVES' ROLES FOCUS ON PARTICULAR SERVICE LINES WHICH CROSS THE VARIOUS GEOGRAPHIC MARKETS OUR ORGANIZATIONS SERVE, THUS THE SERVICES PROVIDED BY THESE EXECUTIVES MAY BENEFIT AND BE RECEIVED BY MULTIPLE ORGANIZATIONS WITHIN THE SYSTEM. THE EXECUTIVES DO NOT ALLOCATE THEIR HOURS BETWEEN THE VARIOUS ORGANIZATIONS, BUT RATHER THEIR TIME SPENT ON SERVICES TO THE ORGANIZATION IS INCLUSIVE OF SERVICES TO ALL OF THE ORGANIZATIONS THEY SERVE WITHIN THE SYSTEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 6 COMPENSATION OF DISQUALIFIED PERSONS	THE AMOUNTS REPORTED HERE INCLUDE AMOUNTS ATTRIBUTABLE TO DISQUALIFIED PERSONS (DQP) AS DEFINED IN THE INSTRUCTIONS, BUT NOW ALSO INCLUDES AMOUNTS ATTRIBUTABLE TO INDIVIDUALS THAT MAY NOT DEFINITELY BE CONSIDERED DQPS UNDER THE 4958 RULES. WE HAVE OPTED TO TAKE A MORE EXPANSIVE APPROACH AS TO WHO MAY BE CONSIDERED A DQP AND REPORT THEM HERE AS WELL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CAPITAL CONTRIBUTION -4,000,000 MEMBERSHIP INTEREST PURCHASE 1,161,398 CONTRIBUTIONS 989,373 MALPRACTICE INSURANCE -83,879 INVESTMENT ADJUSTMENT 2,931 PARTNERSHIPS 1,618,543 FASB/ACCOUNTING CHANGES 3,031,867 DERIVATIVES/SWAP 9,787,138 AFFILIATE TRANSFER -6,597,712

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As Filed Data -

DLN: 93493319019109

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NOVANT HEALTH INC

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 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

56-1376950

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
See Additional Data Table					
(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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

(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	

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a Yes

b Gift, grant, or capital contribution to related organization(s)

1b Yes

c Gift, grant, or capital contribution from related organization(s)

1c Yes

d Loans or loan guarantees to or for related organization(s)

1d Yes

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j Yes

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

r Other transfer of cash or property to related organization(s)

1r Yes

s Other transfer of cash or property from related organization(s)

1s Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2018

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 56-1376950

Name: NOVANT HEALTH INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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) EXCEL IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-4253946	INACTIVE	NC	0	0	FORSYTH MEMORIAL HOSPITAL INC
(1) 1427 EAST FOURTH STREET LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-1523667	REAL ESTATE	NC	0	0	PROVIDENCE ROAD LAND PARTNERS LLC
(2) 1600 ELIZABETH AVENUE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0757319	REAL ESTATE	NC	0	0	PROVIDENCE ROAD LAND PARTNERS LLC
(3) ASHEVILLE OPEN MRI LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2001227	HEALTHCARE	NC	7,014,870	2,916,327	FOUNDATION HEALTH SYSTEMS CORP
(4) BRUNSWICK COMMUNITY HOSPITAL LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-4278130	HEALTHCARE	NC	96,069,387	100,390,796	NOVANT HEALTH TRIAD REGION LLC
(5) CABARRUS DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 62-1715203	HEALTHCARE	NC	1,243,453	2,921,261	FOUNDATION HEALTH SYSTEMS CORP
(6) CALL-A-NURSE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 43-1965884	HEALTHCARE	NC	0	3,214	NOVANT HEALTH INC
(7) CAPE FEAR DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 62-1833647	HEALTHCARE	NC	328,400	167,735	FOUNDATION HEALTH SYSTEMS CORP
(8) CAPE FEAR MOBILE IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-0599346	HEALTHCARE	NC	553,100	205,688	CAPE FEAR DIAGNOSTIC IMAGING LLC
(9) CAROLINA IMAGING LLC OF FAYETTEVILLE 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1876345	HEALTHCARE	NC	9,888,930	2,019,740	FOUNDATION HEALTH SYSTEMS CORP
(10) CAROLINAS DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 57-1121114	HEALTHCARE	NC	1,639,032	1,408,002	FOUNDATION HEALTH SYSTEMS CORP
(11) CHAPEL HILL DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2049126	HEALTHCARE	NC	832,650	663,791	FOUNDATION HEALTH SYSTEMS CORP
(12) DURHAM DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2272517	HEALTHCARE	NC	9,562,677	5,669,048	TRIAD IMAGING LLC
(13) FORSYTH MEDICAL GROUP LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 31-1725913	HEALTHCARE	NC	45,913,417	17,080,415	NOVANT MEDICAL GROUP INC
(14) FOUNDATION HEALTH MOBILE IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 33-1039097	HEALTHCARE	NC	2,217,398	6,866,337	CAROLINA IMAGING LLC OF FAYETTEVILLE
(15) JACKSONVILLE DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 94-3419385	HEALTHCARE	NC	3,075,690	3,063,854	TRIAD IMAGING LLC
(16) LOUISBURGNOVANT LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 58-1681238	HEALTHCARE	NC	53,823	0	FOUNDATION HEALTH SYSTEMS CORP
(17) MECKLENBURG DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2016235	HEALTHCARE	NC	6,304,104	1,925,781	FOUNDATION HEALTH SYSTEMS CORP
(18) NMG AFFILIATE PRACTICE I LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2084786	HEALTHCARE	NC	34,614,503	6,806,736	PRINCE WILLIAM HEALTH SYSTEM
(19) NMG SOUTHPARK SERVICES LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 45-0600400	HEALTHCARE	NC	2,184,443	293,287	NMG SERVICES INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(21) NOVANT ASSET MANAGEMENT LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0705491	ASSET MGMT	NC	560,284	149,718	NOVANT HEALTH INC
(1) NOVANT HEALTH BRUNSWICK ENDOSCOPY CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 82-0831203	HEALTHCARE	NC	428,030	3,052,472	NOVANT HEALTH INC
(2) NOVANT HEALTH CASUALTY LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 81-2938127	INSURANCE	NC	56	25,105	NOVANT HEALTH INC
(3) NOVANT HEALTH CLEMMONS OUTPATIENT SURGERY LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 82-5250651	HEALTHCARE	NC	136,043	87,404	NOVANT HEALTH INC
(4) NOVANT HEALTH KERNERSVILLE OUTPATIENT SURGERY LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 82-1651821	HEALTHCARE	NC	896,924	3,673,484	NOVANT HEALTH INC
(5) NOVANT HEALTH MINT HILL MEDICAL CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0599536	HEALTHCARE	NC	7,138,569	130,553,627	NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC
(6) NOVANT HEALTH MONROE OUTPATIENT SURGERY LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3135267	HEALTHCARE	NC	0	95	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(7) NOVANT HEALTH PHARMACY SERVICES LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 47-4615021	HEALTHCARE	NC	87,324,376	23,823,362	THE PRESBYTERIAN HOSPITAL
(8) NOVANT HEALTH PHYSICIAN INSURANCE PROTECTED CELL LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 81-2946353	INSURANCE	NC	3,287,384	10,251,313	NOVANT HEALTH INC
(9) NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120972	HOLDING COMPANY	NC	0	0	NOVANT HEALTH INC
(10) NOVANT HEALTH TRIAD REGION LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120973	HOLDING COMPANY	NC	0	0	NOVANT HEALTH INC
(11) NOVANT HEALTH-PRINCE WILLIAM ASSET CO 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 81-0887677	ASSET HOLDING COMPANY	NC	0	110,083,358	NOVANT HEALTH INC
(12) NOVANT PROPERTIES LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-3378448	REAL ESTATE	NC	0	6,062,012	NOVANT HEALTH INC
(13) PIEDMONT IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1876341	HEALTHCARE	NC	8,924,169	2,237,488	FOUNDATION HEALTH SYSTEMS CORP
(14) PRESBYTERIAN AMBULATORY HOLDINGS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-1705594	HOLDING COMPANY	NC	0	0	NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC
(15) PRESBYTERIAN BREAST CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0069792	HEALTHCARE	NC	5,449,990	1,668,297	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(16) PRESBYTERIAN DIAGNOSTIC CENTER AT CABARRUS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 27-0295685	INACTIVE	NC	0	0	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(17) PRESBYTERIAN IMAGING CENTERS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 72-1568954	HEALTHCARE	NC	6,686,361	4,354,528	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(18) PRESBYTERIAN MOBILE IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-2935595	INACTIVE	NC	0	0	PRESBYTERIAN IMAGING CENTERS LLC
(19) PRESBYTERIAN SAMEDAY SURGERY CENTER AT BALLANTYNE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3135052	HEALTHCARE	NC	3,716,049	1,797,783	PRESBYTERIAN AMBULATORY HOLDINGS LLC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(41) PRESBYTERIAN SAMEDAY SURGERY CENTER AT HUNTERSVILLE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-2422926	HEALTHCARE	NC	9,608,685	3,094,640	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(1) PRINCE WILLIAM HEALTH SYSTEM ASCMOB LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3195704	HEALTHCARE	VA	561,343	6,428,861	PRINCE WILLIAM HEALTH SYSTEM
(2) PRINCE WILLIAM-FAUQUIER CANCER CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 05-0570221	HEALTHCARE	VA	11,089,181	27,502,197	PRINCE WILLIAM HOSPITAL
(3) PROVIDENCE ROAD LAND PARTNERS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2264109	REAL ESTATE	NC	1,529,774	36,053,132	NOVANT HEALTH INC
(4) SAMEDAY SURGERY CENTER AT PRESBYTERIAN LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 68-0561430	INACTIVE	NC	0	0	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(5) TORRENCE STREET PARTNERS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2217412	INACTIVE	NC	0	0	PROVIDENCE ROAD LAND PARTNERS LLC
(6) TRIAD IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2001223	HEALTHCARE	NC	4,178,271	1,775,508	FOUNDATION HEALTH SYSTEMS CORP
(7) VIENNA DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 74-3065759	HEALTHCARE	VA	2,620,156	3,222,955	PRINCE WILLIAM HEALTH SYSTEM
(8) NOVANT HEALTH REALTY HOLDINGS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 82-2238790	REAL ESTATE	NC	0	0	NOVANT HEALTH INC
(9) NOVANT HEALTH BALLANTYNE MEDICAL CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NC	0	0	NOVANT HEALTH INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-0862112	HEALTHCARE	NC	501(C)(3)	LINE 10	FORSYTH MEMORIAL HOSPITAL INC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 27-4616751	HEALTHCARE	NC	501(C)(3)	LINE 7	BRUNSWICK COMMUNITY HOSPITAL LLC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 58-1466368	HEALTHCARE	NC	501(C)(3)	LINE 12B, II	NOVANT MEDICAL GROUP INC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-0636250	HEALTHCARE	NC	501(C)(3)	LINE 3	NOVANT HEALTH TRIAD REGION LLC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1828629	HEALTHCARE	NC	501(C)(3)	LINE 7	COMMUNITY GENERAL HEALTH PARTNERS INC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120959	HEALTHCARE	NC	501(C)(3)	LINE 7	FORSYTH MEMORIAL HOSPITAL INC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-0928089	HEALTHCARE	NC	501(C)(3)	LINE 3	NOVANT HEALTH TRIAD REGION LLC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1373175	HEALTHCARE	NC	501(C)(3)	LINE 10	NOVANT HEALTH INC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1340424	HEALTHCARE	NC	501(C)(3)	LINE 3	NOVANT HEALTH TRIAD REGION LLC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2098809	HEALTHCARE	NC	501(C)(3)	LINE 10	NOVANT HEALTH INC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 58-1728803	HEALTHCARE	NC	501(C)(3)	LINE 3	NMG SERVICES INC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 54-1291284	HEALTHCARE	VA	501(C)(3)	LINE 10	PRINCE WILLIAM HEALTH SYSTEM	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 58-1413074	HEALTHCARE	NC	501(C)(3)	LINE 7	NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1376368	HEALTHCARE	NC	501(C)(3)	LINE 3	NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 54-1278944	HEALTHCARE	VA	501(C)(3)	LINE 12C, III-FI	NOVANT HEALTH UVA HEALTH SYSTEM	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 54-0696355	HEALTHCARE	VA	501(C)(3)	LINE 3	PRINCE WILLIAM HEALTH SYSTEM	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 54-1307595	HEALTHCARE	VA	501(C)(3)	LINE 7	PRINCE WILLIAM HEALTH SYSTEM	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1424814	HEALTHCARE	NC	501(C)(3)	LINE 12C, III-FI	NOVANT HEALTH INC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 23-7022472	HEALTHCARE	NC	501(C)(3)	LINE 10	ROWAN REGIONAL MEDICAL CENTER INC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1424818	HEALTHCARE	NC	501(C)(3)	LINE 7	ROWAN REGIONAL MEDICAL CENTER INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-0547479	HEALTHCARE	NC	501(C)(3)	LINE 3	ROWAN HEALTH SERVICES CORPORATION	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 58-1867242	HEALTHCARE	NC	501(C)(3)	LINE 12C, III-FI	NOVANT HEALTH INC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-0554230	HEALTHCARE	NC	501(C)(3)	LINE 3	NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 54-0622371	HEALTHCARE	VA	501(C)(3)	LINE 3	NOVANT HEALTH UVA HEALTH SYSTEM	Yes	
2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 81-0868533	HEALTHCARE	VA	501(C)(3)	LINE 12A, I	NOVANT HEALTH INC	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) BLUE HERON REAL ESTATE OPPORTUNITY FUND I LLC 1111 HAYNES STREET SUITE 203 RALEIGH, NC 27604 45-2601527	RENTAL REAL ESTATE	NC	NOVANT HEALTH INC	INVESTMENT	-284,673	3,549,100		No	-130,631		No	58 590 %
(1) CULPEPER SURGERY CENTER LLC 541 SUNSET LANE SUITE 201 CULPEPER, VA 22701 54-1975624	HEALTHCARE	VA	CULPEPER MEMORIAL HOSPITAL INC	RELATED	425,398	967,333		No			No	55 670 %
(2) ENDOSCOPY CENTER OF LAKE NORMAN LLC (ECLN) (AKA PECH) 13808 PROFESSIONAL CENTER DRIVE HUNTERSVILLE, NC 28078 20-5112015	HEALTHCARE	NC	PRESBYTERIAN AMBULATORY HOLDINGS LLC (NOVANT HEALTH INC)	RELATED	408,541	683,962		No		Yes		51 000 %
(3) HAYMARKET SURGERY CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTONSALEM, NC 27103 46-2874962	HEALTHCARE	VA	PRINCE WILLIAM HOSPITAL	RELATED	31,978	903,748		No		Yes		51 010 %
(4) LEGAL & GENERAL SCIENTIFIC BETA EMERGING MARKETS FUND LLC 71 SOUTH WACKER DRIVE SUITE 800 CHICAGO, IL 60606 82-0937127	INVESTMENT	DE	NOVANT HEALTH INC	INVESTMENT	1,145,835	69,217,404		No		Yes		100 000 %
(5) MATTHEWS SURGERY CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTONSALEM, NC 27103 27-3634811	HEALTHCARE	NC	PRESBYTERIAN MEDICAL CARE CORP	RELATED	476,101	2,683,848		No		Yes		50 000 %
(6) NOVANT HEALTH-GOHEALTH URGENT CARE LLC 5555 GLENRIDGE CONNECTOR SUITE 700 ATLANTA, GA 30342 36-4908373	HEALTHCARE	NC	NOVANT HEALTH INC	RELATED	-233,741	10,411,679		No			No	50 100 %
(7) PRINCE WILLIAM AMBULATORY SURGERY CENTER LLC (PWASC) 2085 FRONTIS PLAZA BLVD WINSTONSALEM, NC 27103 77-0594498	HEALTHCARE	VA	PRINCE WILLIAM HOSPITAL	RELATED	723,380	733,731		No		Yes		51 000 %
(8) SOUTHPARK SURGERY CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTONSALEM, NC 27103 87-0714098	HEALTHCARE	NC	THE PRESBYTERIAN HOSPITAL	RELATED	1,366,655	3,850,414		No			No	60 000 %
(9) PLAZA CENTER LLC 1315 SOUTH MAIN STREET WINSTONSALEM, NC 27103 20-0050290	RENTAL REAL ESTATE	NC	NOVANT HEALTH INC	INVESTMENT	293,369	5,260,192		No			No	60 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ADEPT HEALTH INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2226937	ADMIN SERVICES	NC	NOVANT HEALTH INC	C	17,070,178	15,088,198	100 000 %	Yes	
(1) CHOICEHEALTH INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1896065	MANAGED CARE	NC	NOVANT HEALTH INC	C	12,150,200	4,571,739	100 000 %	Yes	
(2) COMMUNICARE INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1952950	RENTAL REAL ESTATE	NC	COMMUNITY GENERAL HEALTH PARTNERS INC	C		974,180	100 000 %	Yes	
(3) KERNERSVILLE MEDICAL CENTER PARK OWNERS' ASSOCIATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 47-1511401	RENTAL REAL ESTATE	NC	NOVANT HEALTH INC	C		1,183,771	100 000 %	Yes	
(4) MEDQUEST INC & SUBSIDIARIES 3480 PRESTON RIDGE RD STE 600 ALPHARETTA, GA 30005 22-3860764	DIAGNOSTIC IMAGING	DE	NOVANT HEALTH INC	C	101,328,303	79,817,825	100 000 %	Yes	
(5) NOVANT HEALTH TRINOVA INSURANCE PROTECTED CELL INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 81-2963143	INSURANCE	NC	NOVANT HEALTH INC	C	25,816	10,784,286	100 000 %	Yes	
(6) ROWAN MEDICAL FACILITIES INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1424672	MEDICAL SUPPLIES	NC	ROWAN HEALTH SERVICES CORPORATION	C			100 000 %	Yes	
(7) SALEM DIAGNOSTICS INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1513621	HEALTH RELATED	NC	SALEM HEALTH SERVICES INC	C			100 000 %	Yes	
(8) SALEM HEALTH SERVICES INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1342654	HEALTH RELATED	NC	NOVANT HEALTH TRIAD REGION LLC	C		1,187,532	100 000 %	Yes	
(9) THE PARK AT MONROE PROPERTY OWNERS ASSOCIATION INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 46-3910256	RENTAL REAL ESTATE	NC	NOVANT HEALTH INC	C	98,002	97,122	100 000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MEDQUEST	A	3,380,813	COST
(1)	ADEPT HEALTH INC	A	235,698	FMV
(2)	CHOICEHEALTH INC	A	436,325	FMV
(3)	FOUNDATION HEALTH SYSTEMS CORP	A	6,457,290	COST
(4)	ROWAN REGIONAL MEDICAL CENTER FOUNDATION INC	B	975,000	COST
(5)	BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION	C	140,883	COST
(6)	PRESBYTERIAN HOSPITAL FOUNDATION	C	2,007,190	COST
(7)	MEDQUEST	D	57,000,000	COST
(8)	FOUNDATION HEALTH SYSTEMS CORP	D	108,868,954	COST
(9)	FOUNDATION HEALTH SYSTEMS CORP	K	479,583	FMV
(10)	MEDQUEST	M	1,648,762	COST
(11)	NOVANT MEDICAL GROUP INC	P	2,465,015	COST
(12)	PRINCE WILLIAM HOSPITAL	Q	83,619,424	COST
(13)	PWHS FOUNDATION	Q	99,098	COST
(14)	ROWAN HEALTH SERVICES CORP	Q	740,718	COST
(15)	PRESBYTERIAN MEDICAL CARE CORP	Q	56,503,591	COST
(16)	PRESBYTERIAN HOSPITAL FOUNDATION	Q	2,654,988	COST
(17)	ROWAN REGIONAL MEDICAL CENTER FOUNDATION INC	Q	1,665,110	COST
(18)	ROWAN REGIONAL MEDICAL CENTER INC	Q	66,264,635	COST
(19)	SELF INSURANCE FUND - NOVANT HEALTH INC	Q	6,034,500	COST
(20)	PERSONAL CARE SERVICES	Q	1,515,151	COST
(21)	NOVANT MEDICAL GROUP INC	Q	157,701,083	COST
(22)	PRINCE WILLIAM HEALTH SYSTEM	Q	5,747,253	COST
(23)	ADEPT HEALTH INC	Q	7,971,438	COST
(24)	NMG SERVICES INC	Q	5,902,692	COST

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	SOUTHPARK SURGERY CENTER LLC	Q	8,764,270	COST
(1)	MEDICAL PARK HOSPITAL	Q	29,244,889	COST
(2)	MATTHEWS SURGERY CENTER LLC	Q	1,859,629	COST
(3)	HAYMARKET SURGERY CENTER LLC	Q	3,030,337	COST
(4)	FORSYTH MEMORIAL HOSPITAL INC	Q	379,314,693	COST
(5)	FORSYTH MEDICAL CENTER FOUNDATION	Q	1,295,426	COST
(6)	COMMUNITY GENERAL HOSPITAL FOUNDATION INC	Q	79,557	COST
(7)	COMMUNITY GENERAL HEALTH PARTNERS INC	Q	21,713,092	COST
(8)	CHOICEHEALTH INC	Q	1,293,891	COST
(9)	CAROLINA MEDICORP ENTERPRISES INC	Q	5,135,600	COST
(10)	BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION	Q	70,020	COST
(11)	AUXILIARY OF FORSYTH MEMORIAL HOSPITAL	Q	1,016,100	COST
(12)	NOVANT HEALTH UVA HEALTH SYSTEM	Q	1,696,520	COST
(13)	THE PRESBYTERIAN HOSPITAL	Q	482,928,228	COST
(14)	FORSYTH COMMUNITY PCC LLC	Q	883,055	COST
(15)	PRINCE WILLIAM AMBULATORY SURGERY CENTER LLC	Q	4,418,226	COST
(16)	MEDQUEST	Q	3,811,252	COST
(17)	CHOICEHEALTH INC	R	4,000,000	COST
(18)	PRINCE WILLIAM HOSPITAL	S	23,500,000	COST
(19)	BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION	S	115,450	COST