	Form 990-T	E	Exempt Orga	nization Bus	sine	ss Income T	ax Return	ı	OMB No 1545-0047	
	٠.	1_	•	nd proxy tax und	er se	ection 6033(e))		ŀ	2040	
		For ca	alendar year 2019 or other tax yea			, and ending		-	2019	
	Department of the Treasury Internal Revenue Service		₩₩₩ Do not enter SSN numbe	•		ons and the latest inform ade public if your organiz		Ì	Open to Public Inspection for 501(c)(3) Organizations Only	
	A Check box if address changed		Name of organization (Check box if name c	hanged	d and see instructions.)		_ (Emp	loyer identification number iloyees' trust, see uctions)	
	B Exempt under section	Print	NOVANT HEAL'	5	6-1376950					
	X 501(C 1) 3)	_ or	Number, street, and room		lated business activity code instructions)					
2020	408(e) 220(e)	Туре	2085 FRONTI] '						
6 21	408A 530(a) 529(a)		City or town, state or prov WINSTON SALI		56					
	C Book value of all assets		F Group exemption numb	per (See instructions.)	>					
NOV	4,524,203,7	756.	G Check organization type	e 🕨 🗶 501(c) corp	poratio	n 501(c) trust	401(a)	trust	Other trust	
•	H Enter the number of the	organiza	ation's unrelated trades or b	ousinesses. $ ightharpoonup$	0		the only (or first) un	related		
INVELOPE	trade or business here		MINISTRATIVE				, complete Parts I-V.			
۾ س	describe the first in the l	olank spa	ace at the end of the previou	us sentence, complete Pa	ırts I ar	nd II, complete a Schedule	M for each addition	al trade	or or	
چ ج	business, then complete									
ENVELOPE TAMARK DA	During the tax year, was		poration a subsidiary in an a	· · · · · · · · · · · · · · · · · · ·	nt-subs	idiary controlled group?	•	Ye	es X No	
			ntifying number of the paren KAREN DAUGHEI			Tologh	one number > 3	36	710-2003	
2			de or Business Inc			(A) Income	(B) Expenses		(C) Net -	
	1a Gross receipts or sal		8,945,168.		Γ	(A) 111001110	(b) Expenses		1	
	b Less returns and allo			c Balance	10	8,945,168.				
	2 Cost of goods sold (V Balanco	2	0,2,0,20			i	
	3 Gross profit. Subtract		•		3	8,945,168.			8,945,168.	
	4a Capital gain net inco				4a					
	b Net gain (loss) (Forn	1 4797, P	Part II, line 17) (attach Form	1 4797)	4b					
	c Capital loss deductio	n for tru	sts		4c					
	5 Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5	-428,152.			-428,152.	
	6 Rent income (Sched	ule C)	•		6	ļ				
	7 Unrelated debt-finance		,		7	<u>-</u>			<u> </u>	
			and rents from a controlled o	·	8					
,			on 501(c)(7), (9), or (17) or	rganization (Schedule G)	9_					
) ,	10 Exploited exempt act11 Advertising income (-	, .		10		-			
, .	12 Other income (See if		•		12					
	13 Total. Combine line		•		13	8,517,016.			8,517,016.	
	Part II Deduction	ns No	ot Taken Elsewher	e (See instructions for		ations on deductions)			<u> </u>	
			be directly connected wi							
ď	14 Compensation of of	ficers, di	rectors, and trustees (Sche	dule K)				14		
3	35 Salaries and wages				** 13 (1	== 1		15	7,733,232.	
3	216 Repairs and mainte	папсе		REC	=1V	ED		16	<u> </u>	
ū	Salaries and wages Repairs and mainte Bad debts Interest (attach sch			(o)		151		17_		
		edule) (s	ee instructions)	85 NOV 2	3 2	020 3		18	261 619	
<u>, 111</u>	19 Taxes and licenses		500)	0		18		19	261,618.	
ΕB	20 Depreciation (attach			on return OGD	-N	UT 20 21a		21b		
la ma d	*	aimed of	n Schedule A and elsewhere	e on return OOD		218]		210		
lgan d	22 Depletion 23 Contributions to del	erred co	enela anteenaam					23		
2021	24 Employee benefit pr						Ï	24	373,778.	
21	25 Excess exempt expe	-						25		
	26 Excess readership of							26		
27 Other deductions (attach schedule) SEE STATEMENT 1							EMENT 1	27	95,633.	
	28 Total deductions.	Add lines	14 through 27					28	8,464,261.	
	29 Unrelated business	taxable (ncome before net operating	loss deduction. Subtract	t line 28	8 from line 13		29	52,755.	
	· ·	perating!	loss arising in tax years beg	jinning on or after Januai	ry 1, 20)18			_	
	(see instructions)							30	0.	
			ncome. Subtract line 30 from					31	52,755. Form 990-T (2019)	
	923/01 01-27-20 LMA F	ui raper	rwork Reduction Act Notice	. SEE INSTRUCTIONS.					(20(9)	

100 NORTH TRYON STREET, SUITE 3800

Firm's address ► CHARLOTTE, NC 28202

2019.04030 NOVANT HEALTH, INC.

Phone no.

704-372-6300

Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inven	itory valuation N/A		- · <u>· · · · · · · · · · · · · · · · · ·</u>	
1 Inventory at beginning of year	1		6 Inventory at end of yea	r		6
2 Purchases	2		7 Cost of goods sold. Su	ıbtract l	ine 6	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2		Ĺ	7
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to	Yes No
b Other costs (attach schedule)	4b	property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?			X
Schedule C - Rent Income (see instructions)	(From Real F	Property and	Personal Property L	ease	d With Real Prope	rty)
1. Description of property						
(1)						
(2)						
(3)						
(4)		<u> </u>			,	
	2. Rent receive				3(a) Deductions directly co	onnected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percentagoersonal property exceeds 50% or if nt is based on profit or income)	ge	columns 2(a) and	2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.	(A) Tabel de decembres	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	<u>ot-Financed</u>	income (see	instructions)		- -	· · · · · · · · · · · · · · · · · · ·
			2. Gross income from		Deductions directly connect to debt-financed	
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)		_				-
4. Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or al debt-finan	adjusted basis locable to ced property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)	<u> </u>		%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			▶		0.	0.
Total dividends-received deductions in	ncluded in column	8			>	0.
						Form 990-T (2019)

Schedule F - Interest, A		,		Controlled O				,===	struction	
1. Name of controlled organization	tdent	mployer ification mber		elated income instructions)		tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5
(1)										
(2)			<u> </u>							
(3)			ļ							
			<u>L</u>							
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated inco (see instructio	ome (loss) ns)	9. Total	of specified payi made	nents	10. Part of column the controllingross	mn 9 tha ng orgar s income	nization's		ductions directly connected income in column 10
(1)								-		
(2)										
(3)										
(4)										
			•••		_	Add colum Enter here and line 8, c		1, Part I, A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals Schedule G - Investment	nt Income of -	Santin-	E04/-)/7	(0) (17\ 0~~	anizatio-		0.		
Schedule G - Investmer (see instri		Section	301(C)(7), (9), or (i/) Org	janization				
	iption of income			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1) N/A		-		_		<u> </u>				(<u></u> - p.i.s so, i,
(2)	· · ·									
(3)										
(4)					ĺ					
			· -	Enter here and e Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			•		0.					0.
Schedule I - Exploited E (see instru	-	/ Income	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of un	penses connected oduction related ss income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a a cols 5	5. Gross inco from activity t is not unrelat business inco	hat . ed	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A	-			<u> </u>			-			
(2)										
(3)										
(4)		1								
	Enter here and on page 1, Part I, line 10, col (A)	page '	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 25
Totals >	0.		0.	<u> </u>						0.
Schedule J - Advertisin Part I Income From F				solidated	Basis					
1. Name of periodical	2. Gross advertising income	adv	3. Direct rertising costs	4. Advert or (loss) (co col 3) If a gr cols 5 th	in, comput	5. Circulat e income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A		0.	0	•						
(2)										
(3)]	
(4)										
Totals (carry to Part II, line (5))	•	0.	0							0.
11111 (0011) 10 1 01111, 1110 (0/)	- ´		<u> </u>	<u>- L</u>		-				Form 990-T (2019)

Form 990-T (2019) NOVANT HEALTH, INC. 56-13769 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of period	dical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A							
(2)							
(3)					-		
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		_ ▶	0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
OFFICE EXPENSE OTHER SUPPLIES		4,235. 91,279. 119.
TOTAL TO FORM 990-T, PAGE 1, LI	:NE 27	95,633.

FORM 990-T	CONTRIBUTIONS	STATEMENT 2		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
BRUNSWICK COUNTY LITERACY COUNCIL	N/A	250.		
BRUNSWICK SHERIFF'S CHARITABLE FOUNDATION	N/A	500.		
LOWER CAPE FEAR HOSPICE, INC.	N/A	2,000.		
WINSTON SALEM FOUNDATION	N/A	440,000.		
AMERICAN HEART ASSOCIATION, INC	N/A	41,480.		
SERVANTS HEART OF MINT HILL, INC.	N/A	5,000.		
TOTAL TO FORM 990-T, PAGE 2, LI	INE 34	489,230.		

CON'	TRIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED CONTRIBUTIONS SUBJECT				
QUALIFIED CONTRIBUTIONS SUBJEC	CT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSE	ED CONTRIBUTIONS			
FOR TAX YEAR 2014				
FOR TAX YEAR 2015				
FOR TAX YEAR 2016 FOR TAX YEAR 2017	186,652			
FOR TAX YEAR 2017	621,277			
TOTAL CARRYOVER		807,929		
TOTAL CURRENT YEAR 10% CONTRIB	BUTIONS	489,230		
TOTAL CONTRIBUTIONS AVAILABLE		1,297,159		
TAXABLE INCOME LIMITATION AS A	ADJUSTED	157,264		
EXCESS CONTRIBUTIONS	_	1,139,895		
EXCESS 100% CONTRIBUTIONS		0		
TOTAL EXCESS CONTRIBUTIONS		1,139,895		
ALLOWABLE CONTRIBUTIONS DEDUCT	TION		157,2	264
TOTAL CONTRIBUTION DEDUCTION		-	157,2	264

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

Name	of the organization NOVANT HEALTH, INC.			Employer identifica	
	Inrelated Business Activity Code (see instructions) 53				-50
	melated business Activity Code (See instructions)	TE	RENTAL AND LE	ASING	
Par			(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			<u> </u>
3	Gross profit Subtract line 2 from line 1c	3		-	
4 a	, ,	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
C	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	interest, annuities, royalties, and rents from a controlled	l _	112 025	112 025	
	organization (Schedule F)	8	112,025.	112,025.	<u> </u>
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			<u> </u>
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12	112,025.	112,025.	
<u>13</u>	Total. Combine lines 3 through 12	13			
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ions i	for limitations on dec e.) 		ons must be
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	/
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses		ا مو ا	19	
20	Depreciation (attach Form 4562)		20	21b	4
21	Less depreciation claimed on Schedule A and elsewhere on return		_ 21a	22	
22	Depletion Contributions to deferred compensation plans			23	
23	·			24	
24	Employee benefit programs			25	
25	Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)			26	
26 27	Other deductions (attach schedule)			27	
27 28	Total deductions. Add lines 14 through 27			28	0.
28 29	Unrelated business taxable income before net operating loss deductions.	ction	Subtract line 28 from line		0.
30	Deduction for net operating loss arising in tax years beginning on c			29	
30	instructions)	, ancı	January 1, 2010 (366	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29			31	†
31 LHA	For Panenwork Reduction Act Notice see instructions			·	ule M (Form 990-T) 2019

FOITH 990-1 (2019) INOVAINT					_ =				20-13	7093	U Page
Schedule F - Interest, A	Innuitie	s, Royalt	ies, and	d Rents	From Co	ntrolled	d Organiza	itions	(see ins	truction	s)
				Exempt	Controlled O	rganızatıd	ons				
1. Name of controlled organizati	on	2. Emp identific numb	ation		related income e instructions)	4. Total	al of specified nents made	include	Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1) ADEPT HEALTH,	TNC	56-222	6937							-	
	TIVC	30-222	10931			 		-		- +	
(2)			***							- -	
(3)				<u> </u>		-		-		- 	
(4)		<u> </u>			-			ļ	_	1_	
Nonexempt Controlled Organiz										_	
7. Taxable Income		unrelated income see instructions)		9. Total	of specified payi made	ments	10. Part of colur in the controlli gross	mn 9 that ing organi s income	is included ization's	with	ductions directly connected income in column 10
					110	025		112	0.25	2.1	PATEMENT 10
(1) 0.	_	-	0.		112,	025.		112	,025.		112,025.
(2)											
(3)											- <u> </u>
(4)											
							Add colum Enter here and line 8, c		1, Part I,	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals								112	,025.		112,025.
Schedule G - Investme	nt Incor	me of a S	ection	501/c\/7	7) (9) or (17) Org			/ 0 113 ()		112,020.
(see instr		ile oi a s	CCHOIL	301(0)(1	, , , ₍₃₎ , Oi ,	.,, O.9	amzation				
(350 1130		_			T		3. Deduction	T			5. Total deductions
1. Descr	iption of inco	eme			2. Amount of	ıncome	directly conne	cted	4. Set-a (attach se		and set-asides
							(attach sched	ule)			(col 3 plus col 4)
<u>(1)</u>					<u> </u>						
(2)					1						
(3)					 						
(4)											
Totals				<u> </u>	Part I, line 9, co	lumn (A)			_		Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited I (see instru	-	Activity I	ncome	, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. (unrelated incom	Gross I business ne from business	3. Exp directly co with pro of unro business	onnected duction elated	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					ì						1
(2)											
(3)					<u> </u>			\neg			
(4)					· · · · · · · · · · · · · · · · · · ·				_		
(1)	page 1	re and on I, Part I, col (A)	Enter her page 1, line 10,	, Part I,		1		1			Enter here and on page 1, Part II, line 25
Totals >									_		
Schedule J - Advertisin									_		
Part I Income From F	Periodic	als Repo	rted or	a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	or (loss) (c	ain, compute	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		-		-					•		
(2)					7			- †			
(3)			 		_			$\neg \uparrow$		_	
(4)	-+	·	+-		\dashv		 	-	_		
("/	- 				-		 				_
Totals (carry to Part II, line (5))	•	, 							_		
											Form 990-T (2019)

FORM 990-T (M)	STATEMENT 10			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
RENT EXPENSE	- SUBTOTAL -	1	112,025.	112,025.
TOTAL OF FORM 99	00-T, SCHEDULE F, COLUMN	11		112,025.

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTIT	Y		2
1		 	

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning , and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

Employer identification number

Name	of the organization NOVANT HEALTH, INC.		rtion number 950		
	Inrelated Business Activity Code (see instructions) 54			, <u>, , , , , , , , , , , , , , , , , , </u>	
	Describe the unrelated trade or business PROFESSIO	NAL	, SCI, AND TEC	CH SVC	
Pa			(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 453,007.				
	Less returns and allowances c Balance	1c	453,007.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	453,007.		453,007.
	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		· · · · · · · · · · · · · · · · · · ·	
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11	-		
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	453,007.		453,007.
Pai	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in				ons must be
14	Compensation of officers, directors, and trustees (Schedule K)			14	41 440
15	Salaries and wages			15	41,449.
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses		1 1	19	
20	Depreciation (attach Form 4562)		20		-
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	21b	
22	Depletion			22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	
26	Excess readership costs (Schedule J)			26	1

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Other deductions (attach schedule)

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

27

28

29

30

38,735.

80,184.

372,823.

27

28

30

SEE STATEMENT 4

instructions)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
OTHER		38,735.
TOTAL TO SCHEDULE M, PART II,	LINE 27	38,735.

•	_	1	4	
			Page	3

NOVANT HEA	LTH, IN	IC				<u>56-1376</u>	<u> </u>)	
Schedule A - Cost of Goods	Sold. Enter	method of inver	itory va	aluation > N/A					
1 Inventory at beginning of year	1	-	6	Inventory at end of yea	r		6_		
2 Purchases	2		7	Cost of goods sold. Su	ibtract li	ne 6			
3 Cost of labor	3			from line 5. Enter here	and in P	art I,			
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b	<u></u>	7	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		7	the organization?					X
Schedule C - Rent Income (F	From Real	Property and	Per	sonal Property L	eased	With Real Prop	erty)		
(see instructions)									
. Description of property	<u>-</u>								
(1)									
(2)		_		·					
(3)									
(4)	- -			<u></u>		•			
(4)	2. Rent receiv	ed or accrued							
(a) From personal property (if the perce rent for personal property is more t 10% but not more than 50%)	entage of han	of rent for	personai	onal property (if the percentage property exceeds 50% or if ed on profit or income)	је	3(a) Deductions directly columns 2(a) an	connect d 2(b) (a	ed with the income in ttach schedule)	•
		tre rei	III IS Dasi	ad on pront or income,					
(1)		 				· · · · · · · · · · · · · · · · · · ·			
(2)		-						_	
(3)								<u></u>	
(4) Total	0.	Total	···-	···	0.	<u></u>			
· · · · · · · · · · · · · · · · · · ·					<u> </u>	(b) Total deductions.			
c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		iler			0.	Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt		Income (soo	unctru.	ctions)	.	Parti, line o, column (6)			
Schedule E - Officiated Debi	- manoca	income (see	T	Ctions)		3. Deductions directly conf	ected w	uth or allocable	
			2	Gross income from		to debt-financ	ed prop	erty	
1. Description of debt-fine	anced property		1	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
						(21,221, 201,221,)		,	
(1)			+				+		
(1)			+				1		
(2)	· · · · · · · · · · · · · · · · · · ·		+				+		
(4)	··		+				+-		
			+			7 0	+	8. Allocable deduct	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fine	e adjusted basis allocable to inced property h schedule)	"	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)	_			%					
(4)				%					
-						nter here and on page 1, Part I, line 7, column (A)		inter here and on pag Part I, line 7, column (
Totals				•		0	.		0.
Total dividends-received deductions and	cluded in colum	n 8				<u> </u>		-	0.
		· -		····				Form 990-T	
									, /

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY	

OMB No 1545-0047

For calendar year 2019 or other tax year beginning , and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

Internal	■ Do not enter SSN numbers on this form as it	may be	made public if your organiza	ation is a 501(c)(3).	501(c)(3) Organizations Only
Name	of the organization NOVANT HEALTH, INC.			Employer identification 56-137695	
u	nrelated Business Activity Code (see instructions) > 90009	9			
	escribe the unrelated trade or business INVESTMEN	T			
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			_	
	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			<u> </u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			<u> </u>
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 5	5	-403,947.		-403,947.
6	Rent income (Schedule C)	_6			·
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			·
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12	402.045		402 047
<u>13</u>	Total. Combine lines 3 through 12	13	-403,947.		-403,947.
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	ions f come	or limitations on dedu :.) 		ns must be
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			16	
16	Repairs and maintenance			17	
17	Bad debts			18	
18 19	Interest (attach schedule) (see instructions) Taxes and licenses			19	
20	Depreciation (attach Form 4562)		20	1.3	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	21b	
22	Depletion		<u> </u>	22	·
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	
26	Excess readership costs (Schedule J)			26	
27	Other deductions (attach schedule)			27	
28	Total deductions. Add lines 14 through 27			28	0.
29	Unrelated business taxable income before net operating loss dedu	ction §	Subtract line 28 from line 1	3 29	-403,947.
30	Deduction for net operating loss arising in tax years beginning on o				
	instructions)			30	0.
31	Unrelated business taxable income Subtract line 30 from line 29		***	31	<u>-403,947.</u>
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedul	e M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 5
DESCRIPTION			NET INCOME OR (LOSS)
INVESTMENT - OTHER I	-403,947.		
TOTAL INCLUDED ON SO	CHEDULE M, PART I,	LINE 5	-403,947.

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENT	ITY	4
	OMB No	1545-0047

2010

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning ______, and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection

Interne	Do not enter SSN numbers on this form as it	may be	made public if your orga	nization is a 501(c)(3).	501(c)(3) Organizations Only
Name	of the organization NOVANT HEALTH, INC.			Employer ide		
	Inrelated Business Activity Code (see instructions) > 52					
	escribe the unrelated trade or business FINANCING	ANI	INSURANCE	·		
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or sales 629,642.					
b	Less returns and allowances c Balance ▶	1c	629,642.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	629,642.			629,64 <u>2.</u>
4 a	Capital gain net income (attach Schedule D)	4a		ļ		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c	<u> </u>			
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5		ļ		
6	Rent income (Schedule C)	6				_
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)	1				
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				_
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	629,642.			629,642.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ions f	or limitations on de .)	eductions.) (De	1 1	ns must be ·
14	Compensation of officers, directors, and trustees (Schedule K)				14	111111
15	Salaries and wages				15	114,444.
16	Repairs and maintenance				16	
17	Bad debts				17	.
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		1 1		19	·
20	Depreciation (attach Form 4562)		20		- 	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	1F 260
24	Employee benefit programs				24	15,360.
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)		A A		26	0.660
27	Other deductions (attach schedule)		SEE STAT	rement 6	27	9,660.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

490

29

31

139,464.

490,178.

28

29

instructions)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
OTHER		9,660.
TOTAL TO SCHEDULE M, PAI	RT II, LINE 27	9,660.

Form 990-T (2019)						ENTITY	4
NOVANT HEA	ALTH, II	NC.			56-137	76950	Page 3
Schedule A - Cost of Goods	Sold. Enter	method of invent	tory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	аг		6	
2 Purchases	2	·	7 Cost of goods sold. S	ubtract I	ine 6		
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs		_	line 2		•	7	
(attach schedule)	4a		8 Do the rules of section	1 263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		<u> </u>		X
Schedule C - Rent Income (i (see instructions)	From Real	Property and	Personal Property I	_ease	d With Real Pro	perty)	
. Description of property							
(1)							
(2)				-			
(3)	·						
(4)							
	2. Rent receiv	ed or accrued	<u> </u>				
(a) From personal property (if the percorent for personal property is more to 10% but not more than 50%)	entage of than	of rent for po	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ige	3(a) Deductions direct columns 2(a)	ly connected with the ii and 2(b) (attach schedu	ite) ncome in
(1)		`				·	
(2)					-	-	
(3)		/					
(4)							
Total	0.	Total	· · · · · · · · · · · · · · · · · · ·	0.		 -	
c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb		Income (see	nstructions)			_	
	-		2. Gross income from		3. Deductions directly co	nnected with or allocat nced property	ole
1. Description of debt-financed property			or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other d (attach so	
(1)							
(2)							
(3)							

(4) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 6. Column 4 divided by column 5 _(1) % (2) % _(3) % (4) % Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) 0. 0. 0. _Total dividends-received deductions included in column 8

Form 990-T (2019)

5

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2040

Department of the Treasury Internal Revenue Service

Name of the organization Open to Public Inspection for Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Employer identification number

56-1376950 NOVANT HEALTH, Unrelated Business Activity Code (see instructions) ► FINANCING AND INSURANCE Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales c Balance ▶ b Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 4a 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 3,201,900. 3,201,900 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 3,201,900. 3,201,900. Total. Combine lines 3 through 12 Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 Repairs and maintenance 16 16 17 17 Bad debts Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21b Less depreciation claimed on Schedule A and elsewhere on return 21 22 22 Depletion

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Employee benefit programs

Schedule M (Form 990-T) 2019

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0.

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instructions)

56-1376950	0
------------	---

Schedule F - Interest, A	nnuitie	s, Royaltie	s, and	Rents	From Co	ntrolle	d Organiza	itions (s	ee insti	ructions	s)
		<u> </u>		Exempt (Controlled O	rganizatio	ons				·
Name of controlled organizati	on	2. Employ identification number		3. Net unr	elated income instructions)	4. Tota	al of specified nents made	5. Part of co included in the organization's	he control	lling	6. Deductions directly connected with income in column 5
(1) MEDQUEST, INC								 		-+	
(2) SUBSIDIARIES	<u> </u>	22-3860	1764					 		-	
		22-3000	,,04							_+-	
(3)										_+	
(4)		L				<u> </u>		L			
Nonexempt Controlled Organiz							<u> </u>				
7. Taxable Income		nrelated income (l ee instructions)	oss)	9. Total	of specified payr made	nents (nn 9 that is inci ng organization i income	luded n's	with	ductions directly connected income in column 10
(1)									_	- 01	711 DI3DI1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(2) 0.			0.	-	3,201,	900.	3	201,90	20.		3,201,900.
(3)			_••		<u> </u>	300.		201,50	,,,		3,201,3001
		_								-	
(4)							Enter here and line 8, c	column (A)		Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
<u> Fotals</u>						•	3,	201,90	00.		3,201,900.
Schedule G - Investme		ne of a Se	ction	501(c)(7	'), (9), or ([.]	17) Org	anization				
(see instr	uctions)				·		·				
1, Descr	iption of inco	me .			2. Amount of	ıncome	 Deduction directly connected (attach sched) 	cted 6	4. Set-as attach sch		 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)							<u> </u>				
(4)											
Totals Schedule I - Exploited I	-	Activity In	come	, Other	Enter here and of Part I, line 9, co	umn (A)	g Income				Enter here and on page 1, Part I, line 9, column (B)
(see instru 1. Description of exploited activity	2. G unrelated incom	iross business e from pusiness	3. Exp directly co with pro- of unre business	onnected duction blated	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exper ettributab column	le to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	•										
(3)											
(4)	Enter her page 1 line 10,	, Part I,	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 25
Totals ► Schedule J - Advertisin	a Incon	ne (see inst	ruotion	<u></u>	<u> </u>						
Part I Income From F			_	,	hatchilos	Racie					
- Income From F	eriodic	ais nepur	eu on	a Cons	Solidated						
1. Name of periodical		2. Gross advertising income		Direct rtising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat income		. Readers costs	ginte	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											§
(3)											
(4)											!
											
Totals (carry to Part II, line (5))	•									1	
<u>, , , , , , , , , , , , , , , , , , , </u>									-		Form 990-T (2019)

FORM 990-T (M)	STATEMENT 11			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE	- SUBTOTAL -	3	3,201,900.	3,201,900.
TOTAL OF FORM 990	-T, SCHEDULE F, COLUMN	11		3,201,900.

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

Employer identification number

6

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

	NOVANT HEALTH, INC.			56-137	695	0
L	Inrelated Business Activity Code (see instructions) > 53					
	escribe the unrelated trade or business REAL ESTA	TE	RENTAL AND LE	BASING_	 -	
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2			$\Box \Box$	
3	Gross profit. Subtract line 2 from line 1c	3				•
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8	222,143.	222,14	3.	
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12	222,143.			
13	Total. Combine lines 3 through 12	222,14	3.			
Par	Deductions Not Taken Elsewhere (See Instruction directly connected with the unrelated business income directly connected with the unrelated business in the			ductions.) (Dedu	action	s must be
14	Compensation of officers, directors, and trustees (Schedule K)			_	14	
15	Salaries and wages			L	15	
16	Repairs and maintenance			Ĺ	16	<u></u>
17	Bad debts			L	17	·
18	Interest (attach schedule) (see instructions)			<u> </u> _	18	
19	Taxes and licenses		1 1	L	19	·
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion			1	22	
23	Contributions to deferred compensation plans			<u> </u>	23	
24	Employee benefit programs			<u> </u>	24	
25	Excess exempt expenses (Schedule I)			<u> </u>	25	
26	Excess readership costs (Schedule J)			<u> </u>	26	<u> </u>
27	Other deductions (attach schedule)			 	27	
28	Total deductions. Add lines 14 through 27			 	28	0.
29	Unrelated business taxable income before net operating loss deduce			13	29	0.
30	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see	_		_
	instructions)			<u> </u>	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29				31	 -
LHA	For Paperwork Reduction Act Notice, see instructions.			Sch	edule	M (Form 990-T) 2019

	_	_	_	_	_	_	_	
56	-1	3	7	6	9	5	0	

	•			Exempt (Controlled O	ganızatı	ons					
Name of controlled organization	on	2. Emp identific numi	cation	3. Net unr (loss) (see	elated income instructions)	4. Tot payn	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		oling	6. Deductions directly connected with income in column 5	
(1) CHOICEHEALTH,	INC.	56-189	96065									
2)												
3)												
										\prod		
nexempt Controlled Organiz	ations											
7. Taxable Income		nrelated incom see instructions		9. Total	of specified payn made	nents	10. Part of coluin the controllingross	mn 9 tha ing organ s income	t is included nization's	with	fuctions directly connected income in column 10 ATEMENT 1	
0.		-	0.		222,	143.		222	,143.		222,143	
						T I						
)						1						
)		-										
								on page	1, Part I, A)	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)	
tals	• • • • • • • • • • • • • • • • • • •		·4:	F04/->/7	1 (0) (1	7) 0 ==		<u> </u>	,143.		222,143	
chedule G - Investmer		ne or a S	ection	ou i (C)(/), (9), or (ii) Org	janization					
	ption of inco	me			2. Amount of	ncome	3. Deductio directly conne (attach sched	cted	4. Set-a		5, Total deductions and set-asides (col 3 plus col 4)	
)					L		(6	,			(cc. o pius coi 4,	
)									<u></u> -		+	
)						t						
<u>/</u>)											 	
tats				<u> </u>	Enter here and o Part I, line 9, col	umn (A)					Enter here and on page Part I, line 9, column (E	
chedule I - Exploited E (see instruc	-	Activity	Income	, Other	Than Adv	ertisin	g Income					
Description of exploited activity	unrelated incom	Gross business e from business	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 13) If a 1 cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribute colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
)						Ī	·····					
2)						İ						
ý)						1					<u> </u>	
))						†				_	1	
		re and on , Part I, col (A)	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 25	
tals ► chedule J - Advertisin	a Inco-	ne /===		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>							
art I Income From P					olidated	Basis						
											<u> </u>	
1. Name of periodical		2. Gross advertising income		Direct rtising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus in, compute	5. Circulat income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
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,)												
))			 		┪					\dashv		
<u>'</u>		-				-	+					
tele (carry to Dart II line (51)							1					
tals (carry to Part II, line (5))		<u> </u>							·		Form 990-T (20	

FORM 990-T (M)	SCHEDULE F - DEDUCTIONS ORGANIZATIONS DIRECTLY COLUMN 10 INC	CONNECTED		STATEMENT 12
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
RENT EXPENSE	- SUBTOTAL -	2	222,143.	222,143.
TOTAL OF FORM 99	0-T, SCHEDULE F, COLUMN 1	11		222,143.

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENT	T.I.A	/
	OMB No	1545-0047

2019

		For calendar year 2019 or other tax year beginning			, and ending			_0.0
	ment of the Treasury Revenue Service	► Go to www.irs.gov/Form ► Do not enter SSN numbers on this					3).	Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization	NOVANT HEALTH, INC.		,	······································	Employer ide	ntıfıcatı	on number 50
$\overline{}$	Inrelated Rusiness		900099					
		ed trade or business NVES						
Par		Trade or Business Income	<u></u>		(A) Income	(B) Expense	s	(C) Net
_				\dashv			••	
	Gross receipts or							
	Less returns and allo		lance 1	_				· · · · · · · · · · · · · · · · · · ·
2	ū	d (Schedule A, line 7)		2 3				
3	•	ract line 2 from line 1c	——————————————————————————————————————	_				
4 a		come (attach Schedule D)	707)					
b	•	rm 4797, Part II, line 17) (attach Form 47		_	- -	· · ·		
c	Capital loss deduc		-1-	·c				
5	statement) STA	n a partnership or an S corporation (attack) ATEMENT 7	1	5	-184,323.			-184,323.
6	Rent income (Sch	edule C)	6	5				
7	Unrelated debt-fin	anced income (Schedule E)	7	7				
8	Interest, annuities	, royalties, and rents from a controlled			-			
	organization (Sche			3				
9	Investment incom	e of a section 501(c)(7), (9), or (17)						
	organization (Sche	edule G)	9	9				
10	Exploited exempt	activity income (Schedule I)	1	0				
11	Advertising incom	e (Schedule J)	1	1				
12	Other income (See	e instructions, attach schedule)	1:	2	•			
13	Total. Combine lir	nes 3 through 12	1	3	-184,323.			-184,323.
<u>Par</u>	directly co	ns Not Taken Elsewhere (See in nected with the unrelated busing conficers, directors, and trustees (Scheductives)	iness incoi			ductions.) (De	14	ons must be
15	Salaries and wage		,				15	
16	Repairs and maint						16	
17	Bad debts						17	
18		hedule) (see instructions)					18	
19	Taxes and license	• • • • • • • • • • • • • • • • • • • •					19	
20	Depreciation (atta				20			
21	•	claimed on Schedule A and elsewhere	on return		21a		21b	
22	Depletion						22	
23	•	leferred compensation plans					23	·
24	Employee benefit						24	
25		penses (Schedule I)					25	
26	•	costs (Schedule J)					26	
27	Other deductions	· · · · · · · · · · · · · · · · · · ·					27	
28		. Add lines 14 through 27					28	0.
29		s taxable income before net operating le	oss deductio	n S	ubtract line 28 from line	13	29	-184,323.
30		operating loss arising in tax years begin						
	instructions)	, 5	•		, .		30	0.
31	•	s taxable income Subtract line 30 from	line 29				31	-184,323.
LHA		Reduction Act Notice, see instructions	••••			S	chedu	le M (Form 990-T) 2019
	-							

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION		NET INCOME OR (LOSS)
INVESTMENT - OTHER	INCOME (LOSS)	-184,323.
TOTAL INCLUDED ON S	CHEDULE M, PART I, LINE 5	-184,323.

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning , and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

Employer identification number

NOVANT HEALTH, INC.			56-13769	50
Unrelated Business Activity Code (see instructions)	900099			
Describe the unrelated trade or business INVES	STMENT			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
	lance 1c	-		
2 Cost of goods sold (Schedule A, line 7)	2			· · · · · · · · · · · · · · · · · · ·
3 Gross profit Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 47				
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attac statement) STATEMENT 8	5	635,304.		635,304
6 Rent income (Schedule C)	6			<u> </u>
7 Unrelated debt-financed income (Schedule E)	7			<u> </u>
8 Interest, annuities, royalties, and rents from a controlled				
organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17)				
organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule)	12	635,304.		635,304
13 Total. Combine lines 3 through 12	13			
Part II Deductions Not Taken Elsewhere (See in directly connected with the unrelated business)	ness income.)		· · ·	ins must be
14 Compensation of officers, directors, and trustees (Schedu	le K)		14	
15 Salaries and wages			15	
16 Repairs and maintenance			16	
17 Bad debts			17	
18 Interest (attach schedule) (see instructions)			18	
19 Taxes and licenses		ا مم ا	19	 .
20 Depreciation (attach Form 4562)		20		
21 Less depreciation claimed on Schedule A and elsewhere of	on return	21a	21b	
22 Depletion			22_	
23 Contributions to deferred compensation plans			23	
24 Employee benefit programs			24	
25 Excess exempt expenses (Schedule I)			25	 -
26 Excess readership costs (Schedule J)			26_	
27 Other deductions (attach schedule)			27	
Total deductions. Add lines 14 through 27			_28_	0
29 Unrelated business tayable income before net operating to	ses deduction. Su	ibtract line 28 from line	13 29	635.304

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

instructions)

30

0.

635,304.

FORM 990-T (M)) INCOME (LOSS) FROM PARTNERSHIPS		STATEMENT 8		
DESCRIPTION			NET INCOME OR (LOSS)		
INVESTMENT - OTHER	INCOME (LOSS)		635,304.		
TOTAL INCLUDED ON SO	CHEDULE M, PART I,	LINE 5	635,304.		

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY OMB No 1545-0047

2019

	ment of the Treasury Revenue Service Do not enter SSN numbers on this form as it				Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization NOVANT HEALTH, INC.			Employer identificat	
$\overline{}$	Inrelated Business Activity Code (see instructions) > 62				
		RE	AND SOCIAL ASS	STANCE	
Pai	t Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
C	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 9	5	22,575.		22,575.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
_	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
-	organization (Schedule G)	9	,		
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	22,575.		22,575.
	† Deductions Not Taken Elsewhere (See instructi	ione	for limitations on deduc	tions) (Deduction	one must be
Га	directly connected with the unrelated business in			Alons.) (Deduction	ons must be
			,		
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	<u></u>
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses)	19	
20	Depreciation (attach Form 4562)		20		
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	21b	
22	Depletion			22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	
26	Excess readership costs (Schedule J)			26	
27	Other deductions (attach schedule)			27_	
28	Total deductions. Add lines 14 through 27			28	0.
29	Unrelated business taxable income before net operating loss deduced	ction	Subtract line 28 from line 13	29	22,575.
30	Deduction for net operating loss arising in tax years beginning on o	r afte	r January 1, 2018 (see		

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	S STATEMENT 9
DESCRIPTION	NET INCOME OR (LOSS)
PASS-THROUGH PATIENT REVENUE - OTHER INCOME (LOSS)	22,575.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	22,575.