

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning and ending																																			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization NOVANT HEALTH, INC.</td> <td rowspan="4">D Employer identification number 56-1376950</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">2085 FRONTIS PLAZA BLVD</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WINSTON SALEM, NC 27103</td> <td>E Telephone number 336-277-2411</td> </tr> <tr> <td colspan="2" rowspan="2">F Name and address of principal officer: CARL ARMATO SAME AS C ABOVE</td> <td>G Gross receipts \$ 7,773,448,562.</td> </tr> <tr> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">J Website: WWW.NOVANTHEALTH.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: 1997</td> </tr> <tr> <td colspan="2"></td> <td>M State of legal domicile: NC</td> </tr> </table>	C Name of organization NOVANT HEALTH, INC.		D Employer identification number 56-1376950	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	2085 FRONTIS PLAZA BLVD		City or town, state or province, country, and ZIP or foreign postal code WINSTON SALEM, NC 27103		E Telephone number 336-277-2411	F Name and address of principal officer: CARL ARMATO SAME AS C ABOVE		G Gross receipts \$ 7,773,448,562.	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. See instructions	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	J Website: WWW.NOVANTHEALTH.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1997			M State of legal domicile: NC
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	33786	
	6 Total number of volunteers (estimate if necessary)	6	1432	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	16,780,683.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	2,682,401.		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		16,063,978.	75,573,259.
	9 Program service revenue (Part VIII, line 2g)		3848829368.	6229339921.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		98,101,676.	181,836,148.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		52,838,928.	56,138,810.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4015833950.	6542888138.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,250,380.	22,009,853.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1713379180.	3169000017.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)		0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2168981522.	3001249090.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3902611082.	6192258960.
	19 Revenue less expenses. Subtract line 18 from line 12		113,222,868.	350,629,178.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		9596623033.	14556934673.
	21 Total liabilities (Part X, line 26)		5873989880.	13693623068.
	22 Net assets or fund balances. Subtract line 21 from line 20		3722633153.	863,311,605.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ALICE POPE, EVP & CFO				
Type or print name and title					
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	AERRIAL M. ORR				P01598400
	Firm's name	Firm's EIN			
	ERNST & YOUNG U.S. LLP	34-6565596			
	Firm's address	Phone no.			
	55 IVAN ALLEN JR. BLVD., SUITE 1000 ATLANTA, GA 30308	404-874-8300			

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. NOVANT HEALTH, INC.	Taxpayer identification number (TIN) 56-1376950
	Number, street, and room or suite no. If a P.O. box, see instructions. 2085 FRONTIS PLAZA BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINSTON SALEM, NC 27103	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **WENDI STOCKSTILL**
2085 FRONTIS PLAZA BLVD - WINSTON SALEM, NC 27103

Telephone No. **336-277-2411** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **24** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1**
- Briefly describe the organization's mission:

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
- ☒
- X**
- 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
- ☒
- X**
- No

If "Yes," describe these changes on Schedule O.

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a**
- (Code:) (Expenses \$
- 1,090,852,218.
- including grants of \$
- 17,392,567.
-) (Revenue \$
- 1,953,478,289.
-)

NOVANT HEALTH, INC. IS THE PARENT ORGANIZATION OF A NON-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS, AND OTHER HEALTHCARE SERVICE PROVIDERS (COLLECTIVELY KNOWN AS "NOVANT HEALTH"). NOVANT HEALTH CONSISTS OF OVER 8,500 INDEPENDENT AND EMPLOYED CLINICIANS AND OVER 40,000 TEAM MEMBERS WHO MAKE HEALTHCARE REMARKABLE AT MORE THAN 900 LOCATIONS, INCLUDING 19 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.

- 4b**
- (Code:) (Expenses \$
- 3,598,055,311.
- including grants of \$
- 4,617,286.
-) (Revenue \$
- 4,265,902,187.
-)

THE FILING ORGANIZATION OPERATES SEVERAL HOSPITALS WHICH EXIST TO PROMOTE THE HEALTH OF THE INHABITANTS OF THEIR RESPECTIVE COMMUNITIES, REGARDLESS OF THE PATIENT'S ABILITY TO PAY. DURING 2024, THE HOSPITALS HAD 1,824 LICENSED BEDS. THERE WERE 454,670 PATIENT DAYS, WITH AN AVERAGE LENGTH OF STAY OF 6 DAYS, AND AN AVERAGE DAILY CENSUS OF 1,252. THERE WERE 93,458 DISCHARGES, 979,042 OUTPATIENT ENCOUNTERS, 87,787 SURGERIES, AND 420,234 EMERGENCY DEPARTMENT VISITS.

- 4c**
- (Code:) (Expenses \$
- 24,290,107.
- including grants of \$) (Revenue \$
- 27,471,340.
-)

THE FILING ORGANIZATION OPERATES SEVERAL SURGERY CENTERS WHICH SERVE THE COMMUNITY BY PROVIDING ACCESS TO MUCH NEEDED HEALTHCARE SERVICES, REGARDLESS OF THE PATIENT'S ABILITY TO PAY. DURING 2024, 6,098 SURGERIES AND 11,197 ENDOSCOPY PROCEDURES WERE PERFORMED.

- 4d**
- Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

- 4e**
- Total program service expenses
- 4,713,197,636.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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 2358	
b Enter the number of Forms W-2G included on 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 X	

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

		Yes	No
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 33786		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X	
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		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
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		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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 the instructions and file Form 4720, Schedule N.	15	X	
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		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 14		
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 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
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	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
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 on Schedule O	9	X

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	X
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 X	
b Describe on 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 X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
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 X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process on 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 X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA, IN, OK

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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
WENDI STOCKSTILL - 336-277-2411
2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARL ARMATO TRUSTEE, PRES/CEO NH	50.20 0.20	X		X				6,943,831.	0.	1207106.
(2) JAMES DEAN SWINDLE EVP	50.00 0.00				X			3,290,733.	0.	41,284.
(3) HOWARD HOMESLEY MD ORTHOPAEDIST	45.00 0.00					X		2,983,719.	0.	57,471.
(4) JOHN GIZDIC EVP	50.00 0.00				X			2,208,311.	0.	269,496.
(5) DEREK BERNSTEIN MD ORTHOPAEDIST	45.00 0.00					X		2,120,243.	0.	32,421.
(6) JOHN MARCEL MD ORTHOPAEDIST	45.00 0.00					X		2,086,151.	0.	32,409.
(7) DAVID DUVAL FMR SVP MARKETING & COMMUNICATIONS	45.00 0.00					X		2,118,253.	0.	0.
(8) PAMELA OLIVER MD EVP	50.00 0.50				X			1,825,710.	0.	238,642.
(9) RASHID JANJUA MD NEUROSURGEON	45.00 0.00					X		1,981,921.	0.	57,430.
(10) DENISE MIHAL EVP	50.00 0.20				X			1,983,433.	0.	41,710.
(11) FRANK EMORY JR EVP	50.00 0.20				X			1,881,321.	0.	53,466.
(12) KIMBERLY HENDERSON EVP	50.00 0.00				X			1,421,376.	0.	199,453.
(13) ONYEKA NCHEGE EVP	50.00 0.00				X			1,287,464.	0.	198,134.
(14) GEOFFREY GARDNER CFO (TO 4/28/24)	50.00 0.20			X				1,254,252.	0.	45,078.
(15) ALICE POPE EVP/CFO (FR 4/29/24)	50.00 0.20			X				991,687.	0.	183,469.
(16) SANJAY GUPTA EVP	50.00 0.00				X			891,331.	0.	189,649.
(17) CHERE GREGORY MD FMR KE (12/31/21)	50.00 0.00						X	938,101.	0.	133,723.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) JESSE CURETON FMR KE (4/27/23)	0.00 0.00						X	1,039,476.	0.	25,695.
(19) THOMAS JENIKE MD FMR KE (12/31/21)	50.00 0.00						X	897,741.	0.	141,919.
(20) SCOTT MYERS FMR KE (12/31/21)	50.00 0.20						X	961,680.	0.	40,683.
(21) LAURIE WHALIN FMR KE (12/31/21)	50.00 0.00						X	796,515.	0.	36,621.
(22) ALLISON GREER FMR KE (12/31/21)	50.00 0.00						X	619,144.	0.	38,215.
(23) KATHRYN LANGFORD FMR KE (12/31/21)	50.00 0.00						X	635,562.	0.	15,362.
(24) SHELBOURN STEVENS FMR KE (12/31/21)	0.00 0.00						X	605,812.	0.	24,063.
(25) JONATHAN APPLEBAUM FMR KE (12/31/21)	50.00 0.20						X	561,807.	0.	45,730.
(26) WAYNE MORGAN FMR KE (6/30/21)	50.00 0.00						X	330,242.	0.	13,134.
1b Subtotal								42,655,816.	0.	3362363.
c Total from continuation sheets to Part VII, Section A								448,794.	0.	8,258.
d Total (add lines 1b and 1c)								43,104,610.	0.	3370621.

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

6,272

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
R.J. LEEPER CONSTRUCTION, 5701 NORTH SHARON AMITY ROAD, CHARLOTTE, NC 28215	CONSTRUCTION SERVICES	125,782,799.
VANNOY CONSTRUCTION PO BOX 635, JEFFERSON, NC 28640	CONSTRUCTION SERVICES	60,191,701.
AYA HEALTHCARE INC DEPT #3519 PO BOX 123519, DALLAS, TX 75312	STAFFING SERVICES	52,956,936.
MCKINSEY & COMPANY PO BOX 7247-7255, PHILADELPHIA, PA 19170	CONSULTING SERVICES	52,604,000.
EPIC SYSTEMS CORPORATION PO BOX 88314, MILWAUKEE, WI 53288	IT CONSULTING SERVICES	39,525,969.

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

593

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

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 line)	(C) Position (check all that apply)						(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			
(27) ANGELA YOCHER FMR KE (3/28/23)	0.00 0.00						X	224,358.	0.	927.
(28) TANYA BLACKMON FMR KE (3/21/22)	0.00 0.00						X	121,461.	0.	3,109.
(29) ERIC ESKIOGLU MD FMR KE (11/30/22)	0.00 0.00						X	100,800.	0.	4,222.
(30) BRIAN ECKEL TRUSTEE	0.20 0.00	X						725.	0.	0.
(31) DEBORAH ALLY TRUSTEE (TO 12/31/24)	0.20 0.00	X						725.	0.	0.
(32) LAURA SCHULTE CHAIR	0.50 0.00	X		X				725.	0.	0.
(33) ALVARO DE MOLINA TRUSTEE	0.20 0.00	X						0.	0.	0.
(34) BEVERLY MOOSE MD TRUSTEE	0.20 0.00	X						0.	0.	0.
(35) BRANDON ADCOCK TRUSTEE	0.20 0.00	X						0.	0.	0.
(36) CHARLES HAUSER TRUSTEE (FR 1/1/24)	0.20 0.20	X						0.	0.	0.
(37) CHRISTINE KATZIFF VICE CHAIR	0.50 0.00	X		X				0.	0.	0.
(38) CHRISTOPHER DUGGINS MD TRUSTEE	0.20 0.00	X						0.	0.	0.
(39) DAVID KING TRUSTEE	0.20 0.00	X						0.	0.	0.
(40) ELWOOD ROBINSON PHD TRUSTEE	0.20 0.00	X						0.	0.	0.
(41) IAN MCDONALD TRUSTEE	0.20 0.00	X						0.	0.	0.
(42) JAMES AMOS SECRETARY/TREASURER	0.50 0.00	X		X				0.	0.	0.
(43) JASON THOMPSON TRUSTEE	0.20 0.00	X						0.	0.	0.
(44) ROBERT BARR MD TRUSTEE (TO 12/31/24)	0.20 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								448,794.		8,258.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	9,756,665.					
	e Government grants (contributions)	1e	65,362,065.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	454,529.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 392,000.					
	h Total. Add lines 1a-1f		75,573,259.					
	Program Service Revenue	2 a NET PATIENT REVENUE	Business Code	622110	4981433728.	4981433728		
b CORPORATE SUPPORT			551114	514297872.	514297872.			
c PHARMACY			622110	455385364.	455385364.			
d VALUE BASED INCENTIVE			900099	103738015.	103738015.			
e PHYSICIAN SERVICES			621111	90,548,815.	90548815.			
f All other program service revenue			541511	83,936,127.	83962351.	-26,224.		
g Total. Add lines 2a-2f				6229339921.				
3 Investment income (including dividends, interest, and other similar amounts)				73,945,093.		3370202.	70574891.	
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
Other Revenue	6 a Gross rents	6a	(i) Real 10,201,416.					
	b Less: rental expenses ...	6b	0.					
	c Rental income or (loss)	6c	10,201,416.					
	d Net rental income or (loss)			10,201,416.			10201416.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 1309313450.	(ii) Other 28301978.				
	b Less: cost or other basis and sales expenses	7b	1218628951.	11095422.				
	c Gain or (loss)	7c	90,684,499.	17206556.				
	d Net gain or (loss)		107891055.					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	31,186.					
	b Less: direct expenses	8b	24,381.					
	c Net income or (loss) from fundraising events		6,805.					
	9 a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b						
	c Net income or (loss) from gaming activities							
	10 a Gross sales of inventory, less returns and allowances	10a	1,473,586.					
b Less: cost of goods sold	10b	811,670.						
c Net income or (loss) from sales of inventory		661,916.						
Miscellaneous Revenue	11 a ADMINISTRATION	Business Code	551114	30,219,340.	16782635.	13436705.		
	b CAFETERIA MEALS		722514	9,942,844.			9942844.	
	c PRECEPTOR REVENUE		900099	1,783,118.			1783118.	
	d All other revenue		900099	3,323,371.	729,259.		2594112.	
	e Total. Add lines 11a-11d			45,268,673.				
	12 Total revenue. See instructions			6542888138.	6246878039	16780683.	203656157	

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

☒ X

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	19,771,291.	19,771,291.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,208,218.	2,208,218.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	30,344.	30,344.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	26,646,936.		26,646,936.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	9,766,325.		9,766,325.	
7 Other salaries and wages	254,358,416.	193,311,466.	610,469,500.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,563,730.	102,268,435.	32,295,295.	
9 Other employee benefits	311,405,323.	236,668,046.	74,737,277.	
10 Payroll taxes	143,033,536.	108,705,487.	34,328,049.	
11 Fees for services (nonemployees):				
a Management	27,280,000.		27,280,000.	
b Legal	19,642,297.		19,642,297.	
c Accounting	2,613,689.		2,613,689.	
d Lobbying	127,503.	127,503.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,324,668.		3,324,668.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	586,731,634.	374,747,186.	211,984,448.	
12 Advertising and promotion	41,032,914.	37,878,788.	3,154,126.	
13 Office expenses	51,219,103.	36,522,817.	14,696,286.	
14 Information technology	101,046,841.	90,664,282.	10,382,559.	
15 Royalties				
16 Occupancy	175,853,417.	137,320,739.	38,532,678.	
17 Travel	10,488,712.	7,971,423.	2,517,289.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,941,266.	2,235,362.	705,904.	
20 Interest	158,191,378.	158,151,690.	39,688.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	198,208,947.	108,664,447.	89,544,500.	
23 Insurance	95,813,056.	68,142,737.	27,670,319.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PHARMACEUTICALS	597,017,925.	597,017,925.		
b MEDICAL SUPPLIES	461,629,020.	457,586,756.	4,042,264.	
c SHARED SERVICES	204,406,304.	80,953,011.	123,453,293.	
d ACCRUED UBI TAXES	-3,378,884.		-3,378,884.	
e All other expenses	267,059,300.	152,446,482.	114,612,818.	
25 Total functional expenses. Add lines 1 through 24e	619,225,896.	471,319,763.	147,906,132.	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 X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	276,365,145.	1	405,942,328.
	2 Savings and temporary cash investments	341,508,947.	2	123,127,166.
	3 Pledges and grants receivable, net	858,064.	3	1,400,049.
	4 Accounts receivable, net	569,441,530.	4	1446830026.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	1,320,000.	5	880,000.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	14,344,320.	7	27,413,745.
	8 Inventories for sale or use	113,727,244.	8	136,456,661.
	9 Prepaid expenses and deferred charges	72,366,755.	9	90,214,769.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4849003159.		
	b Less: accumulated depreciation	10b 2324737810.		
	11 Investments - publicly traded securities	2175649939.	10c	2524265349.
	12 Investments - other securities. See Part IV, line 11	2591658787.	11	2863582394.
	13 Investments - program-related. See Part IV, line 11	2567651315.	12	5497633014.
	14 Intangible assets	3,918,358.	13	3,905,521.
	15 Other assets. See Part IV, line 11	603,981,349.	14	749,017,733.
16 Total assets. Add lines 1 through 15 (must equal line 33)	263,831,280.	15	686,265,918.	
17 Accounts payable and accrued expenses	9596623033.	16	14556934673.	
Liabilities	18 Grants payable	667,359,376.	17	996,167,997.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	19,658,383.	19	29,003,347.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	617,037,909.	20	3046243774.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties	2013376250.	23	2009966250.
	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		24	
	26 Total liabilities. Add lines 17 through 25	2556557962.	25	7612241700.
	27 Net assets without donor restrictions	5873989880.	26	13693623068.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	28 Net assets with donor restrictions	3722348361.	27	862,868,766.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.	284,792.	28	442,839.
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3722633153.	32	863,311,605.
	33 Total liabilities and net assets/fund balances	9596623033.	33	14556934673.

Form 990 (2024)

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	6,542,888,138.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,192,258,960.
3	Revenue less expenses. Subtract line 2 from line 1	3	350,629,178.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,722,633,153.
5	Net unrealized gains (losses) on investments	5	172,444,261.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3382394987.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	863,311,605.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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 on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
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 on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

NOVANT HEALTH, INC.

Employer identification number

56-1376950

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
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>		
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>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

NOVANT HEALTH, INC.

Employer identification number

56-1376950

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

NOVANT HEALTH, INC.

56-1376950

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>6,086,630.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,851,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,025,094.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>511,583.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>270,108.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>161,354.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 92,691.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 87,836.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 32,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 30,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 30,029.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 18,181.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

56-1376950

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

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

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

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

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

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

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

Name of organization

NOVANT HEALTH, INC.

Employer identification number (EIN)

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.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs 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-.

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

Schedule C (Form 990) 2024

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 (grassroots 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.															
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.			
IF the amount on line 1e, column (a) or (b), is:	THEN 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

Schedule C (Form 990) 2024

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		293,661.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		271,181.
j Total. Add lines 1c through 1i			564,842.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:**LINE 1A**

THERE IS LIMITED ENGAGEMENT OF THE BOARD.

LINE 1B

THERE ARE TEN FULL TIME STAFF POSITIONS IN 2024 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.

Part IV

Supplemental Information (continued)

LINE 1I
DUES PAID TO CERTAIN ORGANIZATIONS WHICH INCLUDE A PORTION RELATED TO LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Includes sub-sections a, b, c, d), 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?, 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Form with multiple sections: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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	284,792.	285,425.			
b Contributions	158,047.	284,792.	299,276.		
c Net investment earnings, gains, and losses			-13,851.		
d Grants or scholarships					
e Other expenditures for facilities and programs		285,425.			
f Administrative expenses					
g End of year balance	442,839.	284,792.	285,425.		

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment 100 %

c Term endowment .0000 %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		335,720,791.		335,720,791.
b Buildings		1591454216.	523,519,559.	1067934657.
c Leasehold improvements		332,252,827.	205,242,459.	127,010,368.
d Equipment		1303937230.	955,245,293.	348,691,937.
e Other		1285638095.	640,730,499.	644,907,596.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2524265349.

Schedule D (Form 990) (Rev. 12-2024)

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	928,494,697.	END-OF-YEAR MARKET VALUE
(B) INVESTMENTS IN AFFILIATES	4569138317.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	5497633014.	

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	-4,608,789.
(2) OTHER LIABILITIES	507,219,930.
(3) DUE TO AFFILIATES	5987935458.
(4) NON-QUALIFIED BENEFIT PLANS	274,530,592.
(5) LOAN GUARANTEES	34,498,748.
(6) PATIENT REFUNDS	64,781,817.
(7) OPERATING LEASE	661,330,741.
(8) THIRD PARTY PAYMENT PAYABLE	86,553,203.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7612241700.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE HELD FOR AFFILIATE HOSPITAL SERVICE COSTS RELATED TO VARIOUS CENTERS AT THE ACUTE CARE FACILITIES.

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 UNCERTAIN 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. THIS EVALUATION DID NOT HAVE A MATERIAL EFFECT ON THE COMPANY'S CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023.

Part XIII	Supplemental Information <i>(continued)</i>
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SCHEDULE F
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on 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

Open to Public
Inspection

Name of the organization

NOVANT HEALTH, INC.

Employer identification number

56-1376950

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		587,029,969.
EUROPE	0	0	INVESTMENTS		58,069,878.
NORTH AMERICA	0	0	INVESTMENTS		26,031,340.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		30,344.
3 a Subtotal	0	0			671,161,531.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			671,161,531.

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

Schedule F (Form 990) (Rev. 12-2024)

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO PROVIDE MEDICAL EQUIPMENT IN AFRICA	0.		26,324.	MEDICAL EQUIPMENT	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 **0**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ **Yes** ☒ **No**

Schedule F (Form 990) (Rev. 12-2024)

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.

SCHEDULE G
(Form 990)

(Rev. December 2024)
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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
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 nongovernment grants
f Solicitation of government grants
g Special fundraising events
- 2 a 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?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (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. Includes a Total row at the bottom.

- 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) Total events (add col. (a) through col. (c))
		FIRST UNIFORM (event type)	FLEET FEET (event type)	2 (total number)	
Revenue	1 Gross receipts	7,061.	20,354.	3,771.	31,186.
	2 Less: Contributions	0.		0.	
	3 Gross income (line 1 minus line 2)	7,061.	20,354.	3,771.	31,186.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,905.	16,241.	2,235.	24,381.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				24,381.
	11 Net income summary. Subtract line 10 from line 3, column (d)				6,805.

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? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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 the name and address of the third party: _____

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

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

Part IV Supplemental Information. Provide the 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.

Part IV	Supplemental Information <i>(continued)</i>
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

NOVANT HEALTH, INC.

Employer identification number

56-1376950

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300 %	X	
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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %		X
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		X
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			80026363.	0.	80026363.	1.29%
b Medicaid (from Worksheet 3, column a)			775002010	775002010		.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)			1293799.	702,199.	591,600.	.01%
d Total. Financial assistance and means-tested government programs			856322172	775704209	80617963.	1.30%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8100939.	7,500.	8093439.	.13%
f Health professions education (from Worksheet 5)			30785631.	4515375.	26270256.	.42%
g Subsidized health services (from Worksheet 6)			93668359.	56246628.	37421731.	.60%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			17456935.	0.	17456935.	.28%
j Total. Other benefits			150011864	60769503.	89242361.	1.43%
k Total. Add lines 7d and 7j			1006334036.	836473712	169860324	2.73%

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			1008369.		1008369.	.02%
2 Economic development			103,345.		103,345.	.00%
3 Community support			243,817.		243,817.	.00%
4 Environmental improvements			3,114.		3,114.	.00%
5 Leadership development and training for community members			1,066.		1,066.	.00%
6 Coalition building			3,500.		3,500.	.00%
7 Community health improvement advocacy						
8 Workforce development			104,945.		104,945.	.00%
9 Other						
10 Total			1468156.		1468156.	.02%

Part III Bad Debt, Medicare, & Collection Practices
Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 X

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2 182,517,132.

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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) 5 622,747,914.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 639,671,549.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 -16,923,635.

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit.

Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ENDOSCOPY CENTER OF LAKE NORMAN, LLC	HEALTHCARE	51.00%	.00%	49.00%
2 MATTHEWS SURGERY CENTER, LLC	HEALTHCARE	50.00%	.00%	50.00%
3 PORTER'S NECK IMAGING, LLC	HEALTHCARE	50.00%	.00%	50.00%
4 FORSYTH MEDICAL GROUP, LLC	HEALTHCARE	80.00%	.00%	20.00%
5 MOUNT PLEASANT OUTPATIENT SURGERY CENTER, LLC	HEALTHCARE	70.00%	.00%	30.00%
6 PPCP ENDOSCOPY LLC	HEALTHCARE	70.00%	.00%	30.00%

[illegible]

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? 11

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	Gen. 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			A
2 NH MINT HILL MEDICAL CENTER 8201 HEALTHCARE LOOP CHARLOTTE, NC 28215 WWW.NOVANTHEALTH.ORG H0290	X	X					X			B
3 NH THOMASVILLE MEDICAL CENTER 207 OLD LEXINGTON ROAD THOMASVILLE, NC 27360 WWW.NOVANTHEALTH.ORG H0112	X	X					X			A
4 NH NEW HANOVER REGIONAL MEDICAL CNTR 2131 S. 17TH STREET WILMINGTON, NC 28401 WWW.NOVANTHEALTH.ORG H0221	X	X					X			A
5 NH ROWAN MEDICAL CENTER 612 MOCKSVILLE AVENUE SALISBURY, NC 28144 WWW.NOVANTHEALTH.ORG H0040	X	X					X			A
6 NH MEDICAL PARK HOSPITAL 1950 SOUTH HAWTHORNE ROAD WINSTON SALEM, NC 27103 WWW.NOVANTHEALTH.ORG H0229	X	X								A
7 NH MATTHEWS MEDICAL CENTER 1500 MATTHEWS TOWNSHIP PARKWAY MATTHEWS, NC 28105 WWW.NOVANTHEALTH.ORG H0270	X	X					X			A
8 NH BALLANTYNE MEDICAL CENTER 10905 PROVIDENCE ROAD WEST CHARLOTTE, NC 28277 WWW.NOVANTHEALTH.ORG H0292	X	X					X			C
9 NH COASTAL CAROLINA MEDICAL CENTER 1000 MEDICAL CENTER DRIVE HARDEEVILLE, SC 29927 WWW.NOVANTHEALTH.ORG HTL-0974	X	X					X			D
10 NH EAST COOPER MEDICAL CENTER 2000 HOSPITAL DRIVE MOUNT PLEASANT, SC 29464 WWW.NOVANTHEALTH.ORG HTL-0975	X	X					X			D

Part V	Facility Information
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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?

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

[illegible]

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: HOSPITAL FACILITIES GROUP ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 3, 4, 5, 6, 7

	Yes	No
Community Health Needs Assessment (CHNA)		
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	X
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	X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
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 checked="" 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		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</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	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
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	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website (list url):		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SECTION C</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	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," list url: <u>SEE SECTION C</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	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: HOSPITAL FACILITIES GROUP A

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>300</u> % for eligibility for discounted care of <u>0</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 status		
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 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
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 limited-English proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: HOSPITAL FACILITIES GROUP A

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?	21	X	
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)			

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: HOSPITAL FACILITIES GROUP A**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: NH MINT HILL MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment (CHNA)		
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	X
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	X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
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 checked="" 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		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>23</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	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
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	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website (list url):		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SECTION C</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	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," list url: <u>SEE SECTION C</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	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: NH MINT HILL MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>300</u> % for eligibility for discounted care of <u>0</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 status		
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 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
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 limited-English proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: NH MINT HILL MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?	21	X	
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)			

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: NH MINT HILL MEDICAL CENTER**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: NH BALLANTYNE MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

	Yes	No
Community Health Needs Assessment (CHNA)		
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	X
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	X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
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		
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	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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?	7	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
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	
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10b	
a If "Yes," list url: _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: NH BALLANTYNE MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>300</u> % for eligibility for discounted care of <u>0</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 status		
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 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
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 limited-English proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: NH BALLANTYNE MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?	21	X	
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)			

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: NH BALLANTYNE MEDICAL CENTER**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: HOSPITAL FACILITIES GROUP DLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 9, 10, 11

	Yes	No
Community Health Needs Assessment (CHNA)		
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	X
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	X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
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		
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	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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?	7	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
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	
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10b	
a If "Yes," list url: _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: HOSPITAL FACILITIES GROUP D

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>300</u> % for eligibility for discounted care of <u>0</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 status		
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 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
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 limited-English proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: HOSPITAL FACILITIES GROUP D

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?	21	X	
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)			

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: HOSPITAL FACILITIES GROUP D**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: NH BRUNSWICK MEDICAL CENTER
- FACILITY 3: NH THOMASVILLE MEDICAL CENTER
- FACILITY 4: NH NEW HANOVER REGIONAL MEDICAL CNTR
- FACILITY 5: NH ROWAN MEDICAL CENTER
- FACILITY 6: NH MEDICAL PARK HOSPITAL
- FACILITY 7: NH MATTHEWS MEDICAL CENTER

HOSPITAL FACILITIES GROUP A:

PART V, SECTION B, LINE 3E:

VARIOUS SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED THROUGH PRIMARY AND SECONDARY DATA 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 BASED ON AVAILABLE DATA INCLUDING SEVERITY OF NEED 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, BASED ON CAREFUL CONSIDERATION OF ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND SUPPORTING DATA WERE THEN REVIEWED AND DELIBERATED UPON FURTHER BY THE BOARD BEFORE FINAL APPROVAL. FINALLY, AN IMPLEMENTATION PLAN WAS CREATED FOR THE PRIORITIZED HEALTH NEEDS. PROGRESS TOWARD MEETING IMPLEMENTATION PLAN GOALS IS ASSESSED REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT LIFE CYCLE. FOR THOSE NEEDS IDENTIFIED THAT ARE NOT PART OF THE IMPLEMENTATION PLAN, COMMUNITY PARTNERS CURRENTLY SERVING THOSE COMMUNITY NEEDS ARE IDENTIFIED AS POTENTIAL PARTNERS FOR COLLABORATION.

HOSPITAL FACILITIES GROUP A

PART V, SECTION B, LINE 5:

WHILE CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"), NOVANT HEALTH HOSPITAL FACILITIES SOLICITED INPUT FROM AND CONSULTED WITH A VARIETY OF COMMUNITY MEMBERS AND REPRESENTATIVES INCLUDING, BUT NOT LIMITED TO, REPRESENTATIVES OF CITY AND COUNTY GOVERNMENT, COUNTY HEALTH DEPARTMENTS, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES/UNIVERSITIES, COMMUNITY COALITIONS AND OTHER SOCIAL SERVICE AGENCIES. INPUT WAS GATHERED THROUGH A COMMUNITY SURVEY (DISTRIBUTED THROUGH A VARIETY OF PARTNERS, METHODS, AND CHANNELS), COMMUNITY MEETINGS AND/OR FOCUS GROUPS, AND STAKEHOLDER'S INTERVIEWS. INPUT WAS ALSO SOLICITED THROUGH WRITTEN COMMENTS THROUGHOUT THE SURVEY PERIOD UNTIL THE FINAL COMMUNITY PRIORITY SETTING MEETING(S) AND/OR SURVEY. THE SCOPE OF EXPERTISE WAS BROAD AND INCLUDED REPRESENTATIVES OF PUBLIC HEALTH, MINORITY POPULATIONS, HEALTH DISPARITIES, AND SOCIAL SERVICES. DATA DERIVED FROM THESE EXERCISES IS BOTH QUANTITATIVE AND QUALITATIVE IN SCOPE.

NOVANT HEALTH BRUNSWICK MEDICAL CENTER, IN COLLABORATION WITH BRUNSWICK COUNTY HEALTH SERVICES, AND KULIK STRATEGIC ADVISERS, INC., CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. THE CHNA PROCESS INCLUDED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION, USING THE HEALTH OPINION SURVEY AND VARIOUS LOCAL, STATE, AND FEDERAL DATA SOURCES, PRIMARILY THE US CENSUS BUREAU. THE COMMUNITY HEALTH OPINION SURVEY WAS DISTRIBUTED TO COUNTY RESIDENTS FROM JUNE 2022 THROUGH

Part V Facility Information (continued)

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

SEPTEMBER 2022 THROUGH EXTENSIVE OUTREACH EFFORTS, INCLUDING SOCIAL MEDIA POSTS ON THE BRUNSWICK COUNTY WEBSITE, THE STATESMAN-PILOT NEWSPAPER, FLYERS RECRUITMENT, AND ON-SITE SURVEY COLLECTION AT COMMUNITY-BASED ORGANIZATIONS THROUGHOUT THE COUNTY. ADDITIONAL STRATEGIC EFFORTS WERE MADE TO CONDUCT FOCUS GROUPS INVOLVING COUNTY RESIDENTS AND KEY INFORMANT INTERVIEWS WITH ORGANIZATIONS AND INDIVIDUALS SERVING/REPRESENTING THEIR INTERESTS. MANY COMMUNITY PARTNERS WERE INSTRUMENTAL IN THIS CHNA PROCESS, INCLUDING BUT NOT LIMITED TO: TOWN OF ST. JAMES, SHRINER AND MASON'S, COASTAL HORIZONS, CHRISTIAN RECOVERY CENTERS INC., CLERGY COMMUNITY-SUA COMMISSION, BRUNSWICK COUNTY SOCIAL SERVICES, CEDAR GROVE COMMUNITY CENTER, CITIZEN AT LARGE SOUTHPORT AREA, BRUNSWICK SENIOR RESOURCES, SENIOR RESOURCES, BRUNSWICK COUNTY, BRUNSWICK SMART START, TOWN OF SHALLOTTE, BRUNSWICK COUNTY HEALTH SERVICES, NEW HOPE CLINIC, CAPE FEAR COUNCIL OF GOVERNMENT, NORTH CAROLINA COOPERATIVE EXTENSION, NORTH CAROLINA PROJECT LEAD, BRUNSWICK COUNTY SCHOOLS, TOWN OF LELAND, BRUNSWICK TRANSIT SYSTEM, INC., BRUNSWICK COUNTY PARKS & RECREATION, COMMWELL HEALTH, 4-H EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM (EFNEP), NAACP BRUNSWICK COUNTY, TRILLIUM, THE NEIGHBORHOOD CONNECTIONS TEAM, VILLAGE OF BALD HEAD ISLAND, TOWN OF NAVASSA, NORTH BRUNSWICK CHAMBER OF COMMERCE, NAACP HEALTHIER TOGETHER REGIONAL, BRUNSWICK COUNTY SCHOOLS, BRUNSWICK WELLNESS COALITION, CITY OF SOUTHPORT, TOWN OF OAK ISLAND, DOSHER MEMORIAL HOSPITAL, TOWN OF CASWELL BEACH, NOVANT HEALTH BRUNSWICK MEDICAL CENTER, SOUTHPORT OAK ISLAND CHAMBER OF COMMERCE, BRUNSWICK COMMUNITY COLLEGE, CAPE FEAR COLLECTIVE, BRUNSWICK COUNTY COOPERATIVE EXTENSION, TOWN OF SHALLOTTE, BRUNSWICK HOUSING OPPORTUNITIES, BRUNSWICK FAMILY ASSISTANCE, BRUNSWICK COUNTY CHAMBER OF COMMERCE, BRUNSWICK SENIOR RESOURCES, NORTH BRUNSWICK CHAMBER OF COMMERCE, SOUTHPORT LIONS CLUB, KIWANIS-BRUNSWICK COUNTY, AND SOUTHPORT-OAK ISLAND KIWANIS. THESE COMMUNITY PARTNERS SERVE VARIOUS COMMUNITIES, REPRESENTING THE INTERESTS OF MANY COUNTY RESIDENTS, INCLUDING INDIVIDUALS WITH SUBSTANCE USE DISORDER DIAGNOSES, INDIVIDUALS WITH JUSTICE SYSTEM INTERACTIONS, CHILDREN FROM LOW-INCOME FAMILIES, LGBTQ+ COMMUNITY MEMBERS, CHILDREN EXPERIENCING ABUSE, PEOPLE OF COLOR, HOMELESS AND HOUSING-INSECURE INDIVIDUALS, FOOD-INSECURE INDIVIDUALS, INDIVIDUALS IN NEED OF COUNTY SOCIAL SERVICES AND LOW-INCOME SENIORS. ADDITIONALLY, THESE COMMUNITY PARTNERS SERVE INDIVIDUALS SPANNING ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGES, GENDER, AND GENDER IDENTITY DEMOGRAPHICS WITH GEOGRAPHIC, PAYOR, OR FINANCIAL BARRIERS ACCESSING CARE.

SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNAS LOCATED AT [HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/).

NOVANT HEALTH THOMASVILLE MEDICAL CENTER, IN PARTNERSHIP WITH THE DAVIDSON COUNTY HEALTH DEPARTMENT AND ATRIUM HEALTH WAKE FOREST BAPTIST LEXINGTON MEDICAL CENTER, CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. THE CHNA PROCESS INCLUDED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION. THE SECONDARY DATA WAS COLLECTED FROM VARIOUS LOCAL, STATE, AND NATIONAL SOURCES. THE COMMUNITY HEALTH NEEDS SURVEY WAS DISTRIBUTED TO COUNTY RESIDENTS FROM SEPTEMBER 2021 TO OCTOBER 2021 THROUGH EXTENSIVE OUTREACH EFFORTS, INCLUDING MASS PROMOTION OF THE SURVEY ON VARIOUS SOCIAL MEDIA PLATFORMS AND ORGANIZATIONAL WEBSITES. VARIOUS ORGANIZATIONS, COMMUNITY GROUPS AND RESIDENTS ACROSS DAVIDSON COUNTY PARTICIPATED IN THE CHNA PROCESS. MANY COMMUNITY PARTNERS WERE INVOLVED IN

Part V Facility Information (continued)

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

THIS CHNA PROCESS, INCLUDING BUT NOT LIMITED TO: ATRIUM HEALTH WAKE FOREST BAPTIST LEXINGTON MEDICAL CENTER, AND DAVIDSON COUNTY HEALTH DEPARTMENT. THESE PARTNERS SERVE A VARIETY OF INDIVIDUALS SPANNING ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGES, AND GENDER IDENTITY DEMOGRAPHICS.

SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNA HERE:

[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/)

NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, IN PARTNERSHIP WITH NEW HANOVER COUNTY HEALTH AND HUMAN SERVICES, CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. THIS CHNA PROCESS INVOLVED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION, INCLUDING THE COMMUNITY HEALTH OPINION SURVEY, AND VARIOUS LOCAL, STATE, AND FEDERAL DATA SOURCES. THE COMMUNITY HEALTH SURVEY WAS MADE AVAILABLE TO COUNTY RESIDENTS FROM MAY 2022 TO JULY 2022. ADDITIONALLY, COMMUNITY MEMBERS WERE INVITED TO PARTICIPATE IN COMMUNITY CONVERSATIONS TO SHARE THEIR EXPERIENCES OF LIVING IN NEW HANOVER COUNTY, AND TO VOTE ON A SET OF PRIORITIES FOR THE CHNA CYCLE BASED ON THE INFORMATION GATHERED DURING THE CHNA PROCESS. COMMUNITY PARTNERS INVOLVED IN THIS CHNA PROCESS, INCLUDED BUT NOT LIMITED TO: NEW HANOVER COUNTY HEALTH AND HUMAN SERVICES, MED NORTH HEALTH, LATINO ALLIANCE, NHC SENIOR RESOURCE CENTER, CAROUSEL CENTER, CAPE FEAR HEALTHNET, NHC EMERGENCY MANAGEMENT, NHC VETERAN SERVICES, FOOD BANK OF CENC @ WILMINGTON, PORT CITY UNITED, WILMINGTON TREATMENT CENTER, WILMINGTON HEALTH, WILMINGTON CITY COUNCIL, COASTAL CAROLINAS HEALTH ALLIANCE, CAPE FEAR COLLECTIVE, LIBERTY HEALTHCARE, COASTAL HORIZONS CENTER, TRILLIUM HEALTH RESOURCES, NEW HANOVER DISASTER COALITION, YMCA OF SOUTHEASTERN NC, WILMINGTON POLICE DEPARTMENT, 26, UNCW LATINO ALLIANCE, LEADING INTO NEW COMMUNITIES, INC., VOYAGE OF WILMINGTON, NEW HANOVER COMMUNITY ENDOWMENT, CAPE FEAR COALITION, THE HARRELSON CENTER, LIBERTY HEALTHCARE, CITY OF WILMINGTON, CAPE FEAR CLINIC, NHC SCHOOLS, GOOD SHEPHERD CENTER, SMART START OF NEW HANOVER COUNTY, WILMINGTON CHAMBER OF COMMERCE, UNIVERSITY OF NORTH CAROLINA WILMINGTON, COMMUNITY RELATIONS ADVISORY COMMITTEE, COMMUNITIES IN SCHOOLS OF CAPE FEAR, NC COOPERATIVE EXTENSION, TOWN OF CAROLINA BEACH, WAVE TRANSIT, NC COOPERATIVE EXTENSION, NHRMC -SOUTHEAST AREA HEALTH EDUCATION CENTER, CENTRO HISPANO, NOURISHNC, NHC RESILIENCY TASK FORCE, UNITED WAY OF THE CAPE FEAR AREA, YWCA OF THE LOWER CAPE FEAR, HOUSING AUTHORITY OF THE CITY OF WILMINGTON, AND COASTAL CAROLINAS HEALTH ALLIANCE. THESE COMMUNITY PARTNERS SERVE VARIOUS COMMUNITIES, REPRESENTING THE INTERESTS OF MANY COUNTY RESIDENTS, INCLUDING INDIVIDUALS WITH SUBSTANCE USE DISORDER DIAGNOSES, INDIVIDUALS WITH JUSTICE SYSTEM INTERACTIONS, CHILDREN FROM LOW-INCOME FAMILIES, LGBTQ+ COMMUNITY MEMBERS, CHILDREN EXPERIENCING ABUSE, HOMELESS AND HOUSING-INSECURE INDIVIDUALS, FOOD-INSECURE INDIVIDUALS, INDIVIDUALS IN NEED OF COUNTY SOCIAL SERVICES, LOW-INCOME SENIORS, INDIVIDUALS WITH ADVERSE CHILDHOOD EXPERIENCES, AND HISPANIC/LATIN AMERICAN INDIVIDUALS. ADDITIONALLY, THESE COMMUNITY PARTNERS SERVE INDIVIDUALS SPANNING ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGES, AND GENDER IDENTITY DEMOGRAPHICS WITH GEOGRAPHIC, PAYOR, OR FINANCIAL BARRIERS ACCESSING CARE.

SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNA HERE:

Part V Facility Information (continued)

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

[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/)

CONTINUED IN PART VI SUPPLEMENTAL INFORMATION

HOSPITAL FACILITIES GROUP A

PART V, SECTION B, LINE 6A:

ATRIUM HEALTH WAKE FOREST BAPTIST LEXINGTON MEDICAL CENTER

HOSPITAL FACILITIES GROUP A

PART V, SECTION B, LINE 6B:

BRUNSWICK COUNTY HEALTH DEPARTMENT

KULIK STRATEGIC ADVISERS

FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH

MECKLENBURG COUNTY HEALTH DEPARTMENT

UNION COUNTY HEALTH DEPARTMENT

NEW HANOVER COUNTY HEALTH AND HUMAN SERVICES

ROWAN COUNTY HEALTH DEPARTMENT

HEALTHY ROWAN

DAVIDSON COUNTY HEALTH DEPARTMENT

HOSPITAL FACILITIES GROUP A

PART V, SECTION B, LINE 7B

[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/community/community-health-needs/)

HOSPITAL FACILITIES GROUP A

PART V, SECTION B, LINE 10A

[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/community/community-health-needs/)

HOSPITAL FACILITIES GROUP A

PART V, SECTION B, LINE 11:

THE FACILITIES' CHNAS 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, KEY STRENGTHS AND AVAILABLE RESOURCES BEFORE FURTHER PRIORITIZING THE HEALTH NEEDS AND AGREEING UPON THE TOP HEALTH PRIORITIES TO BE ADDRESSED. WHERE POSSIBLE, THE FACILITIES LEVERAGED THE SYSTEM'S STRENGTHS AND RESOURCES TO BEST ADDRESS THOSE NEEDS THAT ARE HIGHEST IN PRIORITY BASED ON SCOPE, SEVERITY, HEALTH DISPARITIES ASSOCIATED WITH THE NEED, AND THE ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. EACH FACILITY HAS 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 FACILITIES) UNDERTAKE TO MEET THOSE HEALTH NEEDS IN EACH COMMUNITY SERVED. CERTAIN NEEDS THAT WERE IDENTIFIED BY THE CHNA HAVE NOT BEEN ADDRESSED. SOME OF THE NEEDS NOT ADDRESSED FALL OUTSIDE THE SCOPE OF TRADITIONAL HEALTHCARE (E.G., DENTAL WORK). OTHER NEEDS ARE ADDRESSED BY COLLABORATIVE WORK AND HAVE OTHER RESOURCES IN THE COMMUNITY THAT CAN MORE APPROPRIATELY MEET THESE NEEDS BASED ON SCOPE OF SERVICES AND EXPERTISE.

NOVANT HEALTH BRUNSWICK MEDICAL CENTER CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. RESULTS FROM THIS CHNA PROCESS HELPED IDENTIFY THE FOLLOWING HEALTH NEEDS IN BRUNSWICK COUNTY:

Part V Facility Information (continued)

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

ACCESS TO HEALTHCARE, MENTAL HEALTH, CHRONIC DISEASE PREVENTION, DENTAL HEALTH, ELDER CARE OPTIONS, RESPITE FOR CAREGIVERS, FAMILY PLANNING, PREGNANCY & INFANT WELLNESS, CHILD OBESITY & PHYSICAL ACTIVITY. AFTER THOROUGH EVALUATION, THE FOLLOWING TOP THREE SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED AS PRIORITY AREAS FOR NOVANT HEALTH BRUNSWICK MEDICAL CENTER: CHRONIC DISEASE (FOCUS ON HYPERTENSION & DIABETES), MENTAL HEALTH & SUBSTANCE USE, AND FOOD INSECURITY. NOVANT HEALTH HAS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE PRIORITIZED AREAS OF NEED AND IS COMMITTED TO IMPROVING THE COMMUNITY'S HEALTH.

NOVANT HEALTH THOMASVILLE MEDICAL CENTER CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. RESULTS FROM THIS CHNA PROCESS HELPED IDENTIFY THE FOLLOWING SIGNIFICANT HEALTH NEEDS IN DAVIDSON COUNTY: SUBSTANCE ABUSE, OBESITY, MENTAL HEALTH, DIABETES, CANCER, ALCOHOLISM, TOBACCO, INFECTIOUS DISEASES, OTHER CHRONIC DISEASES, SEXUALLY TRANSMITTED DISEASES, LUNG DISEASE AND PEDIATRIC HEALTH. AFTER THOROUGH EVALUATION, THE FOLLOWING TOP THREE SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED AS PRIORITY AREAS FOR NOVANT HEALTH THOMASVILLE MEDICAL CENTER: CHRONIC DISEASE, SUBSTANCE MISUSE, AND MENTAL HEALTH. NOVANT HEALTH HAS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE PRIORITIZED AREAS OF NEED AND IS COMMITTED TO IMPROVING THE COMMUNITY'S HEALTH.

NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. RESULTS FROM THIS CHNA PROCESS HELPED IDENTIFY THE FOLLOWING SIGNIFICANT HEALTH NEEDS IN NEW HANOVER COUNTY: HOUSING, MENTAL HEALTH AND SUBSTANCE USE, ACCESS TO CARE, NEIGHBORHOOD & ENVIRONMENT, LIFELONG DEVELOPMENT (EDUCATION), COMMUNITY COHESION & SAFETY, ECONOMIC OPPORTUNITY (INCLUDING FOOD INSECURITY), DISEASE, ILLNESS & INJURY AND REPRODUCTIVE & CHILD HEALTH. AFTER THOROUGH EVALUATION, THE FOLLOWING TOP THREE SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED AS PRIORITY AREAS FOR NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER: MENTAL HEALTH & SUBSTANCE USE, ACCESS TO CARE, AND FOOD INSECURITY. NOVANT HEALTH HAS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE PRIORITIZED AREAS OF NEED AND IS COMMITTED TO IMPROVING THE COMMUNITY'S HEALTH.

NOVANT HEALTH ROWAN MEDICAL CENTER CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. RESULTS FROM THIS CHNA PROCESS HELPED IDENTIFY THE FOLLOWING SIGNIFICANT HEALTH NEEDS IN ROWAN COUNTY: ACCESS TO HEALTHCARE, AFFORDABLE HOUSING, CHILD ABUSE & NEGLECT, EMPLOYMENT & WORKFORCE, HEALTHY LIFESTYLE BEHAVIORS, MENTAL HEALTH, SUBSTANCE USE, TRANSPORTATION TO ESSENTIAL HEALTH & HUMAN SERVICES, AND VIOLENT CRIME. AFTER THOROUGH EVALUATION, THE FOLLOWING TOP THREE SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED AS PRIORITY AREAS FOR NOVANT HEALTH ROWAN MEDICAL CENTER: MENTAL HEALTH, SUBSTANCE MISUSE, AND CHRONIC DISEASE MANAGEMENT & PREVENTION. NOVANT HEALTH HAS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE PRIORITIZED AREAS OF NEED AND IS COMMITTED TO IMPROVING THE COMMUNITY'S HEALTH.

NOVANT HEALTH MATTHEWS MEDICAL CENTER CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. RESULTS FROM THIS CHNA PROCESS HELPED IDENTIFY THE FOLLOWING SIGNIFICANT HEALTH NEEDS IN MECKLENBURG COUNTY: ACCESS TO CARE, CHRONIC DISEASE PREVENTION, EMERGING HEALTH ISSUES & PUBLIC HEALTH THREATS (E.G., COVID), HEALTHY ENVIRONMENT

Part V Facility Information (continued)

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

(SAFE AIR, WATER, COMMUNITY, RECREATION), HEALTHY PREGNANCY, HIV & OTHER STIS, INJURY PREVENTION, MENTAL HEALTH, SUBSTANCE USE DISORDER, AND VIOLENCE PREVENTION. THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN UNION COUNTY: ACCESS TO CARE, CHRONIC DISEASE PREVENTION, HEALTHY ENVIRONMENT (SAFE AIR, WATER, COMMUNITY, RECREATION), MENTAL HEALTH, SUBSTANCE USE DISORDER, VIOLENCE PREVENTION / COMMUNITY SAFETY, AFFORDABLE HOUSING, LACK OF PUBLIC TRANSPORTATION, FOOD INSECURITY, AND HEALTHY EATING/NUTRITION. AFTER THOROUGH EVALUATION, THE FOLLOWING TOP FOUR SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED AS PRIORITY AREAS FOR NOVANT HEALTH MATTHEWS MEDICAL CENTER: MENTAL HEALTH, ACCESS TO CARE, CHRONIC DISEASE, AND VIOLENCE PREVENTION. NOVANT HEALTH HAS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE PRIORITIZED AREAS OF NEED AND IS COMMITTED TO IMPROVING THE COMMUNITY'S HEALTH.

NOVANT HEALTH MEDICAL PARK HOSPITAL CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. RESULTS FROM THIS CHNA PROCESS HELPED IDENTIFY THE FOLLOWING SIGNIFICANT HEALTH NEEDS IN FORSYTH COUNTY: CHRONIC DISEASE, DRUG OVERDOSE (SUBSTANCE ABUSE), MATERNAL & INFANT HEALTH, INFANT MORTALITY (RACE/ETHNIC DISPARITY RATIO), MENTAL HEALTH, AND VIOLENCE-RELATED BEHAVIORS. AFTER THOROUGH EVALUATION, THE FOLLOWING TOP TWO HEALTH NEEDS WERE IDENTIFIED AS PRIORITY AREAS FOR NOVANT HEALTH MEDICAL PARK HOSPITAL: ACCESS TO CARE/RESOURCES AND CHRONIC DISEASES. NOVANT HEALTH HAS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE PRIORITIZED AREAS OF NEED AND IS COMMITTED TO IMPROVING THE COMMUNITY'S HEALTH.

SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT FACILITY CHNAs LOCATED AT [HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/).

HOSPITAL FACILITIES GROUP A

PART V, SECTION B, LINE 13H:

OTHER ELIGIBILITY CRITERIA EXPLAINED IN THE FAP INCLUDE THE FOLLOWING: FINANCIAL ASSISTANCE IS ONLY APPLICABLE TO MEDICALLY NECESSARY SERVICES. PROVIDER BASED PHYSICIAN CLINICS REQUIRE THAT PATIENTS BE 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 FINANCIAL ASSISTANCE.

HOSPITAL FACILITIES GROUP A

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/FOR-PATIENTS/BILLING--INSURANCE/FINANCIAL-ASSISTANCE/](https://www.novanthealth.org/for-patients/billing--insurance/financial-assistance/)

HOSPITAL FACILITIES GROUP A

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/DOCUMENTS-PDFS/FAA_APP_ENGLISH.PDF](https://www.novanthealth.org/globalassets/buttons-and-documents-ctaslinks/documents-pdfs/faa_app_english.pdf)

HOSPITAL FACILITIES GROUP A

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/DOCUMENTS-PDFS/NOVANT-HEALTH-ACUTE-PLS-ENGLISH-NC-LOCATIONS-.PDF](https://www.novanthealth.org/globalassets/buttons-and-documents-ctaslinks/documents-pdfs/novant-health-acute-pls-english-nc-locations-.pdf)

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP B**FACILITY REPORTING GROUP B CONSISTS OF:**

- FACILITY 2: NH MINT HILL MEDICAL CENTER

NH MINT HILL MEDICAL CENTER**PART V, SECTION B, LINE 3E:**

VARIOUS SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED THROUGH PRIMARY AND SECONDARY DATA 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 BASED ON AVAILABLE DATA INCLUDING SEVERITY OF NEED 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, BASED ON CAREFUL CONSIDERATION OF ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND SUPPORTING DATA WERE THEN REVIEWED AND DELIBERATED UPON FURTHER BY THE BOARD BEFORE FINAL APPROVAL. FINALLY, AN IMPLEMENTATION PLAN WAS CREATED FOR THE PRIORITIZED HEALTH NEEDS. PROGRESS TOWARD MEETING IMPLEMENTATION PLAN GOALS IS ASSESSED REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT LIFE CYCLE. FOR THOSE NEEDS IDENTIFIED THAT ARE NOT PART OF THE IMPLEMENTATION PLAN, COMMUNITY PARTNERS CURRENTLY SERVING THOSE COMMUNITY NEEDS ARE IDENTIFIED AS POTENTIAL PARTNERS FOR COLLABORATION.

NH MINT HILL MEDICAL CENTER**PART V, SECTION B, LINE 5:**

WHILE CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"), NOVANT HEALTH HOSPITAL FACILITIES SOLICITED INPUT FROM AND CONSULTED WITH A VARIETY OF COMMUNITY MEMBERS AND REPRESENTATIVES INCLUDING, BUT NOT LIMITED TO, REPRESENTATIVES OF CITY AND COUNTY GOVERNMENT, COUNTY HEALTH DEPARTMENTS, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES/UNIVERSITIES, COMMUNITY COALITIONS AND OTHER SOCIAL SERVICE AGENCIES. INPUT WAS GATHERED THROUGH A COMMUNITY SURVEY (DISTRIBUTED THROUGH A VARIETY OF PARTNERS, METHODS, AND CHANNELS), COMMUNITY MEETINGS AND/OR FOCUS GROUPS, AND STAKEHOLDER'S INTERVIEWS. INPUT WAS ALSO SOLICITED THROUGH WRITTEN COMMENTS THROUGHOUT THE SURVEY PERIOD UNTIL THE FINAL COMMUNITY PRIORITY SETTING MEETING(S) AND/OR SURVEY. THE SCOPE OF EXPERTISE WAS BROAD AND INCLUDED REPRESENTATIVES OF PUBLIC HEALTH, MINORITY POPULATIONS, HEALTH DISPARITIES, AND SOCIAL SERVICES. DATA DERIVED FROM THESE EXERCISES IS BOTH QUANTITATIVE AND QUALITATIVE IN SCOPE.

NOVANT HEALTH MINT HILL MEDICAL CENTER, IN PARTNERSHIP WITH THE MECKLENBURG COUNTY PUBLIC HEALTH DEPARTMENT, ATRIUM HEALTH, AND ONE CHARLOTTE HEALTH ALLIANCE, CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2023. THE CHNA PROCESS INCLUDED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION, USING THE HEALTH OPINION SURVEY, AND VARIOUS LOCAL, STATE, AND FEDERAL DATA SOURCES, PRIMARILY THE US CENSUS BUREAU. THE HEALTH OPINION SURVEY WAS DISTRIBUTED TO MECKLENBURG COUNTY RESIDENTS FROM APRIL 2022 TO JULY 2022 THROUGH EXTENSIVE OUTREACH EFFORTS, USING SCANNED QR CODES, EMAIL LISTSERVS AND PRINTED PAPER COPIES. THE SURVEY LINK WAS POSTED ON THE COUNTY WEBSITE, COUNTY FACEBOOK AND TWITTER PAGES, THE BOARD OF COUNTY COMMISSIONERS NEWSLETTER AND EMPLOYEE

Part V Facility Information (continued)

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

NEWSLETTERS FOR THE COUNTY. IN ADDITION, COMMUNITY-BASED ORGANIZATIONS, SUCH AS MECKLENBURG INTERFAITH NETWORK, INTERNATIONAL HOUSE, SENIOR CENTERS AND THE ASSOCIATION FOR THE BLIND WERE INSTRUMENTAL IN HELPING WITH SURVEY RECRUITMENT AND DISTRIBUTION. THE SURVEY WAS AVAILABLE IN BOTH SPANISH AND ENGLISH. ADDITIONALLY, VIRTUAL MEETINGS WERE CONDUCTED TO PROVIDE PRELIMINARY FINDINGS AND FURTHER SOLICIT INPUT FROM COUNTY RESIDENTS, REPRESENTATIVES OF CITY AND COUNTY GOVERNMENT INCLUDING MECKLENBURG COUNTY PUBLIC HEALTH DEPARTMENT, COMMUNITY-BASED ORGANIZATIONS, COMMUNITY COALITIONS, SOCIAL SERVICE AGENCIES AND OTHER LOCAL HOSPITALS, INCLUDING ATRIUM HEALTH. THESE COMMUNITY PARTNERS SERVE INDIVIDUALS SPANNING ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGES, AND GENDER IDENTITY DEMOGRAPHICS WITH GEOGRAPHIC, PAYOR, OR FINANCIAL BARRIERS WITH ACCESS TO CARE. ADDITIONALLY, SOME OF THE COMMUNITY PARTNERS REPRESENT THE INTERESTS OF INDIVIDUALS WHOSE COMMUNITIES ARE KNOWN TO HAVE DISPROPORTIONATELY HIGH HEALTH AND SOCIAL NEEDS, LOW HOUSEHOLD INCOME, LOWER LIFE EXPECTANCY, AND COMMUNITIES OFTEN CONSISTING OF MAJORITY PERSONS OF COLOR.

SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNAS LOCATED AT [HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/).

NH MINT HILL MEDICAL CENTER
PART V, SECTION B, LINE 6A:
ATRIUM HEALTH

NH MINT HILL MEDICAL CENTER
PART V, SECTION B, LINE 6B:
MECKLENBURG COUNTY PUBLIC HEALTH DEPARTMENT
ONE CHARLOTTE HEALTH ALLIANCE

NH MINT HILL MEDICAL CENTER
PART V, SECTION B, LINE 7B
[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/community/community-health-needs/)

NH MINT HILL MEDICAL CENTER
PART V, SECTION B, LINE 10A
[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/community/community-health-needs/)

NH MINT HILL MEDICAL CENTER
PART V, SECTION B, LINE 11:
NOVANT HEALTH MINT HILL MEDICAL CENTER CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2023. RESULTS FROM THIS CHNA PROCESS HELPED IDENTIFY THE FOLLOWING SIGNIFICANT HEALTH NEEDS IN MECKLENBURG COUNTY: ACCESS TO CARE, CHRONIC DISEASE PREVENTION, EMERGING HEALTH ISSUES & PUBLIC HEALTH THREATS (E.G., COVID), HEALTHY ENVIRONMENT (SAFE AIR, WATER, COMMUNITY, RECREATION), HEALTHY PREGNANCY, HIV & OTHER STIS, INJURY PREVENTION, MENTAL HEALTH, SUBSTANCE USE DISORDER AND VIOLENCE PREVENTION. AFTER THOROUGH EVALUATION, THE FOLLOWING TOP FOUR SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED AS PRIORITY AREAS FOR NOVANT HEALTH MINT HILL MEDICAL CENTER: MENTAL HEALTH, ACCESS TO CARE, CHRONIC DISEASE, AND VIOLENCE PREVENTION. NOVANT HEALTH HAS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE PRIORITIZED AREAS OF NEED AND IS

Part V Facility Information (continued)

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

COMMITTED TO IMPROVING THE COMMUNITY'S HEALTH.

NH MINT HILL MEDICAL CENTER

PART V, SECTION B, LINE 13H:

OTHER ELIGIBILITY CRITERIA EXPLAINED IN THE FAP INCLUDE THE FOLLOWING:
FINANCIAL ASSISTANCE IS ONLY APPLICABLE TO MEDICALLY NECESSARY SERVICES.
PROVIDER BASED PHYSICIAN CLINICS REQUIRE THAT PATIENTS BE 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
FINANCIAL ASSISTANCE.

NH MINT HILL MEDICAL CENTER

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/FOR-PATIENTS/BILLING--INSURANCE/FINANCIAL-ASSISTANCE/](https://www.novanthealth.org/for-patients/billing--insurance/financial-assistance/)

NH MINT HILL MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/DOCUMENTS-PDFS/FAA_APP_ENGLISH.PDF](https://www.novanthealth.org/globalassets/buttons-and-documents-ctaslinks/documents-pdfs/faq_app_english.pdf)

NH MINT HILL MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/DOCUMENTS-PDFS/NOVANT-HEALTH-ACUTE-PLS-ENGLISH-NC-LOCATIONS-.PDF](https://www.novanthealth.org/globalassets/buttons-and-documents-ctaslinks/documents-pdfs/novant-health-acute-pls-english-nc-locations-.pdf)

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP C

FACILITY REPORTING GROUP C CONSISTS OF:

- FACILITY 8: NH BALLANTYNE MEDICAL CENTER

NH BALLANTYNE MEDICAL CENTER

PART V, SECTION B, LINE 2:

NH BALLANTYNE MEDICAL CENTER BECAME A LICENSED HOSPITAL ON 6/19/23. ITS
FIRST CHNA WILL BE COMPLETED IN 2025 (APPROVED BY 12/31/25).

NH BALLANTYNE MEDICAL CENTER

PART V, SECTION B, LINE 13H:

OTHER ELIGIBILITY CRITERIA EXPLAINED IN THE FAP INCLUDE THE FOLLOWING:
FINANCIAL ASSISTANCE IS ONLY APPLICABLE TO MEDICALLY NECESSARY SERVICES.
PROVIDER BASED PHYSICIAN CLINICS REQUIRE THAT PATIENTS BE 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
FINANCIAL ASSISTANCE.

NH BALLANTYNE MEDICAL CENTER

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/FOR-PATIENTS/BILLING--INSURANCE/FINANCIAL-ASSISTANCE/](https://www.novanthealth.org/for-patients/billing--insurance/financial-assistance/)

NH BALLANTYNE MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/DOCUMENTS-PDFS/FAA_APP_ENGLISH.PDF](https://www.novanthealth.org/globalassets/buttons-and-documents-ctaslinks/documents-pdfs/faq_app_english.pdf)

Part V Facility Information (continued)

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

OCUMENTS-PDFS/FAA_APP_ENGLISH.PDF

NH BALLANTYNE MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/D
OCUMENTS-PDFS/NOVANT-HEALTH-ACUTE-PLS-ENGLISH-NC-LOCATIONS-.PDF](https://www.novanthealth.org/globalassets/buttons-and-documents-ctaslinks/documents-pdfs/novant-health-acute-pls-english-nc-locations-.pdf)

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP D

FACILITY REPORTING GROUP D CONSISTS OF:

- FACILITY 9: NH COASTAL CAROLINA MEDICAL CENTER
- FACILITY 10: NH EAST COOPER MEDICAL CENTER
- FACILITY 11: NH HILTON HEAD MEDICAL CENTER

HOSPITAL FACILITIES GROUP D

PART V, SECTION B, LINE 2:

NH COASTAL CAROLINA MEDICAL CENTER, NH EAST COOPER MEDICAL CENTER AND NH HILTON HEAD MEDICAL CENTER WERE ACQUIRED ON 2/1/2024. THEIR FIRST CHNA WILL BE COMPLETED IN 2026 (APPROVED BY 12/31/26).

HOSPITAL FACILITIES GROUP D

PART V, SECTION B, LINE 13H: OTHER ELIGIBILITY CRITERIA EXPLAINED IN THE FAP INCLUDE THE FOLLOWING: FINANCIAL ASSISTANCE IS ONLY APPLICABLE TO MEDICALLY NECESSARY SERVICES. PROVIDER BASED PHYSICIAN CLINICS REQUIRE THAT PATIENTS BE 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 FINANCIAL ASSISTANCE.

HOSPITAL FACILITIES GROUP D

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/FOR-PATIENTS/BILLING--INSURANCE/FINANCIAL-ASSI
STANCE/](https://www.novanthealth.org/for-patients/billing--insurance/financial-assistance/)

HOSPITAL FACILITIES GROUP D

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/D
OCUMENTS-PDFS/FAA_APP_ENGLISH.PDF](https://www.novanthealth.org/globalassets/buttons-and-documents-ctaslinks/documents-pdfs/faq_app_english.pdf)

HOSPITAL FACILITIES GROUP D

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/D
OCUMENTS-PDFS/POLICY-FINANCIAL-ASSISTANCE-SC-NOVANT-HEALTH.PDF](https://www.novanthealth.org/globalassets/buttons-and-documents-ctaslinks/documents-pdfs/policy-financial-assistance-sc-novant-health.pdf)

SCHEDULE H PART V SECTION B LINE 5 HOSPITAL FACILITY GROUP A (CONTINUED)

NOVANT HEALTH ROWAN MEDICAL CENTER, IN PARTNERSHIP WITH ROWAN COUNTY HEALTH DEPARTMENT (RCHD) AND HEALTHY ROWAN, CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. THIS CHNA PROCESS INCLUDED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION, USING THE HEALTH OPINION SURVEY, AND VARIOUS LOCAL, STATE, AND FEDERAL SOURCES. THE COMMUNITY HEALTH OPINION SURVEY WAS AVAILABLE IN BOTH ENGLISH AND SPANISH LANGUAGE FOR ALL RESIDENTS OF ROWAN COUNTY FROM AUGUST 2021 THROUGH NOVEMBER 2021, VIA SCANNED QR CODES, WEBLINK AND

Part V Facility Information (continued)

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

PAPER COPIES. THE SURVEY WAS ALSO DISTRIBUTED THROUGHOUT THE COUNTY AT VARIOUS SITES AND COMMUNITY EVENTS. THE STEERING COMMITTEE, COMMUNITY AGENCIES AND COMMUNITY REPRESENTATIVES WERE ALSO INSTRUMENTAL IN INFORMING ACTIVITIES PLANNING AND SURVEY DISSEMINATION THROUGHOUT THE CHNA PROCESS. SOME COMMUNITY PARTNERS INVOLVED IN THIS CHNA PROCESS, INCLUDED BUT NOT LIMITED TO: BREAD RIOT, CABARRUS-ROWAN COMMUNITY HEALTH CENTERS, CAPSTONE RECOVERY, CATAWBA COLLEGE, CENTER FOR PREVENTION SERVICES, CITY OF SALISBURY, CITY OF SALISBURY PARKS AND RECREATION, COMMUNITIES IN SCHOOLS, COMMUNITY CARE CLINIC OF ROWAN COUNTY, DARI CALDWELL CONSULTING, GREGOREK & ASSOCIATES REALTY, GIRLS ON THE RUN, HORIZONS UNLIMITED, MAIN STREET MARKETPLACE AND MEETING PLACE, MEALS ON WHEELS, NC CARES360, NORTH CAROLINA STATE UNIVERSITY COOPERATIVE EXTENSION, NOVANT HEALTH ROWAN MEDICAL CENTER, ONE LOVE COMMUNITY PROGRAM, PREVENT CHILD ABUSE ROWAN, ROWAN-CABARRUS COMMUNITY COLLEGE, ROWAN-CABARRUS YMCA, ROWAN COUNTY CHAMBER OF COMMERCE, ROWAN COUNTY GOVERNMENT, ROWAN COUNTY HEALTH DEPARTMENT, ROWAN COUNTY DEPARTMENT OF SOCIAL SERVICES, ROWAN COUNTY UNITED WAY, ROWAN DAYMARK RECOVERY, ROWAN HELPING MINISTRIES, ROWAN-SALISBURY FARMER'S MARKET, ROWAN-SALISBURY SCHOOL SYSTEM, RUFTY-HOMES SENIOR CENTER, SALISBURY HOUSING AUTHORITY, SALISBURY POLICE DEPARTMENT, SALISBURY-ROWAN COMMUNITY ACTION AGENCY, SALISBURY-ROWAN RUNNERS CLUB, 26, SALISBURY VA MEDICAL CENTER, SMART START ROWAN, ST. JOHN'S LUTHERAN CHURCH, TRINITY OAKS, VAYA HEALTH, AND YOUTH SUBSTANCE USE PREVENTION ROWAN. THESE COMMUNITY PARTNERS SERVE A VARIETY OF INDIVIDUALS SPANNING ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGE, GENDER IDENTITY DEMOGRAPHICS WITH GEOGRAPHIC, PAYOR, OR FINANCIAL BARRIERS ACCESSING CARE. ADDITIONALLY, THESE COMMUNITY PARTNERS SERVE VARIOUS COMMUNITIES, REPRESENTING THE INTERESTS OF MANY COUNTY RESIDENTS, INCLUDING INDIVIDUALS WITH SUBSTANCE USE DISORDER DIAGNOSES, INDIVIDUALS WITH JUSTICE SYSTEM INTERACTIONS, CHILDREN FROM LOW-INCOME FAMILIES, LGBTQ+ COMMUNITY MEMBERS, CHILDREN EXPERIENCING ABUSE, HOMELESS AND HOUSING-INSECURE INDIVIDUALS, FOOD-INSECURE INDIVIDUALS, INDIVIDUALS IN NEED OF COUNTY SOCIAL SERVICES, AND LOW-INCOME SENIORS.

SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNA HERE:

[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/)

NOVANT HEALTH MATTHEWS MEDICAL CENTER, IN PARTNERSHIP WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT, UNION COUNTY HEALTH DEPARTMENT, AND OTHER COMMUNITY PARTNERS, CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. THE CHNA PROCESS INVOLVED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION, INCLUDING THE COMMUNITY HEALTH OPINION SURVEY, FOCUS GROUPS, AND VARIOUS LOCAL, STATE, AND FEDERAL DATA SOURCES. THE COMMUNITY HEALTH SURVEY WAS MADE AVAILABLE TO UNION COUNTY RESIDENTS FROM JANUARY 2022 TO APRIL 2022, AND TO MECKLENBURG COUNTY RESIDENTS FROM APRIL 2022 TO JULY 2022. THE SURVEY WAS AVAILABLE IN BOTH SPANISH AND ENGLISH. MANY FOCUS GROUP SESSIONS WERE HELD BETWEEN JANUARY 2022 AND APRIL 2022 CONSISTING OF A WIDE ARRAY OF COUNTY RESIDENTS VARYING IN DEMOGRAPHICS AND LOCATION, INCLUDED HOMELESS SHELTER RESIDENTS, LATINO COMMUNITY MEMBERS, A TEEN HEALTH SERVICES COALITION, THE AFRICAN AMERICAN FAITH COMMUNITY, AND OTHERS. MANY COMMUNITY PARTNERS WERE INSTRUMENTAL IN THIS CHNA PROCESS,

Part V Facility Information (continued)

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

INCLUDING BUT NOT LIMITED TO: ATRIUM HEALTH UNION, ATRIUM HEALTH PINEVILLE, ATRIUM HEALTH UNIVERSITY CITY, CAROLINAS CONTINUECARE HOSPITAL AT PINEVILLE, CAROLINAS MEDICAL CENTER/CENTER FOR MENTAL HEALTH, AND CAROLINAS REHABILITATION. THESE COMMUNITY PARTNERS SERVE VARIOUS COMMUNITIES, REPRESENTING THE INTERESTS OF MANY COUNTY RESIDENTS, INCLUDING INDIVIDUALS WHOSE COMMUNITIES ARE KNOWN TO HAVE DISPROPORTIONATELY HIGH HEALTH AND SOCIAL NEEDS, LOW HOUSEHOLD INCOME, LOWER LIFE EXPECTANCY, AND OFTEN CONSIST OF MAJORITY PERSONS OF COLOR. ALSO, THESE PARTNERS SERVE A VARIETY OF INDIVIDUALS ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGES, AND GENDER IDENTITY DEMOGRAPHICS.

SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNA HERE:

[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/)

NOVANT HEALTH MEDICAL PARK HOSPITAL, IN PARTNERSHIP WITH THE FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH, AND FORSYTH COUNTY COMMUNITY PARTNERS, CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. THIS CHNA PROCESS INCLUDED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION, USING THE COMMUNITY HEALTH OPINION SURVEY, AND VARIOUS LOCAL, STATE AND FEDERAL SOURCES, PRIMARILY THE US CENSUS BUREAU. THE CHNA SURVEY WAS DISTRIBUTED FROM JULY 2021 TO OCTOBER 2021 TO MORE THAN 300 NON-PROFIT COMMUNITY PARTNER AGENCIES AND AT REDUCED COST COMMUNITY CLINICS THROUGHOUT FORSYTH COUNTY. THE SURVEY WAS AVAILABLE IN BOTH SPANISH AND ENGLISH. FROM NOVEMBER 2021 TO FEBRUARY 2022, VIRTUAL COMMUNITY MEETINGS WERE CONDUCTED WITH COMMUNITY PARTNERS WITH PARTICIPATION FROM KEY COMMUNITY STAKEHOLDERS ON THE STEERING COMMITTEE, INCLUDING BUT NOT LIMITED TO: FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH, FORSYTH COUNTY SHERIFF'S OFFICE, UNION BAPTIST CHURCH, WINSTON-SALEM/FORSYTH COUNTY SCHOOLS, FORSYTH COUNTY EMERGENCY MEDICAL SERVICES, AND THE FORSYTH REGIONAL OPIOID & SUBSTANCE USE TEAM. THESE COMMUNITY PARTNERS SERVE VARIOUS COMMUNITIES, REPRESENTING THE INTERESTS OF MANY COUNTY RESIDENTS, INCLUDING MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY INDIVIDUALS, INDIVIDUALS WITH SUBSTANCE USE DISORDER DIAGNOSES, INDIVIDUALS WHO HAVE HAD INTERACTIONS WITH THE JUSTICE SYSTEM, AND INDIVIDUALS WITH GEOGRAPHIC OR FINANCIAL BARRIERS WITH ACCESSING PRIMARY CARE. ADDITIONAL COMMUNITY PARTNERS INVOLVED IN THE CHNA PROCESS ALSO SERVE INDIVIDUALS SPANNING ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGES, AND GENDER IDENTITY DEMOGRAPHICS.

SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNA HERE:

[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/)

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? 700

Name and address	Type of facility (describe)
1 NH SPORTS PERFORMANCE & REHAB 7210 VILLAGE MEDICAL CIR, STE 115 CLEMMONS, NC 27012-8004	PHYSICIAN CLINIC
2 CAROLINA IMAGING LLC OF FAYETTEVILLE 3628 CAPE CENTER DRIVE FAYETTEVILLE, NC 28304-4406	IMAGING CENTER
3 COASTAL DIAGNOSTIC IMAGING 3606 HENDERSON DRIVE JACKSONVILLE, NC 28546-5217	IMAGING CENTER
4 CORELIFE NOVANT HEALTH - ARDMORE 2810 MAPLEWOOD AVE WINSTON-SALEM, NC 27103-4138	PHYSICIAN CLINIC
5 CORELIFE NOVANT HEALTH - BALLANTYNE 15015 LANCASTER HWY, STE 200 CHARLOTTE, NC 28277-2010	PHYSICIAN CLINIC
6 CORELIFE NOVANT HEALTH - HEWITT 18 OAK BRANCH DR, STE C GREENSBORO, NC 27407-2444	PHYSICIAN CLINIC
7 CORELIFE NOVANT HEALTH-HIGHLAND OAKS 730 HIGHLAND OAKS DR WINSTON-SALEM, NC 27103-7154	PHYSICIAN CLINIC
8 CORELIFE NOVANT HEALTH - HUNTERS VILL 9930 KINCEY AVE, STE 130 HUNTERSVILLE, NC 28078-6541	PHYSICIAN CLINIC
9 CORELIFE NOVANT HEALTH - MATTHEWS 855 SAM NEWELL RD, STE 204 MATTHEWS, NC 28105-7594	PHYSICIAN CLINIC
10 CORELIFE NOVANT HEALTH - PINEVILLE 9101 PINEVILLE-MATTHEWS RD, STE C4 PINEVILLE, NC 28134-8840	PHYSICIAN CLINIC

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
11 CORELIFE NOVANT HEALTH - SALISBURY 501 N MAIN ST SALISBURY, NC 28144-4303	PHYSICIAN CLINIC
12 CORELIFE NOVANT HEALTH - THOMASVILLE 6329 UNITY ST, STE A THOMASVILLE, NC 27360-7186	PHYSICIAN CLINIC
13 CORELIFE NOVANT HEALTH - VILLAGE PT 6371 JESSIE LN CLEMMONS, NC 27012-9887	PHYSICIAN CLINIC
14 DURHAM DIAGNOSTIC IMAGING 4323 BEN FRANKLIN BLVD. DURHAM, NC 27704-2177	IMAGING CENTER
15 DURHAM DIAGNOSTIC IMAGING 5107 SOUTH PARK DRIVE DURHAM, NC 27713-8400	IMAGING CENTER
16 EAST COOPER BREAST AND GENERAL SURGE 1625 HOSPITAL DR, STE 370 MOUNT PLEASANT, SC 29464-5293	AMBULATORY SURGERY CENTER
17 HIGH POINT UNIVERSITY STUDENT HEALTH 1300 N UNIVERSITY PKWY HIGH POINT, NC 27262-3456	PHYSICIAN CLINIC
18 MATTHEWS WELLNESS CENTER 1401 MATTHEWS TWP PRKWY, STE 314 MATTHEWS, NC 28205-5403	PHYSICIAN CLINIC
19 MOVEMENT FAMILY WELLNESS CENTER 2225 FREEDOM DR CHARLOTTE, NC 28208-1000	WELLNESS CENTER
20 NEW HANOVER MEDICAL GROUP - JACKSONV 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 700

Name and address	Type of facility (describe)
21 NEW HANOVER REGIONAL MED CTR INFUSIO 505 EAST SATCHWELL BURGAW, NC 28425-5131	PHYSICIAN CLINIC
22 NHMG OCCUPATIONAL MEDICINE CLINICS 9600 E INDEPENDENCE BLVD MATTHEWS, NC 28105-4628	PHYSICIAN CLINIC
23 NHMGCR REHABILITATION 2710 MARKET ST WILMINGTON, NC 28403-1218	PHYSICIAN CLINIC
24 NHRMC CARE TEAM 801 S WALKER ST BURGAW, NC 28425-5001	PHYSICIAN CLINIC
25 NHRMC PHY SPECIALISTS - MAXILLOFACIA 2259 S 17TH ST WILMINGTON, NC 28401-7542	AMBULATORY SURGERY CENTER
26 NHRMC WOUND CARE CLINIC 2221 S 17TH ST WILMINGTON, NC 28401-7542	PHYSICIAN CLINIC
27 NH ACUTE CARE SURGEONS - POST-OP CLI 2915 LYNDHURST AVE WINSTON-SALEM, NC 27103-4005	AMBULATORY SURGERY CENTER
28 NH ADULT PRIMARY CARE HARPER HILL 4937 OLD COUNTRY CLUB RD WINSTON-SALEM, NC 27104-5071	PHYSICIAN CLINIC
29 NH ADULT PRIMARY CARE PETERS CREEK 5038 PETERS CREEK PKWY, STE 150 WINSTON-SALEM, NC 27127-7172	PHYSICIAN CLINIC
30 NH ADULT PRIMARY CARE WAUGHTOWN 652 E MONMOUTH ST WINSTON-SALEM, NC 27107-3227	PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 700

Name and address	Type of facility (describe)
31 NH APPEL & WORMER PLASTIC SURGERY 1901 BRUNSWICK AVE, STE 200 CHARLOTTE, NC 28207-1897	AMBULATORY SURGERY CENTER
32 NH ARBOR PEDIATRICS 2927 LYNDHURST AVE WINSTON-SALEM, NC 27103-4005	PHYSICIAN CLINIC
33 NH ARBORETUM FAMILY & SPORTS MEDICIN 7903 PROVIDENCE RD, STE 100 CHARLOTTE, NC 28277-9763	PHYSICIAN CLINIC
34 NH ARBORETUM PEDIATRICS 51 3129 SPRINGBANK LANE, STE 100 CHARLOTTE, NC 28226-3379	PHYSICIAN CLINIC
35 NH AUDIOLOGY - SOUTHPARK 6324 FAIRVIEW RD, STE 202 CHARLOTTE, NC 28210-3361	PHYSICIAN CLINIC
36 NH AUSTIN VILLAGE FAMILY MEDICINE 4105 MATTHEWS MINT HILL RD MATTHEWS, NC 28105-3633	PHYSICIAN CLINIC
37 NH BALLANTYNE FAMILY & SPORTS MEDICI 15033 BALLANCROFT PKWY, STE 200 CHARLOTTE, NC 28277-4959	PHYSICIAN CLINIC
38 NH BALLANTYNE MEDICAL GROUP 15825 BALLANTYNE MEDICAL PL, STE 200 CHARLOTTE, NC 28277-3147	PHYSICIAN CLINIC
39 NH BALLANTYNE OUTPATIENT SURGERY 14215 BALLANTYNE CORP PL, STE 210 CHARLOTTE, NC 28277-3873	AMBULATORY SURGERY CENTER
40 NH BALLANTYNE PEDIATRICS 14215 BALLANTYNE CORP PL, STE 130 CHARLOTTE, NC 28277-3671	PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 700

Name and address	Type of facility (describe)
41 NH BARIATRIC SOLUTIONS - BALLANTYNE 14215 BALLANTYNE CORP PL, STE 240 CHARLOTTE, NC 28277-3875	PHYSICIAN CLINIC
42 NH BARIATRIC SOLUTIONS - ELIZABETH 325 HAWTHORNE LN, STE 100 CHARLOTTE, NC 28204-2536	PHYSICIAN CLINIC
43 NH BARIATRIC SOLUTIONS - GREENSBORO 3515 W MARKET ST, STE 310 GREENSBORO, NC 27403-4442	PHYSICIAN CLINIC
44 NH BARIATRIC SOLUTIONS - HUNTERS VILL 16525 HOLLY CREST LN, STE 210 & 120 HUNTERSVILLE, NC 28078-4912	PHYSICIAN CLINIC
45 NH BARIATRIC SOLUTIONS - KERNERSVILL 1730 KERNERSVILLE MED PKWY, STE 101 KERNERSVILLE, NC 27284-7198	PHYSICIAN CLINIC
46 NH BARIATRIC SOLUTIONS - MATTHEWS 1450 MATTHEWS TOWNSHIP PKWY, STE 110 MATTHEWS, NC 28105-2388	PHYSICIAN CLINIC
47 NH BARIATRIC SOLUTIONS - RURAL HALL 648 ALMONDRIDGE DR RURAL HALL, NC 27045-9887	PHYSICIAN CLINIC
48 NH BARIATRIC SOLUTIONS - SALISBURY 1910 JAKE ALEXANDER BLVD W, STE 201 SALISBURY, NC 28147-1165	PHYSICIAN CLINIC
49 NH BARIATRIC SOLUTIONS - STEELECROFT 13557 STEELECROFT PKWY, STE 2200 CHARLOTTE, NC 28278-7559	PHYSICIAN CLINIC
50 NH BLAKENEY FAMILY PHYSICIANS 5815 BLAKENEY PARK DR, STE 200B CHARLOTTE, NC 28277-5731	PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 700

Name and address	Type of facility (describe)
51 NH BRADFORD CLINIC OB/GYN - BALLANTY 12611 N COMMUNITY HOUSE RD, STE 200 CHARLOTTE, NC 28277-3597	PHYSICIAN CLINIC
52 NH BRADFORD CLINIC OB/GYN - ELIZABET 325 HAWTHORNE LN, STE 200 CHARLOTTE, NC 28204-2433	PHYSICIAN CLINIC
53 NH BRADFORD CLINIC OB/GYN - MATTHEWS 1450 MATTHEWS TOWNSHIP PKWY, STE 200 MATTHEWS, NC 28105-2388	PHYSICIAN CLINIC
54 NH BRAIN & SPINE SURGERY - BALLANTYN 7825 BALLANTYNE CMNS PKWY, STE 150 CHARLOTTE, NC 28277-3175	AMBULATORY SURGERY CENTER
55 NH BRAIN & SPINE SURGERY - BERMUDA R 152 E KINDERTON WAY, STE 101 BERMUDA RUN, NC 27006-7351	AMBULATORY SURGERY CENTER
56 NH BRAIN & SPINE SURGERY - CONCORD 311 CODDLE MARKET DR NW, STE 200 CONCORD, NC 28027-2432	AMBULATORY SURGERY CENTER
57 NH BRAIN & SPINE SURGERY - COTSWOLD 330 BILLINGSLEY RD, STE 202 CHARLOTTE, NC 28211-5020	AMBULATORY SURGERY CENTER
58 NH BRAIN & SPINE SURGERY - GREENSBOR 3515 W MARKET ST, STE 210 GREENSBORO, NC 27403-4442	AMBULATORY SURGERY CENTER
59 NH BRAIN & SPINE SURGERY - HIGH POIN 1226 EASTCHESTER DR, STE 200 HIGH POINT, NC 27265-3116	AMBULATORY SURGERY CENTER
60 NH BRAIN & SPINE SURGERY - HUNTERSVI 10305 HAMPTONS PARK DR, STE 101 HUNTERSVILLE, NC 28078-7217	AMBULATORY SURGERY CENTER

Schedule H (Form 990) 2024

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? 700

Name and address	Type of facility (describe)
61 NH BRAIN & SPINE SURGERY - KERNERSVI 1730 KERNERSVILLE MED PKWY, STE 204 KERNERSVILLE, NC 27284-7198	AMBULATORY SURGERY CENTER
62 NH BRAIN & SPINE SURGERY - KIMEL PAR 190 KIMEL PARK DR, STE 155 WINSTON-SALEM, NC 27103-6946	AMBULATORY SURGERY CENTER
63 NH BRAIN & SPINE SURGERY - MINT HILL 8201 HEALTHCARE LOOP, STE 201 CHARLOTTE, NC 28215-7072	AMBULATORY SURGERY CENTER
64 NH BRAIN & SPINE SURGERY - MT AIRY 865 WESTLAKE DR, STE 200 MOUNT AIRY, NC 27030-2135	AMBULATORY SURGERY CENTER
65 NH BREAST IMAGING CENTER LANGTREE 106 LANGTREE VILLAGE DR., SUITE 201 MOORESVILLE, NC 28117	IMAGING CENTER
66 NH BREAST SURGERY - ARDMORE 2825 LYNDHURST AVE, STE 101 WINSTON-SALEM, NC 27103-4146	AMBULATORY SURGERY CENTER
67 NH BREAST SURGERY - KERNERSVILLE 1710 KERNERSVILLE MED PKWY, STE 202 KERNERSVILLE, NC 27284-7156	AMBULATORY SURGERY CENTER
68 NH BREASTFEEDING - SOUTHPARK 6324 FAIRVIEW RD, STE 435 CHARLOTTE, NC 28210-4278	PHYSICIAN CLINIC
69 NH BRUNSWICK ENDOSCOPY 13 MEDICAL CAMPUS DRIVE, SUITE 101 SUPPLY, NC 28462	ENDOSCOPY CENTER
70 NH BRUNSWICK FOREST MEDICAL PLAZA 1333 SOUTH DICKINSON DRIVE LELAND, NC 28451	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
71 NH BRUNSWICK OB/GYN & MIDWIFERY 584 HOSPITAL DR NE, UNIT B BOLIVIA, NC 28422-0020	PHYSICIAN CLINIC
72 NH BRUNSWICK OB/GYN & MIDWIFERY 75 EMERSON BAY RD, STE 104 CAROLINA SHORES, NC 28467-2498	PHYSICIAN CLINIC
73 NH BRUNSWICK OB/GYN & MIDWIFERY 509 OLDE WATERFORD WAY, STE 200 LELAND, NC 28451-4126	PHYSICIAN CLINIC
74 NH BRUNSWICK OB/GYN & MIDWIFERY 1456 N HOWE ST, STE 201 SOUTHPORT, NC 28461-2674	PHYSICIAN CLINIC
75 NH CANCER CENTER 631 MOCKSVILLE AVENUE SALISBURY, NC 28144-3325	CANCER CENTER
76 NH CANCER INSTITUTE - ARDMORE 2825 LYNDHURST AVE, STE 101 WINSTON-SALEM, NC 27103-4146	CANCER CENTER
77 NH CANCER INSTITUTE - BRUNSWICK FORE 1333 S DICKINSON DR, STE 200 LELAND, NC 28451-6430	CANCER CENTER
78 NH CANCER INSTITUTE DOCTORS CIRCLE 1415 MEDICAL CENTER DRIVE WILMINGTON, NC 28401	CANCER CENTER
79 NH CANCER INSTITUTE - FORSYTH 1010 BETHESDA CT WINSTON-SALEM, NC 27103-3019	CANCER CENTER
80 NH CANCER INSTITUTE - FORSYTH 1010 BETHESDA CT WINSTON-SALEM, NC 27103-3019	CANCER CENTER

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
81 NH CANCER INSTITUTE - FORSYTH 1010 BETHESDA CT WINSTON-SALEM, NC 27103-3019	CANCER CENTER
82 NH CANCER INSTITUTE - GASTONIA 885 SUMMIT CROSSING PL GASTONIA, NC 28054-2193	CANCER CENTER
83 NH CANCER INSTITUTE - GREENSBORO 3515 W MARKET ST, STE 300 GREENSBORO, NC 27403-4442	CANCER CENTER
84 NH CANCER INSTITUTE - GREENSBORO 3515 W MARKET ST, STE 300 GREENSBORO, NC 27403-4442	CANCER CENTER
85 NH CANCER INSTITUTE - JACKSONVILLE 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	CANCER CENTER
86 NH CANCER INSTITUTE - KERNERSVILLE 1710 KERNERSVILLE MED PKWY, STE 116 KERNERSVILLE, NC 27284-7156	CANCER CENTER
87 NH CANCER INSTITUTE - KIMEL PARK 190 KIMEL PARK DR, STE 125 WINSTON-SALEM, NC 27103-6946	CANCER CENTER
88 NH CANCER INSTITUTE - MINT HILL 8201 HEALTHCARE LOOP, STE 201 CHARLOTTE, NC 28215-7072	CANCER CENTER
89 NH CANCER INSTITUTE - ROWAN 631 MOCKSVILLE AVE, STE 1020 SALISBURY, NC 28144-2731	CANCER CENTER
90 NH CANCER INSTITUTE - STATESVILLE 276 OLD MOCKSVILLE RD, STE 800 STATESVILLE, NC 28625-1952	CANCER CENTER

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
91 NH CANCER INSTITUTE - THOMASVILLE 1213 LEXINGTON AVE, STE B THOMASVILLE, NC 27360-3416	CANCER CENTER
92 NH CANCER INSTITUTE - WILKESBORO 1919 WEST PARK DR NORTH WILKESBORO, NC 28659-3564	CANCER CENTER
93 NH CARDIOLOGY - ELKIN 189 SAMARITANS RIDGE RD ELKIN, NC 28621-2472	PHYSICIAN CLINIC
94 NH CARDIOLOGY - GREENSBORO 3515 W MARKET ST, STE 110 GREENSBORO, NC 27403-4439	PHYSICIAN CLINIC
95 NH CARDIOLOGY - LEXINGTON 144 FOREST HILL RD, STE 144 & 146 LEXINGTON, NC 27295-2008	PHYSICIAN CLINIC
96 NH CARDIOLOGY - THOMASVILLE 211 OLD LEXINGTON RD THOMASVILLE, NC 27360-3428	PHYSICIAN CLINIC
97 NH CARDIOTHORACIC SURGEONS 4622 COUNTRY CLUB RD, STE 180 WINSTON-SALEM, NC 27104-3770	PHYSICIAN CLINIC
98 NH CARMEL OB/GYN - ARBORETUM 3129 SPRINGBANK LANE, STE 100 CHARLOTTE, NC 28226-3379	PHYSICIAN CLINIC
99 NH CARMEL OB/GYN - BLAKENEY 5933 BLAKENEY PARK DR, STE 100 CHARLOTTE, NC 28277-5713	PHYSICIAN CLINIC
100 NH CARMEL OB/GYN - MONROE 2000 WELLNESS BLVD, STE 120 MONROE, NC 28110-3354	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
101 NH CARMEL OB-GYN - WESLEY CHAPEL 6488 WEDDINGTON MONROE RD WESLEY CHAPEL, NC 28104-7948	PHYSICIAN CLINIC
102 NH CAROLINA FAMILY PHYSICIANS 7110 LAWYERS RD MINT HILL, NC 28227-3906	PHYSICIAN CLINIC
103 NH CAROLINA SURGICAL - MATTHEWS 1450 MATTHEWS TOWNSHIP PKWY, STE 230 MATTHEWS, NC 28105-2388	PHYSICIAN CLINIC
104 NH CAROLINA SURGICAL - RANDOLPH 2104 RANDOLPH RD CHARLOTTE, NC 28207-1522	PHYSICIAN CLINIC
105 NH CAROLINA WOMEN'S HEALTH ASSOCIATE 1955 S US 29 HWY CHINA GROVE, NC 28023-5684	PHYSICIAN CLINIC
106 NH CAROLINA WOMEN'S HEALTH ASSOCIATE 911 WEST HENDERSON ST, STE 300 SALISBURY, NC 28144-2700	PHYSICIAN CLINIC
107 NH CHARLOTTE COLON & RECTAL SURGERY 9930 KINCEY AVE, STE 210 HUNTERSVILLE, NC 28078-6541	AMBULATORY SURGERY CENTER
108 NH CHARLOTTE COLON & RECTAL SURGERY 1450 MATTHEWS TOWNSHIP PKWY, STE 230 MATTHEWS, NC 28105-2388	AMBULATORY SURGERY CENTER
109 NH CHARLOTTE COLON & RECTAL SURGERY 1718 EAST 4TH ST, STE 307 CHARLOTTE, NC 28204-3283	AMBULATORY SURGERY CENTER
110 NH CHILD & ADOLESCENT MEDICAL GROUP 1994 WELLNESS BLVD, STE 110 MONROE, NC 28110-7768	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
111 NH CHILD & ADOLESCENT MEDICAL GROUP 3614 PROVIDENCE RD SOUTH, STE 101 WAXHAW, NC 28173-6309	PHYSICIAN CLINIC
112 NH CHILD & ADOLESCENT MEDICAL GROUP 6488 WEDDINGTON MONROE RD WESLEY CHAPEL, NC 28104-7948	PHYSICIAN CLINIC
113 NH CHILD & ADOLESCENT PSYCHIATRIC ME 140 KIMEL PARK DR, STE 101 WINSTON-SALEM, NC 27103-6185	PHYSICIAN CLINIC
114 NH CITY LAKE OB/GYN - LEXINGTON 108 W MEDICAL PARK DR LEXINGTON, NC 27292-6773	PHYSICIAN CLINIC
115 NH CITY LAKE OB/GYN - THOMASVILLE 1302 LEXINGTON AVE THOMASVILLE, NC 27360-3419	PHYSICIAN CLINIC
116 NH COASTAL OB/GYN - SHIPYARD 2150 SHIPYARD BLVD WILMINGTON, NC 28403-8052	PHYSICIAN CLINIC
117 NH COASTAL OB/GYN & MIDWIFERY 2221 S 17TH ST WILMINGTON, NC 28401-7542	PHYSICIAN CLINIC
118 NH COASTAL PLASTIC SURGERY 1456 N HOWE ST, STE 201 SOUTHPORT, NC 28461-2674	AMBULATORY SURGERY CENTER
119 NH COLON & RECTAL CLINIC - CLEMMONS 7210 VILLAGE MEDICAL CIR, STE 310 CLEMMONS, NC 27012-8029	PHYSICIAN CLINIC
120 NH COTSWOLD MEDICAL CLINIC 200 GREENWICH RD CHARLOTTE, NC 28211-2316	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
121 NH COTTON GROVE FAMILY MEDICINE 1926 COTTON GROVE RD LEXINGTON, NC 27292-5722	PHYSICIAN CLINIC
122 NH CROWN POINT FAMILY PHYSICIANS 9101 MONROE RD, STE 155 CHARLOTTE, NC 28270-2467	PHYSICIAN CLINIC
123 NH DAVIDSON UROLOGY - LEXINGTON 106 W MEDICAL PARK DR, STE A LEXINGTON, NC 27292-6854	PHYSICIAN CLINIC
124 NH DAVIDSON UROLOGY - THOMASVILLE 1219 LEXINGTON AVE, STE D THOMASVILLE, NC 27360-2784	PHYSICIAN CLINIC
125 NH DERMATOLOGY ASSOCIATES - MATTHEWS 1450 MATTHEWS TOWNSHIP PKWY, STE 355 MATTHEWS, NC 28105-4300	PHYSICIAN CLINIC
126 NH DEVELOPMENTAL & BEHAVIORAL PEDS 2711 RANDOLPH RD, STE 100 CHARLOTTE, NC 28207-2027	PHYSICIAN CLINIC
127 NH DIABETES & NUTRITION - FREEDOM DR 2225 FREEDOM DR CHARLOTTE, NC 28208-4040	PHYSICIAN CLINIC
128 NH DIABETES & NUTRITION - SHOREFAIR 114 W 30TH ST, STE 800 WINSTON-SALEM, NC 27105-4269	PHYSICIAN CLINIC
129 NH DIABETES & NUTRITION - WESTGATE 1400 WESTGATE CENTER DR, STE 110 WINSTON-SALEM, NC 27103-3104	PHYSICIAN CLINIC
130 NH DIABETES MANAGEMENT 1400 WESTGATE CENTER DR, STE 130 WINSTON-SALEM, NC 27103-3104	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
131 NH DIABETES MANAGEMENT - SHOREFAIR 114 W 30TH ST, STE 800 WINSTON-SALEM, NC 27105-4269	PHYSICIAN CLINIC
132 NH DIGITAL CARE GROUP 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103-5614	PHYSICIAN CLINIC
133 NH DIGITAL CARE GROUP - VIRGINIA 405 E LABURNUM AVE, STE 3 RICHMOND, VA 23222-2120	PHYSICIAN CLINIC
134 NH DILWORTH PEDIATRICS 1315 EAST BLVD, STE 280 CHARLOTTE, NC 28203-5793	PHYSICIAN CLINIC
135 NH EASTOVER PEDIATRICS 517 S SHARON AMITY RD CHARLOTTE, NC 28211-2975	PHYSICIAN CLINIC
136 NH ELIZABETH PEDIATRICS 2630 E 7TH ST, STE 101 CHARLOTTE, NC 28204-4319	PHYSICIAN CLINIC
137 NH ENDOCRINOLOGY - BROOKDALE 13460 PLAZA ROAD EXT, STE 100 CHARLOTTE, NC 28215-8923	PHYSICIAN CLINIC
138 NH ENDOCRINOLOGY - HUNTERSVILLE 9920 KINCEY AVE, STE 120 HUNTERSVILLE, NC 28078-2401	PHYSICIAN CLINIC
139 NH ENDOCRINOLOGY - RANDOLPH 1918 RANDOLPH RD, STE 220 CHARLOTTE, NC 28207-1109	PHYSICIAN CLINIC
140 NH ENDOCRINOLOGY - SHALLOTTE 512 VILLAGE RD, STE 207 SHALLOTTE, NC 28470-3420	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
141 NH EXPRESS AT WALGREENS - HANES 1712 S STRATFORD RD WINSTON-SALEM, NC 27103-2926	PHYSICIAN CLINIC
142 NH EXPRESS AT WALGREENS - LELAND 319 VILLAGE RD NE LELAND, NC 28451-7417	PHYSICIAN CLINIC
143 NH EXPRESS AT WALGREENS - SOUTHPARK 6231 FAIRVIEW RD CHARLOTTE, NC 28210-3262	PHYSICIAN CLINIC
144 NH FAMILY & INTERNAL MEDICINE SOUTH 75 EMERSON BAY RD, STE 102 CAROLINA SHORES, NC 28467-2498	PHYSICIAN CLINIC
145 NH FAMILY MEDICINE GASTONIA 885 SUMMIT CROSSING PLACE GASTONIA, NC 28054-2193	PHYSICIAN CLINIC
146 NH FAMILY MEDICINE PINE FOREST 2950 PINE PLANTATION PKWY OAK ISLAND, NC 28461-0119	PHYSICIAN CLINIC
147 NH FAMILY MEDICINE RESIDENCY CLINIC 19485 OLD JETTON RD, STE 100 CORNELIUS, NC 28031-6583	PHYSICIAN CLINIC
148 NH FAMILY MEDICINE ROCKY POINT 7910 US HWY 117 S, UNIT 120 ROCKY POINT, NC 28457-7409	PHYSICIAN CLINIC
149 NH FAMILY MEDICINE SHOREFAIR 114 W 30TH ST, STE 800 WINSTON-SALEM, NC 27105-4269	PHYSICIAN CLINIC
150 NH FAMILY MEDICINE WILMINGTON 2523 DELANEY AVE WILMINGTON, NC 28403-6003	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
151 NH FAMILY MEDICINE WRIGHTSVILLE BEAC 1721 ALLENS LN, STE 100 WILMINGTON, NC 28403-3662	PHYSICIAN CLINIC
152 NH FIRST CHARLOTTE PHYSICIANS ELIZAB 1942 E 7TH ST, STE 200 CHARLOTTE, NC 28204-2418	PHYSICIAN CLINIC
153 NH FIRST CHARLOTTE PHYSICIANS MATTHE 1401 MATTHEWS TOWNSHIP PKWY, STE 200 MATTHEWS, NC 28105-5403	PHYSICIAN CLINIC
154 NH FOOT AND ANKLE - WESTGATE 3641 WESTGATE CENTER CIR, STE A WINSTON-SALEM, NC 27103-2936	PHYSICIAN CLINIC
155 NH FORSYTH PEDIATRICS - KERNERSVILLE 240 BROAD ST KERNERSVILLE, NC 27284-2930	PHYSICIAN CLINIC
156 NH FORSYTH PEDIATRICS - OAK RIDGE 2205 OAK RIDGE RD, STE BB OAK RIDGE, NC 27310-8728	PHYSICIAN CLINIC
157 NH FORSYTH PEDIATRICS - SUMMERFIELD 4901 AUBURN RD SUMMERFIELD, NC 27358-9233	PHYSICIAN CLINIC
158 NH FORSYTH PEDIATRICS - UNION CROSS 1471 JAG BRANCH BLVD, UNIT 101 KERNERSVILLE, NC 27284-6963	PHYSICIAN CLINIC
159 NH FORSYTH PEDIATRICS - WALKERTOWN 3431 WALKERTOWN COMMONS DR WALKERTOWN, NC 27051-9152	PHYSICIAN CLINIC
160 NH FORSYTH PEDIATRICS - WESTGATE 1351 WESTGATE CENTER DR WINSTON-SALEM, NC 27103-2934	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
161 NH FRIEDBERG FAMILY MEDICINE 5010 PETERS CREEK PKWY WINSTON-SALEM, NC 27127-7276	PHYSICIAN CLINIC
162 NH FULTON HEIGHTS FAMILY MEDICINE 860 JAKE ALEXANDER BLVD W SALISBURY, NC 28147-1220	PHYSICIAN CLINIC
163 NH GASTROENTEROLOGY - BRUNSWICK 13 MEDICAL CAMPUS DR NW, STE 102 SUPPLY, NC 28462-4093	PHYSICIAN CLINIC
164 NH GASTROENTEROLOGY - BRUNSWICK FORE 1333 S DICKINSON DR, UNIT 230 LELAND, NC 28451-6434	PHYSICIAN CLINIC
165 NH GASTROENTEROLOGY - OGDEN 7420 MARKET ST WILMINGTON, NC 28411-9453	PHYSICIAN CLINIC
166 NH GASTROENTEROLOGY - WILMINGTON 1520 PHYSICIANS DR WILMINGTON, NC 28401-7356	PHYSICIAN CLINIC
167 NH GATEWAY FAMILY MEDICINE 390 W SALEM AVE WINSTON-SALEM, NC 27101-5861	PHYSICIAN CLINIC
168 NH GENERAL SURGERY - JACKSONVILLE 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	AMBULATORY SURGERY CENTER
169 NH GENERAL SURGERY - NEW HANOVER 1726 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403-5344	AMBULATORY SURGERY CENTER
170 NH GENERAL SURGERY - NEW HANOVER 2221 S 17TH ST WILMINGTON, NC 28401-7542	AMBULATORY SURGERY CENTER

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
171 NH GENERAL SURGERY & BARIATRICS 1726 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403-5344	AMBULATORY SURGERY CENTER
172 NH GENERAL SURGERY AND BARIATRICS 7 S ALLIANCE DR, STE 111B GOOSE CREEK, SC 29445-7296	AMBULATORY SURGERY CENTER
173 NH GILEAD ROAD PEDIATRICS & INTERNAL 9615 KINCEY AVE, STE 100 HUNTERSVILLE, NC 28078-9140	PHYSICIAN CLINIC
174 NH GLEN MEADE OB/GYN - AUTUMN HALL 510 CAROLINA BAY DR, STE 100 WILMINGTON, NC 28403-2046	PHYSICIAN CLINIC
175 NH GLEN MEADE OB/GYN - BRUNSWICK FOR 1333 S DICKINSON DR, UNIT 230 LELAND, NC 28451-6434	PHYSICIAN CLINIC
176 NH GLEN MEADE OB/GYN - WILMINGTON 1809 GLEN MEADE RD WILMINGTON, NC 28403-6022	PHYSICIAN CLINIC
177 NH GOHEALTH NORTH ASHEVILLE PRIMARY 674 MERRIMON AVE, STE 105B ASHEVILLE, NC 28804-3587	PHYSICIAN CLINIC
178 NH GOHEALTH URGENT CARE 8036 PROVIDENCE RD, STE 100 CHARLOTTE, NC 28277-0257	PHYSICIAN CLINIC
179 NH GOHEALTH URGENT CARE 15235 JOHN J DELANEY DR, STE B CHARLOTTE, NC 28277-2846	PHYSICIAN CLINIC
180 NH GOHEALTH URGENT CARE 4815 BEREWICK TOWN CTR DR, STE C&D CHARLOTTE, NC 28278-6973	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
181 NH GOHEALTH URGENT CARE 201 NC HWY 9 BLACK MOUNTAIN, NC 28711-3426	PHYSICIAN CLINIC
182 NH GOHEALTH URGENT CARE 3163 GAMMON LN CLEMMONS, NC 27012-9052	PHYSICIAN CLINIC
183 NH GOHEALTH URGENT CARE 17078 NAT BYNUM LN, UNIT 3 CORNELIUS, NC 28031-0507	PHYSICIAN CLINIC
184 NH GOHEALTH URGENT CARE 114 S SHARON AMITY RD CHARLOTTE, NC 28211	PHYSICIAN CLINIC
185 NH GOHEALTH URGENT CARE 2635 LAWDALE DR GREENSBORO, NC 27408-4802	PHYSICIAN CLINIC
186 NH GOHEALTH URGENT CARE 105 HANES SQUARE CIR WINSTON-SALEM, NC 27103-5514	PHYSICIAN CLINIC
187 NH GOHEALTH URGENT CARE 9550 ROCKY RIVER RD, STE 150 CHARLOTTE, NC 28215-9592	PHYSICIAN CLINIC
188 NH GOHEALTH URGENT CARE 5870 SAMET DR HIGH POINT, NC 27265-3646	PHYSICIAN CLINIC
189 NH GOHEALTH URGENT CARE 9121 SAM FURR RD, STE 108 HUNTERSVILLE, NC 28078-8235	PHYSICIAN CLINIC
190 NH GOHEALTH URGENT CARE 1600 HIGHWOODS BLVD GREENSBORO, NC 27410-2048	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
191 NH GOHEALTH URGENT CARE 794 S MAIN ST, STE B KERNERSVILLE, NC 27284-4074	PHYSICIAN CLINIC
192 NH GOHEALTH URGENT CARE 349 NEW LEICESTER HWY ASHEVILLE, NC 28806-2046	PHYSICIAN CLINIC
193 NH GOHEALTH URGENT CARE 1977 COTTON GROVE RD LEXINGTON, NC 27292-5721	PHYSICIAN CLINIC
194 NH GOHEALTH URGENT CARE 9600 E INDEPENDENCE BLVD, STE B MATTHEWS, NC 28105-4628	PHYSICIAN CLINIC
195 NH GOHEALTH URGENT CARE 445 S KINGS DR CHARLOTTE, NC 28204-3041	PHYSICIAN CLINIC
196 NH GOHEALTH URGENT CARE 11300 CRESTHILL DR, STE 120 MINT HILL, NC 28227-7924	PHYSICIAN CLINIC
197 NH GOHEALTH URGENT CARE 179 WILLIAMSON RD MOORESVILLE, NC 28117-6831	PHYSICIAN CLINIC
198 NH GOHEALTH URGENT CARE 3836 CORNING PL CHARLOTTE, NC 28216-1224	PHYSICIAN CLINIC
199 NH GOHEALTH URGENT CARE 674 MERRIMON AVE, STE 101 ASHEVILLE, NC 28804-3586	PHYSICIAN CLINIC
200 NH GOHEALTH URGENT CARE 4304 PARK RD CHARLOTTE, NC 28209-2271	PHYSICIAN CLINIC

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
201 NH GOHEALTH URGENT CARE 5303 POPLAR TENT RD, STE 90 CONCORD, NC 28027-9720	PHYSICIAN CLINIC
202 NH GOHEALTH URGENT CARE 8450 PARK RD CHARLOTTE, NC 28210-5801	PHYSICIAN CLINIC
203 NH GOHEALTH URGENT CARE 910 E INNES ST SALISBURY, NC 28144-4638	PHYSICIAN CLINIC
204 NH GOHEALTH URGENT CARE 2452 FAIRLAWN CT WINSTON-SALEM, NC 27106-3884	PHYSICIAN CLINIC
205 NH GOHEALTH URGENT CARE 13129 S TRYON ST, STE 120 CHARLOTTE, NC 28278-7915	PHYSICIAN CLINIC
206 NH GOHEALTH URGENT CARE 1122 RANDOLPH ST, STE 110 THOMASVILLE, NC 27360-5730	PHYSICIAN CLINIC
207 NH GOHEALTH URGENT CARE 11840 SOUTHMORE DR, STE 100 CHARLOTTE, NC 28277-4821	PHYSICIAN CLINIC
208 NH GOHEALTH URGENT CARE 1530 PROVIDENCE RD S WAXHAW, NC 28173-8313	PHYSICIAN CLINIC
209 NH GOHEALTH URGENT CARE 50 MILLER ST, STE C WINSTON-SALEM, NC 27104-4206	PHYSICIAN CLINIC
210 NH HALLMARK CARE 4500 CAMERON VALLEY PKWY, STE 100 CHARLOTTE, NC 28211-3542	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
211 NH HARBOR POINTE OB/GYN - DENVER 269 GILLMAN RD, STE 100 DENVER, NC 28037-7923	PHYSICIAN CLINIC
212 NH HARBOR POINTE OB/GYN - HUNTERSVIL 14330 OAKHILL PARK LN, STE 200 HUNTERSVILLE, NC 28078-3407	PHYSICIAN CLINIC
213 NH HARBOR POINTE OB/GYN - LANGTREE 106 LANGTREE VILLAGE DR, STE 200 MOORESVILLE, NC 28117-7571	PHYSICIAN CLINIC
214 NH HARBOR POINTE OB/GYN - POPLAR TEN 9955 POPLAR TENT RD CONCORD, NC 28027-9304	PHYSICIAN CLINIC
215 NH HARRISBURG FAMILY MEDICINE 6555 KEE LN, STE 200 HARRISBURG, NC 28075-7463	PHYSICIAN CLINIC
216 NH HEART & VASCULAR 1415 PHYSICIANS DRIVE WILMINGTON, NC 28401	PHYSICIAN CLINIC
217 NH HEART & VASCULAR INSTITUTE 1401 MATTHEWS TWP PKWY, STE 212 & 31 MATTHEWS, NC 28105-5403	PHYSICIAN CLINIC
218 NH HEART & VASCULAR INSTITUTE 15830 BALLANTYNE MEDICAL PL, STE 275 CHARLOTTE, NC 28277-4791	PHYSICIAN CLINIC
219 NH HEART & VASCULAR INSTITUTE 257 HOSPITAL DR NE, STE 201 BOLIVIA, NC 28422-8411	PHYSICIAN CLINIC
220 NH HEART & VASCULAR INSTITUTE 125 QUEENS RD, STE 330 CHARLOTTE, NC 28204-3215	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
221 NH HEART & VASCULAR INSTITUTE 125 QUEENS RD, STE 250 CHARLOTTE, NC 28204-3215	PHYSICIAN CLINIC
222 NH HEART & VASCULAR INSTITUTE 1226 EASTCHESTER DR, STE 100 HIGH POINT, NC 27265-3116	PHYSICIAN CLINIC
223 NH HEART & VASCULAR INSTITUTE 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	PHYSICIAN CLINIC
224 NH HEART & VASCULAR INSTITUTE 8201 HEALTHCARE LOOP, STE 201 CHARLOTTE, NC 28215-7072	PHYSICIAN CLINIC
225 NH HEART & VASCULAR INSTITUTE 134 MEDICAL PARK RD, STE 200 MOORESVILLE, NC 28117-8527	PHYSICIAN CLINIC
226 NH HEART & VASCULAR INSTITUTE 2701 STATESVILLE AVE CHARLOTTE, NC 28206-2073	PHYSICIAN CLINIC
227 NH HEART & VASCULAR INSTITUTE 401 MOCKSVILLE AVE, FL 2 SALISBURY, NC 28144-2735	PHYSICIAN CLINIC
228 NH HEART & VASCULAR INSTITUTE 114 W 30TH ST, STE 800 WINSTON-SALEM, NC 27105-4269	PHYSICIAN CLINIC
229 NH HEART & VASCULAR INSTITUTE 3009 MEDICAL PLAZA LN SOUTHPORT, NC 28461-5194	PHYSICIAN CLINIC
230 NH HEART & VASCULAR INSTITUTE 14035 GRANDIFLORA DR CHARLOTTE, NC 28278-8456	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
231 NH HEART & VASCULAR INSTITUTE 800 JEFFERSON ST, STE 112 WHITEVILLE, NC 28472-3702	PHYSICIAN CLINIC
232 NH HEART & VASCULAR INSTITUTE 1912 TRADD CT WILMINGTON, NC 28401-6637	PHYSICIAN CLINIC
233 NH HEART & VASCULAR INSTITUTE 1500 PHYSICIANS DR WILMINGTON, NC 28401-7356	PHYSICIAN CLINIC
234 NH HEART & VASCULAR INSTITUTE 1415 PHYSICIANS DR WILMINGTON, NC 28401-7338	PHYSICIAN CLINIC
235 NH HEART & VASCULAR INSTITUTE 2225 FREEDOM DR CHARLOTTE, NC 28208-1000	PHYSICIAN CLINIC
236 NH HIGHLAND OAKS MEDICAL GROUP 600 HIGHLAND OAKS DR WINSTON-SALEM, NC 27103-7107	PHYSICIAN CLINIC
237 NH HILLSDALE MEDICAL ASSOCIATES 121 MEDICAL DR ADVANCE, NC 27006-6651	PHYSICIAN CLINIC
238 NH HOSPICE 1229 STATESVILLE BLVD. SALISBURY, NC 28144-2234	HOME HEALTH
239 NH HOUSE CALLS 108 PROVIDENCE RD CHARLOTTE, NC 28207-1218	PHYSICIAN CLINIC
240 NH HUNTERSVILLE PEDS & INTERNAL MEDI 16525 HOLLY CREST LN, STE 150 HUNTERSVILLE, NC 28078-4911	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
241 NH IMAGING BALLANTYNE 14215 BALLANTYNE CORP PL, STE 140 CHARLOTTE, NC 28277-3671	IMAGING CENTER
242 NH IMAGING CABARRUS 13460 PLAZA RD EXTENSION, STE 150 CHARLOTTE, NC 28215	IMAGING CENTER
243 NH IMAGING GASTONIA 920 COX RD., SUITE 101 GASTONIA, NC 28054-3456	IMAGING CENTER
244 NH IMAGING MOORESVILLE 118 GATEWAY BLVD, BLDG 6, STE E MOORESVILLE, NC 28117-5540	IMAGING CENTER
245 NH IMAGING PIEDMONT 185 KIMEL PARK DRIVE, SUITE 100 WINSTON SALEM, NC 27103-0973	IMAGING CENTER
246 NH IMAGING SOUTH BRUNSWICK 75 EMERSON BAY RD. SW, STE 100 CAROLINA SHORES, NC 28467-2498	IMAGING CENTER
247 NH IMAGING SOUTHPARK 6324 FAIRVIEW RD., SUITE 120 CHARLOTTE, NC 28210-3271	IMAGING CENTER
248 NH IMAGING STEELE CREEK 13557 STEELECROFT PARKWAY, SUITE 110 CHARLOTTE, NC 28278-5002	IMAGING CENTER
249 NH IMAGING TRIAD 2705 HENRY ST. GREENSBORO, NC 27405-3669	IMAGING CENTER
250 NH INDIAN LAND PRIMARY CARE 6237 CAROLINA COMMONS DR, STE 101 INDIAN LAND, SC 29707-4511	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
251 NH INFECTIOUS DISEASE SPEC-CHARLOTTE 200 HAWTHORNE LN CHARLOTTE, NC 28204-2515	PHYSICIAN CLINIC
252 NH INFECTIOUS DISEASE SPECIALISTS 1900 RANDOLPH RD, STE 216 CHARLOTTE, NC 28207-1106	PHYSICIAN CLINIC
253 NH INFECTIOUS DISEASE SPECIALISTS 16525 HOLLY CREST LN, STE 220 HUNTERVILLE, NC 28078-4909	PHYSICIAN CLINIC
254 NH INFECTIOUS DISEASE SPECIALISTS 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	PHYSICIAN CLINIC
255 NH INFECTIOUS DISEASE SPECIALISTS 1710 KERNERSVILLE MED PKWY, STE 202B KERNERSVILLE, NC 27284-7156	PHYSICIAN CLINIC
256 NH INFECTIOUS DISEASE SPECIALISTS 1340 MATTHEWS TOWNSHIP PKWY, STE 102 MATTHEWS, NC 28105-4681	PHYSICIAN CLINIC
257 NH INFECTIOUS DISEASE SPECIALISTS 911 WEST HENDERSON ST, STE 120 SALISBURY, NC 28144-2700	PHYSICIAN CLINIC
258 NH INFECTIOUS DISEASE SPECIALISTS 706 N THOMPSON ST WHITEVILLE, NC 28472-3428	PHYSICIAN CLINIC
259 NH INFECTIOUS DISEASE SPECIALISTS 1725 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403-5345	PHYSICIAN CLINIC
260 NH INFUSION - CLEMMONS 7144 VILLAGE MEDICAL CIR CLEMMONS, NC 27012-8004	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
261 NH INFUSION - KERNERSVILLE 1730 KERNERSVILLE MED PKWY, STE 201 KERNERSVILLE, NC 27284-7198	PHYSICIAN CLINIC
262 NH INPATIENT CARE SPECIALISTS 240 HOSPITAL DR NE BOLIVIA, NC 28422-8346	PHYSICIAN CLINIC
263 NH INPATIENT CARE SPECIALISTS 200 HAWTHORNE LN CHARLOTTE, NC 28204-2515	PHYSICIAN CLINIC
264 NH INPATIENT CARE SPECIALISTS 1000 MEDICAL CENTER DR HARDEEVILLE, SC 29927-3446	PHYSICIAN CLINIC
265 NH INPATIENT CARE SPECIALISTS 25 HOSPITAL CENTER BLVD HILTON HEAD, SC 29926-2734	PHYSICIAN CLINIC
266 NH INPATIENT CARE SPECIALISTS 1750 KERNERSVILLE MEDICAL PKWY KERNERSVILLE, NC 27284-7146	PHYSICIAN CLINIC
267 NH INPATIENT CARE SPECIALISTS 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS, NC 28105-4656	PHYSICIAN CLINIC
268 NH INPATIENT CARE SPECIALISTS 8201 HEALTHCARE LOOP, STE 305 CHARLOTTE, NC 28215-7072	PHYSICIAN CLINIC
269 NH INPATIENT CARE SPECIALISTS-OBGYN 1901 E 5TH ST CHARLOTTE, NC 28204-2429	PHYSICIAN CLINIC
270 NH INPATIENT CARE SPECIALISTS-ORTHOP 1901 RANDOLPH RD CHARLOTTE, NC 28207-1101	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
271 NH INPATIENT CARE SPECIALISTS 612 MOCKSVILLE AVE SALISBURY, NC 28144-2732	PHYSICIAN CLINIC
272 NH INPATIENT CARE SPECIALISTS 207 OLD LEXINGTON RD THOMASVILLE, NC 27360-3428	PHYSICIAN CLINIC
273 NH INPATIENT CRITICAL CARE - KERNERS 1750 KERNERSVILLE MEDICAL PKWY KERNERSVILLE, NC 27284-7146	PHYSICIAN CLINIC
274 NH INPATIENT CRITICAL CARE - THOMASV 207 OLD LEXINGTON RD THOMASVILLE, NC 27360-3428	PHYSICIAN CLINIC
275 NH INPATIENT PEDIATRIC SPECIALISTS 200 HAWTHORNE LN CHARLOTTE, NC 28204-2515	PHYSICIAN CLINIC
276 NH INPATIENT REHABILITATION MEDICINE 1901 RANDOLPH RD CHARLOTTE, NC 28207-1101	PHYSICIAN CLINIC
277 NH INPATIENT STROKE & NEUROSCIENCES 200 HAWTHORNE LN CHARLOTTE, NC 28204-2515	PHYSICIAN CLINIC
278 NH INPATIENT STROKE & NEUROSCIENCES 612 MOCKSVILLE AVE SALISBURY, NC 28144-2732	PHYSICIAN CLINIC
279 NH INTERNAL MEDICINE WILMINGTON 1725 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403-5345	PHYSICIAN CLINIC
280 NH IRONWOOD FAMILY MEDICINE 6316 OLD OAK RIDGE RD, STE E GREENSBORO, NC 27410-9940	PHYSICIAN CLINIC

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
281 NH JULIAN ROAD OUTPATIENT SURGERY 522 CORPORATE CIRCLE SALISBURY, NC 28147-8074	AMBULATORY SURGERY CENTER
282 NH KANNAPOLIS FAMILY MEDICINE 1035 DALE EARNHARDT BLVD KANNAPOLIS, NC 28083-4477	PHYSICIAN CLINIC
283 NH LAKESIDE FAMILY PHYSICIANS 19830 ZION AVE CORNELIUS, NC 28031-5386	PHYSICIAN CLINIC
284 NH LAKESIDE FAMILY PHYSICIANS 269 GILLMAN RD, STE 100 DENVER, NC 28037-7923	PHYSICIAN CLINIC
285 NH LAKESIDE FAMILY PHYSICIANS 19485 OLD JETTON RD, STE 100 CORNELIUS, NC 28031-6583	PHYSICIAN CLINIC
286 NH LAKESIDE FAMILY PHYSICIANS 106 LANGTREE VILLAGE DR, STE 200 MOORESVILLE, NC 28117-7571	PHYSICIAN CLINIC
287 NH LAKESIDE FAMILY PHYSICIANS 10816 BLACK DOG LN, STE 160 CHARLOTTE, NC 28214-1479	PHYSICIAN CLINIC
288 NH LAKESIDE FAMILY PHYSICIANS 6909 PROSPERITY CHURCH RD HUNTERSVILLE, NC 28078-6698	PHYSICIAN CLINIC
289 NH LAKESIDE FAMILY PHYSICIANS 14330 OAKHILL PARK LN, STE 200B HUNTERSVILLE, NC 28078-3407	PHYSICIAN CLINIC
290 NH LAKESIDE PHYSICAL THERAPY & SPORT 14330 OAKHILL PARK LN, STE 115 HUNTERSVILLE, NC 28078-3479	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
291 NH LAKESIDE PRIMARY CARE - AFTON 5325 VINING ST NW, STE 101 CONCORD, NC 28027-2956	PHYSICIAN CLINIC
292 NH LAKESIDE PRIMARY CARE - BROOKDALE 13460 PLAZA ROAD EXT, STE 100 CHARLOTTE, NC 28215-8923	PHYSICIAN CLINIC
293 NH LAKESIDE PRIMARY CARE - LOCUST 236 MARKET ST, STE 110 LOCUST, NC 28097-9439	PHYSICIAN CLINIC
294 NH LAKESIDE PRIMARY CARE - SPEEDWAY 7752 GATEWAY LN, STE 100 CONCORD, NC 28027-4421	PHYSICIAN CLINIC
295 NH LEWISVILLE FAMILY MEDICINE 1225 LEWISVILLE-CLEMMONS RD LEWISVILLE, NC 27023-8251	PHYSICIAN CLINIC
296 NH LEXINGTON PRIMARY CARE 110 W MEDICAL PARK DR LEXINGTON, NC 27292-6773	PHYSICIAN CLINIC
297 NH LKN FAMILY MEDICINE 106 CORPORATE PARK DR, STE 200 & 300 MOORESVILLE, NC 28117-7134	PHYSICIAN CLINIC
298 NH MATERNAL-FETAL MEDICINE 1806 S HAWTHORNE RD, STE 200 WINSTON-SALEM, NC 27103-4014	PHYSICIAN CLINIC
299 NH MATERNAL-FETAL MEDICINE 584 HOSPITAL DR NE, UNIT B BOLIVIA, NC 28422-0020	PHYSICIAN CLINIC
300 NH MATERNAL-FETAL MEDICINE 1718 E 4TH ST, STE 404 CHARLOTTE, NC 28204-3193	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
301 NH MATERNAL-FETAL MEDICINE 19475 OLD JETTON RD, STE 101 CORNELIUS, NC 28031-6591	PHYSICIAN CLINIC
302 NH MATERNAL-FETAL MEDICINE 1450 MATTHEWS TOWNSHIP PKWY, STE 410 MATTHEWS, NC 28105-5336	PHYSICIAN CLINIC
303 NH MATERNAL-FETAL MEDICINE 2150 SHIPYARD BLVD WILMINGTON, NC 28403-8052	PHYSICIAN CLINIC
304 NH MATTHEWS CHILDREN'S CLINIC 1401 MATTHEWS TOWNSHIP PKWY, STE 100 MATTHEWS, NC 28105-5403	PHYSICIAN CLINIC
305 NH MATTHEWS FAMILY PHYSICIANS 1450 MATTHEWS TOWNSHIP PKWY, STE 450 MATTHEWS, NC 28105-5343	PHYSICIAN CLINIC
306 NH MAXILLOFACIAL SURGERY 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	AMBULATORY SURGERY CENTER
307 NH MAXILLOFACIAL SURGERY 1725 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403-5345	AMBULATORY SURGERY CENTER
308 NH MCKEE MEDICAL GROUP 3330 SISKEY PKWY, STE 200 MATTHEWS, NC 28105-3222	PHYSICIAN CLINIC
309 NH MEADOWLARK PEDIATRICS 5110 ROBINHOOD VILLAGE DR, STE C-1 WINSTON-SALEM, NC 27106-9825	PHYSICIAN CLINIC
310 NH MEDICAL PLAZA PEDIATRICS 8401 MEDICAL PLAZA DR, STE 220 CHARLOTTE, NC 28262-8700	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
311 NH MEDICATION MANAGEMENT 16525 HOLLY CREST LN, STE 250 HUNTERSVILLE, NC 28078-4912	PHYSICIAN CLINIC
312 NH MEMORY CARE - KIMEL PARK 190 KIMEL PARK DR, STE 120 WINSTON-SALEM, NC 27103-6946	PHYSICIAN CLINIC
313 NH MEMORY CARE - SOUTH PARK 6324 FAIRVIEW RD, STE 310 CHARLOTTE, NC 28210-4172	PHYSICIAN CLINIC
314 NH MICHAEL JORDAN FAMILY MED CLINIC 3149 FREEDOM DR CHARLOTTE, NC 28208-3869	PHYSICIAN CLINIC
315 NH MICHAEL JORDAN FAMILY MED CLINIC 1423 GREENFIELD ST WILMINGTON, NC 28401-6451	PHYSICIAN CLINIC
316 NH MICHAEL JORDAN FAMILY MED CLINIC 2701 STATESVILLE AVE CHARLOTTE, NC 28206-0000	PHYSICIAN CLINIC
317 NH MIDTOWN FAMILY MEDICINE 335 N CASWELL RD CHARLOTTE, NC 28204-2470	PHYSICIAN CLINIC
318 NH MINIMALLY INVASIVE GYN SURGERY 6324 FAIRVIEW RD, STE 440 CHARLOTTE, NC 28210-4278	AMBULATORY SURGERY CENTER
319 NH MINT HILL FAMILY MEDICINE 11300 CRESTHILL DR, STE 100 MINT HILL, NC 28227-7924	PHYSICIAN CLINIC
320 NH MINT HILL OB/GYN - HARRISBURG 6555 KEE LN, STE 200 HARRISBURG, NC 28075-7463	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
321 NH MINT HILL OB/GYN - PHYSICIANS PLZ 8201 HEALTHCARE LOOP, STE 302 CHARLOTTE, NC 28215-7072	PHYSICIAN CLINIC
322 NH MINTVIEW OB/GYN - BEREWICK 8820 RACHEL FREEMAN WAY CHARLOTTE, NC 28278-9510	PHYSICIAN CLINIC
323 NH MONROE FAMILY MEDICAL 1420 E FRANKLIN ST MONROE, NC 28112-5160	PHYSICIAN CLINIC
324 NH MOTHERSHED FOOT & ANKLE 7126 VILLAGE MEDICAL CIR CLEMMONS, NC 27012-8004	PHYSICIAN CLINIC
325 NH MOTHERSHED FOOT & ANKLE 445 PINEVIEW DR, STE 230 KERNERSVILLE, NC 27284-3818	PHYSICIAN CLINIC
326 NH MOTHERSHED FOOT & ANKLE 3057 TRENWEST DR WINSTON-SALEM, NC 27103-3220	PHYSICIAN CLINIC
327 NH MOUNTAINVIEW MEDICAL EXTD CARE 167 MOORE RD, STE 206 KING, NC 27021-8770	PHYSICIAN CLINIC
328 NH MULTIPLE SCLEROSIS CARE - KERNERS 1730 KERNERSVILLE MED PKWY, STE 201 KERNERSVILLE, NC 27284-7198	PHYSICIAN CLINIC
329 NH NEONATAL INPATIENT CARE - THOMASV 207 OLD LEXINGTON RD THOMASVILLE, NC 27360-3428	PHYSICIAN CLINIC
330 NH NEUROLOGY - BRUNSWICK FOREST 1333 S DICKINSON DR, UNIT 230 LELAND, NC 28451-6434	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
331 NH NEUROLOGY - DOCTORS CIR BLDG A 1515 DOCTORS CIR, BLDG A WILMINGTON, NC 28401-7403	PHYSICIAN CLINIC
332 NH NEUROLOGY - DOCTORS CIR BLDG C 1509 DOCTORS CIR, BLDG C WILMINGTON, NC 28401-7403	PHYSICIAN CLINIC
333 NH NEUROLOGY - HUNTERSVILLE 10305 HAMPTONS PARK DR, STE 101 HUNTERSVILLE, NC 28078-4911	PHYSICIAN CLINIC
334 NH NEUROLOGY - KERNERSVILLE 1730 KERNERSVILLE MED PKWY, STE 203 KERNERSVILLE, NC 27284-7198	PHYSICIAN CLINIC
335 NH NEUROLOGY - SHALLOTTE 512 VILLAGE RD, STE 207 SHALLOTTE, NC 28470-3420	PHYSICIAN CLINIC
336 NH NEUROLOGY & HEADACHE - SOUTHPARK 6324 FAIRVIEW RD, STE 400 CHARLOTTE, NC 28210-4278	PHYSICIAN CLINIC
337 NH NEUROLOGY & SLEEP - BERMUDA RUN 152 E KINDERTON WAY, STE 101 BERMUDA RUN, NC 27006-7351	PHYSICIAN CLINIC
338 NH NEUROLOGY & SLEEP - GREENSBORO 3515 W MARKET ST, STE 210 GREENSBORO, NC 27403-4442	PHYSICIAN CLINIC
339 NH NEUROLOGY & SLEEP - HIGH POINT 1226 EASTCHESTER DR, STE 200 HIGH POINT, NC 27265-3116	PHYSICIAN CLINIC
340 NH NEUROLOGY & SLEEP - KIMEL PARK 190 KIMEL PARK DR, STE 120 WINSTON-SALEM, NC 27103-6946	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
341 NH NEUROLOGY & SLEEP - MARVIN CREEK 9929 REA RD, STE 101 WAXHAW, NC 28173-6439	PHYSICIAN CLINIC
342 NH NEUROLOGY & SLEEP - MATTHEWS 3330 SISKEY PKWY MATTHEWS, NC 28105-3222	PHYSICIAN CLINIC
343 NH NEUROLOGY & SLEEP - MIDTOWN 1918 RANDOLPH RD, STE 400 CHARLOTTE, NC 28207-1196	PHYSICIAN CLINIC
344 NH NEUROLOGY & SLEEP - MOUNT AIRY 865 WESTLAKE DR, STE 200 MOUNT AIRY, NC 27030-2135	PHYSICIAN CLINIC
345 NH NEUROLOGY & SLEEP - ROWAN 1910 JAKE ALEXANDER BLVD W, STE 102 SALISBURY, NC 28147-1177	PHYSICIAN CLINIC
346 NH NEUROLOGY & SLEEP - THOMASVILLE 1219 LEXINGTON AVE, STE B THOMASVILLE, NC 27360-2784	PHYSICIAN CLINIC
347 NH NEW GARDEN MEDICAL ASSOCIATES 1941 NEW GARDEN RD, STE 216 GREENSBORO, NC 27410-2555	PHYSICIAN CLINIC
348 NH NEW HANOVER MEDICAL PLAZA 2243 S. 17TH STREET WILMINGTON, NC 28401	PHYSICIAN CLINIC
349 NH NEW HANOVER ORTHOPEDIC HOSPITAL 5301 WRIGHTSVILLE AVENUE WILMINGTON, NC 28403	PHYSICIAN CLINIC
350 NH NEW HANOVER PRIMARY CARE 510 CAROLINA BAY DR, STE 110 WILMINGTON, NC 28403-2046	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
351 NH NEW HANOVER PRIMARY CARE 1333 S DICKINSON DR, UNIT 140 LELAND, NC 28451-6434	PHYSICIAN CLINIC
352 NH NEW HANOVER PRIMARY CARE 5145 S COLLEGE RD WILMINGTON, NC 28412-2207	PHYSICIAN CLINIC
353 NH NEW HANOVER PRIMARY CARE 7420 MARKET ST WILMINGTON, NC 28411-9453	PHYSICIAN CLINIC
354 NH NEW HANOVER PRIMARY CARE 1960 S 16TH ST WILMINGTON, NC 28401-6676	PHYSICIAN CLINIC
355 NHNHRMC, LLC COASTAL FAMILY MEDICINE 2523 DELANEY AVENUE WILMINGTON, NC 28403	PHYSICIAN CLINIC
356 NHNHRMC, LLC HEALTH & DIAGNOSTICS MI 1135 MILITARY CUTOFF RD WILMINGTON, NC 28405	PHYSICIAN CLINIC
357 NH NORTH HIGH POINT FAMILY MEDICINE 6431 OLD PLANK RD HIGH POINT, NC 27265-3274	PHYSICIAN CLINIC
358 NH NORTHERN FAMILY MEDICINE 6161 LAKE BRANDT RD, UNIT B GREENSBORO, NC 27455-8415	PHYSICIAN CLINIC
359 NH NORTHERN FAMILY MEDICINE 4901 AUBURN RD SUMMERFIELD, NC 27358-9233	PHYSICIAN CLINIC
360 NH NORTHLAKE DERMATOLOGY 9604 HOLLY POINT DR HUNTERSVILLE, NC 28078-4913	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
361 NH NORTHWEST FAMILY MEDICINE 7607 NC HIGHWAY 68 N, STE B OAK RIDGE, NC 27310-8803	PHYSICIAN CLINIC
362 NH NUNNELEE PEDIATRIC MULTISPECIALTY 510 CAROLINA BAY DRIVE WILMINGTON, NC 28403	PHYSICIAN CLINIC
363 NH NUNNELEE PEDIATRIC MULTISPECIALTY 510 CAROLINA BAY DR, STE 200 WILMINGTON, NC 28403-2046	PHYSICIAN CLINIC
364 NH OB/GYN URGENT CARE 6331 CARMEL RD, STE 102 CHARLOTTE, NC 28226-8246	PHYSICIAN CLINIC
365 NH OB/GYN URGENT CARE 9955 POPLAR TENT RD CONCORD, NC 28027-9314	PHYSICIAN CLINIC
366 NH OCEANSIDE FAMILY MEDICINE 257 HOSPITAL DR NE, STE 101 BOLIVIA, NC 28422-8411	PHYSICIAN CLINIC
367 NH OCEANSIDE FAMILY MEDICINE 501 OLDE WATERFORD WAY LELAND, NC 28451-4117	PHYSICIAN CLINIC
368 NH OCEANSIDE FAMILY MEDICINE 512 VILLAGE RD, STE 205 SHALLOTTE, NC 28470-3409	PHYSICIAN CLINIC
369 NH OCEANSIDE FAMILY MED & CONVENIENT 5145 SELLERS RD SHALLOTTE, NC 28470-3405	PHYSICIAN CLINIC
370 NH ORTHOPEDIC FRACTURE CLINIC 449 N WENDOVER RD, STE A CHARLOTTE, NC 28211-1064	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
371 NH ORTHOPEDICS & SPORTS MEDICINE 6 DOCTORS CIR, STE 5 SUPPLY, NC 28462-6358	PHYSICIAN CLINIC
372 NH ORTHOPEDICS & SPORTS MEDICINE 7210 VILLAGE MEDICAL CIR, STE 110 CLEMMONS, NC 27012-8029	PHYSICIAN CLINIC
373 NH ORTHOPEDICS & SPORTS MEDICINE 19485 OLD JETTON RD, STE 210 CORNELIUS, NC 28031-6592	PHYSICIAN CLINIC
374 NH ORTHOPEDICS & SPORTS MEDICINE 4741 RANDOLPH RD, STE 100 & 200 CHARLOTTE, NC 28211-2919	PHYSICIAN CLINIC
375 NH ORTHOPEDICS & SPORTS MEDICINE 269 GILLMAN RD, STE 200B DENVER, NC 28037-7919	PHYSICIAN CLINIC
376 NH ORTHOPEDICS & SPORTS MEDICINE 2826 RANDOLPH RD CHARLOTTE, NC 28211-1386	PHYSICIAN CLINIC
377 NH ORTHOPEDICS & SPORTS MEDICINE 1622 HIGHWOODS BLVD, UNIT G105 GREENSBORO, NC 27410-2048	PHYSICIAN CLINIC
378 NH ORTHOPEDICS & SPORTS MEDICINE 6909 PROSPERITY CHURCH RD HUNTERSVILLE, NC 28078-6698	PHYSICIAN CLINIC
379 NH ORTHOPEDICS & SPORTS MEDICINE 1730 KERNERSVILLE MED PKWY, STE 204 KERNERSVILLE, NC 27284-7198	PHYSICIAN CLINIC
380 NH ORTHOPEDICS & SPORTS MEDICINE 167 MOORE RD, STE 202 KING, NC 27021-8770	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
381 NH ORTHOPEDICS & SPORTS MEDICINE 501 OLDE WATERFORD WAY LELAND, NC 28451-4117	PHYSICIAN CLINIC
382 NH ORTHOPEDICS & SPORTS MEDICINE 144 FOREST HILL RD, STE 144 & 146 LEXINGTON, NC 27295-2008	PHYSICIAN CLINIC
383 NH ORTHOPEDICS & SPORTS MEDICINE 1910 JAKE ALEXANDER BLVD W, STE 202 SALISBURY, NC 28144-1165	PHYSICIAN CLINIC
384 NH ORTHOPEDICS & SPORTS MEDICINE 1401 MATTHEWS TOWNSHIP PKWY, STE 210 MATTHEWS, NC 28105-5403	PHYSICIAN CLINIC
385 NH ORTHOPEDICS & SPORTS MEDICINE 1450 MATTHEWS TOWNSHIP PKWY, STE 170 MATTHEWS, NC 28105-6300	PHYSICIAN CLINIC
386 NH ORTHOPEDICS & SPORTS MEDICINE 8110 HEALTHCARE LOOP CHARLOTTE, NC 28215-7069	PHYSICIAN CLINIC
387 NH ORTHOPEDICS & SPORTS MEDICINE 2000 WELLNESS BLVD, STE 140 MONROE, NC 28110-3354	PHYSICIAN CLINIC
388 NH ORTHOPEDICS & SPORTS MEDICINE 130 PLANTATION RIDGE DR, STE 100 MOORESVILLE, NC 28117-9238	PHYSICIAN CLINIC
389 NH ORTHOPEDICS & SPORTS MEDICINE 1035 LINCOLNTON RD, STE F SALISBURY, NC 28144-6277	PHYSICIAN CLINIC
390 NH ORTHOPEDICS & SPORTS MEDICINE 810 MITCHELL AVE SALISBURY, NC 28144-6253	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
391 NH ORTHOPEDICS & SPORTS MEDICINE 211 OLD LEXINGTON RD THOMASVILLE, NC 27360-3428	PHYSICIAN CLINIC
392 NH ORTHOPEDICS & SPORTS MEDICINE 200 ROBINHOOD MEDICAL PLZ WINSTON-SALEM, NC 27106-5475	PHYSICIAN CLINIC
393 NH ORTHOPEDICS & SPORTS MEDICINE 6431 OLD PLANK RD HIGH POINT, NC 27265-3274	PHYSICIAN CLINIC
394 NH OSTEOPOROSIS KERNERSVILLE 1730 KERNERSVILLE MED PKWY, STE 201 KERNERSVILLE, NC 27284-7198	PHYSICIAN CLINIC
395 NH PAIN MANAGEMENT - LEXINGTON 144 FOREST HILL RD, STE 144 & 146 LEXINGTON, NC 27295-2008	PHYSICIAN CLINIC
396 NH PAIN MANAGEMENT - THOMASVILLE 211 OLD LEXINGTON RD THOMASVILLE, NC 27360-3428	PHYSICIAN CLINIC
397 NH PALLIATIVE CARE 324 N MCDOWELL ST, STE 200 CHARLOTTE, NC 28204-2222	PHYSICIAN CLINIC
398 NH PALLIATIVE CARE - CHARLOTTE 200 HAWTHORNE LN CHARLOTTE, NC 28204-2515	PHYSICIAN CLINIC
399 NH PALLIATIVE CARE - KERNERSVILLE 1750 KERNERSVILLE MEDICAL PKWY KERNERSVILLE, NC 27284-7146	PHYSICIAN CLINIC
400 NH PALLIATIVE CARE - MATTHEWS 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS, NC 28105-4656	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
401 NH PALLIATIVE CARE - MINT HILL 8201 HEALTHCARE LOOP CHARLOTTE, NC 28215-7072	PHYSICIAN CLINIC
402 NH PALLIATIVE CARE - ROWAN 612 MOCKSVILLE AVE SALISBURY, NC 28144-2732	PHYSICIAN CLINIC
403 NH PALLIATIVE CARE - THOMASVILLE 207 OLD LEXINGTON RD THOMASVILLE, NC 27360-3428	PHYSICIAN CLINIC
404 NH PARKSIDE FAMILY MEDICINE 1236 GUILFORD COLLEGE RD, STE 117 JAMESTOWN, NC 27282-9875	PHYSICIAN CLINIC
405 NH PEDIATRIC AFTER HOURS CARE 6331 CARMEL RD, STE 102 CHARLOTTE, NC 28226-8246	PHYSICIAN CLINIC
406 NH PEDIATRIC AFTER HOURS CARE 9955 POPLAR TENT RD CONCORD, NC 28027-9314	PHYSICIAN CLINIC
407 NH PEDIATRIC ALLERGY & IMMUNOLOGY 6331 CARMEL RD, STE 102 CHARLOTTE, NC 28226-8286	PHYSICIAN CLINIC
408 NH PEDIATRIC AUDIOLOGY - EASTOVER 2711 RANDOLPH RD, STE 100 CHARLOTTE, NC 28207-2027	PHYSICIAN CLINIC
409 NH PEDIATRIC CARDIOLOGY - ARDMORE 1806 S HAWTHORNE RD, STE 100 WINSTON-SALEM, NC 27103-4014	PHYSICIAN CLINIC
410 NH PEDIATRIC CARDIOLOGY - CARMEL 6331 CARMEL RD, STE 102 CHARLOTTE, NC 28226-8246	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
411 NH PEDIATRIC CARDIOLOGY - CORNELIUS 17810 STATESVILLE RD, STE 311 CORNELIUS, NC 28031-8149	PHYSICIAN CLINIC
412 NH PEDIATRIC CARDIOLOGY - MIDTOWN 1918 RANDOLPH RD, STE 700 CHARLOTTE, NC 28207-1167	PHYSICIAN CLINIC
413 NH PEDIATRIC CARDIOLOGY - WAVERLY 11840 SOUTHMORE DR, STE 201 CHARLOTTE, NC 28277-4466	PHYSICIAN CLINIC
414 NH PEDIATRIC ENDOCRINOLOGY - MIDTOWN 201 QUEENS RD CHARLOTTE, NC 28204-3217	PHYSICIAN CLINIC
415 NH PEDIATRIC GASTROENTEROLOGY 17810 STATESVILLE RD, STE 311 CORNELIUS, NC 28031-8149	PHYSICIAN CLINIC
416 NH PEDIATRIC GASTROENTEROLOGY 2711 RANDOLPH RD, STE 301 CHARLOTTE, NC 28207-2027	PHYSICIAN CLINIC
417 NH PEDIATRIC GASTROENTEROLOGY 1401 MATTHEWS TOWNSHIP PKWY, STE 100 MATTHEWS, NC 28105-5403	PHYSICIAN CLINIC
418 NH PEDIATRIC GENETICS - MIDTOWN 201 QUEENS RD CHARLOTTE, NC 28204-3217	PHYSICIAN CLINIC
419 NH PEDIATRIC INFECTIOUS DISEASE 201 QUEENS RD CHARLOTTE, NC 28204-3217	PHYSICIAN CLINIC
420 NH PEDIATRIC NEPHROLOGY 201 QUEENS RD CHARLOTTE, NC 28204-3217	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
421 NH PEDIATRIC NEUROLOGY & SLEEP 1900 RANDOLPH RD, STE 1010 CHARLOTTE, NC 28207-1117	PHYSICIAN CLINIC
422 NH PEDIATRIC NEUROSURGERY - COTSWOLD 330 BILLINGSLEY RD, STE 202 CHARLOTTE, NC 28211-5020	PHYSICIAN CLINIC
423 NH PEDIATRIC NEUROSURGERY - EASTOVER 2711 RANDOLPH RD, STE 100 CHARLOTTE, NC 28207-2027	PHYSICIAN CLINIC
424 NH PEDIATRIC PULMONOLOGY - CARMEL 6331 CARMEL RD, STE 102 CHARLOTTE, NC 28226-8246	PHYSICIAN CLINIC
425 NH PEDIATRIC PULMONOLOGY - MATTHEWS 1401 MATTHEWS TOWNSHIP PKWY, STE 100 MATTHEWS, NC 28105-5403	PHYSICIAN CLINIC
426 NH PEDIATRIC PULMONOLOGY - MIDTOWN 201 QUEENS RD CHARLOTTE, NC 28204-3217	PHYSICIAN CLINIC
427 NH PEDIATRIC REHABILITATION - BLAKEN 9224 ARDREY KELL RD, STE 200 CHARLOTTE, NC 28277-4952	PHYSICIAN CLINIC
428 NH PEDIATRIC REHABILITATION - EASTOV 2711 RANDOLPH RD, STE 100 CHARLOTTE, NC 28207-2027	PHYSICIAN CLINIC
429 NH PEDIATRIC SLEEP MEDICINE - ARDMOR 1806 S HAWTHORNE RD, STE 100 WINSTON-SALEM, NC 27103-4014	PHYSICIAN CLINIC
430 NH PEDIATRIC SPORTS MEDICINE - MATTH 1401 MATTHEWS TOWNSHIP PKWY, STE 100 MATTHEWS, NC 28105-5403	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
431 NH PEDIATRIC SPORTS MEDICINE-MIDTWN 201 QUEENS RD CHARLOTTE, NC 28204-3217	PHYSICIAN CLINIC
432 NH PEDIATRIC SURGERY - RANDOLPH 1918 RANDOLPH RD, STE 700 CHARLOTTE, NC 28207-1167	AMBULATORY SURGERY CENTER
433 NH PEDIATRICS ARDREY KELL 8169 ARDREY KELL RD CHARLOTTE, NC 28277-5717	PHYSICIAN CLINIC
434 NH PEDIATRICS BEREWICK 8820 RACHEL FREEMAN WAY CHARLOTTE, NC 28278-9510	PHYSICIAN CLINIC
435 NH PEDIATRICS BLAKENEY 9224 ARDREY KELL RD, STE 200 CHARLOTTE, NC 28277-4952	PHYSICIAN CLINIC
436 NH PEDIATRICS BRUNSWICK 20 MEDICAL CAMPUS DR NW, STE 205 SUPPLY, NC 28462-4094	PHYSICIAN CLINIC
437 NH PEDIATRICS CONCORD 311 CODDLE MARKET DR NW, STE 100 CONCORD, NC 28027-2432	PHYSICIAN CLINIC
438 NH PEDIATRICS DENVER 269 GILLMAN RD, STE 200A DENVER, NC 28037-7922	PHYSICIAN CLINIC
439 NH PEDIATRICS HARRISBURG 6555 KEE LN, STE 200 HARRISBURG, NC 28075-7463	PHYSICIAN CLINIC
440 NH PEDIATRICS HIGHLAND CREEK 5370 RIDGE RD CHARLOTTE, NC 28269-2298	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
441 NH PEDIATRICS KING 167 MOORE RD, STE 201 KING, NC 27021-8770	PHYSICIAN CLINIC
442 NH PEDIATRICS LAKE NORMAN - HARBORSI 133 WELTON WAY, STE C MOORESVILLE, NC 28117-9163	PHYSICIAN CLINIC
443 NH PEDIATRICS LAKE NORMAN - HUNTERSV 10305 HAMPTONS PARK DR, STE 101 HUNTERSVILLE, NC 28078-7217	PHYSICIAN CLINIC
444 NH PEDIATRICS LAKE NORMAN - MOORESVI 656 CARPENTER AVE MOORESVILLE, NC 28115-2538	PHYSICIAN CLINIC
445 NH PEDIATRICS MINT HILL 8110 HEALTHCARE LOOP CHARLOTTE, NC 28215-7069	PHYSICIAN CLINIC
446 NH PEDIATRICS OAK HOLLOW 1224 EASTCHESTER DR HIGH POINT, NC 27265-3197	PHYSICIAN CLINIC
447 NH PEDIATRICS SOUTH BALLANTYNE 16139 LANCASTER HWY, STE 110 CHARLOTTE, NC 28277-2033	PHYSICIAN CLINIC
448 NH PEDIATRICS SOUTH END 2400 SOUTH BLVD, STE 200 CHARLOTTE, NC 28203-5773	PHYSICIAN CLINIC
449 NH PEDIATRICS SOUTHPARK 6324 FAIRVIEW RD, STE 350 CHARLOTTE, NC 28210-4171	PHYSICIAN CLINIC
450 NH PEDIATRICS SYMPHONY PARK 6010 CARNEGIE BLVD CHARLOTTE, NC 28209-4637	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
451 NH PELVIC HEALTH CENTER - WINSTON-SA 770 HIGHLAND OAKS DR, STE 100 WINSTON-SALEM, NC 27103-7105	PHYSICIAN CLINIC
452 NH PHYSICAL MEDICINE & REHAB - KIMEL 190 KIMEL PARK DR, STE 131 WINSTON-SALEM, NC 27103-6946	PHYSICIAN CLINIC
453 NH PIEDMONT NEUROSURGERY & SPINE 330 JAKE ALEXANDER BLVD W, STE 104 SALISBURY, NC 28147-1385	AMBULATORY SURGERY CENTER
454 NH PINE LAKE FAMILY PHYSICIANS 7800 STEVENS MILL RD, STE O MATTHEWS, NC 28104-6111	PHYSICIAN CLINIC
455 NH PINEVIEW FAMILY MEDICINE 490 PINEVIEW DR, STE A KERNERSVILLE, NC 27284-3995	PHYSICIAN CLINIC
456 NH PINEVILLE PRIMARY CARE 10514 PARK RD CHARLOTTE, NC 28210-8405	PHYSICIAN CLINIC
457 NH PINNACLE ENT & ALLERGY-SALISBURY 330 JAKE ALEXANDER BLVD W, STE 101A SALISBURY, NC 28147-1384	PHYSICIAN CLINIC
458 NH PRESBYTERIAN INTERNAL MEDICINE 1918 RANDOLPH RD, STE 350 CHARLOTTE, NC 28207-1111	PHYSICIAN CLINIC
459 NH PRIMARY CARE - HIGH POINT 1226 EASTCHESTER DR, STE 200 HIGH POINT, NC 27265-3116	PHYSICIAN CLINIC
460 NH PRIMARY CARE BEREWICK 8820 RACHEL FREEMAN WAY CHARLOTTE, NC 28278-9510	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
461 NH PRIMARY CARE CLEMMONS 6301 STADIUM DR, STE 500 CLEMMONS, NC 27012-8766	PHYSICIAN CLINIC
462 NH PRIMARY CARE EAST ROWAN 316 W MAIN ST ROCKWELL, NC 28138-8471	PHYSICIAN CLINIC
463 NH PRIMARY CARE FOXCROFT 7804 FAIRVIEW RD, STE A CHARLOTTE, NC 28226-4999	PHYSICIAN CLINIC
464 NH PRIMARY CARE GILEAD 9930 KINCEY AVE, STE 210 HUNTERVILLE, NC 28078-6541	PHYSICIAN CLINIC
465 NH PRIMARY CARE LINDLEY PARK 3515 W MARKET ST, STE 200 GREENSBORO, NC 27403-4442	PHYSICIAN CLINIC
466 NH PRIMARY CARE NODA 416 E 36TH ST, STE 200 CHARLOTTE, NC 28205-1030	PHYSICIAN CLINIC
467 NH PRIMARY CARE PARTNERS - LIGON 10500 LIGON MILL RD, STE 113 WAKE FOREST, NC 27587-4576	PHYSICIAN CLINIC
468 NH PRIMARY CARE POPLAR TENT 9955 POPLAR TENT RD CONCORD, NC 28027-9304	PHYSICIAN CLINIC
469 NH PRIMARY CARE SALISBURY 1904 JAKE ALEXANDER BLVD W, STE 301 SALISBURY, NC 28147-1177	PHYSICIAN CLINIC
470 NH PRIMARY CARE SOUTH END 2400 SOUTH BLVD, STE 103 CHARLOTTE, NC 28203-5773	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
471 NH PRIMARY CARE SOUTH ROWAN 1965 SOUTH US 29 HWY CHINA GROVE, NC 28023-5684	PHYSICIAN CLINIC
472 NH PRIMARY CARE TYRO 4705 S HWY 150, STE B & C LEXINGTON, NC 27295-5203	PHYSICIAN CLINIC
473 NH PROSPERITY FAMILY PHYSICIANS 8420 UNIVERSITY EXEC PRK DR, STE 850 CHARLOTTE, NC 28262-1308	PHYSICIAN CLINIC
474 NH PROVIDENCE OB/GYN - PROVIDENCE 1718 E 4TH ST, STE 907 CHARLOTTE, NC 28204-3282	PHYSICIAN CLINIC
475 NH PROVIDENCE OB/GYN - SOUTHPARK 6324 FAIRVIEW RD, STE 430 CHARLOTTE, NC 28210-4278	PHYSICIAN CLINIC
476 NH PSYCHIATRIC ASSOCIATES - CHARLOTT 200 HAWTHORNE LN CHARLOTTE, NC 28204-2515	PHYSICIAN CLINIC
477 NH PSYCHIATRIC ASSOCIATES - HUNTERSV 13815 PROFESSIONAL CTR DR, STE 100 HUNTERSVILLE, NC 28078-7951	PHYSICIAN CLINIC
478 NH PSYCHIATRIC ASSOCIATES - MATTHEWS 1401 MATTHEWS TOWNSHIP PKWY, STE 320 MATTHEWS, NC 28105-5403	PHYSICIAN CLINIC
479 NH PSYCHIATRIC ASSOCIATES - RANDOLPH 1900 RANDOLPH RD, STE 800 CHARLOTTE, NC 28207-1110	PHYSICIAN CLINIC
480 NH PSYCHIATRIC MEDICINE - KERNERSVIL 280 BROAD ST, STE E KERNERSVILLE, NC 27284-2948	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
481 NH PSYCHIATRIC MEDICINE - KIMEL PARK 140 KIMEL PARK DR, STE 200 WINSTON-SALEM, NC 27103-6160	PHYSICIAN CLINIC
482 NH PSYCHIATRIC MEDICINE - LEWISVILLE 6620 SHALLOWFORD RD, STE 200 LEWISVILLE, NC 27023-9504	PHYSICIAN CLINIC
483 NH PSYCHIATRIC MEDICINE - SALISBURY 612 MOCKSVILLE AVE SALISBURY, NC 28144-2732	PHYSICIAN CLINIC
484 NH PSYCHIATRIC MEDICINE - SHALLOTTE 512 VILLAGE RD, STE 104 SHALLOTTE, NC 28470-3420	PHYSICIAN CLINIC
485 NH PSYCHIATRIC MEDICINE - THOMASVILL 207 OLD LEXINGTON RD THOMASVILLE, NC 27360-3428	PHYSICIAN CLINIC
486 NH PSYCHIATRY - CONCORD 845 CHURCH ST N, STE 203 CONCORD, NC 28025-4300	PHYSICIAN CLINIC
487 NH PSYCHIATRY - MARVIN CREEK 9929 REA RD, STE 201 WAXHAW, NC 28173-6439	PHYSICIAN CLINIC
488 NH PSYCHIATRY - SOUTHPARK 6324 FAIRVIEW RD, STE 460 CHARLOTTE, NC 28210-3271	PHYSICIAN CLINIC
489 NH PULMONARY & CRITICAL CARE - MATTH 1450 MATTHEWS TOWNSHIP PKWY, STE 380 MATTHEWS, NC 28105-2389	PHYSICIAN CLINIC
490 NH PULMONARY & CRITICAL CARE-MDTWN 1918 RANDOLPH RD, STE 580 CHARLOTTE, NC 28207-1116	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
491 NH PULMONARY & CRITICAL CARE - MOORE 134 MEDICAL PARK RD, STE 200 MOORESVILLE, NC 28117-8527	PHYSICIAN CLINIC
492 NH PULMONARY & CRITICAL CARE - WAVER 11840 SOUTHMORE DR, STE 201 CHARLOTTE, NC 28277-4466	PHYSICIAN CLINIC
493 NH PULMONARY & SLEEP MEDICINE - SHAL 512 VILLAGE RD, STE 101 SHALLOTTE, NC 28470-3420	PHYSICIAN CLINIC
494 NH PULMONARY MEDICINE - BRUNSWICK FO 1333 S DICKINSON DR, UNIT 230 LELAND, NC 28451-6434	PHYSICIAN CLINIC
495 NH PULMONARY MEDICINE - GREENSBORO 3515 W MARKET ST, STE 210 GREENSBORO, NC 27403-4442	PHYSICIAN CLINIC
496 NH PULMONARY MEDICINE - THOMASVILLE 207 OLD LEXINGTON RD THOMASVILLE, NC 27360-3428	PHYSICIAN CLINIC
497 NH PULMONARY MEDICINE - WILMINGTON 1090 MEDICAL CENTER DR WILMINGTON, NC 28401-7353	PHYSICIAN CLINIC
498 NH PULMONARY MEDICINE - WILM MED PRK 1415 PHYSICIANS DR WILMINGTON, NC 28401-7338	PHYSICIAN CLINIC
499 NH PULMONARY MEDICINE SOUTH - FREEDO 2225 FREEDOM DR CHARLOTTE, NC 28208-4040	PHYSICIAN CLINIC
500 NH PULMONARY MEDICINE SOUTH - HARRIS 9550 ROCKY RIVER RD, STE 100 CHARLOTTE, NC 28215-9592	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
501 NH PULMONARY MEDICINE SOUTH - MONROE 2000 WELLNESS BLVD, STE 130 MONROE, NC 28110-3354	PHYSICIAN CLINIC
502 NH PULMONARY MEDICINE SOUTH - PINEVI 10320 FELD FARM LN, STE 300 CHARLOTTE, NC 28210-8484	PHYSICIAN CLINIC
503 NH QUEEN CITY OB/GYN 2100 S TRYON ST, STE 201 CHARLOTTE, NC 28203-4958	PHYSICIAN CLINIC
504 NH RANDOLPH FAMILY MEDICINE 1918 RANDOLPH RD, STE 275 CHARLOTTE, NC 28207-1109	PHYSICIAN CLINIC
505 NH RANDOLPH OB/GYN - CHARLOTTE 2711 RANDOLPH RD, STE 512 CHARLOTTE, NC 28207-2027	PHYSICIAN CLINIC
506 NH RANDOLPH OB/GYN - CORNELIUS 17810 STATESVILLE RD, STE 321 CORNELIUS, NC 28031-8149	PHYSICIAN CLINIC
507 NH RANKIN OB/GYN - BALLANTYNE 14215 BALLANTYNE CORP PL, STE 110 CHARLOTTE, NC 28277-3671	PHYSICIAN CLINIC
508 NH RANKIN OB/GYN - RANDOLPH 1918 RANDOLPH RD, STE 670 CHARLOTTE, NC 28207-1119	PHYSICIAN CLINIC
509 NH REHABILITATION BLAKENEY 9224 ARDREY KELL RD., STE. 200 CHARLOTTE, NC 28277-4952	PHYSICIAN CLINIC
510 NH REHABILITATION CORNELIUS 18121 OLD STATESVILLE RD. CORNELIUS, NC 28031	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
511 NH REHABILITATION - KINGS DRIVE 445 SOUTH KINGS DR. CHARLOTTE, NC 28204	PHYSICIAN CLINIC
512 NH REHABILITATION LANGTREE 106 LANGTREE VILLAGE DR., STE 200 MOORESVILLE, NC 28117-7571	PHYSICIAN CLINIC
513 NH REHABILITATION MINT HILL 8110 HEALTHCARE LOOP CHARLOTTE, NC 28215-7069	PHYSICIAN CLINIC
514 NH REHABILITATION POPULAR TENT 9955 POPLAR TENT RD. CONCORD, NC 28027-9304	PHYSICIAN CLINIC
515 NH REHABILITATION - QUEEN CITY 2100 S TRYON STREET, SUITE 201 CHARLOTTE, NC 28203	PHYSICIAN CLINIC
516 NH REHABILITATION - WAXHAW 3614 PROVIDENCE ROAD S., SUITE 100 WAXHAW, NC 28173	PHYSICIAN CLINIC
517 NH REHABILITATION CENTER 1010 MENDENHALL ST. THOMASVILLE, NC 27360	PHYSICIAN CLINIC
518 NH REHABILITATION CENTER 1035 LINCONTON RD., SUITE. A SALISBURY, NC 28144-6277	PHYSICIAN CLINIC
519 NH REHABILITATION CENTER 13557 STEELECROFT PARKWAY, SUITE 140 CHARLOTTE, NC 28278-0057	PHYSICIAN CLINIC
520 NH REHABILITATION CENTER 144 FOREST HILL RD., SUITE 144 & 146 LEXINGTON, NC 27295	PHYSICIAN CLINIC

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
521 NH REHABILITATION CENTER 1450 MATTHEWS TOWNSHIP PKWY, STE 150 MATTHEWS, NC 28105	PHYSICIAN CLINIC
522 NH REHABILITATION CENTER 152 E. KINDERTON WAY, SUITE 202 ADVANCE, NC 27006	PHYSICIAN CLINIC
523 NH REHABILITATION CENTER 167 MOORE RD., SUITE 203 KING, NC 27021-8770	PHYSICIAN CLINIC
524 NH REHABILITATION CENTER 190 KIMEL PARK DRIVE, SUITE 139 WINSTON SALEM, NC 27103	PHYSICIAN CLINIC
525 NH REHABILITATION CENTER 1903 SOUTH HAWTHORNE RD. WINSTON SALEM, NC 27103-3916	PHYSICIAN CLINIC
526 NH REHABILITATION CENTER 211 OLD LEXINGTON RD. THOMASVILLE, NC 27360-3428	PHYSICIAN CLINIC
527 NH REHABILITATION CENTER 215 CEMETERY STREET MOCKSVILLE, NC 27028-2103	PHYSICIAN CLINIC
528 NH REHABILITATION CENTER 3155 MAPLEWOOD AVE. WINSTON SALEM, NC 27103	PHYSICIAN CLINIC
529 NH REHABILITATION CENTER 3474 ROBINHOOD RD. WINSTON SALEM, NC 27106-4702	PHYSICIAN CLINIC
530 NH REHABILITATION CENTER 3515 W. MARKET ST. GREENSBORO, NC 27403	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
531 NH REHABILITATION CENTER 512 VILLAGE RD., SUITE 102 SHALLOTTE, NC 28470-3420	PHYSICIAN CLINIC
532 NH REHABILITATION CENTER 515 PINEVIEW DR. KERNERSVILLE, NC 27284-3664	PHYSICIAN CLINIC
533 NH REHABILITATION CENTER 770 HIGHLAND OAKS DRIVE, SUITE 100 WINSTON SALEM, NC 27103	PHYSICIAN CLINIC
534 NH REHABILITATION CENTER 828 JAKE ALEXANDER BLVD. WEST SALISBURY, NC 28147	PHYSICIAN CLINIC
535 NH REHABILITATION CENTER 8420 UNIV EXECUTIVE PRK DR, STE 850 CHARLOTTE, NC 28262	PHYSICIAN CLINIC
536 NH REHABILITATION CENTER 865 WESTLAKE DRIVE MT. AIRY, NC 27030-2157	PHYSICIAN CLINIC
537 NH REHABILITATION CENTER 950 KIMBALL RD. CHINA GROVE, NC 28023-9594	PHYSICIAN CLINIC
538 NH REHABILITATION CENTER - ARBORETUM 8045 PROVIDENCE RD, STE 100 CHARLOTTE, NC 28277-8916	PHYSICIAN CLINIC
539 NH REHABILITATION CENTER - BERMUDA R 152 E KINDERTON WAY, STE 202 ADVANCE, NC 27006-7351	PHYSICIAN CLINIC
540 NH REHABILITATION CENTER - CALABASH 75 EMERSON BAY RD, STE 102 CAROLINA SHORES, NC 28467-2498	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
541 NH REHABILITATION CENTER - CHINA GRO 950 KIMBALL RD CHINA GROVE, NC 28023-9594	PHYSICIAN CLINIC
542 NH REHABILITATION CENTER - CORNELIUS 18121 OLD STATESVILLE RD CORNELIUS, NC 28031-9059	PHYSICIAN CLINIC
543 NH REHABILITATION CENTER - DENVER 269 GILLMAN RD, STE 200B DENVER, NC 28037-7919	PHYSICIAN CLINIC
544 NH REHABILITATION CENTER - EASTOVER 2711 RANDOLPH RD., SUITE 100 CHARLOTTE, NC 28207	PHYSICIAN CLINIC
545 NH REHABILITATION CENTER - HAWTHORNE 1903 SOUTH HAWTHORNE RD WINSTON-SALEM, NC 27103-3916	PHYSICIAN CLINIC
546 NH REHABILITATION CENTER - HIGHLAND 770 HIGHLAND OAKS DR WINSTON-SALEM, NC 27103-7105	PHYSICIAN CLINIC
547 NH REHABILITATION CENTER - HUNTERSVI 13245 REESE BLVD W, STE 100 HUNTERSVILLE, NC 28078-6390	PHYSICIAN CLINIC
548 NH REHABILITATION CENTER - KERNERSVI 515 PINEVIEW DR KERNERSVILLE, NC 27284-3664	PHYSICIAN CLINIC
549 NH REHABILITATION CENTER - KIMEL PAR 190 KIMEL PARK DR, STE 139 WINSTON-SALEM, NC 27103-6946	PHYSICIAN CLINIC
550 NH REHABILITATION CENTER - KING 167 MOORE RD, STE 203 KING, NC 27021-8770	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
551 NH REHABILITATION CENTER - KINGS DRI 445 SOUTH KINGS DR CHARLOTTE, NC 28204-3041	PHYSICIAN CLINIC
552 NH REHABILITATION CENTER - LAKESIDE 14330 OAKHILL PARK LANE, SUITE 115 HUNTERSVILLE, NC 28078	PHYSICIAN CLINIC
553 NH REHABILITATION CENTER - LANGTREE 106 LANGTREE VILLAGE DR, STE 200 MOORESVILLE, NC 28117-7594	PHYSICIAN CLINIC
554 NH REHABILITATION CENTER - LEXINGTON 144 FOREST HILL RD, STE 144 & 146 LEXINGTON, NC 27295-2008	PHYSICIAN CLINIC
555 NH REHABILITATION CENTER - LINDLEY P 3515 W MARKET ST, STE 130 GREENSBORO, NC 27403-4441	PHYSICIAN CLINIC
556 NH REHABILITATION CENTER - MAPLEWOOD 3155 MAPLEWOOD AVE WINSTON-SALEM, NC 27103-3903	PHYSICIAN CLINIC
557 NH REHABILITATION CENTER - MARKET ST 2710 MARKET STREET WILMINGTON, NC 28403	PHYSICIAN CLINIC
558 NH REHABILITATION CENTER - MINT HILL 8110 HEALTHCARE LOOP CHARLOTTE, NC 28215-7069	PHYSICIAN CLINIC
559 NH REHABILITATION CENTER - MOCKSVILL 215 CEMETERY ST MOCKSVILLE, NC 27028-2103	PHYSICIAN CLINIC
560 NH REHABILITATION CENTER - MOUNT AIR 865 W LAKE DR MOUNT AIRY, NC 27030-2157	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
561 NH REHABILITATION CENTER - OLEANDER 5220 OLEANDER DRIVE WILMINGTON, NC 28401	PHYSICIAN CLINIC
562 NH REHABILITATION CENTER - POPLAR TE 9955 POPLAR TENT RD CONCORD, NC 28027-9314	PHYSICIAN CLINIC
563 NH REHABILITATION CENTER - QUEEN CIT 2100 S TRYON ST, STE 201 CHARLOTTE, NC 28203-4958	PHYSICIAN CLINIC
564 NH REHABILITATION CENTER - ROBINHOOD 3474 ROBINHOOD RD WINSTON-SALEM, NC 27106-4702	PHYSICIAN CLINIC
565 NH REHABILITATION CENTER - ROWAN 1910 JAKE ALEXANDER BLVD WEST SALISBURY, NC 28147-1162	PHYSICIAN CLINIC
566 NH REHABILITATION CENTER - SALISBURY 1035 LINCOLNTON RD, STE A SALISBURY, NC 28144-6260	PHYSICIAN CLINIC
567 NH REHABILITATION CENTER - SALISBURY 828 JAKE ALEXANDER BLVD W SALISBURY, NC 28147-1220	PHYSICIAN CLINIC
568 NH REHABILITATION CENTER - SHALLOTTE 512 VILLAGE RD, STE 102 SHALLOTTE, NC 28470-3420	PHYSICIAN CLINIC
569 NH REHABILITATION CENTER - SHIPYARD 2800 ASHTON DRIVE, SUITE B WILMINGTON, NC 28412	PHYSICIAN CLINIC
570 NH REHABILITATION CENTER - SOUTH PAR 6324 FAIRVIEW RD., SUITE 202 CHARLOTTE, NC 28210	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
571 NH REHABILITATION CENTER - SOUTHPARK 6324 FAIRVIEW RD, STE 202 CHARLOTTE, NC 28210-3271	PHYSICIAN CLINIC
572 NH REHABILITATION CENTER - THOMASVIL 211 OLD LEXINGTON RD THOMASVILLE, NC 27360-3428	PHYSICIAN CLINIC
573 NH REHABILITATION CENTER - UNIVERSIT 8420 UNIVERSITY EXEC PRK DR, STE 850 CHARLOTTE, NC 28262-1308	PHYSICIAN CLINIC
574 NH REHABILITATION CENTER - WAVERLY 11840 SOUTHMORE DR, STE 100 CHARLOTTE, NC 28277-4466	PHYSICIAN CLINIC
575 NH REHABILITATION CENTER - WAXHAW 3614 S. PROVIDENCE RD, SUITE 100 WAXHAW, NC 28173	PHYSICIAN CLINIC
576 NH REHABILITATION MEDICINE - SALISBU 1910 JAKE ALEXANDER BLVD W, STE 102 SALISBURY, NC 28147-1163	PHYSICIAN CLINIC
577 NH RHEUMATOLOGY - BRUNSWICK FOREST 1333 S DICKINSON DR, STE 230 LELAND, NC 28451-6434	PHYSICIAN CLINIC
578 NH RHEUMATOLOGY - DOCTORS CIRCLE 1509 DOCTORS CIR, BLDG C WILMINGTON, NC 28401-7403	PHYSICIAN CLINIC
579 NH RHEUMATOLOGY & ARTHRITIS - BALLAN 12311 COPPER WAY, STE 100 CHARLOTTE, NC 28277-3643	PHYSICIAN CLINIC
580 NH RHEUMATOLOGY & ARTHRITIS - HUNTER 9920 KINCEY AVE, STE 120 HUNTERSVILLE, NC 28078-2401	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
581 NH RHEUMATOLOGY & ARTHRITIS - WESTBR 1551 WESTBROOK PLAZA DR, STE 200 WINSTON-SALEM, NC 27103-1355	PHYSICIAN CLINIC
582 NH ROBINHOOD PEDS & ADOLESCENT MED 1350 WHITAKER RIDGE DR WINSTON-SALEM, NC 27106-4966	PHYSICIAN CLINIC
583 NH ROCK HILL FAMILY MEDICINE 1435 EBENEZER RD ROCK HILL, SC 29732-2338	PHYSICIAN CLINIC
584 NH ROWAN FAMILY PHYSICIANS 650 JULIAN RD SALISBURY, NC 28147-9078	PHYSICIAN CLINIC
585 NHRMC CARDIO-PULMONARY REHAB 401 MOCKSVILLE AVE SALISBURY, NC 28147	PHYSICIAN CLINIC
586 NH RURAL HALL FAMILY MEDICINE 290 W WALL ST RURAL HALL, NC 27045-9308	PHYSICIAN CLINIC
587 NH SALEM SURGICAL ASSOCIATES 7126 VILLAGE MEDICAL CIR CLEMMONS, NC 27012-8004	AMBULATORY SURGERY CENTER
588 NH SALEM SURGICAL ASSOCIATES 1710 KERNERSVILLE MEDICAL PKWY, STE KERNERSVILLE, NC 27284-7156	AMBULATORY SURGERY CENTER
589 NH SALEM SURGICAL ASSOCIATES 2915 LYNDHURST AVE WINSTON-SALEM, NC 27103-4005	AMBULATORY SURGERY CENTER
590 NH SALEM SURGICAL WEIGHT LOSS 760 HIGHLAND OAKS DR, STE 200 WINSTON-SALEM, NC 27103-7114	AMBULATORY SURGERY CENTER

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
591 NH SALISBURY MEDICAL 201 WOODSON ST, STE A SALISBURY, NC 28144-3286	PHYSICIAN CLINIC
592 NH SALISBURY SURGICAL ASSOCIATES 911 W HENDERSON ST KISER BLD STE 410 SALISBURY, NC 28144-2700	AMBULATORY SURGERY CENTER
593 NH SALISBURY UROLOGY 911 W HENDERSON ST, STE 110 SALISBURY, NC 28144-2700	PHYSICIAN CLINIC
594 NH SCOTTS HILL OUTPATIENT SURGERY CE 9104 MARKET STREET WILMINGTON, NC 28411	AMBULATORY SURGERY CENTER
595 NH SENIOR CARE - MATTHEWS 1450 MATTHEWS TOWNSHIP PKWY, STE 400 MATTHEWS, NC 28105-5336	PHYSICIAN CLINIC
596 NH SENIOR CARE - SOUTHPARK 6324 FAIRVIEW RD, STE 310 CHARLOTTE, NC 28210-4172	PHYSICIAN CLINIC
597 NH SENIOR LIVING HEALTH SERVICES 108 PROVIDENCE RD CHARLOTTE, NC 28207-1218	PHYSICIAN CLINIC
598 NH SENIOR LIVING HEALTH SERVICES 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103-5614	PHYSICIAN CLINIC
599 NH SENIOR LIVING PRIMARY CARE 190 MORAVIAN WAY DR WINSTON-SALEM, NC 27106-3216	PHYSICIAN CLINIC
600 NH SHALLOWFORD FAMILY MEDICINE 165 LOWES FOOD DR LEWISVILLE, NC 27023-8258	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
601 NH SLEEP CENTER - HUNTERSVILLE 13815 PROFESSIONAL CTR DR, STE 300 HUNTERSVILLE, NC 28078-7938	PHYSICIAN CLINIC
602 NH SLEEP CENTER - ROWAN 1910 JAKE ALEXANDER BLVD W., STE 102 SALISBURY, NC 28147-1177	PHYSICIAN CLINIC
603 NH SLEEP MEDICINE - BALLANTYNE 14135 BALLANTYNE CORP PL, STE 160 CHARLOTTE, NC 28277-4221	PHYSICIAN CLINIC
604 NH SLEEP MEDICINE - MATTHEWS 3330 SISKEY PKWY MATTHEWS, NC 28105-3222	PHYSICIAN CLINIC
605 NH SLEEP MEDICINE - MIDTOWN 1918 RANDOLPH RD, STE 400 CHARLOTTE, NC 28207-1196	PHYSICIAN CLINIC
606 NH SLEEP MEDICINE - MINT HILL 8201 HEALTHCARE LOOP, STE 201 CHARLOTTE, NC 28215-7072	PHYSICIAN CLINIC
607 NH SLEEP MEDICINE - MONROE 2000 WELLNESS BLVD, STE 140 MONROE, NC 28110-3354	PHYSICIAN CLINIC
608 NH SLEEP MEDICINE - PEDIATRICS 1900 RANDOLPH RD, STE 300 CHARLOTTE, NC 28207-1106	PHYSICIAN CLINIC
609 NH SLEEP MEDICINE - PROSPERITY CH 6909 PROSPERITY CHURCH RD HUNTERSVILLE, NC 28078-6698	PHYSICIAN CLINIC
610 NH SOUTH CHARLOTTE ENDOCRINOLOGY 15825 BALLANTYNE MEDICAL PL, STE 220 CHARLOTTE, NC 28277-4790	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
611 NH SOUTH PARK FAMILY PHYSICIANS 6324 FAIRVIEW RD, STE 201 CHARLOTTE, NC 28210-4278	PHYSICIAN CLINIC
612 NH SOUTHEAST OB/GYN 1450 MATTHEWS TOWNSHIP PKWY, STE 300 MATTHEWS, NC 28105-5332	PHYSICIAN CLINIC
613 NH SOUTHERN PIEDMONT PRIMARY CARE 1995 WELLNESS BLVD, STE 110&210 BLD MONROE, NC 28110-7772	PHYSICIAN CLINIC
614 NH SOUTHERN PIEDMONT PRIMARY CARE 6488 WEDDINGTON MONROE RD WESLEY CHAPEL, NC 28104-7948	PHYSICIAN CLINIC
615 NH SPINE & HEADACHE REHABILITATION 10305 HAMPTONS PARK DR, STE 101 HUNTERSVILLE, NC 28078-7221	PHYSICIAN CLINIC
616 NH SPINE & HEADACHE REHABILITATION 10305 HAMPTONS PARK, SUITE 101 HUNTERSVILLE, NC 28078	PHYSICIAN CLINIC
617 NH SPINE SPECIALISTS - BALLANTYNE 7825 BALLANTYNE CMNS PKWY, STE 150 CHARLOTTE, NC 28277-3175	PHYSICIAN CLINIC
618 NH SPINE SPECIALISTS - BERMUDA RUN 152 E KINDERTON WAY, STE 101 BERMUDA RUN, NC 27006-7351	PHYSICIAN CLINIC
619 NH SPINE SPECIALISTS - GREENSBORO 3515 W MARKET ST, STE 210 GREENSBORO, NC 27403-4442	PHYSICIAN CLINIC
620 NH SPINE SPECIALISTS - HIGH POINT 1226 EASTCHESTER DR, STE 200 HIGH POINT, NC 27265-3116	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
621 NH SPINE SPECIALISTS - HUNTERSVILLE 10305 HAMPTONS PARK DR, STE 101 HUNTERSVILLE, NC 28078-6504	PHYSICIAN CLINIC
622 NH SPINE SPECIALISTS - KIMEL PARK 190 KIMEL PARK DR, STE 140 WINSTON-SALEM, NC 27103-6946	PHYSICIAN CLINIC
623 NH SPINE SPECIALISTS - MINT HILL 8201 HEALTHCARE LOOP, STE 201 CHARLOTTE, NC 28215-7072	PHYSICIAN CLINIC
624 NH SPINE SPECIALISTS - MT AIRY 865 WESTLAKE DR, STE 200 MOUNT AIRY, NC 27030-2135	PHYSICIAN CLINIC
625 NH SPINE SPECIALISTS - RANDOLPH ROAD 2801 RANDOLPH RD, STE 100 CHARLOTTE, NC 28211-1051	PHYSICIAN CLINIC
626 NH SPORTS PERFORMANCE & REHAB 7210 VILLAGE MEDICAL CIR, STE 115 CLEMMONS, NC 27012-8029	PHYSICIAN CLINIC
627 NH STEELE CREEK FAMILY MEDICINE 2610 W ARROWOOD RD CHARLOTTE, NC 28273-6134	PHYSICIAN CLINIC
628 NH STEEELECROFT PEDIATRICS 13557 STEEELECROFT PKWY, STE 2200 CHARLOTTE, NC 28278-7559	PHYSICIAN CLINIC
629 NH STEEELECROFT PRIMARY CARE 13425 HOOVER CREEK BLVD, STE 100 CHARLOTTE, NC 28273-0054	PHYSICIAN CLINIC
630 NH STROKE BRIDGE CLINIC - CHARLOTTE 1918 RANDOLPH RD, STE 400 CHARLOTTE, NC 28207-1196	PHYSICIAN CLINIC

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
631 NH STROKE BRIDGE CLINIC - WINSTON-SA 190 KIMEL PARK DR, STE 120 WINSTON-SALEM, NC 27103-6946	PHYSICIAN CLINIC
632 NH SUN VALLEY FAMILY PHYSICIANS 1480 WESLEY CHAPEL RD INDIAN TRAIL, NC 28079-5244	PHYSICIAN CLINIC
633 NH SUPPORTIVE CARE 324 NORTH MCDOWELL ST, STE 200 CHARLOTTE, NC 28204-2222	PHYSICIAN CLINIC
634 NH SURGICAL ASSOCIATES - BOLIVIA 257 HOSPITAL DR NE, STE 200 BOLIVIA, NC 28422-8411	AMBULATORY SURGERY CENTER
635 NH SURGICAL ASSOCIATES - CAROLINA SH 75 EMERSON BAY RD, STE 104 CAROLINA SHORES, NC 28467-2498	AMBULATORY SURGERY CENTER
636 NH SURGICAL ASSOCIATES - LELAND 509 OLDE WATERFORD WAY, STE 200 LELAND, NC 28451-4126	AMBULATORY SURGERY CENTER
637 NH SURGICAL PARTNERS - BILTMORE 80 PEACHTREE RD, STE 210 ASHEVILLE, NC 28803-3160	AMBULATORY SURGERY CENTER
638 NH SURGICAL WELLNESS - BRUNSWICK 240 HOSPITAL DR NE BOLIVIA, NC 28422-8346	AMBULATORY SURGERY CENTER
639 NH SURGICAL WELLNESS - CHARLOTTE 1901 RANDOLPH RD CHARLOTTE, NC 28207-1101	AMBULATORY SURGERY CENTER
640 NH SURGICAL WELLNESS - KERNERSVILLE 1750 KERNERSVILLE MEDICAL PKWY KERNERSVILLE, NC 27284-7146	AMBULATORY SURGERY CENTER

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
641 NH SURGICAL WELLNESS - MATTHEWS 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS, NC 28105-4656	AMBULATORY SURGERY CENTER
642 NH SURGICAL WELLNESS - MEDICAL PARK 1950 S HAWTHORNE RD WINSTON-SALEM, NC 27103-3912	AMBULATORY SURGERY CENTER
643 NH SURGICAL WELLNESS - MINT HILL 8201 HEALTHCARE LOOP, STE 304 CHARLOTTE, NC 28215-7072	AMBULATORY SURGERY CENTER
644 NH SURGICAL WELLNESS - THOMASVILLE 207 OLD LEXINGTON RD THOMASVILLE, NC 27360-3428	AMBULATORY SURGERY CENTER
645 NH SURRY MEDICAL EXTENDED CARE 2133 ROCKFORD ST, STE 1400 MOUNT AIRY, NC 27030-6594	PHYSICIAN CLINIC
646 NH TELE-INTENSIVE CARE 1969 WELLNESS BLVD MONROE, NC 28110-7763	PHYSICIAN CLINIC
647 NH TELEPSYCHIATRY - CHARLOTTE 3545 WHITEHALL PARK DR, STE 300 CHARLOTTE, NC 28273-4179	PHYSICIAN CLINIC
648 NH TODAY'S ADULT PRIMARY CARE 2001 TODAY'S WOMAN AVE WINSTON-SALEM, NC 27105-5069	PHYSICIAN CLINIC
649 NH TODAY'S PEDIATRICS 2001 TODAY'S WOMAN AVE WINSTON-SALEM, NC 27105-5069	PHYSICIAN CLINIC
650 NH TODAY'S WOMAN OB/GYN 2001 TODAY'S WOMAN AVE WINSTON-SALEM, NC 27105-5069	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
651 NH TOWNSHIP PEDIATRICS 201 E MATTHEWS ST, STE 100 MATTHEWS, NC 28105-5027	PHYSICIAN CLINIC
652 NH TRIAD ENDOCRINE - GREENSBORO 3515 W MARKET ST, STE 210 GREENSBORO, NC 27403-4442	PHYSICIAN CLINIC
653 NH TRIAD OBSTETRICS & GYNECOLOGY 2909 MAPLEWOOD AVE WINSTON-SALEM, NC 27103-4009	PHYSICIAN CLINIC
654 NH TWIN CITY PEDIATRICS 2821 MAPLEWOOD AVE WINSTON-SALEM, NC 27103-4137	PHYSICIAN CLINIC
655 NH TWIN CITY PEDIATRICS - CLEMMONS 5175 OLD CLEMMONS SCHOOL RD CLEMMONS, NC 27012-9087	PHYSICIAN CLINIC
656 NH UNC CHILDREN'S - BRUNSWICK 20 MEDICAL CAMPUS DR NW, STE 205 SUPPLY, NC 28462-4094	PHYSICIAN CLINIC
657 NH UNC CHILDREN'S - JACKSONVILLE 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	PHYSICIAN CLINIC
658 NH UNION CROSS FAMILY MEDICINE 1471 JAG BRANCH BLVD, STE 103 KERNERSVILLE, NC 27284-6956	PHYSICIAN CLINIC
659 NH UNIVERSITY CITY INTERNAL MEDICINE 8401 MEDICAL PLAZA DR, STE 250 CHARLOTTE, NC 28262-8700	PHYSICIAN CLINIC
660 NH UNIVERSITY FAMILY PHYSICIANS 10810 MALLARD CREEK RD CHARLOTTE, NC 28262-9786	PHYSICIAN CLINIC

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
661 NH UROGYNECOLOGY - CHARLOTTE 6324 FAIRVIEW RD, STE 420 CHARLOTTE, NC 28210-3372	PHYSICIAN CLINIC
662 NH UROGYNECOLOGY - HUNTERSVILLE 9930 KINCEY AVE, STE 220 HUNTERSVILLE, NC 28078-6541	PHYSICIAN CLINIC
663 NH UROGYNECOLOGY - LANGTREE 106 LANGTREE VILLAGE DR, STE 200 MOORESVILLE, NC 28117-7571	PHYSICIAN CLINIC
664 NH UROGYNECOLOGY - MINT HILL 8201 HEALTHCARE LOOP, STE 302 CHARLOTTE, NC 28215-7072	PHYSICIAN CLINIC
665 NH UROLOGY - BRUNSWICK FOREST 1333 S DICKINSON DR, UNIT 230 LELAND, NC 28451-6430	PHYSICIAN CLINIC
666 NH UROLOGY - CLEMMONS 7210 VILLAGE MEDICAL CIR, STE 225 CLEMMONS, NC 27012-8035	PHYSICIAN CLINIC
667 NH UROLOGY - JACKSONVILLE 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	PHYSICIAN CLINIC
668 NH UROLOGY - RURAL HALL 648 ALMONDRIDGE DR RURAL HALL, NC 27045-9887	PHYSICIAN CLINIC
669 NH UROLOGY - SOUTHPORT 3009 MEDICAL PLAZA LN SOUTHPORT, NC 28461-5194	PHYSICIAN CLINIC
670 NH UROLOGY - WILMINGTON 1814 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403-5350	PHYSICIAN CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 700

Name and address	Type of facility (describe)
671 NH UROLOGY PARTNERS - BOLIVIA 257 HOSPITAL DR NE, STE 100 BOLIVIA, NC 28422-8411	PHYSICIAN CLINIC
672 NH UROLOGY PARTNERS - CAROLINA SHORE 75 EMERSON BAY RD, STE 104 CAROLINA SHORES, NC 28467-2498	PHYSICIAN CLINIC
673 NH UROLOGY PARTNERS - LELAND 1333 S DICKINSON DR, STE 230 LELAND, NC 28451-6434	PHYSICIAN CLINIC
674 NH VALAORAS & LEWIS OB/GYN 245 CHARLOIS BLVD WINSTON-SALEM, NC 27103-1507	PHYSICIAN CLINIC
675 NH VASCULAR CARE - KERNERSVILLE 1710 KERNERSVILLE MED PKWY, STE 210 KERNERSVILLE, NC 27284-7157	PHYSICIAN CLINIC
676 NH VASCULAR DIAGNOSTICS 2827 LYNDHURST AVE, STE 201 WINSTON-SALEM, NC 27103-4145	PHYSICIAN CLINIC
677 NH VASCULAR SPECIALISTS 2827 LYNDHURST AVE, STE 203 WINSTON-SALEM, NC 27103-4145	PHYSICIAN CLINIC
678 NH VEIN SPECIALISTS 2827 LYNDHURST AVE, STE 206 WINSTON-SALEM, NC 27103-4145	PHYSICIAN CLINIC
679 NH VILLAGE FAMILY CARE 3213 ROGERS RD WAKE FOREST, NC 27587-3805	PHYSICIAN CLINIC
680 NH VILLAGE POINT FAMILY MEDICINE 7130 VILLAGE MEDICAL CIR CLEMMONS, NC 27012-8004	PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 700

Name and address	Type of facility (describe)
681 NH WALKERTOWN FAMILY MEDICINE 2800 DARROW RD WALKERTOWN, NC 27051-9206	PHYSICIAN CLINIC
682 NH WALLBURG FAMILY MEDICINE 10479 N NC HWY 109, STE 107A WINSTON-SALEM, NC 27107-9884	PHYSICIAN CLINIC
683 NH WAUGHTOWN OB/GYN 656 E MONMOUTH ST WINSTON-SALEM, NC 27107-3227	PHYSICIAN CLINIC
684 NH WAUGHTOWN PEDIATRICS 648 E MONMOUTH ST WINSTON-SALEM, NC 27107-3227	PHYSICIAN CLINIC
685 NH WAVERLY PEDIATRICS & PRIMARY CARE 11840 SOUTHMORE DR, STE 200 CHARLOTTE, NC 28277-4466	PHYSICIAN CLINIC
686 NH WAXHAW FAMILY & SPORTS MEDICINE 3614 PROVIDENCE RD S, STE 200 WAXHAW, NC 28173-6310	PHYSICIAN CLINIC
687 NH WEST ROWAN FAMILY MEDICINE 335 SCHOOL ST CLEVELAND, NC 27013-9501	PHYSICIAN CLINIC
688 NH WILKES MEDICAL ASSOCIATES 1919 W PARK DR NORTH WILKESBORO, NC 28659-3564	PHYSICIAN CLINIC
689 NH WILMINGTON ENDOSCOPY CENTER 1520 PHYSICIANS DRIVE, SUITE A WILMINGTON, NC 28401	ENDOSCOPY CENTER
690 NH WINSTON-SALEM GYNECOLOGY 201 EXECUTIVE PARK BLVD WINSTON-SALEM, NC 27103-1503	PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 700

Name and address	Type of facility (describe)
691 NH WOMANCARE - CLEMMONS 4130 CLEMMONS RD CLEMMONS, NC 27012-7520	PHYSICIAN CLINIC
692 NH WOMANCARE - KERNERSVILLE 1730 KERNERSVILLE MED PKWY, STE 104 KERNERSVILLE, NC 27284-7198	PHYSICIAN CLINIC
693 NH WOMANCARE - WINSTON-SALEM 114 CHARLOIS BLVD WINSTON-SALEM, NC 27103-1522	PHYSICIAN CLINIC
694 NH WOUND CARE - FREEDOM DRIVE 2225 FREEDOM DR CHARLOTTE, NC 28208-1000	PHYSICIAN CLINIC
695 NH WOUND CARE - MATTHEWS 1450 MATTHEWS TOWNSHIP PKWY, STE 280 MATTHEWS, NC 28105-5331	PHYSICIAN CLINIC
696 NH WOUND CARE - NEW HANOVER 2259 S 17TH ST WILMINGTON, NC 28401-7542	AMBULATORY SURGERY CENTER
697 NH WOUND CARE & LIMB PRESERVATION 211 OLD LEXINGTON RD THOMASVILLE, NC 27360-3428	PHYSICIAN CLINIC
698 NH GROUP, INC. 3701 ARCO CORPORATE DR, STE 600 CHARLOTTE, NC 28273-4134	PHYSICIAN CLINIC
699 OPEN MRI OF ASHEVILLE 675 BILTMORE AVENUE, SUITE A ASHEVILLE, NC 28803-2527	IMAGING CENTER
700 SOUTHERN SURGERY SPECIALISTS 75 BAYLOR DR, STE 290 BLUFFTON, SC 29910-8965	AMBULATORY SURGERY CENTER

Schedule H (Form 990) 2024

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 FAP.
- 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 (for example, 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.

PART I, LINE 3C:

CRITERIA OTHER THAN INCOME AND FPG USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE INCLUDES: (1) RESIDENCY (PATIENTS MUST RESIDE WITHIN SERVICE AREA OF HOSPITAL FACILITY), (2) NECESSITY OF CARE (ONLY MEDICALLY NECESSARY SERVICES ARE COVERED), (3) PATIENT STATUS (FOR PROVIDER-BASED PHYSICIAN CLINICS, PATIENT MUST HAVE BEEN TREATED BY AFFILIATED PRIMARY CARE PHYSICIAN WITHIN PAST THREE YEARS), (4) ACCESS TO HEALTHCARE COVERAGE (INABILITY TO ACCESS EMPLOYER SPONSORED HEALTH PLAN OR GOVERNMENT SPONSORED ENTITLEMENT PROGRAMS), AND (5) AVAILABILITY OF SUBSTANTIAL LIQUID ASSETS (WITHOUT SUBSTANTIAL CASH ON HAND). FOR ELIGIBILITY DETERMINATION, LIQUID ASSETS DO NOT INCLUDE AN OWNED RESIDENCE, VEHICLE, OR RETIREMENT ACCOUNTS. SUBSTANTIAL IS DEFINED AS ENOUGH TO COVER THE MEDICAL EXPENSE WITHOUT PLACING HARDSHIP ON THE PATIENT. PATIENTS WITH SPECIAL CIRCUMSTANCES (INCLUDING BANKRUPTCY) MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE. DETERMINATION IS MADE ON A CASE BY CASE BASIS.

PART I, LINE 7:

COSTS REPORTED IN THE TABLE FOR FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AMOUNTS ARE CALCULATED USING A REPORTING ENTITY SPECIFIC COST-TO-CHARGE RATIO ("CCR") BASED ON FORM 990, SCHEDULE H, INSTRUCTIONS, WORKSHEET 2.

IN 2024, NOVANT HEALTH'S FINANCIAL ASSISTANCE POLICY REMAINED THE SAME, WHICH PROVIDED FREE CARE TO UNINSURED PATIENTS WITH AN ANNUAL INCOME UP TO 300% OF THE FEDERAL POVERTY LEVEL. HOWEVER, THERE WERE STATE-LEVEL LEGISLATIVE CHANGES RELATED TO MEDICAID THAT AFFECTED OUR OVERALL COMMUNITY BENEFIT NUMBERS.

PART I, LN 7 COL(F):

THE AMOUNT OF BAD DEBT REMOVED FROM TOTAL EXPENSES IN THE DENOMINATOR WAS \$0.

PART I, LINE 4:

NOVANT HEALTH HAS A CATASTROPHIC SETTLEMENT POLICY WHICH IS SEPARATE FROM THE FINANCIAL ASSISTANCE POLICY. THE PURPOSE OF THIS POLICY IS TO IDENTIFY CIRCUMSTANCES IN WHICH NOVANT HEALTH MAY WORK WITH PATIENTS TO MEET THEIR FINANCIAL OBLIGATIONS WHEN THEY HAVE LARGE OUT-OF POCKET

Part VI Supplemental Information (Continuation)

EXPENSES RELATED TO A VISIT THAT IS NOT COVERED BY FINANCIAL ASSISTANCE.

PART II, COMMUNITY BUILDING ACTIVITIES:

NOVANT HEALTH CONTINUES TO SUPPORT COMMUNITY BUILDING ACTIVITIES AIMED AT STRENGTHENING COMMUNITY INFRASTRUCTURE, ADDRESSING THE UNDERLYING CAUSES OF HEALTH PROBLEMS, AND IMPACTING THE OVERALL HEALTH OF OUR COMMUNITY THROUGH PARTNERSHIPS WITH LOCAL AGENCIES. NOVANT HEALTH PROVIDES FINANCIAL SUPPORT AND OTHER RESOURCES TO ORGANIZATIONS SUCH AS ONE YARD AWAY INC., LOCAL UNITED WAY AGENCIES, REACH WOMEN NETWORKS, COMMUNITIES IN SCHOOLS AND OTHER LOCAL COMMUNITY ORGANIZATIONS. OUR STRONG PARTNERSHIPS AND OUTREACH ARE HELPING TO SUCCESSFULLY BRIDGE THE GAPS IN AREAS OF NEED FOR RESOURCES BEYOND TRADITIONAL HEALTHCARE SERVICES WITHIN THE COMMUNITIES WE SERVE.

PART III, LINE 2:

IMPLICIT PRICE CONCESSIONS ARE DETERMINED BASED ON MANAGEMENT'S ASSESSMENT OF CONTRACTUAL AGREEMENTS, DISCOUNT POLICIES, AND HISTORICAL EXPERIENCE, AS WELL AS CURRENT AND EXPECTED FUTURE ECONOMIC CONDITIONS.

PART III, LINE 4:

THE ORGANIZATION'S IMPLICIT PRICE CONCESSIONS ON LINE 2 ARE CALCULATED USING THE SAME METHODOLOGY AS FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS USING AN ENTITY SPECIFIC COST-TO-CHARGE RATIO (CCR). FOOTNOTE 2 (ACCOUNTS RECEIVABLE) ON PAGE 8 OF THE AUDITED FINANCIAL STATEMENTS DESCRIBES IMPLICIT PRICE CONCESSIONS.

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 EXPLAINS ACTIONS TAKEN

Part VI Supplemental Information (Continuation)

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% FINANCIAL ASSISTANCE AND THEREFORE DO NOT RECEIVE BILLS ONCE FAP ELIGIBILITY HAS BEEN ESTABLISHED.

PART VI, LINE 2: NEEDS ASSESSMENT

NOVANT HEALTH'S OFFICE OF HEALTH EQUITY AND COMMUNITY HEALTH FACILITATES COMMUNITY BENEFIT ACROSS THE SYSTEM. THIS CORPORATE DEPARTMENT IS RESPONSIBLE FOR COORDINATING THE PREPARATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) FOR EACH HOSPITAL FACILITY WITHIN THE SYSTEM, INCLUDING THE CHNAS REPORTED IN PART V, SECTION B. THE OFFICE OF HEALTH EQUITY & COMMUNITY HEALTH ALSO WORKS WITH EACH HOSPITAL FACILITY TO IDENTIFY ORGANIZATIONS AND RESOURCES WITHIN THEIR RESPECTIVE COMMUNITIES THAT PARTICIPATE IN ALLEVIATING SIGNIFICANT COMMUNITY HEALTH NEEDS. SUCH ORGANIZATIONS AND RESOURCES INCLUDE PUBLIC HEALTH DEPARTMENTS, LOCAL COMMUNITY COALITIONS AND CLINICS REPRESENTING THE MEDICALLY UNDERSERVED, UNITED WAY, YMCAS, LOCAL UNIVERSITIES, AND MORE. COMMUNITY HEALTH NEEDS ASSESSMENTS ARE PREPARED INTERNALLY WITH THE HELP OF CONTRACTED VENDORS. INTERNAL HOSPITAL DATA AND INFORMATION COLLECTED FROM LOCAL AGENCIES AND COMMUNITY MEMBERS, ARE USED TO PREPARE CHNAS FOR NOVANT HEALTH'S HOSPITAL FACILITIES. THROUGH DATA COLLECTION AND COMMUNITY PARTNERSHIPS, NOVANT HEALTH IS ABLE TO ASSESS UNMET NEEDS AND WORK TO DIRECTLY SUPPORT PARTNERS IN ADDRESSING THOSE NEEDS WITHIN ITS COMMUNITIES SERVED. ORGANIZATIONAL PARTNERSHIPS ESTABLISHED BY THE OFFICE OF HEALTH EQUITY AND COMMUNITY HEALTH ARE OFTEN LEVERAGED TO ADDRESS NEEDS THAT WERE IDENTIFIED IN THE CHNAS BUT WERE NOT PRIORITIZED BY THE FACILITY'S IMPLEMENTATION PLAN. IN ADDITION TO ADDRESSING HEALTH NEEDS IDENTIFIED THROUGH THE CHNA PROCESS, EACH HOSPITAL FACILITY RESPONDS TO REQUESTS FOR SPECIFIC COMMUNITY BENEFIT ACTIVITIES OR PROGRAMS FROM PUBLIC AGENCIES AND/OR COMMUNITY GROUPS.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

NOVANT HEALTH IS COMMITTED TO PROVIDING OUTSTANDING HEALTHCARE TO ALL PERSONS IN THE COMMUNITIES SERVED, REGARDLESS OF THEIR ABILITY TO PAY. THE HEALTHCARE SYSTEM'S FINANCIAL COUNSELING TEAM CONTINUOUSLY WORKS WITH PATIENTS TO UNDERSTAND NEEDS AND ENSURE THAT CORPORATE POLICIES AND PROCESSES ADDRESS THOSE NEEDS. NOVANT HEALTH ALSO MAINTAINS CONTRACTS WITH MEDICAID ELIGIBILITY VENDORS. THESE VENDORS OFFER ADDITIONAL SUPPORT IN PROCESSING AND ASSESSING HOW THE HEALTHCARE SYSTEM SERVES THE FINANCIAL NEEDS OF ITS PATIENTS.

BASED ON COMMUNITY ASSESSMENTS, NOVANT HEALTH DEVELOPS FINANCIAL ASSISTANCE POLICIES/PROGRAMS TO ADDRESS FINANCIAL NEEDS OF ITS PATIENTS, AND PRIDES ITSELF ON THE TRANSPARENCY OF ITS FINANCIAL ASSISTANCE POLICY/PROGRAMS AND THE EDUCATION OFFERED TO PATIENTS REGARDING FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE PROGRAMS, ALONG WITH CONTACT INFORMATION FOR FINANCIAL COUNSELORS, ARE DOCUMENTED ON THE NOVANT HEALTH WEBSITE, ALONG WITH CONTACT INFORMATION FOR ITS FINANCIAL COUNSELORS. ADDITIONALLY, FINANCIAL ASSISTANCE PROGRAMS ARE DOCUMENTED ON PATIENT FLYERS THROUGHOUT THE SYSTEM'S HOSPITAL FACILITIES, OUTPATIENT CENTERS, AND PHYSICIAN OFFICES. THE SYSTEM'S PATIENT ACCESS SPECIALISTS, FINANCIAL COUNSELORS AND BUSINESS OFFICE TEAMS WORK WITH ALL ELIGIBLE PATIENTS TO EDUCATE THEM ON THE VARIOUS OPTIONS AVAILABLE VIA FINANCIAL ASSISTANCE PROGRAMS OR GOVERNMENT SPONSORED CARE. THESE PATIENT FACING TEAM MEMBERS

Part VI Supplemental Information (Continuation)

ALSO REFERENCE THE FINANCIAL ASSISTANCE POLICY IN ALL CONVERSATIONS RELATED TO PATIENTS BILLS. FINALLY, NOVANT HEALTH WORKS WITH LOCAL AREA FREE HEALTH CLINICS AND OTHER CHARITABLE ORGANIZATIONS TO PROVIDE CONTINUATION OF CARE FOR PATIENTS IN THE COMMUNITIES SERVED.

IN ADDITION TO FINANCIAL COUNSELING PROCESSES USED TO IDENTIFY PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE, NOVANT HEALTH'S COLLECTION PROCESS HELPS IDENTIFY PATIENTS WHO MAY BE ELIGIBLE BASED ON FEDERAL POVERTY GUIDELINES ("FPG"). THE SYSTEM UTILIZES PREVIOUSLY SUBMITTED PATIENT DOCUMENTATION AND CREDIT AGENCY REPORTED FPG FOR FINANCIAL ASSISTANCE DETERMINATIONS. SUPPORTING DOCUMENTS ARE VALID 6 MONTHS FROM THE DATE OF SUBMISSION.

FINANCIAL ASSISTANCE POLICIES ARE CONSIDERED FLUID AND ARE UPDATED FREQUENTLY BASED ON LOCAL AND NATIONAL MARKET STANDARDS AND NATIONAL ECONOMIC CONDITIONS. ANY UPDATES TO FINANCIAL ASSISTANCE POLICIES REQUIRE MULTI-LEVEL LEADERSHIP APPROVAL AND ARE ULTIMATELY APPROVED BY THE ORGANIZATION'S BOARD.

PART VI, LINE 4: COMMUNITY INFORMATION

THE FILING ORGANIZATION OPERATES ELEVEN LICENSED HOSPITALS AS FOLLOWS:

NOVANT HEALTH BRUNSWICK MEDICAL CENTER ("NHBMC"),
NOVANT HEALTH MINT HILL MEDICAL CENTER ("NHMHMC"),
NOVANT HEALTH THOMASVILLE MEDICAL CENTER ("NHTMC"),
NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER ("NHNHRMC"),
NOVANT HEALTH ROWAN MEDICAL CENTER ("NHRMC"),
NOVANT HEALTH MEDICAL PARK HOSPITAL ("NHMPH"),
NOVANT HEALTH MATTHEWS MEDICAL CENTER ("NHMMC"),
NOVANT HEALTH BALLANTYNE MEDICAL CENTER ("NHBALLMC"),
NOVANT HEALTH EAST COOPER MEDICAL CENTER ("NHECMC"),
NOVANT HEALTH HILTON HEAD MEDICAL CENTER ("NHHHMC"), AND
NOVANT HEALTH COASTAL CAROLINA MEDICAL CENTER ("NHCCMC").

NOVANT HEALTH BRUNSWICK MEDICAL CENTER

THE PRIMARY SERVICE AREA ("PSA") IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE FACILITY'S IN-PATIENT POPULATION. THE PRIMARY SERVICE AREA (PSA) AND DEFINED COMMUNITY IS BRUNSWICK COUNTY, WHICH INCLUDES THE COUNTY SEAT OF BOLIVIA AND THE CITIES OF LELAND, SHALLOTTE, SOUTHPORT, SUPPLY, CALABASH, OAK ISLAND, AND OCEAN ISLE BEACH, WHICH ARE ALL LOCATED IN BRUNSWICK COUNTY. 77% OF PATIENTS RESIDE IN THE PSA OF BRUNSWICK COUNTY AND 90% OF PATIENTS RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF BRUNSWICK COUNTY. MOST PATIENTS RESIDE IN BRUNSWICK COUNTY, WHICH REPRESENTS THE HIGHEST POPULATION OF POTENTIALLY UNDERSERVED, LOW-INCOME, AND MINORITY INDIVIDUALS.

ACCORDING TO THE VIZIENT VULNERABILITY INDEX RELEASED IN JANUARY 2022, PATIENTS ADMITTED TO NOVANT HEALTH BRUNSWICK MEDICAL CENTER EXPERIENCE THE MOST PROFOUND SOCIAL RISKS IF THEY LIVE IN ZIP CODES 28472, 28452, 28420, 28462, AND 28470. THESE ZIP CODES EXPERIENCE DISPROPORTIONATELY HIGH SOCIAL RISKS WHEN COMPARED TO THEIR COUNTERPARTS IN NEIGHBORHOODS. AREAS OF PARTICULAR CONCERN INCLUDE ACCESS TO HEALTHCARE, EDUCATION, POVERTY, AND FOOD INSECURITY.

Part VI Supplemental Information (Continuation)

BRUNSWICK COUNTY HAS A POPULATION OF 144,215 (IN 2020) COMPARED TO THE TOTAL NORTH CAROLINA POPULATION OF 10,551,162. 81.4% OF THE POPULATION OF BRUNSWICK COUNTY IS WHITE AND 9.4% IS BLACK/AFRICAN AMERICAN. 11.1% OF THE BRUNSWICK COUNTY ADULT POPULATION IS IN POVERTY. 13.7% OF THE POPULATION IS FOOD INSECURE. THE MEDIAN ANNUAL INCOME IS \$59,673.

A NOTABLE FEATURE OF BRUNSWICK COUNTY IS THE HIGHER AGE GROUP REPRESENTATION. ALMOST 45% (44.8%) OF THE POPULATION IS 60 YEARS AND ABOVE, A STATISTIC THAT CONTINUES WITH SIGNIFICANT IN-MIGRATION OF RETIREES TO THIS COASTAL COUNTY.

27% OF HOUSEHOLDS IN BRUNSWICK COUNTY ARE 'COST-BURDENED' ACCORDING TO THE U.S. HOUSING AND URBAN DEVELOPMENT (HUD) DEFINITION OF 30% OR MORE OF ANNUAL INCOME DEDICATED TO HOUSING COSTS.

15.7% OF ADULTS AND 5.6% OF CHILDREN ARE UNINSURED. THE RATES OF UNINSURED CHILDREN ARE ESPECIALLY HIGH AMONG HISPANIC CHILDREN, UNDOCUMENTED CHILDREN, AND CHILDREN IN FAMILIES WITH LOWER INCOMES. MORE THAN HALF OF AMERICAN INDIAN/ALASKA NATIVE, BLACK, MULTI-RACIAL, AND HISPANIC CHILDREN RELY ON MEDICAID AND CHIP AS THEIR SOURCE OF HEALTH COVERAGE.

ONE OTHER HOSPITAL, J. ARTHUR DOSHER MEMORIAL HOSPITAL, SERVES THIS PSA. THIS HOSPITAL IS NOT UNAFFILIATED WITH NOVANT HEALTH.

DATA FOR THE CHNA WAS GATHERED FROM VARIOUS STATE AND FEDERAL SOURCES, BUT PRIMARILY THE US CENSUS BUREAU. SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNA HERE:

[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/)

NOVANT HEALTH MINT HILL MEDICAL CENTER

THE PRIMARY SERVICE AREA ("PSA") IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE FACILITY'S IN-PATIENT POPULATION. THE PRIMARY SERVICE AREA (PSA) INCLUDES THE CITY OF CHARLOTTE AND THE TOWNS OF MIDLAND AND MATTHEWS IN MECKLENBURG COUNTY, THE TOWNS OF INDIAN TRAIL AND MONROE IN UNION COUNTY, AND THE TOWN OF CONCORD IN CABARRUS COUNTY. 89% OF THE PATIENTS IN THE PRIMARY SERVICE AREA RESIDE IN MECKLENBURG COUNTY. MECKLENBURG COUNTY CONTAINS SEVEN MUNICIPALITIES INCLUDING THE CITY OF CHARLOTTE, AND THE TOWNS OF CORNELIUS, DAVIDSON, HUNTERSVILLE, MATTHEWS, MINT HILL AND PINEVILLE.

ACCORDING TO THE VIZIENT VULNERABILITY INDEX RELEASED IN JANUARY 2022, PATIENTS ADMITTED TO NOVANT HEALTH MINT HILL MEDICAL CENTER EXPERIENCE THE MOST PROFOUND SOCIAL RISKS IF THEY LIVE IN ZIP CODES 28216, 28205, AND 28212. THESE ZIP CODES EXPERIENCE DISPROPORTIONATELY HIGH SOCIAL RISKS WHEN COMPARED TO THEIR COUNTERPART NEIGHBORHOODS. AREAS OF PARTICULAR CONCERN INCLUDE ACCESS TO HEALTHCARE, HOUSING, EDUCATION, AND FOOD INSECURITY.

CHILDREN AND ADOLESCENTS MAKE UP ALMOST ONE-THIRD (30.2%) OF THE POPULATION IN MECKLENBURG COUNTY, WHILE SENIORS ONLY MAKE UP 11.2% OF THE POPULATION. OVER THE NEXT 15 YEARS, IT IS EXPECTED THAT PEOPLE AGE 65 AND OLDER WILL BE THE FASTEST GROWING SEGMENT OF MECKLENBURG COUNTY'S POPULATION.

CURRENTLY, OVER ONE-HALF (53.6%) OF THE RACIAL DEMOGRAPHIC IN MECKLENBURG

Part VI Supplemental Information (Continuation)

COUNTY IS COMPRISED OF NON-WHITE MINORITIES. 46.4% OF THE POPULATION IS WHITE, 32.9% IS BLACK/AFRICAN AMERICAN, 13.6% IS HISPANIC, AND 6.4% IS ASIAN.

IN THE 2020 COUNTY HEALTH RANKINGS, MECKLENBURG COUNTY RANKED 5 OUT OF 100 COUNTIES FOR HEALTH OUTCOMES. DESPITE A STRONG OVERALL PERFORMANCE, THERE ARE PROFOUND RACIAL DISPARITIES IN MANY CATEGORIES. FOR EXAMPLE, MECKLENBURG COUNTY'S OVERALL CHILD POVERTY RATE IS 2% BELOW THE NORTH CAROLINA AVERAGE. SEGMENTING THE PERCENTAGE BY RACE, WE FIND THE POVERTY RATE AMONG AFRICAN AMERICAN CHILDREN IS 19% ABOVE THAT OF WHITE CHILDREN. THE POVERTY RATE OF HISPANIC CHILDREN IS 28% HIGHER THAN THAT OF WHITE CHILDREN.

ACCORDING TO THE U.S. CENSUS 2013-2018 DATA, THE MEDIAN HOUSEHOLD INCOME IN MECKLENBURG COUNTY IS \$64,312. THE POVERTY RATE FOR MECKLENBURG COUNTY RESIDENTS CONTINUES TO BE LOWER THAN THE NORTH CAROLINA STATE AVERAGE BY 2.3%, AND THE POVERTY RATE FOR CHILDREN (AGES 0-17) IN MECKLENBURG COUNTY, IS 4.5% LOWER THAN THE NC STATE AVERAGE.

THE MECKLENBURG COUNTY UNEMPLOYMENT RATE SNAPSHOT FROM FEBRUARY 2020 IS JUST UNDER THE NC OVERALL RATE. FOOD INSECURITY IS EQUALLY AS PREVALENT IN MECKLENBURG COUNTY AS IT IS IN NORTH CAROLINA OVERALL. ALMOST HALF OF RENTERS IN MECKLENBURG COUNTY SPEND MORE THAN 30% OF THEIR HOUSEHOLD INCOME ON RENT.

FIVE OTHER HOSPITALS SERVE THIS PSA: ATRIUM HEALTH PINEVILLE, ATRIUM HEALTH UNIVERSITY CITY, CAROLINAS CONTINUECARE HOSPITAL AT PINEVILLE, CAROLINAS MEDICAL CENTER/CENTER FOR MENTAL HEALTH, AND CAROLINAS REHABILITATION. THESE HOSPITAL FACILITIES ARE NOT AFFILIATED WITH NOVANT HEALTH.

DATA FOR THE CHNA WAS GATHERED FROM VARIOUS STATE AND FEDERAL SOURCES, BUT PRIMARILY THE US CENSUS BUREAU. SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNA HERE:

[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/)

NOVANT HEALTH THOMASVILLE MEDICAL CENTER

THE PRIMARY SERVICE AREA ("PSA") IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE FACILITY'S IN-PATIENT POPULATION. THE PRIMARY SERVICE AREA (PSA) IS COMPRISED OF THREE NORTH CAROLINA COUNTIES: DAVIDSON, GUILFORD, AND RANDOLPH. 69% OF PATIENTS RESIDE IN THE PSA OF DAVIDSON COUNTY, WHILE 71% OF PATIENTS RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS. MOST PATIENTS RESIDE IN DAVIDSON COUNTY, AND THIS COUNTY REPRESENTS THE HIGHEST POPULATION OF POTENTIALLY UNDERSERVED, LOW-INCOME, AND MINORITY INDIVIDUALS FROM THE PSA.

ACCORDING TO THE VIZIENT VULNERABILITY INDEX RELEASED IN JANUARY 2022, PATIENTS ADMITTED TO NOVANT HEALTH THOMASVILLE MEDICAL CENTER EXPERIENCE THE MOST PROFOUND SOCIAL RISKS IF THEY LIVE IN 27260, 27107, 27292, OR 27293. THESE ZIP CODES EXPERIENCE DISPROPORTIONATELY HIGH SOCIAL RISKS WHEN COMPARED TO THEIR COUNTERPART NEIGHBORHOODS. AREAS OF PARTICULAR CONCERN INCLUDE ACCESS TO HEALTHCARE, POVERTY, ACCESS TO EARLY CHILDHOOD EDUCATION, AND FOOD INSECURITY.

DAVIDSON COUNTY INCLUDES THOMASVILLE, THE MOST POPULATED CITY, AND

Part VI Supplemental Information (Continuation)

LEXINGTON, THE COUNTY SEAT. IT HAS A POPULATION OF 170,637 COMPARED TO THE TOTAL NORTH CAROLINA POPULATION OF 10,551,162.

IN DAVIDSON COUNTY:

- 84.8% OF THE POPULATION IS WHITE, 10.4% IS BLACK/AFRICAN AMERICAN, AND 8% IS HISPANIC
- THE MEDIAN HOUSEHOLD INCOME IS \$50,454
- THE POVERTY RATE IS 12%
- THE LEADING CAUSES OF DEATH ARE CANCER AND HEART DISEASE
- 12.7% OF THE POPULATION UNDER AGE 65 DOES NOT HAVE HEALTH INSURANCE
- 13.2% OF DAVIDSON COUNTY'S POPULATION IS SPENDING MORE THAN 30% OF ITS INCOME ON RENT ALONE
- OVERALL UNEMPLOYMENT RATES ARE AT 6.1%

ATRIUM HEALTH WAKE FOREST BAPTIST LEXINGTON MEDICAL CENTER ALSO SERVES THIS PSA. THIS HOSPITAL FACILITY IS NOT AFFILIATED WITH NOVANT HEALTH.

DATA FOR THE CHNA WAS GATHERED FROM VARIOUS STATE AND FEDERAL SOURCES, BUT PRIMARILY THE US CENSUS BUREAU. SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNA HERE:

[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/)

PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH
THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSES BY:

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 HOSPITAL FACILITIES;
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 COMMUNITIES SERVED;
9. PROVIDING SUPPORT GROUPS AND SELF-HELP PROGRAMS TO COMMUNITIES SERVED;

Part VI Supplemental Information (Continuation)

10. PROVIDING COMMUNITY-BASED CLINICAL SERVICES, INCLUDING WITHOUT LIMITATION, HEALTH SCREENINGS AND CLINICS FOR UNINSURED OR UNDERINSURED PERSONS TO COMMUNITIES SERVED;

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 COMMUNITIES SERVED;

12. PROVIDING SUBSIDIZED HEALTH SERVICES AND CLINICAL PROGRAMS TO COMMUNITIES SERVED;

13. PROVIDING CASH AND IN-KIND CONTRIBUTIONS TO NONPROFIT COMMUNITY HEALTHCARE ORGANIZATIONS IN COMMUNITIES SERVED; AND

14. GENERALLY PROMOTING THE HEALTH, WELLNESS, AND WELFARE OF COMMUNITIES SERVED BY PROVIDING QUALITY HEALTHCARE SERVICES AT REASONABLE COST.

PART VI, LINE 6: AFFILIATED HEALTH CARE SYSTEM

THE ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, A NON-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS AND OTHER HEALTHCARE SERVICE PROVIDERS. NOVANT HEALTH IS RANKED AS ONE OF THE NATION'S TOP 20 INTEGRATED HEALTHCARE SYSTEMS, CARING FOR PATIENTS AND COMMUNITIES IN NORTH AND SOUTH CAROLINA. EACH HOSPITAL FACILITY PROVIDES SUBSTANTIAL COMMUNITY BENEFIT TO THE COMMUNITY SERVED, AS REPORTED ON EACH HOSPITAL ORGANIZATION'S FORM 990, SCHEDULE H.

SYSTEM-WIDE COMMUNITY BENEFIT IS DOCUMENTED IN THE COMMUNITY BENEFIT REPORT, LOCATED AT

[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/community/community-health-needs/). THE NUMERIC INFORMATION IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H INSTRUCTIONS, BUT RATHER IS PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HEALTHCARE ASSOCIATION REPORTING GUIDELINES. THEREFORE, THIS COMMUNITY BENEFIT REPORT SHOULD NOT BE RELIED UPON AS THE SUM OF AFFILIATE ORGANIZATION'S FORM 990, SCHEDULE H COMMUNITY BENEFIT, OR IN ALIGNMENT WITH ITS COMMUNITY HEALTH NEEDS ASSESSMENT OR COMMUNITY BENEFIT IMPLEMENTATION PLAN. THERE ARE SIGNIFICANT COMMUNITY BENEFIT ACTIVITIES WITHIN NOVANT HEALTH WHICH MAY NOT BE REPORTABLE ON A FORM 990 SCHEDULE H BECAUSE THEY ARE CONDUCTED BY A LEGAL ENTITY THAT DOES NOT OWN OR OPERATES A HOSPITAL FACILITY.

IN ADDITION TO HOSPITALS, THE NOVANT HEALTH INTEGRATED HEALTHCARE SYSTEM INCLUDES MULTIPLE PHYSICIAN ORGANIZATIONS WITH PRACTICES IN NORTH AND SOUTH CAROLINA, AND SIX 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.

SCHEDULE H PART VI LINE 4 COMMUNITY INFORMATION (CONTINUED)

NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER

Part VI Supplemental Information (Continuation)

THE PRIMARY SERVICE AREA ("PSA") IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE FACILITY'S IN-PATIENT POPULATION. THE PSA CONSISTS OF FOUR NORTH CAROLINA COUNTIES: BRUNSWICK, NEW HANOVER, ONSLOW, AND PENDER. 45.5% OF PATIENTS RESIDE IN THE PSA OF NEW HANOVER COUNTY AND 46.2% OF PATIENTS RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF NEW HANOVER COUNTY. THE PSA DOES NOT INCLUDE MORE THAN 13% OF THE TOTAL IN-PATIENT POPULATION FROM ANY OTHER COUNTY. MOST PATIENTS RESIDE IN NEW HANOVER COUNTY, WHICH REPRESENTS THE HIGHEST POPULATION OF POTENTIALLY UNDERSERVED, LOW-INCOME AND MINORITY INDIVIDUALS.

ACCORDING TO THE VIZIENT VULNERABILITY INDEX RELEASED IN JANUARY 2022, PATIENTS ADMITTED TO NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER EXPERIENCE THE MOST PROFOUND SOCIAL RISKS IF THEY LIVE IN ZIP CODES 28472, 28401, AND 28468. THESE ZIP CODES EXPERIENCE DISPROPORTIONATELY HIGH SOCIAL RISKS WHEN COMPARED TO THEIR COUNTERPART NEIGHBORHOODS. AREAS OF PARTICULAR CONCERN INCLUDE ACCESS TO HEALTHCARE, POVERTY, AND FOOD INSECURITY.

IN NEW HANOVER COUNTY:

- 82.3% OF THE POPULATION IS WHITE, 13% IS BLACK/AFRICAN AMERICAN, AND 6.2% IS HISPANIC
- 12.6% OF THE POPULATION UNDER AGE 65 DOES NOT HAVE HEALTH INSURANCE
- THE MEDIAN HOUSEHOLD INCOME IS \$56,689
- THE POVERTY RATE IS 10.2%
- THE LEADING CAUSES OF DEATH ARE CANCER AND HEART DISEASE
- THE UNEMPLOYMENT RATE IS 5%
- 11% OF THE POPULATION IS FACING FOOD HARDSHIP
- 17.4% OF THE POPULATION IS FACING HOUSING HARDSHIP

THERE ARE NO OTHER HOSPITALS SERVING THIS PSA.

DATA FOR THE CHNA WAS GATHERED FROM VARIOUS STATE AND FEDERAL SOURCES, BUT PRIMARILY THE US CENSUS BUREAU. SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNA HERE: [HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/)

NOVANT HEALTH ROWAN MEDICAL CENTER

THE PRIMARY SERVICE AREA ("PSA") IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE FACILITY'S IN-PATIENT POPULATION. THE PSA CONSISTS OF FOUR NORTH CAROLINA COUNTIES: CABARRUS, DAVIDSON, DAVIE, AND ROWAN. 71% OF PATIENTS RESIDE IN THE PSA OF ROWAN COUNTY AND 76% OF PATIENTS RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF ROWAN COUNTY. MOST PATIENTS RESIDE IN ROWAN COUNTY, WHICH REPRESENTS THE HIGHEST POPULATION OF POTENTIALLY UNDERSERVED, LOW-INCOME AND MINORITY INDIVIDUALS FROM THE PSA.

ACCORDING TO THE VIZIENT VULNERABILITY INDEX RELEASED IN JANUARY 2022, PATIENTS ADMITTED TO NOVANT HEALTH ROWAN MEDICAL CENTER EXPERIENCE THE MOST PROFOUND SOCIAL RISKS IF THEY LIVE IN ZIP CODES 27292, 28144, AND 28159. THESE ZIP CODES EXPERIENCE DISPROPORTIONATELY HIGH SOCIAL RISKS WHEN COMPARED TO THEIR COUNTERPART NEIGHBORHOODS. AREAS OF PARTICULAR CONCERN INCLUDE ACCESS TO HEALTHCARE, POVERTY, ACCESS TO EARLY

Part VI Supplemental Information (Continuation)

CHILDHOOD EDUCATION, AND FOOD INSECURITY.

ROWAN COUNTY INCLUDES SALISBURY, THE MOST POPULATED CITY AND THE COUNTY SEAT. IT HAS A POPULATION OF 148,150 COMPARED TO THE TOTAL NORTH CAROLINA POPULATION OF 10,551,162.

IN ROWAN COUNTY:

- 78.9% OF THE POPULATION IS WHITE, 17.1% IS BLACK/AFRICAN AMERICAN, AND 10.1% IS HISPANIC
- 12.7% OF THE POPULATION UNDER AGE 65 DO NOT HAVE HEALTH INSURANCE
- THE MEDIAN INCOME IS \$51,054
- THE POVERTY RATE IS 14.4%
- THE LEADING CAUSES OF DEATH ARE CANCER AND HEART DISEASE
- 31% OF THE POPULATION IS FACING FOOD HARDSHIP
- THE DEMOGRAPHIC GROUPS FACING THE MOST SIGNIFICANT HOUSING HARDSHIP ARE HISPANIC AND BLACK POPULATIONS. MOST NOTABLY, 28% OF ROWAN COUNTY'S BLACK POPULATION FACES HOUSING HARDSHIP.

THERE ARE NO OTHER HOSPITAL FACILITIES SERVING THIS PSA.

DATA FOR THE CHNA WAS GATHERED FROM VARIOUS STATE AND FEDERAL SOURCES, BUT PRIMARILY THE US CENSUS BUREAU. SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNA HERE: [HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/)

NOVANT HEALTH MATTHEWS MEDICAL CENTER:

THE PRIMARY SERVICE AREA ("PSA") IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE FACILITY'S IN-PATIENT POPULATION. THE PSA CONSISTS OF THREE NORTH CAROLINA COUNTIES: MECKLENBURG, UNION, AND LANCASTER. 47% OF PATIENTS IN THE PSA RESIDE IN UNION COUNTY, AND 50% OF PATIENTS IN THE PSA RESIDE IN MECKLENBURG COUNTY. 38% OF PATIENTS OVERALL RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF UNION COUNTY AND 45.5% OF PATIENTS OVERALL RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF MECKLENBURG COUNTY.

MECKLENBURG COUNTY REPRESENTS THE HIGHEST POPULATION OF POTENTIALLY UNDERSERVED, LOW-INCOME AND MINORITY INDIVIDUALS FROM THE PSA, BUT DEMOGRAPHIC DATA IS INCLUDED FROM UNION AND MECKLENBURG COUNTIES.

ACCORDING TO THE VIZIENT VULNERABILITY INDEX RELEASED IN JANUARY 2022, PATIENTS ADMITTED TO NOVANT HEALTH MATTHEWS MEDICAL CENTER EXPERIENCE THE MOST PROFOUND SOCIAL RISKS IF THEY LIVE IN ZIP CODES 28216, 28205, 28213, 28215, 29720, AND 28212. THESE ZIP CODES EXPERIENCE DISPROPORTIONATELY HIGH SOCIAL RISKS WHEN COMPARED TO THEIR COUNTERPART NEIGHBORHOODS. AREAS OF PARTICULAR CONCERN INCLUDE ACCESS TO HEALTHCARE, HOUSING, POVERTY, AND FOOD INSECURITY.

UNION COUNTY HAS A POPULATION OF 243,648 COMPARED TO THE MECKLENBURG COUNTY POPULATION OF 1,122,276. NORTH CAROLINA HAS A TOTAL POPULATION OF 10,551,162.

IN MECKLENBURG COUNTY:

- 56.6% OF THE POPULATION IS WHITE, 33.3% IS BLACK/AFRICAN AMERICAN,

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

14.1% IS HISPANIC, AND 6.5% IS ASIAN

- 12.2% OF THE POPULATION UNDER 65 DOES NOT HAVE HEALTH INSURANCE
- THE MEDIAN INCOME IS \$69,240
- THE POVERTY RATE IS 11%
- THE LEADING CAUSES OF DEATH ARE CANCER AND HEART DISEASE
- THE UNEMPLOYMENT RATE IS 4.8%
- FOOD HARDSHIP IS AT 94.5% IN ZIP CODE 28208, 76.4% IN ZIP CODE 28217, AND 72.6% IN ZIP CODE 28216 COMPARED TO 7% IN ZIP CODE 28277

IN UNION COUNTY:

- 80.2% OF THE POPULATION IS WHITE, 12.6% IS BLACK/AFRICAN AMERICAN, 12% IS HISPANIC, AND 4.2% IS ASIAN
- 10.8% OF THE POPULATION UNDER 65 DOES NOT HAVE HEALTH INSURANCE
- THE MEDIAN INCOME IS \$82,557
- THE POVERTY RATE IS 7%
- THE LEADING CAUSES OF DEATH ARE CANCER AND HEART DISEASE
- THE UNEMPLOYMENT RATE IS 4.6%
- 7.3% OF THE OVERALL POPULATION OF UNION COUNTY IS FACING FOOD HARDSHIP

SIX OTHER HOSPITAL FACILITIES SERVICE THIS PSA: ATRIUM HEALTH UNION, ATRIUM HEALTH PINEVILLE, ATRIUM HEALTH UNIVERSITY CITY, CAROLINAS CONTINUECARE HOSPITAL AT PINEVILLE, CAROLINAS MEDICAL CENTER/CENTER FOR MENTAL HEALTH, AND CAROLINAS REHABILITATION. THESE HOSPITAL FACILITIES ARE NOT AFFILIATED WITH NOVANT HEALTH.

DATA FOR THE CHNA WAS GATHERED FROM VARIOUS STATE AND FEDERAL SOURCES, BUT PRIMARILY THE US CENSUS BUREAU. SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNA HERE: [HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/)

NOVANT HEALTH MEDICAL PARK HOSPITAL:

THE PRIMARY SERVICE AREA ("PSA") IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE FACILITY'S IN-PATIENT POPULATION. THE PSA CONSISTS OF TEN NORTH CAROLINA COUNTIES: DAVIDSON, DAVIE, FORSYTH, GALAX CITY, GUILFORD, IREDELL, STOKES, SURRY, WILKES AND YADKIN. 44% OF PATIENTS RESIDE IN THE PSA OF FORSYTH COUNTY AND 44% OF PATIENTS ALSO RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF FORSYTH COUNTY. THE PSA DOES NOT INCLUDE MORE THAN 7% OF THE TOTAL IN-PATIENT POPULATION FROM ANY OTHER COUNTY. MOST PATIENTS RESIDE IN FORSYTH COUNTY, WHICH REPRESENTS THE HIGHEST POPULATION OF POTENTIALLY UNDERSERVED, LOW-INCOME AND MINORITY INDIVIDUALS FROM THE PRIMARY SERVICE AREA.

ACCORDING TO THE VIZIENT VULNERABILITY INDEX RELEASED IN JANUARY 2022, PATIENTS ADMITTED TO NOVANT HEALTH MEDICAL PARK HOSPITAL EXPERIENCE THE MOST PROFOUND SOCIAL RISKS IF THEY LIVE IN 27105, 27101, 27107, 27110, 27030, 27292, AND 28659. THESE ZIP CODES EXPERIENCE DISPROPORTIONATELY HIGH SOCIAL RISKS WHEN COMPARED TO THEIR COUNTERPART NEIGHBORHOODS. AREAS OF PARTICULAR CONCERN INCLUDE ACCESS TO HEALTHCARE, POVERTY, ACCESS TO EDUCATION, AND FOOD INSECURITY.

FORSYTH COUNTY INCLUDES WINSTON SALEM, THE MOST POPULATED CITY, AND THE COUNTY SEAT. IT HAS A POPULATION OF 385,523 COMPARED TO THE TOTAL NORTH

Part VI Supplemental Information (Continuation)

CAROLINA POPULATION OF 10,551,162.

IN FORSYTH COUNTY:

- 65.9% OF THE POPULATION IS WHITE, 27.8% IS BLACK/AFRICAN AMERICAN, AND 13.9% IS HISPANIC

- THE MEDIAN HOUSEHOLD INCOME IS \$53,583

- THE POVERTY RATE IS 13%

- THE LEADING CAUSES OF DEATH ARE CANCER AND HEART DISEASE

- 12.2% OF THE POPULATION UNDER AGE 65 DOES NOT HAVE HEALTH INSURANCE

- 18% OF THE POPULATION IS FACING FOOD HARDSHIP

- THE DEMOGRAPHIC GROUPS FACING THE MOST SIGNIFICANT HOUSING HARDSHIP ARE HISPANIC AND BLACK POPULATIONS. MOST NOTABLY, 33% OF THE HISPANIC POPULATION IN FORSYTH COUNTY FACES A HOUSING HARDSHIP.

SCHEDULE H PART VI LINE 4 COMMUNITY INFORMATION (CONTINUED)

ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER IS ANOTHER HOSPITAL FACILITY SERVING THIS PSA. THIS HOSPITAL FACILITY IS NOT AFFILIATED WITH NOVANT HEALTH.

DATA FOR THE CHNA WAS GATHERED FROM VARIOUS STATE AND FEDERAL SOURCES, BUT PRIMARILY THE US CENSUS BUREAU. SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNA HERE: [HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/OUR-IMPACT/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/our-impact/community-health-needs/)

NOVANT HEALTH BALLANTYNE MEDICAL CENTER

THIS HOSPITAL FACILITY BEGAN OPERATIONS DURING 2023. ITS FIRST CHNA WILL BE APPROVED IN DECEMBER 2025. THE HOSPITAL FACILITY WILL REPORT COMMUNITY INFORMATION IN FUTURE TAX YEARS.

NOVANT HEALTH EAST COOPER MEDICAL CENTER

THIS HOSPITAL FACILITY WAS ACQUIRED AND BECAME SUBJECT TO IRC SECTION 501(R) DURING 2024. ITS FIRST CHNA WILL BE APPROVED BY DECEMBER 2026. THE HOSPITAL FACILITY WILL REPORT COMMUNITY INFORMATION IN FUTURE TAX YEARS.

NOVANT HEALTH HILTON HEAD MEDICAL CENTER

THIS HOSPITAL FACILITY WAS ACQUIRED AND BECAME SUBJECT TO IRC SECTION 501(R) DURING 2024. ITS FIRST CHNA WILL BE APPROVED BY DECEMBER 2026. THE HOSPITAL FACILITY WILL REPORT COMMUNITY INFORMATION IN FUTURE TAX YEARS.

NOVANT HEALTH COASTAL CAROLINA MEDICAL CENTER

THIS HOSPITAL FACILITY WAS ACQUIRED AND BECAME SUBJECT TO IRC SECTION 501(R) DURING 2024. ITS FIRST CHNA WILL BE APPROVED BY DECEMBER 2026. THE HOSPITAL FACILITY WILL REPORT COMMUNITY INFORMATION IN FUTURE TAX YEARS.

PART VI, LINE 7: STATE FILING OF COMMUNITY BENEFIT REPORT

NOVANT HEALTH FILES A SYSTEM-WIDE COMMUNITY BENEFIT REPORT PREPARED IN

Part VI Supplemental Information (Continuation)

ACCORDANCE WITH THE NORTH CAROLINA HEALTHCARE ASSOCIATION REPORTING
GUIDELINES WITH THE NORTH CAROLINA MEDICAL CARE COMMISSION AS PART OF
THE DOCUMENTATION REQUIRED FOR THE ISSUANCE OF TAX EXEMPT BOND
FINANCING.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NOVANT HEALTH, INC.

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNC HEALTH FOUNDATION, INC. 123 W, FRANKLIN ST., STE 510 CHAPEL HILL, NC 27516	56-6057494	501(C)(3)	16,390,905.	0.			ACADEMIC AND CLINICAL SUPPORT
COASTAL COMMUNITY DEVELOPMENT CORPORATION - 9A HUNTER ROAD - HILTON HEAD ISLAND, SC 29926	92-1171294	501(C)(3)	1,000,000.	0.			AFFORDABLE WORKFORCE HOUSING SUPPORT
WINSTON-SALEM FOUNDATION 751 WEST FOURTH STREET, SUITE 200 WINSTON-SALEM, NC 27101	56-6037615	501(C)(3)	675,000.	0.			COMMUNITY OUTREACH
MECKLENBURG COUNTY 700 E. 4TH STREET, STE 400 CHARLOTTE, NC 28202	56-6000319	GOVERNMENT	160,000.	0.			COMMUNITY OUTREACH
AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	75,000.	0.			COMMUNITY OUTREACH
CAPE FEAR HABITAT FOR HUMANITY HOUSE BUILD - 3310 FREDRICKSON RD. - WILMINGTON, NC 28401	56-1555858	501(C)(3)	60,000.	0.			AFFORDABLE HOUSING SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **66.**
- 3** Enter total number of other organizations listed in the line 1 table **11.**

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA - 301 N MAIN STREET, SUITE 1900 - WINSTON-SALEM, NC 27101	56-0530015	501(C)(3)	50,350.	0.			COMMUNITY OUTREACH
WINGATE UNIVERSITY PO BOX 159 WINGATE, NC 28174	56-6049935	501(C)(3)	50,000.	0.			WORKFORCE DEVELOPMENT SUPPORT
MATTHEWS FREE MEDICAL CLINIC 196 S TRADE STREET MATTHEWS, NC 28105	51-0468874	501(C)(3)	50,000.	0.			COMMUNITY OUTREACH
ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BLVD W, STE B SALISBURY, NC 28147	56-0642828	501(C)(3)	46,418.	0.			COMMUNITY OUTREACH
WILLIE STARGELL FOUNDATION, INC 1213 CULBRETH DRIVE WILMINGTON, NC 28405	20-1131483	501(C)(3)	40,000.	0.			COMMUNITY OUTREACH
PARTNERS IN LEARNING CHILD DEVELOPMENT AND FAMILY RESOURCE CENTER - 2386 ROBIN RD - SALISBURY, NC 28144	56-2116380	501(C)(3)	30,000.	0.			COMMUNITY OUTREACH
MARCH OF DIMES INC. 1550 CRYSTAL DRIVE 1300 ARLINGTON, VA 22202	13-1846366	501(C)(3)	30,000.	0.			COMMUNITY OUTREACH
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)(3)	30,000.	0.			COMMUNITY OUTREACH
MATTHEWS ALIVE INC. PO BOX 2578 MATTHEWS, NC 28106	56-1906522	501(C)(3)	27,000.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENDER MEMORIAL HOSPITAL, INCORPORATED - 2085 FRONTIS PLAZA BLVD - WINSTON SALEM, NC 27103	56-0653348	501(C)(3)	26,137.	0.			COMMUNITY OUTREACH
BRUNSWICK COUNTY CHAMBER OF COMMERCE - 114 WALL STREET - SHALLOTTE, NC 28459	56-1181498	501(C)(6)	25,000.	0.			COMMUNITY OUTREACH
COLLECTIVE IMPACT IN NEW HANOVER COUNTY INC - PO BOX 7746 - WILMINGTON, NC 28406	83-3263326	501(C)(3)	25,000.	0.			COMMUNITY OUTREACH
ROWAN HELPING MINISTRIES PO BOX 4026 SALISBURY, NC 28145	56-1544532	501(C)(3)	24,760.	0.			COMMUNITY OUTREACH
GREATER WILMINGTON CHAMBER OF COMMERCE - 1 ESTELLE LEE PL - WILMINGTON, NC 28401	56-0457260	501(C)(6)	23,500.	0.			COMMUNITY OUTREACH
BALLANTYNE BALL 12245 CHESLEY DRIVE CHARLOTTE, NC 28277	46-4646481	501(C)(3)	21,500.	0.			COMMUNITY OUTREACH
SAFE HOUSE PROJECT, INC. 1340 N GREAT NECK RD STE 1272 VIRGINIA BEACH, VA 23454	82-3487081	501(C)(3)	20,833.	0.			COMMUNITY OUTREACH
STAYING CONNECTED P.O. BOX 1281 BLUFFTON, SC 29910	46-5548635	501(C)(3)	20,667.	0.			COMMUNITY OUTREACH
ROWAN CABARRUS YMCA PO BOX 1575 SALISBURY, NC 28145	58-1574620	501(C)(3)	20,000.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOM A FINCH COMMUNITY YMCA INC 1010 MENDENHALL STREET THOMASVILLE, NC 27360	56-1004370	501(C)(3)	20,000.	0.			COMMUNITY OUTREACH
SERVANTS HEART OF MINT HILL, INC. 9229-N LAWYERS ROAD MINT HILL, NC 28227	81-2637735	501(C)(3)	20,000.	0.			COMMUNITY OUTREACH
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 28232	56-6060481	501(C)(3)	19,023.	0.			COMMUNITY OUTREACH
CAROUSEL CENTER INC. 1501 DOCK ST. WILMINGTON, NC 28401	56-2098739	501(C)(3)	18,000.	0.			COMMUNITY OUTREACH
ROWAN COUNTY CHAMBER OF COMMERCE 204 EAST INNES ST SALISBURY, NC 28144	56-0387470	501(C)(6)	16,830.	0.			COMMUNITY OUTREACH
CENTER FOR PREVENTION SERVICES 1117 EAST MOREHEAD ST CHARLOTTE, NC 28204	56-0999338	501(C)(3)	16,666.	0.			COMMUNITY OUTREACH
UNION COUNTY CHAMBER OF COMMERCE 903 SKYWAY DR MONROE, NC 28111	56-0325566	501(C)(6)	15,850.	0.			COMMUNITY OUTREACH
YWCA OF THE LOWER CAPE FEAR INC. 2815 S COLLEGE RD WILMINGTON, NC 28412	56-0556766	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH
THOMASVILLE AREA CHAMBER OF COMMERCE - 941 RANDOLPH STREET - THOMASVILLE, NC 27361	56-0511747	501(C)(6)	15,000.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR ACTIVITIES & SERVICES INC 1050 DEVORE LANE MATTHEWS, NC 28105	56-1303340	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH
COMMUNITY HEALTH SERVICES OF UNION COUNTY, INC. - 1338 EAST SUNSET DR., SUITE C - MONROE, NC 28112	46-0495947	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH
NORTH CAROLINA BUSINESS LEADERS FOR EDUCATION - 2826 LAZY LANE - WINSTON-SALEM, NC 27106	46-2988453	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH
COASTAL HORIZONS CENTER, INC. 615 SHIPYARD BLVD WILMINGTON, NC 28412	56-0950370	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH
MATTHEWS CHAMBER OF COMMERCE PO BOX 601 MATTHEWS, NC 28106	58-1404808	501(C)(6)	13,200.	0.			COMMUNITY OUTREACH
MINT HILL EVENTS, INC. 4430 MINT HILL VILLAGE LANE MINT HILL, NC 28227	46-4593964	501(C)(3)	12,300.	0.			COMMUNITY OUTREACH
ROAD RUNNERS CLUB OF AMERICA PO BOX 1825 SALISBURY, NC 28145	34-2022851	501(C)(3)	12,000.	0.			COMMUNITY OUTREACH
THE SALVATION ARMY 7361 AIRLINE HIGHWAY BATON ROUGE, LA 70805	58-0660607	501(C)(3)	12,000.	0.			COMMUNITY OUTREACH
JO ANN CARTER HARRELSON CENTER INC 20 N 4TH STREET STE 214 WILMINGTON, NC 28401	20-3598248	501(C)(3)	12,000.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWER CAPE FEAR LIFECARE 1414 PHYSICIANS DRIVE WILMINGTON, NC 28401	56-1216682	501(C)(3)	11,500.	0.			COMMUNITY OUTREACH
TOWN OF MATTHEWS 100 MCDOWELL STREET MATTHEWS, NC 28105	56-6001283	GOVERNMENT	10,500.	0.			COMMUNITY OUTREACH
BALLANTYNE FAMILIES HELPING NEIGHBORS IN NEED - 14023 LISSADELL CIRCLE - CHARLOTTE, NC 28277	85-0999041	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
GIRLS ON THE RUN OF THE GREATER PIEDMONT - PO BOX 5063 - MOORESVILLE, NC 28117	27-0897053	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
MAIN STREET MISSION OF CHINA GROVE, INC. - 306 SOUTH MAIN STREET - CHINA GROVE, NC 28023	37-1446891	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
SMART START OF DAVIDSON COUNTY, INC - 306 EAST HIGHWAY 64 - LEXINGTON, NC 27292	56-1859989	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
MATTHEWS ATHLETIC & RECREATION ASSOCIATION - P.O. BOX 1023 - MATTHEWS, NC 28106	23-7033586	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
THE GREAT 100 INC PO BOX 4875 GREENSBORO, NC 27404	56-1705456	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
VOLUNTEERS IN MEDICINE CLINIC 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF INDIAN TRAIL PO BOX 2430 INDIAN TRAIL, NC 28079	56-1108235	GOVERNMENT	10,000.	0.			COMMUNITY OUTREACH
ROWAN-CABARRUS COMMUNITY COLLEGE FOUNDATION, INC. - PO BOX 1595 - SALISBURY, NC 28145	56-1731864	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
AMERICAN CANCER SOCIETY INC. 250 WILLIAMS STREET NW, SUITE 400 ATLANTA, GA 30303	13-1788491	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
LUMP TO LAUGHTER INC PO BOX 1295 WILMINGTON, NC 28480	20-3455921	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
WWAY-TV LLC 1224 MAGNOLIA VILLAGE WAY LELAND, NC 28451	20-4027062	0	10,000.	0.			COMMUNITY OUTREACH
MINT HILL CHAMBER OF COMMERCE PO BOX 23223 MINT HILL, NC 28227	20-8311079	501(C)(6)	9,750.	0.			COMMUNITY OUTREACH
BLUFFTON-JASPER COUNTY VOLUNTEERS IN MEDICINE, INC. - P.O. BOX 2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	9,200.	0.			COMMUNITY OUTREACH
STONEWALL SPORTS CHARLOTTE, INC. PO BOX 31012 CHARLOTTE, NC 28231	47-4959815	501(C)(3)	8,800.	0.			COMMUNITY OUTREACH
GOOD SHEPHERD MINISTRIES INC 811 MARTIN STREET WILMINGTON, NC 28401	56-1566178	501(C)(3)	8,500.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TERRIE HESS CHILD ADVOCACY CENTER 130 WOODSON STREET SALISBURY, NC 28144	56-2200514	501(C)(3)	8,000.	0.			COMMUNITY OUTREACH
MINT HILL AMERICAN LEGION POST 555, INC. - PO BOX 690872 - MINT HILL, NC 28227	84-2170954	501(C)(19)	8,000.	0.			COMMUNITY OUTREACH
TEAL DIVA 2027 WILHELMINA AVE CHARLOTTE, NC 28205	80-0584066	501(C)(3)	8,000.	0.			COMMUNITY OUTREACH
GIRLS ON THE RUN OF UNION COUNTY NC - 1930 WEDDINGTON ROAD - WEDDINGTON, NC 28104	27-1068817	501(C)(3)	7,500.	0.			COMMUNITY OUTREACH
DOWNTOWN SALISBURY, INC. 217 S MAIN STREET SALISBURY, NC 28144	56-1432420	501(C)(3)	7,500.	0.			COMMUNITY OUTREACH
MATTHEWS HELP CENTER PO BOX 91 MATTHEWS, NC 28106	58-1408738	501(C)(3)	7,500.	0.			COMMUNITY OUTREACH
4TH TRIMESTER MISSION 7132 MAPLE LEAF DR WILMINGTON, NC 28411	87-3021850	501(C)(3)	7,500.	0.			COMMUNITY OUTREACH
SPENCER PARTNERSHIP INC PO BOX 585 SPENCER, NC 28159	03-0410768	501(C)(3)	7,500.	0.			COMMUNITY OUTREACH
COMMUNITIES IN SCHOOLS OF THOMASVILLE, INC. - 400 TURNER STREET - THOMASVILLE, NC 27360	56-1838845	501(C)(3)	6,500.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEPUP WILMINGTON 621 N 4TH ST WILMINGTON, NC 28401	54-2074778	501(C)(3)	6,500.	0.			COMMUNITY OUTREACH
ONE YARD AWAY INC. 7427 MATTHEWS MINT HILL RD STE 105- MINT HILL, NC 28227	87-2599603	501(C)(3)	6,500.	0.			COMMUNITY OUTREACH
COUNCIL ON AGING IN UNION COUNTY 1401 SKYWAY DR. MONROE, NC 28110	56-1081558	501(C)(3)	6,000.	0.			COMMUNITY OUTREACH
SAFE HAVEN OF PENDER, INC. PO BOX 657 BURGAW, NC 28425	56-1798608	501(C)(3)	6,000.	0.			COMMUNITY OUTREACH
GIRLS LEADERSHIP ACADEMY OF WILIMINGTON FOUNDATION - 4100 SUNGLOW DRIVE - WILMINGTON, NC 28405	46-3293461	501(C)(3)	6,000.	0.			COMMUNITY OUTREACH
HPT HITOMS LLC 3008 REDFORD DR GREENSBORO, NC 27408	81-5448176	0	6,000.	0.			COMMUNITY OUTREACH
BRIGHT BLESSINGS 1150 CREWS ROAD MATTHEWS, NC 28105	35-2324487	501(C)(3)	5,500.	0.			COMMUNITY OUTREACH
NORTH CAROLINA FOURTH OF JULY FESTIVAL, INC. - 4433 LONG BEACH ROAD - SOUTHPORT, NC 28461	56-1887229	501(C)(4)	5,015.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEDICATION FOR INDIGENT PATIENTS	28	0.	6,813.	FMV	MEDICATION FOR INDIGENT PATIENTS
PATIENT ASSISTANCE	1860	46,486.	23,100.	FMV	ZOLL LIFE VESTS
PATIENT TRANSPORTATION	30618	0.	1,942,819.	FMV	PATIENT TRANSPORTATION FOR INDIGENT PATIENTS
SCHOLARSHIPS	8	189,000.	0.		

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

PART I, LINE 2: PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
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.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

NOVANT HEALTH, INC.

Employer identification number

56-1376950

Part I Questions Regarding Compensation

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 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 (such as maid, chauffeur, chef) |

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> 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?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
- b Any related organization?
- 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?
- b Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
(1) CARL ARMATO TRUSTEE, PRES/CEO NH	(i)	2,359,788.	2,860,931.	1,723,112.	1,170,700.	36,406.	8,150,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES DEAN SWINDLE EVP	(i)	1,231,959.	1,847,150.	211,624.	11,956.	29,328.	3,332,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HOWARD HOMESLEY MD ORTHOPAEDIST	(i)	1,900,601.	1,055,939.	27,179.	20,700.	36,771.	3,041,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN GIZDIC EVP	(i)	1,146,246.	1,007,163.	54,902.	239,662.	29,834.	2,477,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DEREK BERNSTEIN MD ORTHOPAEDIST	(i)	1,478,112.	616,533.	25,598.	20,700.	11,721.	2,152,664.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN MARCEL MD ORTHOPAEDIST	(i)	1,235,456.	825,026.	25,669.	20,700.	11,709.	2,118,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID DUVAL FMR SVP MARKETING & COMMUNICATIONS	(i)	2,118,253.	0.	0.	0.	0.	2,118,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PAMELA OLIVER MD EVP	(i)	877,182.	762,827.	185,701.	203,220.	35,422.	2,064,352.	126,024.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RASHID JANJUA MD NEUROSURGEON	(i)	863,640.	1,094,586.	23,695.	20,509.	36,921.	2,039,351.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DENISE MIHAL EVP	(i)	878,062.	871,473.	233,898.	20,700.	21,010.	2,025,143.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) FRANK EMORY JR EVP	(i)	828,360.	826,334.	226,627.	20,700.	32,766.	1,934,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KIMBERLY HENDERSON EVP	(i)	807,422.	498,449.	115,505.	168,921.	30,532.	1,620,829.	59,922.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ONYEKA NCHEGE EVP	(i)	697,459.	411,703.	178,302.	154,602.	43,532.	1,485,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) GEOFFREY GARDNER CFO (TO 4/28/24)	(i)	457,268.	732,220.	64,764.	20,700.	24,378.	1,299,330.	22,093.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ALICE POPE EVP/CFO (FR 4/29/24)	(i)	824,247.	0.	167,440.	173,333.	10,136.	1,175,156.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) SANJAY GUPTA EVP	(i)	709,454.	150,000.	31,877.	154,602.	35,047.	1,080,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
(17) CHERE GREGORY MD	(i)	497,260.	345,889.	94,952.	96,688.	37,035.	1,071,824.	66,981.
FMR KE (12/31/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JESSE CURETON	(i)	0.	364,198.	675,278.	0.	25,695.	1,065,171.	0.
FMR KE (4/27/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) THOMAS JENIKE MD	(i)	446,390.	338,229.	113,122.	93,318.	48,601.	1,039,660.	63,899.
FMR KE (12/31/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) SCOTT MYERS	(i)	489,278.	353,030.	119,372.	20,700.	19,983.	1,002,363.	68,363.
FMR KE (12/31/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) LAURIE WHALIN	(i)	465,787.	291,496.	39,232.	20,700.	15,921.	833,136.	0.
FMR KE (12/31/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) ALLISON GREER	(i)	366,358.	212,002.	40,784.	20,700.	17,515.	657,359.	0.
FMR KE (12/31/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) KATHRYN LANGFORD	(i)	162,155.	368,409.	104,998.	10,643.	4,719.	650,924.	68,061.
FMR KE (12/31/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) SHELBOURN STEVENS	(i)	0.	0.	605,812.	0.	24,063.	629,875.	0.
FMR KE (12/31/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) JONATHAN APPLEBAUM	(i)	303,859.	216,412.	41,536.	20,012.	25,718.	607,537.	0.
FMR KE (12/31/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) WAYNE MORGAN	(i)	77,892.	237,120.	15,230.	4,829.	8,305.	343,376.	0.
FMR KE (6/30/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) ANGELA YOCHER	(i)	0.	0.	224,358.	0.	927.	225,285.	0.
FMR KE (3/28/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) TANYA BLACKMON	(i)	0.	0.	121,461.	0.	3,109.	124,570.	0.
FMR KE (3/21/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) ERIC ESKIOGLU MD	(i)	0.	0.	100,800.	0.	4,222.	105,022.	0.
FMR KE (11/30/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A: FRINGE OR EXPENSE EXPLANATION**FIRST-CLASS OR CHARTER TRAVEL:**

EXECUTIVES ARE LIMITED TO BUSINESS OR COACH CLASS FOR COMMERCIAL FLIGHTS. HOWEVER, CHARTER TRAVEL IS AVAILABLE FOR CERTAIN EXECUTIVES, BOARD MEMBERS, AND APPROVED BUSINESS PERSONNEL WHO MEET POLICY CRITERIA AND OBTAIN APPROPRIATE APPROVALS.

TRAVEL FOR COMPANIONS:

COMPANIONS ARE ALLOWED AS PASSENGERS ON CERTAIN CHARTER FLIGHTS PAID BY THE ORGANIZATION. THE VALUE OF THE COMPANION'S FLIGHT IS CALCULATED USING APPLICABLE TAX LAW. THE CALCULATED AMOUNT IS INCLUDED IN THE EXECUTIVE'S TAXABLE COMPENSATION AS PRESCRIBED BY APPLICABLE TAX LAW.

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 EXECUTIVE MAY DEFER THE AMOUNT TO A RETIREMENT ACCOUNT OR THE AMOUNT IS TREATED AS COMPENSATION AND IS SPREAD OUT OVER THE COURSE OF THE YEAR IN THE EXECUTIVE'S PAYCHECKS AS TAXABLE INCOME.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

TEMPORARY HOUSING ALLOWANCES ARE INCLUDED IN CERTAIN EXECUTIVE RECRUITMENT AND RELOCATION PACKAGES. THE TAXABLE VALUE OF THESE ARRANGEMENTS IS CALCULATED AND INCLUDED IN THE EXECUTIVE'S TAXABLE COMPENSATION IN ACCORDANCE WITH APPLICABLE FEDERAL LAW AND REGULATIONS.

PART I, LINES 4A-C: SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS
SEVERANCE

TANYA BLACKMON \$118,919
JESSE CURETON \$682,043
ERIC ESKIOGLU MD \$97,612
SHELBOURN STEVENS \$612,040
ANGELA YOCHM \$224,562

NONQUALIFIED

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.

GEOFFREY GARDNER \$22,093
CHERE GREGORY MD \$70,202
KIMBERLY HENDERSON \$62,883
THOMAS JENIKE MD \$67,057
KATHRYN LANGFORD \$75,543
SCOTT MYERS \$71,651
PAMELA OLIVER MD \$133,079

EQUITY-BASED
NONE

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.

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. 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 NOVANT HEALTH COMPENSATION AND LEADERSHIP COMMITTEE ("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

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.

ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS SERP.

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

ENTITY 1

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

NOVANT HEALTH, INC.

Employer identification number
56-1376950

Part I	SEE PART VI FOR COLUMN (A) CONTINUATIONS												
(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) Pooled financing		
							Yes	No	Yes	No	Yes	No	
A	NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902U91	12/08/04	135000000.	SEE PART VI		X		X		X	
B	NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DRK9	05/07/13	161286657.	SEE PART VI		X		X		X	
C	NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DWM9	07/11/19	327568106.	SEE PART VI		X		X		X	
D	SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMEN	57-0960018	837032CF6	05/14/24	2058004216	SEE PART VI		X		X		X	

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired			41,475,000.					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	135,000,000.		161,291,650.		328,178,016.		2058004216.	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,124,250.		1,248,186.		2,574,347.			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds			2,877,684.		12,060,650.			
10	Capital expenditures from proceeds	133,875,750.		98,928,658.		197,285,615.			
11	Other spent proceeds			58,237,121.		122,313,525.		2058004216.	
12	Other unspent proceeds								
13	Year of substantial completion	2007		2014		2020		2024	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X		X		X	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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	

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

Schedule K (Form 990) (Rev. 12-2024)

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

ENTITY 2

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

NOVANT HEALTH, INC.

Employer identification number
56-1376950

Part I	SEE PART VI FOR COLUMN (A) CONTINUATIONS											
(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) Pooled financing	
							Yes	No	Yes	No	Yes	No
NATIONAL FINANCE A AUTHORITY		52-1304598	63610BAD7	05/14/24	400000000.	SEE PART VI		X		X		X
B												
C												
D												

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired										
2	Amount of bonds legally defeased										
3	Total proceeds of issue	400,000,000.									
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds										
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds	400,000,000.									
11	Other spent proceeds										
12	Other unspent proceeds										
13	Year of substantial completion	2024									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X								
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16	Has the final allocation of proceeds been made?	X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Schedule K (Form 990) (Rev. 12-2024)

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		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X	X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		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

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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	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						
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		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							

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						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		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						
7 Has the organization established written procedures to monitor the requirements of section 148?	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 isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMENT AUTHORITY

FORM 990, SCHEDULE K

FORM 990, SCHEDULE K, PART I, 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, LINE 2C, COLUMN A: DATE OF LAST REBATE COMPUTATION DECEMBER 8, 2024

FORM 990, SCHEDULE K, PART I, LINE B: DESCRIPTION OF PURPOSE

(1) FINANCE THE VERTICAL EXPANSION OF PRESBYTERIAN HOSPITAL HUNTERVILLE, 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

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

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 IV, LINE 2C, COLUMN B: DATE OF LAST REBATE
COMPUTATION APRIL 30, 2023

FORM 990, SCHEDULE K, PART I, LINE C: DESCRIPTION OF PURPOSE
(1) FINANCE THE COST OF ADDITIONAL HEALTH CARE FACILITIES; (2) REFUND
THE 2017 BANK REVOLVING CREDIT FACILITY; (3) PAY COSTS OF ISSUANCE

FORM 990, SCHEDULE K, PART IV, LINE 2C, COLUMN C: DATE OF LAST REBATE
COMPUTATION JULY 30, 2024

FORM 990, SCHEDULE K, PART I, LINE D: DESCRIPTION OF PURPOSE
PROVIDE PERMANENT FINANCING FOR THE ACQUISITION OF THREE ACUTE
HOSPITALS, CERTAIN PHYSICIAN PRACTICES AND OTHER AFFILIATED OPERATIONS
IN SOUTH CAROLINA

FORM 990, SCHEDULE K, PART I, LINE E: DESCRIPTION OF PURPOSE
FINANCE THE COST OF BUILDING, EXPANDING AND RENOVATING HEALTH CARE
FACILITIES

FORM 990, SCHEDULE K, PART II, LINE 3: TOTAL PROCEEDS OF ISSUE
ADDITIONAL PROCEEDS FROM INVESTMENT EARNINGS

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.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

Open to Public
Inspection

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 section 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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the 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
(1)CARL ARMATO	TRUSTEE	LIFE INS		X	2,200,000.	880,000.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 880,000.						

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TYLER ARMATO	FAMILY MEMBER OF CA	95,821.	COMPENSATIO		X
(2) CHANEL PENNINGTON	FAMILY MEMBER OF JE	104,916.	COMPENSATIO		X
(3) JOHN ARMATO	FAMILY MEMBER OF CA	120,282.	COMPENSATIO		X
(4) ASPEN BLACKMON	FAMILY MEMBER OF TA	150,854.	COMPENSATIO		X
(5) FRANK EMORY III	FAMILY MEMBER OF FR	135,268.	COMPENSATIO		X
(6) LAURA WOOD MYERS	FAMILY MEMBER OF SC	114,355.	COMPENSATIO		X
(7) DAVID HAUFLE	FAMILY MEMBER OF KI	231,368.	COMPENSATIO		X
(8) SANDRA WOOD-MCMILLAN	FAMILY MEMBER OF SC	228,784.	COMPENSATIO		X
(9) CARLY SAULTERS	FAMILY MEMBER OF CA	150,034.	COMPENSATIO		X
(10) BRITTANY CURETON	FAMILY MEMBER OF JE	65,710.	COMPENSATIO		X

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CARL ARMATO

(B) RELATIONSHIP WITH ORGANIZATION: TRUSTEE & OFFICER

(C) PURPOSE OF LOAN: LIFE INSURANCE BENEFIT

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TYLER ARMATO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CARL ARMATO, TRUSTEE & OFFICER

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: CHANEL PENNINGTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JESSE CURETON, FORMER KEY EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: JOHN ARMATO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CARL ARMATO, TRUSTEE & OFFICER

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: ASPEN BLACKMON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF TANYA BLACKMON, FORMER KEY EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: FRANK EMORY III

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF FRANK EMORY JR., KEY EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: LAURA WOOD MYERS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF SCOTT MYERS, FORMER KEY EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID BY THE FILING

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: DAVID HAUFLE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KIMBERLY HENDERSON, KEY EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID BY THE FILING
ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: SANDRA WOOD-MCMILLAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF SCOTT MYERS, FORMER KEY EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID BY THE FILING
ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: CARLY SAULTERS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CARL ARMATO, TRUSTEE & OFFICER

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID BY THE FILING
ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: BRITTANY CURETON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JESSE CURETON, FORMER KEY EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID BY THE FILING
ORGANIZATION TO THE INTERESTED PERSON.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

NOVANT HEALTH, INC.

Employer identification number

56-1376950

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial	X	1	392,000.	FAIR MARKET VALUE
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2024

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I COL B

THE NUMBER IN PART I COL B REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NOVANT HEALTH, INC.

Employer identification number

56-1376950

FORM 990, PI, L1: ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
NOVANT HEALTH, INC. IS A NON-PROFIT INTEGRATED NETWORK OF MORE THAN 900
LOCATIONS, INCLUDING 19 MEDICAL CENTERS, MORE THAN 750 PHYSICIAN
CLINICS AND URGENT CARE CENTERS, OUTPATIENT FACILITIES, AND IMAGING AND
PHARMACY SERVICES. NOVANT HEALTH'S MORE THAN 40,000 TEAM MEMBERS ALONG
WITH MORE THAN 8,500 INDEPENDENT AND EMPLOYED CLINICIANS CARE FOR
PATIENTS AND COMMUNITIES IN NORTH CAROLINA AND SOUTH CAROLINA.

THE NOVANT HEALTH INTEGRATED HEALTHCARE SYSTEM OPERATES IN ORDER TO
CARRY OUT ITS CHARITABLE MISSION OF CREATING A HEALTHIER FUTURE FOR THE
COMMUNITIES IT SERVES AND DELIVERING A REMARKABLE PATIENT EXPERIENCE.
NOVANT HEALTH ACCOMPLISHES THAT MISSION BY PROVIDING AND SUPPORTING
EXCELLENT HEALTHCARE FACILITIES AND PHYSICIAN PRACTICES AND BY MAKING A
COMMITMENT TO COMMUNITY OUTREACH/SERVICE THROUGH THE PROVISION OF
COMMUNITY BENEFIT PROGRAMS. BY BRINGING TOGETHER WORLD-CLASS TECHNOLOGY
AND CLINICIANS TO PROVIDE QUALITY CARE, NOVANT HEALTH IS COMMITTED TO
CREATING A HEALTHCARE EXPERIENCE THAT IS SIMPLER, MORE CONVENIENT AND
MORE AFFORDABLE SO PATIENTS CAN FOCUS ON GETTING BETTER AND STAYING
HEALTHY. IN 2024, NOVANT HEALTH PROVIDED MORE THAN 7 MILLION PATIENT
VISITS AND OVER \$1.6 BILLION OF COMMUNITY BENEFIT EXPENDITURES
SYSTEM-WIDE.

IN ADDITION TO PROVIDING A HIGH QUALITY, COMPREHENSIVE CATALOG OF
HEALTHCARE SERVICES, NOVANT HEALTH OFFERS A ROBUST PATIENT FINANCIAL
ASSISTANCE PROGRAM, WORKING WITH ITS PATIENTS TO ASSIST WITH
ESTABLISHING REASONABLE PAYMENT PLANS, DISCOUNTING PATIENT BILLS, AND
PROVIDING FREE CARE FOR THOSE THAT QUALIFY UNDER ITS FINANCIAL
ASSISTANCE POLICY.

COMMUNITY OUTREACH

COMMUNITY OUTREACH IS A CRITICAL COMPONENT TO THE MISSION OF NOVANT
HEALTH. THE HEALTHCARE SYSTEM PROVIDES HUNDREDS OF PROGRAMS THAT SERVE
PATIENTS, NEIGHBORS, AND SOME OF THE COMMUNITIES' MOST VULNERABLE
CITIZENS. NOVANT ALSO PROVIDES FINANCIAL ASSISTANCE (I.E., CHARITY
CARE) FOR ITS QUALIFIED UNINSURED PATIENTS, CATASTROPHIC SETTLEMENTS
AND LONG-TERM PAYMENT PLANS TO MEDICALLY INDIGENT PATIENTS, SERVICES TO
PATIENTS WITH MEDICARE, MEDICAID, AND OTHER GOVERNMENT MEDICAL PROGRAM
COVERAGE (REIMBURSED AT LESS THAN COST), COMMUNITY HEALTH EDUCATION,
SUPPORT GROUPS, SUBSIDIZED OUTREACH SERVICES, AND COMMUNITY
EVENTS/SCREENINGS. IN ADDITION, NOVANT PARTICIPATES IN MEDICAL
RESEARCH, AS WELL AS ACADEMIC HEALTH PROGRAMS AND PARTNERSHIPS WITH A
DIVERSE GROUP OF ORGANIZATIONS TO PROVIDE OTHER COMMUNITY INITIATIVES.

NOVANT HEALTH IS ALSO COMMITTED TO SUPPORTING THE COMMUNITIES IT SERVES
THROUGH CHARITABLE CONTRIBUTIONS TO COMMUNITY-BASED PROGRAMS THAT
IMPROVE HEALTH EQUITY AND UPWARD MOBILITY FOR THOSE WHO NEED IT MOST.
TOWARD THAT GOAL, NOVANT INVESTS IN COMMUNITY-BASED PROGRAMS THAT ALIGN
WITH ITS TWO INVESTMENT PRIORITIES OF DEVELOPING HEALTHY COMMUNITIES
AND EXPANDING OPPORTUNITIES FOR HEALTHCARE EDUCATION.

THE ANNUAL NOVANT HEALTH COMMUNITY IMPACT REPORT, AVAILABLE AT
[HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/community/community-health-needs/),

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

INCLUDES QUALITATIVE AND QUANTITATIVE INFORMATION REGARDING THE HEALTHCARE SYSTEM'S COMMUNITY BENEFIT EFFORTS AND ACHIEVEMENTS. FOR 2024, NOVANT HEALTH'S SYSTEM-WIDE COMMUNITY BENEFIT EXPENDITURES TOTALED APPROXIMATELY \$1.61 BILLION, INCLUDING \$139 MILLION OF FINANCIAL ASSISTANCE. NOTE: NUMERIC DATA IN THIS REPORT IS NOT BASED UPON FORM 990, SCHEDULE H INSTRUCTIONS, BUT RATHER IN ACCORDANCE WITH NORTH CAROLINA HEALTHCARE ASSOCIATION COMMUNITY BENEFIT REPORTING GUIDELINES. NOVANT HEALTH COMMUNITY IMPACT REPORT SHOULD NOT BE RELIED UPON AS EQUIVALENT TO FORM 990, SCHEDULE H COMMUNITY BENEFIT REPORT, ITS COMMUNITY HEALTH NEEDS ASSESSMENT OR COMMUNITY BENEFIT IMPLEMENTATION STRATEGY.

GREATER WINSTON SALEM REGION:

NOVANT HEALTH FORSYTH MEDICAL CENTER ("NHFC") PROVIDED HEALTH SCREENINGS AND CLINICS FOR BLOOD PRESSURE/HYPERTENSION, CHOLESTEROL, DIABETES, IMMUNIZATIONS, AND BREAST CANCER IN BOTH STATIONARY AND MOBILE CLINIC SETTINGS. ADDITIONALLY, NHFC COLLECTED, ORGANIZED AND DROPPED OFF DONATIONS FOR HURRICANE HELENE RELIEF EFFORTS, PROVIDING ACCESS TO WATER, FOOD AND CLOTHING FOR HURRICANE VICTIMS.

NOVANT HEALTH CLEMMONS MEDICAL CENTER ("NHCMC") PROVIDED BLOOD PRESSURE CHECKS AND HANDS-ONLY CPR DEMONSTRATIONS AT CLEMMONS COMMUNITY DAY AND PROVIDED BREAST EDUCATION AND FIRST AID FOR EVENTS HOSTED BY THE LEWISVILLE-CLEMMONS CHAMBER OF COMMERCE. NHCMC ALSO HOSTED A BLOOD DRIVE FOR HURRICANE HELENE VICTIMS AND COLLECTED CANNED GOODS AND HYGIENE ITEMS FOR DONATION.

NOVANT HEALTH KERNERSVILLE MEDICAL CENTER ("NHKMC") PROVIDED HEALTH EDUCATION TO THE COMMUNITY THROUGH A WELLNESS WEBINAR, HEALTHY LIVING EXPO, HEART HEALTH PROGRAMS AND AN "ASK AN EDUCATOR" EVENT.

NOVANT HEALTH THOMASVILLE MEDICAL CENTER ("NHTMC") OFFERED SCREENINGS AND SUPPORT GROUPS, INCLUDING BREASTFEEDING SUPPORT THROUGH ITS BABY CAFE AND BLOOD PRESSURE/HYPERTENSION SCREENINGS AT VARIOUS COMMUNITY EVENTS. NHTMC ALSO HOSTED A DRIVE FOR ITEMS TO SUPPORT VICTIMS OF HURRICANE HELENE.

NOVANT HEALTH MEDICAL PARK HOSPITAL ("NHMPH") PROVIDED FREE ACCESS TO THE MYCOMMUNITY PLATFORM, WHICH ENABLED COMMUNITY MEMBERS TO SEARCH FOR FREE OR REDUCED COST RESOURCES LOCATED WITHIN THE COMMUNITY BY COVERING THE ANNUAL FEES FOR THIS PLATFORM THAT COMMUNITY MEMBERS WOULD HAVE OTHERWISE HAD TO PAY. NHMPH ALSO HOSTED A COAT DRIVE, A FOOD DRIVE AND A DRIVE FOR ITEMS TO SUPPORT VICTIMS OF HURRICANE HELENE.

GREATER CHARLOTTE REGION:

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER ("NHPMC") PROVIDED SUPPORT GROUPS AND EDUCATIONAL PROGRAMS ON A VARIETY OF TOPICS, INCLUDING CANCER PREVENTION, ADVANCED DIRECTIVES, BEHAVIORAL/MENTAL HEALTH, CHILD SAFETY, CPR/FIRST-AID, DIABETES, FALL PREVENTION, WATER SAFETY AND VIOLENCE INTERVENTION.

NOVANT HEALTH HUNTERSVILLE MEDICAL CENTER ("NHHMC") PROVIDED IN-KIND DONATIONS THROUGH EVENT MEDICINE FIRST AID, ACCESSIBILITY SUPPLIES LIKE WALKERS, EYEGLASSES AND CANES, AND BACKPACKS FOR CHILDREN GOING BACK-TO-SCHOOL.

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

NOVANT HEALTH MINT HILL MEDICAL CENTER ("NHMMC") PROVIDED HEALTH EDUCATION AND SCREENINGS AT COMMUNITY CENTERS AND EVENTS, INCLUDING CPR/FIRST-AID TRAINING, VIOLENCE INTERVENTION AND MEDICATION SAFETY.

NOVANT HEALTH MATTHEWS MEDICAL CENTER ("NHMC") HELD SUPPORT GROUPS FOR DIABETES, INJURY AND PARKINSON'S SUPPORT. THE FACILITY ALSO HELD CLASSES FOR PARKINSON'S EXERCISE, WEIGHT MANAGEMENT PROGRAMS AND OBESITY.

NOVANT HEALTH ROWAN MEDICAL CENTER ("NHRMC") SUPPORTED THE COMMUNITY WITH SEVERAL BACK-TO-SCHOOL EVENTS THAT PROVIDED CHILDREN AND TEACHERS WITH SCHOOL SUPPLIES. NHRMC ALSO COLLECTED COLD WEATHER ITEMS AND BABY SUPPLIES TO SUPPORT THOSE IMPACTED BY HURRICANE HELENE.

NOVANT HEALTH BALLANTYNE MEDICAL CENTER ("NHBMC") SUPPORTED THE COMMUNITY BY OFFERING A CHILDBIRTH CLASS TAILORED FOR SPANISH SPEAKING PATIENTS.

COASTAL REGION:

NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER ("NHNHRMC") HELPED ADDRESS FOOD INSECURITY IN THE REGION BY HOSTING FOOD PACKING EVENTS THROUGHOUT THE YEAR. NHNHRMC ALSO HOSTED MANY HEALTH SCREENINGS AT VARIOUS COMMUNITY EVENTS THROUGHOUT THE YEAR.

NOVANT HEALTH PENDER MEDICAL CENTER ("NHPMC") SPONSORED A BABY CARE TENT AT MULTIPLE LOCAL COMMUNITY EVENTS AND HOSTED MULTIPLE BLOOD DRIVES IN PARTNERSHIP WITH THE AMERICAN RED CROSS.

NOVANT HEALTH BRUNSWICK MEDICAL CENTER ("NHBMC") PROVIDED DIABETES, CHOLESTEROL, AND BLOOD PRESSURE SCREENINGS IN VARIOUS LOCATIONS IN BRUNSWICK COUNTY AND PROVIDED EDUCATION EXPLAINING WHAT THE "NUMBERS" MEAN. THE FACILITY ALSO HOSTED A COMMUNITY BABY SHOWER THAT PROVIDED NEEDED ITEMS FOR NEW MOMS AND BABIES ALONG WITH INFORMATION ABOUT AVAILABLE RESOURCES IN THE COMMUNITY.

NOVANT HEALTH EAST COOPER MEDICAL CENTER ("NHECMC") WAS ACQUIRED DURING 2024. THIS HOSPITAL FACILITY WILL REPORT COMMUNITY INFORMATION IN FUTURE TAX YEARS.

NOVANT HEALTH HILTON HEAD MEDICAL CENTER ("NHHMC") WAS ACQUIRED DURING 2024. THIS HOSPITAL FACILITY WILL REPORT COMMUNITY INFORMATION IN FUTURE TAX YEARS.

NOVANT HEALTH COASTAL CAROLINA MEDICAL CENTER ("NHCCMC") WAS ACQUIRED DURING 2024. THIS HOSPITAL FACILITY WILL REPORT COMMUNITY INFORMATION IN FUTURE TAX YEARS.

NEW TECHNOLOGY & SERVICES

NHMMC CONTINUED CONSTRUCTION ON ITS FOUR-STORY, 150,000 SQUARE-FOOT CRITICAL CARE TOWER. THE TOWER WILL EXPAND SURGICAL AND HEART AND VASCULAR SERVICES, AS WELL AS ADD INPATIENT CAPACITY INCLUDING A NEW ICU TO INCREASE ACCESS TO ADVANCED SERVICES. NHMMC HAS BEEN RECOGNIZED BY US NEWS AND WORLD REPORT FOR SUCCESS IN SUPPORTING BLACK MOTHERS AND THEIR BABIES.

NHMMC CONTINUED CONSTRUCTION ON AN EMERGENCY DEPARTMENT EXPANSION

Name of the organization	Employer identification number
NOVANT HEALTH, INC.	56-1376950
WHICH WILL DOUBLE THE SIZE OF ITS CURRENT EMERGENCY DEPARTMENT.	

FORM 990, PI, L1: CONTINUED

NHNHRMC BEGAN OFFERING A NEW CANCER TREATMENT THROUGH GAMMATILE, A TARGETED RADIATION THERAPY FOR BRAIN TUMORS THAT LIMITS IMPACT TO HEALTHY TISSUE. NHNHRMC ALSO ADDED THE TMINI MINIATURE ROBOTIC SYSTEM, ADVANCING KNEE SURGERY TECHNOLOGY LOCALLY. TO SUPPORT PATIENTS WITH ATRIAL FIBRILLATION, NHNHRMC BEGAN OFFERING A NEW TREATMENT OPTION, PULSED FIELD ABLATION, WHICH USES PULSED ELECTRICAL FIELDS TO TREAT MISFIRING CARDIAC TISSUE. THE HOSPITAL ALSO LAUNCHED A HOSPITAL AT HOME PROGRAM, WHICH EARNED VERY POSITIVE PATIENT SATISFACTION SCORES FROM PATIENTS RECEIVING A HOSPITAL LEVEL OF CARE IN THE COMFORT OF THEIR OWN HOMES.

NHRMC'S EMERGENCY DEPARTMENT EARNED A LEVEL 3 GERIATRIC EMERGENCY DEPARTMENT ACCREDITATION, HIGHLIGHTING A COMMITMENT TO DELIVERING REMARKABLE CARE TO OLDER PATIENTS. NOVANT HEALTH ALSO EXPANDED ITS FLIGHT OPERATIONS IN ROWAN COUNTY WITH AIRLINK 4 A HELICOPTER BASED AT NHRMC. THIS HELICOPTER ALLOWS NOVANT HEALTH TO PROVIDE AROUND-THE-CLOCK INTENSIVE CARE UNIT-LEVEL SUPPORT TO PATIENTS THROUGHOUT THE AREA.

NHBMCM UNVEILED A NEW MOBILE MAMMOGRAPHY UNIT TO SUPPORT EARLY BREAST CANCER DETECTION ACROSS SOUTHEASTERN NORTH CAROLINA. THE MOBILE UNIT FEATURES THE LATEST 3-D TECHNOLOGY. DURING THE 3-D MAMMOGRAM, AN X-RAY TUBE TAKES MULTIPLE LOW-DOSE IMAGES THAT ARE REGENERATED BY A COMPUTER. THE ANGLED IMAGES PROVIDE 1-MILLIMETER-THIN SNAPSHOTS OF THE BREAST TISSUES THAT, COLLECTIVELY, PROVIDE RADIOLOGISTS WITH A DETAILED, THREE-DIMENSIONAL VIEW.

IN 2024, NOVANT HEALTH MEDICAL GROUP ("NHMG") ADDED 35 CLINIC LOCATIONS, 175 PHYSICIANS AND MORE THAN 100 ADVANCED PRACTICE PROVIDERS. SOME HIGHLIGHTS INCLUDE:

THE OPENING OF THE THIRD NOVANT HEALTH MICHAEL JORDAN FAMILY MEDICAL CLINIC (AND THE FIRST IN WILMINGTON, NORTH CAROLINA), WHICH BRINGS MUCH-NEEDED COMPREHENSIVE PRIMARY CARE SERVICES, INCLUDING TO INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED.

THE OPENING OF NOVANT HEALTH TODAY'S ADULT PRIMARY CARE, WHICH BUILDS ON THE EXISTING NOVANT HEALTH TODAY'S WOMAN OB/GYN AND NOVANT HEALTH TODAY'S PEDIATRICS, TWO CLINICS THAT HAVE FAITHFULLY SERVED EASTERN FORSYTH COUNTY FOR DECADES. THESE CLINICS HAVE AN ON-SITE COMMUNITY ENGAGEMENT CENTER WHICH OFFERS A MULTIPURPOSE SPACE FOR PATIENTS TO RECEIVE ADDITIONAL SOCIAL SUPPORT SERVICES. THE COMMUNITY ENGAGEMENT CENTER IS STAFFED BY OUTREACH SPECIALISTS WHO CAN IDENTIFY NONMEDICAL BARRIERS TO CARE AND HELP PATIENTS LEAD HEALTHIER LIVES. THIS CAN INCLUDE PROVIDING EDUCATION ABOUT SCREENINGS AND PREVENTION, TRANSPORTATION ASSISTANCE OR CONNECTING PATIENTS TO COMMUNITY RESOURCES. THE CLINIC ALSO PARTNERS WITH HEALTHCARE ACCESS, ALLOWING PATIENTS TO WORK WITH A FINANCIAL NAVIGATOR TO APPLY FOR HEALTH CARE COVERAGE.

THE OPENING OF A NEW HEART FAILURE AND PULMONARY HYPERTENSION CLINIC IN THE TRIAD, EXPANDING ACCESS TO FULL-SERVICE, MULTISPECIALTY CARE. BOTH HEART FAILURE AND PULMONARY HYPERTENSION ARE COMMONLY REFERRED TO AS

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

SILENT KILLERS BECAUSE THEIR SYMPTOMS ARE OFTEN IGNORED BUT CAN HAVE DEVASTATING EFFECTS IF LEFT UNTREATED. THE CLINIC OFFERS A ROBUST DIAGNOSTIC TESTING AREA THAT INCLUDES LABORATORY TESTING, ECHOCARDIOGRAPHIC STUDIES AND CARDIOPULMONARY EXERCISE TESTING. ADDITIONALLY, THE CLINIC HAS A DEDICATED INFUSION SUITE TO TREAT PATIENTS WITH DIURETIC THERAPY TO ALLEVIATE CONGESTION AND AVERT THE NEED FOR HEART FAILURE HOSPITALIZATION. THE CLINIC WILL ALSO PROVIDE OUTPATIENT SUPPORT FOR NOVANT HEALTH'S FUTURE MECHANICAL CIRCULATORY SUPPORT PROGRAM SET TO LAUNCH NEXT YEAR IN THE TRIAD.

THE GROUNDBREAKING ON THE FUTURE NOVANT HEALTH WELLNESS AND EDUCATION BUILDING IN THOMASVILLE, NORTH CAROLINA. THE MULTI-USE HEALTH CARE FACILITY IS PART OF NOVANT HEALTH'S STRATEGIC PLAN TO ENHANCE THE OVERALL HEALTH OF THE COMMUNITY BY ADDRESSING SEVERAL HEALTH EQUITY CHALLENGES GAPS IN ACCESSIBLE CARE FACING PATIENTS ACROSS THE REGION, SPECIFICALLY RELATED TO BEHAVIORAL HEALTH, SUBSTANCE USE DISORDER, CHRONIC DISEASE MANAGEMENT AND REHABILITATIVE CARE. THE 18,000 SQUARE-FOOT FACILITY IS SCHEDULED TO OPEN IN 2025 AND WILL BE HOUSED IN THE FORMER HEALTH DEPARTMENT BUILDING ON THE EDGE OF NHTMC'S CAMPUS.

THE OPENING OF TWO NEW CLINICS IN RURAL HALL, NORTH CAROLINA NOVANT HEALTH UROLOGY AND NOVANT HEALTH BARIATRIC SOLUTIONS, TO MAKE ACCESS TO UROLOGY AND WEIGHT-LOSS SPECIALTY CARE SERVICES MORE CONVENIENT FOR PATIENTS IN AND AROUND THE AREA.

THE OPENING OF NOVANT HEALTH SCOTTS HILL MEDICAL PLAZA, A 60,000 SQUARE FOOT MEDICAL OFFICE BUILDING THAT WILL SAVE RESIDENTS TRAVEL TIME FOR OUTPATIENT CARE AND CANCER TREATMENT. AS A NOVANT HEALTH CANCER INSTITUTE HUB, THE LOCATION OFFERS BOTH INFUSION TREATMENTS AND RADIATION THERAPY. THE MEDICAL PLAZA'S OUTPATIENT SERVICES INCLUDE PRIMARY CARE, HEART AND VASCULAR, UROLOGY, NEUROLOGY, PEDIATRIC SPECIALTY CARE, RADIATION ONCOLOGY, GENERAL SURGERY, SURGICAL NAVIGATION AND REHABILITATION SERVICES.

ADDITIONALLY, NOVANT HEALTH AND THE YMCA OF SOUTHEASTERN NORTH CAROLINA PARTNERED TO IMPROVE THE HEALTH OF THE COMMUNITY. THE ORGANIZATIONS WILL COMBINE THEIR RESOURCES AND EXPERTISE TO OFFER HEALTH SCREENINGS, VACCINATIONS AND LOCAL PROGRAMS. TOGETHER, THEY WILL PROMOTE COMMUNITY WELLNESS AND WORK TO COMBAT CHRONIC DISEASES, INCLUDING DIABETES AND CANCER.

ALL OF THE AFOREMENTIONED COMMUNITY-BASED PROGRAMS AND EDUCATIONAL INITIATIVES SUPPORT NOVANT HEALTH'S MISSION OF IMPROVING HEALTH THROUGH MEANINGFUL INVESTMENTS IN THE COMMUNITIES IT SERVES.

FORM 990, PART III, LINE 1: OUR CAUSE (FKA MISSION, VISION AND VALUES) IN THE SPIRIT OF KEEPING OUR FOCUS ON PATIENT-CENTERED, EQUITABLE AND COMPASSIONATE CARE WHILE ENSURING OUR ORGANIZATION IS SUSTAINABLE FOR FUTURE GENERATIONS, WE HAVE RESTATED OUR MISSION, VISION AND VALUES AND ARE NOW GUIDED BY OUR CAUSE.

OUR CAUSE
WE CREATE A HEALTHIER FUTURE AND BRING REMARKABLE EXPERIENCES TO LIFE.

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

DISCOVER

WE CONSISTENTLY SEEK TO INNOVATE, COURAGEOUSLY TRANSFORM OURSELVES AND FIND NEW WAYS TO ADD VALUE FOR OUR PATIENTS, COMMUNITIES AND ONE ANOTHER.

EMPOWER

WE PROVIDE ONE ANOTHER, OUR PATIENTS, FAMILIES AND COMMUNITIES WITH THE RESOURCES AND ENVIRONMENT TO CREATE SHARED ACCOUNTABILITY AND ACTION.

THRIVE

WE DEMONSTRATE EQUITY, EMPATHY, SAFETY AND QUALITY TO HELP EACH OTHER, AND OUR COMMUNITIES GROW AND SUCCEED.

TOGETHER

WE WORK AS A TRUSTED TEAM WITH OUR UNIQUE PERSPECTIVES, LIFE EXPERIENCES AND EXPERTISE TO BRING REMARKABLE TO LIFE IN EVERY INTERACTION. WE ALL BELONG.

FORM 990, PART VI, SECTION A, LINE 2: FAMILY AND/OR BUSINESS RELATIONSHIPS

BUSINESS RELATIONSHIP

CARL ARMATO

JAMES DEAN SWINDLE

BUSINESS RELATIONSHIP

DENISE MIHAL

FRANK EMORY, JR.

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 IS PROVIDED A COPY OF FORM 990 AND MEETS TO ADDRESS ANY QUESTIONS AND SIGNIFICANT DISCLOSURES WITHIN THE FORM 990 PRIOR TO ITS FILING WITH THE IRS.

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 AND TAX DEPARTMENTS. 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.

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

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION PROCESS FOR TOP OFFICIAL

INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH, INC. BOARD OF TRUSTEES, WHO COMPRISE THE COMPENSATION & 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 COMPARABLE ORGANIZATIONS TO ENSURE THAT TOTAL COMPENSATION AND 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.

FORM 990, PART VI, SECTION B, LINE 15B: COMPENSATION PROCESS FOR OFFICERS INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH, INC. BOARD OF TRUSTEES, WHO COMPRISE THE COMPENSATION & 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 COMPARABLE ORGANIZATIONS TO ENSURE THAT TOTAL COMPENSATION AND BENEFITS FOR EACH EXECUTIVE IS REASONABLE. 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.

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.

FORM 990, PART IX, LINE 6: COMPENSATION OF DISQUALIFIED PERSONS THE TOTAL AMOUNT REPORTED REPRESENTS AMOUNTS ATTRIBUTABLE TO DISQUALIFIED PERSONS ("DQPS"), AS DEFINED IN FORM 990 INSTRUCTIONS, AND TO INDIVIDUALS THAT MAY NOT DEFINITELY BE CONSIDERED DQPS UNDER SECTION 4958 BUT ARE INCLUDED IN AN EXPANSIVE APPROACH TO DQP REPORTING.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CONTRIBUTIONS	-6,471,336.
DERIVATIVES/SWAP	2,990,648.
AFFILIATE TRANSFER	-1,121,964,358.
FASB/ACCOUNTING CHANGES	-30,361.
CAPITAL CONTRIBUTION	457,701,292.
PARTNERSHIPS	441,946.
ADJUSTMENT FOR OVERHEAD INTERCOMPANY EXPENSE ALLOCATIONS	-2,715,062,818.
TOTAL TO FORM 990, PART XI, LINE 9	-3,382,394,987.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NOVANT HEALTH, INC.

Employer identification number
56-1376950**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1427 EAST FOURTH STREET, LLC - 20-1523667 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	0.	0.	PROVIDENCE ROAD LAND PARTNERS, LLC
1600 ELIZABETH AVENUE, LLC - 26-0757319 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	0.	0.	PROVIDENCE ROAD LAND PARTNERS, LLC
BRUNSWICK COMMUNITY HOSPITAL, LLC - 20-4278130, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	180,747,203.	112,440,074.	NOVANT HEALTH COASTAL REGION, LLC
CALL-A-NURSE, LLC - 43-1965884 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.

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

(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
AUXILIARY OF FORSYTH MEMORIAL HOSPITAL - 56-0862112, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	GIFT SHOP *DISSOLVED 3/2024*	NORTH CAROLINA	501(C)(3)	LINE 10	FORSYTH MEMORIAL HOSPITAL, INC.	X	
BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION - 27-4616751, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	BRUNSWICK COMMUNITY HOSPITAL, LLC	X	
CAROLINA HEALTHCARE ASSOCIATES, INC. - 56-2049697, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE STAFFING	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER,	X	
COMMUNITY GENERAL HOSPITAL FOUNDATION, INC. - 56-1828629, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	NOVANT HEALTH THOMASVILLE MEDICAL CENTER,	X	

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

Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
CAROLINA MEDICORP ENTERPRISES, LLC - 58-1466368, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	56,352,617.	5,053,607.	NOVANT HEALTH MEDICAL GROUP, LLC
EAST COOPER MEDICAL CENTER, LLC - 93-4555562 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	199,637,990.	181,061,058.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
EAST COOPER PHYSICIAN GROUP, LLC - 93-4624425, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	30,683,610.	15,376,721.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
FOUNDATION HEALTH SYSTEMS, LLC - 56-1373175 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	32,658,476.	169,793,655.	NOVANT HEALTH, INC.
HILTON HEAD MEDICAL CENTER, LLC - 93-4604680 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	164,877,045.	106,158,540.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
HILTON HEAD REGIONAL PHYSICIAN GROUP, LLC - 93-4646081, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	30,942,656.	13,764,771.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
MEDICAL PARK HOSPITAL, LLC - 56-1340424 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	97,300,029.	37,220,637.	NOVANT HEALTH TRIAD REGION, LLC
NEW HANOVER HEALTH, LLC - 84-2418891 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	5,733,303.	108,598.	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, LLC
NH DIGITAL DEVICES, LLC - 84-2879176 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	8,289.	1,071,525.	NH DIGITAL HOLDINGS, LLC
NH DIGITAL HEALTH SERVICES, LLC - 84-3930503 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	4,012,956.	6,469,540.	NH DIGITAL HOLDINGS, LLC

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
NH DIGITAL HOLDINGS, LLC - 84-2860028 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HOLDING COMPANY	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NH RESOURCE AGENCY, LLC - 87-3338778 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NH-CL CLINICS, LLC - 84-4067176 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NH-CL CLINICS, LLC - 84-4067176 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE STAFFING	NORTH CAROLINA	0.	-64,006.	NOVANT HEALTH, INC.
NH-CL CLINICS, LLC - 84-4067176 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	13,527,423.	1,654,899.	NMG SERVICES, LLC
NHE ASC MANAGEMENT COMPANY, LLC - 99-2273277 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NHE ASC MANAGEMENT COMPANY, LLC - 99-2273277 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NMG HEALTH SERVICES, LLC - 88-4307716 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	ADMIN SERVICES	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NMG HEALTH SERVICES, LLC - 88-4307716 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NMG HEALTH SERVICES, LLC - 88-4307716 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NMG SERVICES, LLC - 56-2098809 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	12,032,305.	4,385,196.	NMG SERVICES, LLC
NMG SERVICES, LLC - 56-2098809 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NMG SERVICES, LLC - 56-2098809 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NMG SOUTHPARK SERVICES, LLC - 45-0600400 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	2,086,037.	656,539.	NOVANT HEALTH, INC.
NMG SOUTHPARK SERVICES, LLC - 45-0600400 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NMG SOUTHPARK SERVICES, LLC - 45-0600400 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NOVANT ASSET MANAGEMENT, LLC - 26-0705491 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	2,267,954.	391,236.	NMG SERVICES, LLC
NOVANT ASSET MANAGEMENT, LLC - 26-0705491 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NOVANT ASSET MANAGEMENT, LLC - 26-0705491 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NOVANT HEALTH ACCOUNTABLE CARE ORGANIZATION I, LLC - 81-2697133, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	ASSET MGMT	NORTH CAROLINA	0.	810.	NOVANT HEALTH, INC.
NOVANT HEALTH ACCOUNTABLE CARE ORGANIZATION I, LLC - 81-2697133, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103					
NOVANT HEALTH ACCOUNTABLE CARE ORGANIZATION I, LLC - 81-2697133, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103					
NOVANT HEALTH ASHEVILLE IMAGING CENTER, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	MANAGED CARE SVCS	NORTH CAROLINA	18,912,503.	15,697,922.	NMG SERVICES, LLC
NOVANT HEALTH ASHEVILLE IMAGING CENTER, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NOVANT HEALTH ASHEVILLE IMAGING CENTER, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103					
NOVANT HEALTH ASHEVILLE IMAGING CENTER, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
NOVANT HEALTH ASHEVILLE MEDICAL CENTER, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NOVANT HEALTH BALLANTYNE MEDICAL CENTER, LLC - 86-3305323, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	84,984,311.	184,558,081.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
NOVANT HEALTH BRUNSWICK ENDOSCOPY CENTER, LLC - 82-0831203, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	1,935,915.	1,523,499.	BRUNSWICK COMMUNITY HOSPITAL, LLC
NOVANT HEALTH BRUNSWICK SURGERY CENTER, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	BRUNSWICK COMMUNITY HOSPITAL, LLC
NOVANT HEALTH BUCKWALTER SURGERY CENTER, LLC - 33-2807898, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	0.	0.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
NOVANT HEALTH CASUALTY, LLC - 81-2938127 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INSURANCE	NORTH CAROLINA	621.	41,889.	NOVANT HEALTH, INC.
NOVANT HEALTH CLINICAL RESEARCH, LLC - 92-1098136, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	CLINICAL RESEARCH	NORTH CAROLINA	8,843,434.	9,864,091.	NOVANT HEALTH, INC.
NOVANT HEALTH COASTAL REGION, LLC - 85-3804014, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HOLDING COMPANY	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NOVANT HEALTH DAVIS MEDICAL CENTER, LLC - 92-3913161, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
NOVANT HEALTH EMPLOYER SOLUTIONS, LLC - 85-0820820, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
NOVANT HEALTH ENTERPRISES PHYSICIAN AFFILIATE, LLC - 33-2185963, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH ENTERPRISES, LLC
NOVANT HEALTH ENTERPRISES, LLC - 99-4422000 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HOLDING COMPANY	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NOVANT HEALTH INCLUSION STRATEGIES, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	ADMIN SERVICES	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NOVANT HEALTH INSURANCE PROTECTED CELL, LLC - 84-4044388, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INSURANCE	NORTH CAROLINA	22,717,225.	81,528,459.	NOVANT HEALTH, INC.
NOVANT HEALTH KNIGHTDALE MEDICAL CENTER, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NOVANT HEALTH LAKE NORMAN MEDICAL CENTER, LLC - 92-3943339, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
NOVANT HEALTH MATTHEWS MEDICAL CENTER, LLC - 56-1376368, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	328,749,099.	294,878,275.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
NOVANT HEALTH MEDICAL GROUP COASTAL REGION, LLC - 86-1441258, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	209,235,839.	110,632,534.	NOVANT HEALTH COASTAL REGION, LLC
NOVANT HEALTH MEDICAL GROUP, LLC - 58-1728803, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	1,160,757,270.	631,189,468.	NMG SERVICES, LLC
NOVANT HEALTH MINT HILL MEDICAL CENTER, LLC - 26-0599536, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	149,554,601.	152,548,151.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
NOVANT HEALTH MONROE OUTPATIENT SURGERY, LLC - 20-3135267, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, LLC - 85-3777599, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	2,046,871,888.	2,093,254,437.	NOVANT HEALTH COASTAL REGION, LLC
NOVANT HEALTH ORTHOPEDICS, LLC - 33-1447876 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH ENTERPRISES PHYSICIAN AFFILIATE, LLC
NOVANT HEALTH PHARMACY SERVICES, LLC - 47-4615021, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	180,074.	51,813,882.	NOVANT HEALTH ENTERPRISES, LLC
NOVANT HEALTH PHYSICAL THERAPY, LLC - 99-4683580, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	1,511,027.	774,435.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
NOVANT HEALTH PIEDMONT NC MEDICAL GROUP, LLC - 99-4853369, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	200.	NOVANT HEALTH ENTERPRISES PHYSICIAN AFFILIATE, LLC
NOVANT HEALTH PREP, LLC - 92-4010419 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH ENTERPRISES PHYSICIAN AFFILIATE, LLC
NOVANT HEALTH PROVIDER INSURANCE PROTECTED CELL, LLC - 81-2946353, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INSURANCE	NORTH CAROLINA	14,401,597.	57,210,392.	NOVANT HEALTH, INC.
NOVANT HEALTH REALTY HOLDINGS, LLC - 82-2238790, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	0.	13,229,568.	NOVANT HEALTH, INC.
NOVANT HEALTH ROWAN MEDICAL CENTER, LLC - 56-0547479, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	340,735,936.	217,479,750.	ROWAN HEALTH SERVICES, LLC

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC - 93-3359880, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HOLDING COMPANY	NORTH CAROLINA	1,850,080.	2,790,587,539.	NOVANT HEALTH, INC.
NOVANT HEALTH SOUTHEASTERN SPINE INSTITUTE, LLC - 99-4442855, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	0.	0.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC - 56-2120972, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HOLDING COMPANY	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC - 56-0636250, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	547,789,735.	114,199,425.	NOVANT HEALTH TRIAD REGION, LLC
NOVANT HEALTH TRIAD REGION, LLC - 56-2120973 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HOLDING COMPANY	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NOVANT HEALTH TRIANGLE MEDICAL GROUP, LLC - 99-4837166, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	322,713.	NOVANT HEALTH ENTERPRISES PHYSICIAN AFFILIATE, LLC
NOVANT HEALTH URGENT CARES, LLC - 99-4277174 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	14,642,447.	64,750,617.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
NOVANT HEALTH WESTERN CAROLINA MEDICAL GROUP, LLC - 99-4886012, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	100.	NOVANT HEALTH ENTERPRISES PHYSICIAN AFFILIATE, LLC
NOVANT HEALTH WILMINGTON ENDOSCOPY CENTER, LLC - 86-2943847, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	4,465,268.	2,452,967.	NOVANT HEALTH MEDICAL GROUP COASTAL REGION, LLC
NOVANT PROPERTIES, LLC - 26-3378448 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	-1,368,952.	7,713,717.	NOVANT HEALTH, INC.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
PALMETTO ASC STAFFING SOLUTIONS, LLC - 99-2222219, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE STAFFING	SOUTH CAROLINA	1,567,205.	0.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
PALMETTO PHYSICIAN GROUP, LLC - 99-2232534 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	0.	0.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
PALMETTO PHYSICIAN PRACTICE SOLUTIONS, LLC - 99-2286540, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	ADMIN SERVICES	SOUTH CAROLINA	0.	0.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
PHYSICIAN QUALITY PARTNERS, LLC - 46-2849013 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	5,281,559.	3,132,892.	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, LLC
PLAZA CENTER, LLC - 20-0050290 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
PRESBYTERIAN AMBULATORY HOLDINGS, LLC - 26-1705594, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HOLDING COMPANY	NORTH CAROLINA	0.	928,040.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
PRESBYTERIAN BREAST CENTER, LLC - 26-0069792 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	-429,810.	6,936,330.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
PRESBYTERIAN DIAGNOSTIC CENTER AT CABARRUS, LLC - 27-0295685, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
PRESBYTERIAN IMAGING CENTERS, LLC - 72-1568954, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	-600,257.	7,497,892.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
PRESBYTERIAN MOBILE IMAGING, LLC - 20-2935595, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
PRESBYTERIAN SAMEDAY SURGERY CENTER AT BALLANTYNE, LLC - 20-3135052, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	6,936,351.	2,302,495.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
PRESBYTERIAN SAMEDAY SURGERY CENTER AT HUNTERSVILLE, LLC - 26-2422926, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	14,133,807.	4,481,891.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
PROVIDENCE ROAD LAND PARTNERS, LLC - 56-2264109, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	1,172,365.	36,651,683.	NOVANT HEALTH, INC.
QUALITY PROFESSIONAL INSURANCE PROTECTED CELL, LLC - 86-1633218, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	438,259.	3,526,758.	NOVANT HEALTH, INC.
ROWAN HEALTH SERVICES, LLC - 56-1424814 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	153,552.	11,086,040.	NOVANT HEALTH, INC.
SAMEDAY SURGERY CENTER AT PRESBYTERIAN, LLC - 68-0561430, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
SOUTH CAROLINA COASTAL MEDICAL CENTER, LLC - 93-4580630, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	111,970,712.	91,456,070.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
STEELE CREEK DEVELOPMENT, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
THE NOVANT HEALTH, INC. TRUST - 90-2059856 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	TRUST	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
TORRENCE STREET PARTNERS, LLC - 56-2217412 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	PROVIDENCE ROAD LAND PARTNERS, LLC

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
SOUTH ATLANTIC RADIATION ONCOLOGY, LLC - 20-8254844, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	21,440,030.	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, LLC
CCRO HOLDCO, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HOLDING COMPANY	NORTH CAROLINA	0.	49,584,297.	SOUTH ATLANTIC RADIATION ONCOLOGY, LLC
ASHEVILLE OPEN MRI, LLC - 56-2001227 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	-7,620.	2,254,209.	FOUNDATION HEALTH SYSTEMS, LLC
CABARRUS DIAGNOSTIC IMAGING, LLC - 62-1715203, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	298,812.	-5,765,676.	FOUNDATION HEALTH SYSTEMS, LLC
CAPE FEAR DIAGNOSTIC IMAGING, LLC - 62-1833647, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	FOUNDATION HEALTH SYSTEMS, LLC
CAPE FEAR MOBILE IMAGING, LLC - 20-0599346 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	FOUNDATION HEALTH SYSTEMS, LLC
CAROLINA IMAGING, LLC OF FAYETTEVILLE - 56-1876345, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	-485,315.	2,578,083.	FOUNDATION HEALTH SYSTEMS, LLC
CHAPEL HILL DIAGNOSTIC IMAGING, LLC - 56-2049126, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	FOUNDATION HEALTH SYSTEMS, LLC
DURHAM DIAGNOSTIC IMAGING, LLC - 56-2272517 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	-1,140,191.	2,687,929.	FOUNDATION HEALTH SYSTEMS, LLC
FOUNDATION HEALTH MOBILE IMAGING, LLC - 33-1039097, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	11,249,580.	FOUNDATION HEALTH SYSTEMS, LLC

[illegible]

Part II Continuation of 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 organization?	
						Yes	No
FORSYTH MEDICAL CENTER FOUNDATION - 56-2120959, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	FORSYTH MEMORIAL HOSPITAL, INC.	X	
FORSYTH MEMORIAL HOSPITAL, INC. - 56-0928089 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH TRIAD REGION, LLC	X	
NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION, INC. - 56-1752396, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER,	X	
NHRMC HOME CARE - 35-2379154 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	PENDER MEMORIAL HOSPITAL, INC.	X	
PENDER MEMORIAL HOSPITAL, INC. - 56-0653348 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER,	X	
PRESBYTERIAN HOSPITAL FOUNDATION - 58-1413074, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC	X	
ROWAN REGIONAL MEDICAL CENTER AUXILIARY - 23-7022472, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	GIFT SHOP	NORTH CAROLINA	501(C)(3)	LINE 10	NOVANT HEALTH ROWAN MEDICAL CENTER, LLC	X	
ROWAN REGIONAL MEDICAL CENTER FOUNDATION, INC. - 56-1424818, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	ROWAN HEALTH SERVICES, LLC	X	
SELF INSURANCE FUND - NOVANT HEALTH, INC. - 58-1867242, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INSURANCE *DISSOLVED 3/2024*	NORTH CAROLINA	501(C)(3)	LINE 12C, III-FI	NOVANT HEALTH, INC.	X	
THE PRESBYTERIAN HOSPITAL - 56-0554230 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CORELIFE NORTH CAROLINA, LLC - 84-4003877, 821 WEST BENFIELD ROAD STE 5, SEVERNA PARK, MD 21146	HEALTHCARE	NC	NOVANT HEALTH, INC.	RELATED	-99,074.	254,209.		X	N/A	X		50.50%
ENDOSCOPY CENTER OF LAKE NORMAN, LLC - 20-5112015, 13808 PROFESSIONAL CENTER DRIVE, HUNTERSVILLE, NC	HEALTHCARE	NC	PRESBYTERIAN AMBULATORY HOLDINGS, LLC	RELATED	652,673.	928,040.		X	N/A	X		51.00%
FORSYTH MEDICAL GROUP, LLC - 31-1725913, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NC	NMG SERVICES, LLC	RELATED	0.	569,304.		X	N/A	X		80.00%
MOUNT PLEASANT OUTPATIENT SURGERY CENTER, LLC - 88-3714959, 14201 DALLAS PARKWAY, DALLAS, TX 75254	HEALTHCARE	SC	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC	RELATED	31,028.	2,595,115.		X	N/A	X		70.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ADEPT HEALTH, INC. - 56-2226937 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	INACTIVE	NC	NOVANT HEALTH, INC.	C CORP	520,983.	9,650,031.	100%	X	
CHOICEHEALTH, INC. - 56-1896065 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	MANAGED CARE	NC	NOVANT HEALTH, INC.	C CORP	9,416,230.	19,431,263.	100%	X	
COMMUNICARE, INC. - 56-1952950 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	INACTIVE	NC	NOVANT HEALTH THOMASVILLE MEDICAL	C CORP	0.	977,817.	100%	X	
KERNERSVILLE MEDICAL CENTER PARK OWNERS' ASSOCIATION - 47-1511401, 2085 FRONTIS PLAZA BLVD., WINSTON SALEM, NC 27103	REAL PROPERTY MGMT	NC	NOVANT HEALTH, INC.	C CORP	0.	1,173,420.	100%	X	
MEDQUEST, INC. & SUBSIDIARIES - 22-3860764 3480 PRESTON RIDGE RD., STE 600 ALPHARETTA, GA 30005	DIAGNOSTIC IMAGING	DE	NOVANT HEALTH, INC.	C CORP	40,046,395.	139,709,723.	100%	X	

[illegible]

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a X	
b Gift, grant, or capital contribution to related organization(s)	1b X	
c Gift, grant, or capital contribution from related organization(s)	1c X	
d Loans or loan guarantees to or for related organization(s)	1d X	
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n X	
o Sharing of paid employees with related organization(s)	1o X	
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q X	
r Other transfer of cash or property to related organization(s)	1r X	
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHOICEHEALTH, INC.	A	84,994.	FMV
(2) FORSYTH MEMORIAL HOSPITAL, INC.	A	10,936,582.	FMV
(3) THE PRESBYTERIAN HOSPITAL	A	12,508,822.	FMV
(4) PENDER MEMORIAL HOSPITAL, INC.	A	158.	FMV
(5) FORSYTH MEDICAL CENTER FOUNDATION	C	1,851,350.	COST
(6) PRESBYTERIAN HOSPITAL FOUNDATION	C	511,583.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION	C	161,354.	COST
(8)ROWAN REGIONAL MEDICAL CENTER FOUNDATION, INC.	C	1,025,094.	COST
(9)NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION, INC.	C	6,086,630.	COST
(10)COMMUNITY GENERAL HOSPITAL FOUNDATION, INC.	C	87,836.	COST
(11)NOVANT HEALTH-GOHEALTH URGENT CARE, LLC	D	1,040,440.	COST
(12)FORSYTH MEMORIAL HOSPITAL, INC.	K	4,416,525.	COST
(13)THE PRESBYTERIAN HOSPITAL	K	809,360.	COST
(14)FORSYTH MEMORIAL HOSPITAL, INC.	L	228,531,054.	COST
(15)NHRMC HOME CARE	L	1,415,614.	COST
(16)PENDER MEMORIAL HOSPITAL, INC.	L	5,710,430.	COST
(17)THE PRESBYTERIAN HOSPITAL	L	266,545,089.	COST
(18)FORSYTH MEMORIAL HOSPITAL, INC.	M	10,654,061.	COST
(19)THE PRESBYTERIAN HOSPITAL	M	4,217,233.	COST
(20)CHOICEHEALTH, INC.	Q	3,643,743.	COST
(21)FORSYTH MEDICAL CENTER FOUNDATION	Q	952,423.	COST
(22)FORSYTH MEMORIAL HOSPITAL, INC.	Q	268,406,761.	COST
(23)MEDQUEST, INC.	Q	726,881.	COST
(24)MATTHEWS SURGERY CENTER, LLC	Q	823,182.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) PRESBYTERIAN HOSPITAL FOUNDATION	Q	871,275.	COST
ROWAN REGIONAL MEDICAL CENTER			
(8) FOUNDATION, INC.	Q	200,839.	COST
(9) THE PRESBYTERIAN HOSPITAL	Q	359,831,042.	COST
(10) CAROLINA HEALTHCARE ASSOCIATES, INC.	Q	2,807,031.	COST
(11) FORSYTH MEDICAL GROUP, LLC	Q	128,962.	COST
(12) NHRMC HOME CARE	Q	195,111.	COST
NEW HANOVER REGIONAL MEDICAL CENTER			
(13) FOUNDATION, INC.	Q	142,241.	COST
THE SOUTHEASTERN SPINE INSTITUTE			
(14) AMBULATORY SURGERY CENTER, LLC	Q	60,000.	COST
(15) PENDER MEMORIAL HOSPITAL, INC.	Q	6,623,233.	COST
(16) SOUTHPARK SURGERY CENTER, LLC	Q	3,310,867.	COST
ROWAN REGIONAL MEDICAL CENTER			
(17) FOUNDATION, INC.	R	676,812.	COST
BRUNSWICK NOVANT MEDICAL CENTER			
(18) FOUNDATION	R	84,870.	COST
(19) CHOICEHEALTH, INC.	R	2,000,000.	COST
NEW HANOVER REGIONAL MEDICAL CENTER			
(20) FOUNDATION, INC.	R	433,331.	COST
(21) SELF-INSURANCE FUND NOVANT HEALTH, INC.	S	11,733,686.	COST
(22)			
(23)			
(24)			

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.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CAROLINA HEALTHCARE ASSOCIATES, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL
CENTER, LLC

NAME OF RELATED ORGANIZATION:

COMMUNITY GENERAL HOSPITAL FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC

NAME OF RELATED ORGANIZATION:

NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL
CENTER, LLC

NAME OF RELATED ORGANIZATION:

PENDER MEMORIAL HOSPITAL, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL
CENTER, LLC**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENDOSCOPY CENTER OF LAKE NORMAN, LLC

EIN: 20-5112015

13808 PROFESSIONAL CENTER DRIVE

HUNTERSVILLE, NC 28078

Part VII

Supplemental Information

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY CENTER,
LLC

EIN: 20-8037589

14201 DALLAS PARKWAY

DALLAS, TX 75254

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

COMMUNICARE, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC

Electronic Filing PDF Attachment

Novant Health, Inc. and Affiliates

**Consolidated Financial Statements and
Supplemental Information
December 31, 2024 and 2023**

Novant Health, Inc. and Affiliates
Index
December 31, 2024 and 2023

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Report of Independent Auditors

To the Board of Trustees of Novant Health, Inc.

Opinion

We have audited the accompanying consolidated financial statements of Novant Health, Inc. and Affiliates (the "Company"), which comprise the consolidated balance sheets as of December 31, 2024 and 2023, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended, including the related notes (collectively referred to as the "consolidated financial statements").

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2024 and 2023, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for one year after the date the consolidated financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors'

report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

PricewaterhouseCoopers LLP

Charlotte, North Carolina
March 31, 2025

Novant Health, Inc. and Affiliates
Consolidated Balance Sheets
December 31, 2024 and 2023

(in thousands of dollars)

	2024	2023
Assets		
Current assets		
Cash and cash equivalents	\$ 644,080	\$ 739,797
Accounts receivable, net	1,354,734	1,055,998
Short-term investments	193	11,080
Current portion of assets limited as to use	16,297	27,617
Receivable for settlement with third-party payors	333,963	12,650
Other current assets	560,940	513,058
Total current assets	2,910,207	2,360,200
Assets limited as to use	302,213	270,232
Long-term investments	3,835,982	3,387,889
Property and equipment, net	3,687,042	3,219,937
Right-of-use assets, net	639,098	462,557
Intangible assets and goodwill, net	2,980,125	621,916
Investments in affiliates	384,981	397,207
Deferred tax asset	522	3,570
Other assets	285,932	122,802
Total assets	<u>\$ 15,026,102</u>	<u>\$ 10,846,310</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt	\$ 51,851	\$ 79,065
Accounts payable	453,442	402,157
Accrued liabilities	938,464	729,416
Current portion of operating lease liabilities	119,925	106,085
Estimated third-party payor settlements	170,994	102,827
Total current liabilities	1,734,676	1,419,550
Long-term debt, net of current portion	5,245,330	2,588,423
Deferred tax liability	10,250	14,932
Operating lease liabilities, net of current portion	550,096	386,962
Derivative financial instruments	7,491	12,254
Employee benefits and other liabilities	491,286	442,017
Total liabilities	<u>8,039,129</u>	<u>4,864,138</u>
Commitments and contingencies		
Net assets		
Without donor restrictions - attributable to Novant Health	6,804,014	5,871,264
Without donor restrictions - noncontrolling interests	65,664	4,806
Total net assets without donor restrictions	6,869,678	5,876,070
With donor restrictions	117,295	106,102
Total net assets	<u>6,986,973</u>	<u>5,982,172</u>
Total liabilities and net assets	<u>\$ 15,026,102</u>	<u>\$ 10,846,310</u>

The accompanying notes are an integral part of these consolidated financial statements.

Novant Health, Inc. and Affiliates
Consolidated Statements of Operations and Changes in Net Assets
Years Ended December 31, 2024 and 2023

(in thousands of dollars)

	2024	2023
Total operating revenues, gains, and other support		
Net patient service revenues	\$ 8,971,524	\$ 7,415,779
Other revenue and gains	1,202,094	879,369
Total operating revenues, gains, and other support	10,173,618	8,295,148
Operating expenses		
Salaries and employee benefits	4,953,533	4,471,515
Supplies and other	4,165,550	3,258,361
Depreciation and amortization expense	318,330	335,734
Gain on sale of property and equipment	(21,860)	(5,217)
Interest expense	201,749	87,975
Total operating expenses, net	9,617,302	8,148,368
Operating income	556,316	146,780
Non-operating income (expense)		
Investment income	358,927	310,804
Income tax benefit (expense)	5,182	(1,907)
Other net periodic pension (costs) benefits	(654)	5,168
Excess of revenues over expenses	\$ 919,771	\$ 460,845
Other changes in net assets without donor restrictions		
Change in net assets due to purchase of consolidated affiliates	71,877	-
Amortization of deferred loss on derivative financial instruments	2,991	2,564
Change in net assets due to sale of consolidated affiliate	1,370	-
Change in funded status of defined benefit plans	389	(543)
Other changes in net assets without donor restrictions	(2,790)	(5,044)
Increase in net assets without donor restrictions	993,608	457,822
Net assets with donor restrictions		
Contributions and investment income	21,783	21,980
Net assets released from restrictions for operations	(10,590)	(11,265)
Increase in net assets with donor restrictions	11,193	10,715
Increase in total net assets	1,004,801	468,537
Net assets, beginning of period	5,982,172	5,513,635
Net assets, end of period	\$ 6,986,973	\$ 5,982,172

The accompanying notes are an integral part of these consolidated financial statements.

Novant Health, Inc. and Affiliates
Consolidated Statements of Cash Flows
Years Ended December 31, 2024 and 2023

(in thousands of dollars)

	2024	2023
Cash flows from operating activities		
Increase in total net assets	\$ 1,004,801	\$ 468,537
Adjustments to reconcile changes in net assets to net cash provided by operating activities		
Depreciation, amortization and accretion	317,628	337,720
Change in net assets due to purchases of consolidated affiliates	(71,877)	-
Gain on sale of property & equipment	(21,860)	(5,217)
Change in net assets due to sale of consolidated affiliate	(1,370)	-
Gain on sale of consolidated entities	(868)	(14,085)
Actuarial gain on pension and postretirement benefits	(749)	(598)
Change in funded status of defined benefit plans	(389)	543
Deferred taxes, net	(1,634)	(5,531)
Share of (earnings) losses in affiliates, net of distributions	34,705	(156)
Net realized and unrealized gains on assets limited as to use and investments	(285,523)	(259,908)
Change in fair value of interest rate swaps	(4,763)	(937)
Contributions restricted for capital	(4,069)	(2,135)
Changes in operating assets and liabilities, net of assets acquired and liabilities assumed		
Accounts receivable	(258,663)	(172,847)
Accounts payable and accrued liabilities	193,475	58,921
Medicare advanced repayments	-	(91,145)
Long-term liabilities	13,409	32,683
Other current assets	(13,040)	(97,500)
Other long-term assets	(96,937)	1,162
Third-party payor settlements, net	(253,146)	44,631
Other assets and liabilities, net	(1,373)	14,099
Net cash provided by operating activities	<u>547,757</u>	<u>308,237</u>
Cash flows from investing activities		
Capital expenditures	(564,088)	(520,858)
Proceeds from sales of long-term investments	1,441,614	1,451,632
Purchases of long-term investments	(1,528,478)	(1,662,899)
Proceeds from sales of short-term investments	10,908	724,287
Purchases of short-term investments	-	(493,175)
Proceeds from sale of property and equipment	65,942	22,273
Payments on purchases of consolidated entities, net of cash acquired	(2,615,786)	-
Proceeds on sales of consolidated entities, net of cash disposed	2,806	250,061
Investments in unconsolidated affiliates	(22,598)	(92,019)
Other investing activities	453	(1,852)
Net cash used in investing activities	<u>(3,209,227)</u>	<u>(322,550)</u>

The accompanying notes are an integral part of these consolidated financial statements.

Novant Health, Inc. and Affiliates
Consolidated Statements of Cash Flows, continued
Years Ended December 31, 2024 and 2023

(in thousands of dollars)

	2024	2023
Cash flows from financing activities		
Principal payments on long-term debt	(46,501)	(24,740)
Proceeds from long-term debt, net	2,445,295	-
Proceeds from sale of accounts receivable	23,490	19,734
Proceeds from issuance of short-term debt	2,360,000	-
Payments on short-term debt	(2,360,000)	-
Proceeds from revolving credit facility	212,500	43,627
Payments on revolving credit facility	(258,325)	-
Proceeds from real estate financing	288,659	-
Other financing activities	1,105	(1,412)
Net cash provided by financing activities	2,666,223	37,209
Net increase in cash, cash equivalents and restricted cash	4,753	22,896
Cash, cash equivalents and restricted cash		
Beginning of period	873,079	850,183
End of period	\$ 877,832	\$ 873,079

	2024	2023
Supplemental disclosure of cash flow information		
Interest paid	\$ 191,115	\$ 93,161
Income taxes paid	577	31,577
Supplemental disclosure of noncash financing and investing activities		
Property and equipment financed through current liabilities	117,616	79,044

The following table reconciles cash and cash equivalents on the consolidated balance sheets to cash, cash equivalents and restricted cash on the consolidated statements of cash flows:

	2024	2023
Cash and cash equivalents	\$ 644,080	\$ 739,797
Restricted cash included in assets limited as to use:		
Nonqualified plans	12,689	11,025
Transition stabilization escrow	32,211	43,283
Other	10,654	16,269
Cash and cash equivalents included in long-term investments	178,198	62,705
Total cash, cash equivalents and restricted cash shown in the consolidated statements of cash flows	\$ 877,832	\$ 873,079

The accompanying notes are an integral part of these consolidated financial statements.

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

(in thousands of dollars)

1. Reporting Entity

Novant Health, Inc. (“Novant Health” or the “Company”) is a not-for-profit integrated network of more than 900 locations, including 19 medical centers, more than 750 physician clinics and urgent care centers, outpatient facilities, and imaging and pharmacy services. Novant Health’s more than 40,000 team members along with more than 8,500 independent and employed clinicians care for patients and communities in North Carolina and South Carolina.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Principles of Consolidation

The consolidated financial statements include the accounts of Novant Health and all affiliates controlled by the Company. All intercompany transactions and balances have been eliminated.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting periods. Actual results could differ from those estimates.

Significant estimates include, but are not limited to, accounts receivable price concessions, third-party payor settlements, goodwill and intangible asset valuation and subsequent recoverability, useful lives of intangible assets and property and equipment and medical and professional liability and other self-insurance accruals related assumptions.

Fair Value of Financial Instruments

The fair value of financial instruments approximates the carrying amount reported in the consolidated balance sheets for cash and cash equivalents, investments other than alternatives, assets limited as to use and interest rate swaps.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding amounts limited as to use by board designation, donors or trustees and certain amounts that are reported as long-term investments.

Restricted Cash

Novant Health holds cash that is restricted by the Company to purchase investments, pay participants in the Company’s nonqualified plan, and make payments related to the transition stabilization fund. Restricted cash balances were \$233,752 and \$133,282 as of December 31, 2024 and 2023,

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

(in thousands of dollars)

respectively, and are classified as current or long-term, consistent with the nature of their intended use based on the restrictions.

Accounts Receivable

Accounts receivable consist primarily of amounts owed by various governmental agencies, insurance companies and patients. Novant Health manages these receivables by regularly reviewing the accounts and contracts and by recording appropriate price concessions. Amounts the Company receives for treatment of patients covered by governmental programs and third-party payors as well as directly from patients are subject to both explicit and implicit price concessions. The Company estimates these price concessions using contractual agreements, discount policies, historical experience as well as current and expected future economic conditions. Novant Health records price concessions in the period of service based on the analysis and consideration of these factors.

Leases

Novant Health leases property and equipment under finance and operating leases and determines if an arrangement is a lease at the inception of the contract. Right-of-use assets represent the Company's right to use the underlying assets for the lease term and lease liabilities represent the Company's obligation to make lease payments arising from the leases. For leases with terms greater than 12 months, the related right-of-use assets and liabilities are recorded at the present value of lease payments over the term. Many of the Company's leases include rental escalation clauses and renewal options that are factored into our determination of lease payments when appropriate. The Company uses its estimated incremental borrowing rate, which is derived from information available at the lease commencement date, in determining the present value of the lease payment.

Other Current Assets

Other current assets include supplies (which primarily consist of hospital and medical supplies and pharmaceuticals), prepaid expenses and other receivables. Supply costs are determined primarily using the average cost method and are stated at the lower of cost or net realizable value.

Investments

Debt investments are classified as trading securities. All debt investments are designated as trading at the time of acquisition. Unrealized gains and losses on debt and equity investments are included in excess of revenues over expenses, unless the income or loss is restricted by donor or law. Long-term investments are classified as noncurrent assets as the Company does not expect to use these funds to meet its current liabilities.

Investments in equity and debt securities with readily determinable fair values are measured at fair value based on prices obtained on active markets or exchanges. The Company also invests in alternative and private equity investments through funds structured as limited liability partnerships ("LLPs"), limited liability companies ("LLCs") and corporations. These investments are recorded using the equity method, with the values provided by the respective partnership, LLC or corporation based on market value or other estimates that require varying degrees of judgment. The Company also has certain investments that are reported at Net Asset Value ("NAV") as a practical expedient as permitted

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

(in thousands of dollars)

under GAAP. Novant Health believes the NAV reported at the end of the period is representative of the price we would receive if we sold the investment. For all of the Company's long-term investments, the related earnings are reported as investment income in the consolidated statements of operations and changes in net assets. At December 31, 2024 and 2023, the Company held \$56,750 and \$45,701, respectively, of long-term investments that were accounted for at cost less impairment with adjustments made for any observable price changes resulting from an orderly transaction for the identical or a similar investment of the same issuer.

The determination of any other-than-temporary impairment ("OTTI") of the Company's equity method hedge funds and private equity fund investments is based upon periodic evaluations and assessments of known and inherent risks associated with the respective asset class. The Company updates its evaluations regularly and recognizes OTTI as conditions change and new information becomes available. OTTI is included in investment income in the combined statements of operations and changes in net assets. There was no OTTI for the years ended December 31, 2024 and 2023.

Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the investment balances included in the consolidated financial statements.

Assets Limited as to Use

Assets limited as to use are reported at fair value and primarily include assets held by trustees, funds designated for wind down expenses related to an acquisition (transition stabilization fund), and assets designated for specific purposes by the Board of Trustees.

Derivatives

The Company selectively enters into interest rate protection agreements to mitigate changes in interest rates on variable rate borrowings. The notional amounts of such agreements are used to measure the interest to be paid or received and do not represent the amount of exposure to loss. None of these agreements are used for speculative or trading purposes.

Derivatives are recognized on the consolidated balance sheets at fair value. The accounting for changes in the fair value of a derivative instrument depends on whether it has been designated and qualifies as part of a hedging relationship and further, on the type of hedging relationship. The Company formally documents the hedging relationships at inception of the contract for derivative transactions, including identifying the hedge instruments and hedged items, as well as the risk management objectives and strategies for entering into the hedge transaction. At inception and on a quarterly basis thereafter, the Company assesses the effectiveness of derivatives used to hedge transactions. If a cash flow hedge is deemed highly effective, the change in fair value is recorded as a change in net assets without donor restrictions. The change in fair value of derivatives that do not qualify for hedge accounting is recognized in excess of revenues over expenses.

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

(in thousands of dollars)

Property and Equipment

Property and equipment are recorded at cost, if purchased, or at fair value at the date of donation, if donated. Depreciation is computed on a straight-line basis over the estimated useful lives of the related assets. Leasehold improvements are amortized over the life of the lease or the useful life of the asset, whichever is shorter.

Following is a summary of the estimated useful lives used in computing depreciation:

Land improvements	5–45 years
Buildings	30–40 years
Machinery and equipment	3–15 years
Software	3–10 years
Furniture and fixtures	7–14 years

Maintenance and repairs of property and equipment are expensed in the period incurred. Replacements or improvements that increase the estimated useful life of an asset are capitalized. The Company also capitalizes the cost of software developed for internal use. Assets that are sold, retired or otherwise disposed of are removed from the respective asset cost and accumulated depreciation accounts and any gain or loss is included in the results of operations.

Gifts of long-lived assets such as land, buildings or equipment are excluded from excess of revenues over expenses and are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Goodwill and Other Intangible Assets

Goodwill represents the excess of the purchase price over the fair value of the net assets of acquired companies. Intangible assets generally represent the acquisition date fair value of certain rights or relationships obtained in such business acquisitions.

The Company considers certificates of need, which are required by certain states prior to the acquisition of high cost capital items, to be indefinite-lived intangible assets. During 2023, regulatory changes in states where the Company does business eliminated these requirements for certain types of equipment at dates in the future. As a result of these changes, these intangible assets now have estimated useful lives and are being amortized accordingly. The Company also has intangible assets with identifiable useful lives related to business acquisitions. These assets include business relationships and corporate trade names. In accordance with GAAP, the Company amortizes the cost of these intangible assets over their estimated useful lives.

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
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(in thousands of dollars)

Following is a summary of the estimated useful lives used in computing amortization:

Certificates of need	Based on state regulatory requirements
Business relationships	26 years
Corporate trade name	29 years

On October 1st each year, Novant Health tests goodwill and indefinite-lived assets for impairment. The Company has elected to evaluate goodwill triggering events at the end of each quarterly reporting period. If it is more likely than not that the indefinite-lived asset is impaired, additional testing for impairment is required. GAAP prescribes that impairment for indefinite-lived intangibles is evaluated by comparing the fair value of the asset with its carrying amount. If the carrying amount exceeds the fair value, an impairment loss is recognized as the amount of that excess.

Impairment tests are performed at the reporting unit level for units that have goodwill. If it is more likely than not that the fair value of the reporting unit exceeds the carrying value of the reporting unit, additional impairment testing is not required. If it is more likely than not that the carrying value of the reporting unit exceeds the fair value of the reporting unit, additional testing for impairment is required. The first step is to determine if the carrying value of the reporting unit with goodwill is less than the related fair value of the reporting unit. The fair value of the reporting unit is determined through use of discounted cash flow methods and/or market based multiples of earnings and sales methods. If the carrying value of the reporting unit is less than the fair value of the reporting unit, the goodwill is not considered impaired. If the carrying value is greater than the fair value, the goodwill is considered impaired and an impairment charge is recorded for the amount by which the carrying value exceeds the fair value of the reporting unit.

Investments in Affiliates

Investments in entities which Novant Health does not control, but in which it has a substantial ownership interest and can exercise significant influence, are accounted for using the equity method. Investments for which the Company does not have the ability to exercise significant influence are accounted for at fair value or, if fair value is not readily determinable, at cost less impairment with adjustments made for any observable price changes resulting from an orderly transaction for the identical or a similar investment of the same issuer. Distributions from affiliates are shown as operating cash flows on the Company's consolidated statements of cash flows.

Other Assets

Other assets consist of notes and pledges receivable, reinsurance receivables, deferred rent income and the cash surrender value of insurance policies.

Compensated Absences

The Company's employees earn paid time off at varying rates depending on years of service. Paid time off accumulates up to certain limits, at which time no additional hours can be earned. Provided this hourly limit is not met, employees can continue to accumulate hours and time can be carried over to future years. Accrued paid time off is included in accrued liabilities on the Company's consolidated balance sheets.

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December 31, 2024 and 2023

(in thousands of dollars)

Pension and Postretirement Benefit Plans

Novant Health's defined benefit plans are measured using actuarial techniques that reflect management's assumptions for discount rate, investment returns on plan assets, salary increases, expected retirement, mortality, employee turnover and future increases in healthcare costs. The discount rate (which is required to be the rate at which the projected benefit obligation could be effectively settled as of the measurement date) is determined with the assistance of actuaries, who calculate the yield on a theoretical portfolio of high-grade corporate bonds (rated Aa or better) with cash flows that are designed to match expected benefit payments in future years. The expected rate of return is a judgmental matter which is reviewed on an annual basis and revised as appropriate. The accounting guidance related to employers' accounting for defined benefit pension and other postretirement plans requires recognition in the consolidated balance sheets of the funded status of these plans. The Company uses mark-to-market accounting and immediately recognizes changes in the fair value of plan assets and actuarial gains or losses in operating results.

Self-Insurance Reserves

The Company is self-insured for certain employee health benefit options, workers' compensation and malpractice. These costs are accounted for on an accrual basis to include estimates of future payments for claims incurred.

Net Assets

Net assets without donor restrictions include undesignated amounts as well as amounts designated by the board for a specific purpose. Net assets with donor restrictions are held by related foundations and consist primarily of amounts contributed to foundations by donors with purpose restrictions. The Company also has net assets with donor restrictions that are perpetual in nature. Earnings on these assets are available for use as specified by the donors.

Contributions Received

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or the condition is met. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is met, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions, which is included in other operating revenue. Donor-restricted contributions whose restrictions are met within the same year as received are reported as net assets without donor restrictions in the accompanying consolidated financial statements.

Statement of Operations

All activities of Novant Health deemed by management to be ongoing, major and central to the provision of healthcare services are reported as operating revenues and expenses. Other activities are deemed to be non-operating and include investment income, income tax benefit (expense) and other net periodic pension (costs) benefits.

Certain Novant Health hospitals receive supplemental Medicaid payments from the state of North Carolina through a federally approved directed payment program which was approved during 2023. This program provides a funding model whereby hospitals are assessed an amount based on a

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

(in thousands of dollars)

percentage of their costs and are then paid supplemental amounts in an effort to reduce Medicaid losses. Novant Health records payments earned as net patient service revenue; assessments are recorded as supplies and other on the consolidated statements of operations and changes in net assets. These supplemental payments are recognized in income when earned, if reasonably estimable and deemed collectible. During 2024, Novant Health hospitals recorded net patient service revenue of \$789,126 and expensed assessments of \$246,698. Of these amounts, \$36,512 of revenue and \$12,558 of expense was related to a change in estimate of claims from 2023. North Carolina hospitals also pay assessments to finance portions of North Carolina's Medicaid fee-for-service, general medical education and managed care program. Novant Health hospitals paid assessments of \$175,051 in 2024 and \$140,032 in 2023. The Medicaid program in the state of North Carolina was expanded on December 1, 2023. This expansion increases Medicaid access for individuals and families meeting certain criteria. North Carolina hospitals also pay assessments to finance this program. Novant Health hospitals paid \$76,532 in Medicaid expansion assessments in 2024 and \$9,188 in 2023.

The consolidated statements of operations and changes in net assets include excess of revenues over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenues over expenses include changes in net assets due to purchases and sales of consolidated affiliates, the change in funded status of defined benefit plans, and amortization of deferred loss on derivative financial instruments that apply hedge accounting.

Other Revenue

Other revenue consists primarily of pharmacy revenue, revenue from pay-for-performance contracts, FEMA revenue, earnings from investments in affiliates accounted for using the equity method of accounting, revenue from management services agreements, net assets released from restriction, gain on sale of consolidated entities and rental income.

Income Taxes

Novant Health is classified as a nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code and is exempt from income taxes on revenue earned from its tax-exempt purposes. Novant Health also operates various for-profit subsidiaries which operate in service lines that are complementary to the Company's tax-exempt purpose. Income from activities that are determined by IRS regulations to be unrelated to the tax-exempt purposes as well as income from activities of for-profit subsidiaries of the Company are subject to federal and state taxation.

The Company provides for income taxes using the asset and liability method. This approach recognizes the amount of federal, state and local taxes payable or refundable for the current year, as well as deferred tax assets and liabilities for the future tax consequences of events recognized in the consolidated financial statements and income tax returns. Deferred income tax assets and liabilities are adjusted to recognize the effects of changes in tax laws or enacted tax rates in the period in which such laws or rates are enacted. A valuation allowance is required when it is more likely than not that some portion of the deferred tax assets will not be realized. Realization is dependent on generating sufficient future taxable income.

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

(in thousands of dollars)

3. Organizational Changes

2024 Acquisitions

On January 31, 2024, the Company purchased substantially all of the assets of three hospitals in South Carolina from Tenet Healthcare Corporation ("SC Coastal"). The purchase included Coastal Carolina Hospital, Hilton Head Hospital and East Cooper Medical Center, as well as affiliated physician practices and other related hospital operations. The adjusted purchase price of \$2,408,379 was partially financed with the proceeds of two short-term borrowings. In May 2024, long-term financing was issued and these short-term borrowings were repaid.

On March 1, 2024, the Company purchased ownership interests of 70% and 51% of two surgery centers in South Carolina ("SC ASCs") in exchange for cash consideration of \$58,846 and \$5,678, respectively.

On July 1, 2024, the Company purchased a 70% ownership interest in PPCP Endoscopy, LLC ("PPCP") for cash consideration of \$6,643.

On November 1, 2024, the Company purchase UCI Medical Affiliates, Inc. ("UCI") from BlueCross BlueShield of South Carolina for cash consideration of \$79,403. The purchase included 52 urgent care clinics and 20 physical therapy clinics.

On November 1, 2024, the Company purchased the remaining 50% ownership interest in South Atlantic Radiation Oncology, LLC ("SARO") for cash consideration of \$60,729. This transaction resulted in a gain of \$10,058, which was recorded in other revenues and gains on the consolidated statement of operations and changes in net assets for the year ended December 31, 2024. Initial accounting for this acquisition is preliminary as of March 31, 2025, and amounts assigned to acquired assets and liabilities assumed are subject to change as information necessary to complete the analysis is obtained.

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

(in thousands of dollars)

The following table summarizes the allocation of consideration for all businesses acquired in 2024 to the fair values of identifiable assets acquired and liabilities assumed at the acquisition dates.

	SC Coastal	SC ASCs	PPCP	UCI	SARO	Total
Cash and cash equivalents	\$ 4	\$ 2,677	\$ 416	\$ 6	\$ 789	\$ 3,892
Accounts receivable	60,871	2,834	-	-	-	63,705
Other current assets	39,416	454	-	3,990	6	43,866
Property and equipment	250,800	4,608	397	3,531	4,108	263,444
Right-of-use assets	28,351	5,969	3,833	44,766	-	82,919
Goodwill	2,040,093	119,589	8,383	73,169	66,214	2,307,448
Corporate trade name	47,900	-	-	-	-	47,900
Certificate of need	8,640	-	328	-	-	8,968
Other assets	223	-	-	-	-	223
Total assets acquired	<u>\$ 2,476,298</u>	<u>\$ 136,131</u>	<u>\$ 13,357</u>	<u>\$ 125,462</u>	<u>\$ 71,117</u>	<u>\$ 2,822,365</u>
Current portion of long-term debt	\$ -	\$ 1,191	\$ -	\$ -	\$ -	\$ 1,191
Accounts payable	36,124	1,412	34	-	-	37,570
Accrued liabilities	-	841	-	-	330	1,171
Current portion of operating lease liabilities	-	622	251	-	-	873
Long-term debt	-	2,039	-	-	-	2,039
Operating lease liabilities, net of current portion	30,697	6,530	3,581	44,766	-	85,574
Employee benefits and other liabilities	1,098	-	-	1,293	-	2,391
Total liabilities assumed	<u>\$ 67,919</u>	<u>\$ 12,635</u>	<u>\$ 3,867</u>	<u>\$ 46,059</u>	<u>\$ 330</u>	<u>\$ 130,810</u>
Net assets without donor restrictions - non-controlling interest	\$ -	\$ 58,972	\$ 2,847	\$ -	\$ -	\$ 61,819
Gain on purchase of consolidating ownership interest	-	-	-	-	10,058	10,058
Total consideration	<u>\$ 2,408,379</u>	<u>\$ 64,524</u>	<u>\$ 6,643</u>	<u>\$ 79,403</u>	<u>\$ 60,729</u>	<u>\$ 2,619,678</u>

These acquired locations contributed \$571,103 of operating revenues and \$126,989 in changes in net assets for the year ended December 31, 2024.

The following table provides certain unaudited pro forma information for Novant Health, Inc. as if these acquisitions had occurred at the beginning of the year ended December 31, 2023:

	2024	2023
Operating revenues and other support	\$ 10,370,493	\$ 8,961,548
Changes in net assets	986,113	585,409

2023 Acquisitions and Divestitures

On January 1, 2023, the Company purchased a 49.0% ownership interest of an organization that offers products to Medicare beneficiaries in exchange for \$44,100. This investment is accounted for using the equity method and is included in investments in affiliates on the consolidated balance sheets.

On August 1, 2023, the Company purchased 30.0% ownership interest of an organization that owns all the membership interests of a health system in Conway, SC. The system includes 222 inpatient beds, outpatient facilities and more than 200 physicians. The ownership was purchased for \$37,500 in cash and a payable of \$37,500, due in equal installments on the first and second anniversary of the

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(in thousands of dollars)

purchase. This investment is accounted for using the equity method and is included in investments in affiliates on the consolidated balance sheet.

On September 29, 2023, the Company sold its economic interest in certain North Carolina imaging operations to Novant Health-Norfolk LLC in exchange for \$20,233 in proceeds. The transaction resulted in a gain of \$14,085 which is included in other revenue on the consolidated statements of operations and changes in net assets for the year ended December 31, 2023.

4. Revenue Recognition and Accounts Receivable

Net Patient Service Revenue

Net patient service revenue is reported at the amount that reflects the consideration to which Novant Health expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs) and others. Generally, the Company bills the patient and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the Company. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. Novant Health believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in our hospitals receiving inpatient acute care services. The Company measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time is recognized when goods or services are provided and the Company does not believe it is required to provide additional goods or services to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Company has elected to apply the practical expedient provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amounts of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. These performance obligations are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Novant Health determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with Novant Health's policies and/or implicit price concessions provided to uninsured patients. The Company determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Company determines its estimate of implicit price concessions based on historical collection experience as well as expectations about current and future economic conditions. Agreements with third-party payors typically provide for payments at amounts less than established charges. For services provided under Medicare and Medicaid programs, inpatient acute care services rendered to

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program beneficiaries are paid at prospectively determined rates per diagnosis. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient non-acute services, certain outpatient services and defined capital and medical education costs related to beneficiaries are paid based on a cost reimbursement methodology. Outpatient services are paid at a prospectively determined rate. Physician services are paid based upon established fee schedules. Novant Health is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by Novant Health and audits thereof by the fiscal intermediary. Payment arrangements with commercial insurance carriers include prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to interpretation. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge Novant Health's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Company. In addition, the contracts the Company has with commercial payors also provide for retroactive audit and review of claims.

Cost report settlements under reimbursement agreements with Medicare and Medicaid for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Company's historical experience. Estimated settlements are adjusted in future periods as final settlements are determined. There is a reasonable possibility that recorded estimates will change by a material amount in the near term. Adjustments arising from a change in the transaction price were not significant in 2024 and 2023. As of December 31, 2024, the Company had a receivable of \$265,455, which represents an estimate of expected payments from the NC HASP program. Of this amount, \$192,164 is current and \$73,291 is long-term; these amounts are included in receivable for settlement with third-party payors and other assets, respectively, on the consolidated balance sheet. As of December 31, 2024, the Company had a payable of \$79,377, which represents an estimate of expected assessments for the NC HASP program. Of this amount, \$59,590 is current and \$19,787 is long-term; these amounts are included in estimated third-party payor settlements and employee benefits and other liabilities, respectively, on the consolidated balance sheet.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. Novant Health also provides services to uninsured patients. The transaction price for both uninsured patients as well as insured patients with deductibles and coinsurance is estimated based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to net patient service revenue in the period of the change. For the years ended December 31, 2024 and 2023, there were no material adjustments due to changes in estimates of implicit price concessions, discounts and contractual adjustments for performance obligations satisfied in prior years.

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Subsequent changes that are determined to be the results of an adverse change in the patient's ability to pay are recorded as expected credit losses. These are reported as a component of supplies and other in the consolidated statements of operations and changes in net assets and were not significant for the years ended December 31, 2024 and 2023.

The composition of net patient service revenues by payor and type of service is as follows:

	December 31, 2024		
	Acute Care Facilities	Outpatient Locations	Total
Medicare	\$ 2,048,657	\$ 730,416	\$ 2,779,073
Medicaid	1,461,691	157,388	1,619,079
Managed care	2,847,833	1,247,474	4,095,307
Other	351,646	39,108	390,754
Self-pay	59,132	28,179	87,311
Total	<u>\$ 6,768,959</u>	<u>\$ 2,202,565</u>	<u>\$ 8,971,524</u>

	December 31, 2023		
	Acute Care Facilities	Outpatient Locations	Total
Medicare	\$ 1,775,882	\$ 631,736	\$ 2,407,618
Medicaid	845,240	129,268	974,508
Managed care	2,408,111	1,159,911	3,568,022
Other	378,428	36,633	415,061
Self-pay	22,865	27,705	50,570
Total	<u>\$ 5,430,526</u>	<u>\$ 1,985,253</u>	<u>\$ 7,415,779</u>

Novant Health has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Company's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Company does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Novant Health has a program of factoring certain patient receivables with recourse to a third-party. Novant Health is obligated to repurchase factored receivables upon occurrence of certain conditions of the program. Accordingly, the Company accounts for the factoring as a secured borrowing. The factored receivables are recorded at their estimated net realizable value and are shown as other assets in the consolidated balance sheets. An offsetting liability, representing Novant Health's potential recourse for these receivables, is part of employee benefits and other liabilities in the consolidated balance sheets. As of December 31, 2024, the factored notes and the related liabilities were \$46,230 and \$57,791, respectively. As of December 31, 2023, the factored notes and the related liabilities were \$43,371 and \$54,224, respectively.

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Other Revenue

In addition to net patient service revenue, Novant Health also recognizes revenue from other transactions. Revenue from these transactions is recognized when obligations under the terms of the respective contract are satisfied and is measured as the amount of consideration the Company expects to receive from those services. The Company recognizes rental income in accordance with GAAP on a straight-line basis over the lease term. Other revenue is comprised of the following for the years ended December 31:

	2024	2023
Pharmacy revenue	\$ 813,690	\$ 532,143
Pay-for-performance contracts	98,082	94,987
FEMA revenue	53,572	-
Rental income	14,144	8,929
Net assets released from restrictions	10,590	11,265
Provider relief funds	12,078	-
Gain on purchase of controlling interest	10,058	-
Equity in earnings of affiliates	(2,295)	18,162
Management services agreements	1,295	6,860
Release of purchase escrow	-	37,500
Gain on sale of consolidated entities	868	14,085
Other miscellaneous revenues	190,012	155,438
	<u>\$ 1,202,094</u>	<u>\$ 879,369</u>

5. Charity Care and Community Benefits

In accordance with Novant Health's mission to improve the health of its communities one person at a time, Novant Health facilities accept patients regardless of their ability to pay. At acute facilities, uninsured patients qualify for a full write-off of their bills if their household income is at or below 300% of the federal poverty level. Novant Health also offers a catastrophic discount for patients with an account balance greater than \$5, flexible payment plans, and discounts for uninsured patients who do not qualify for the charity care program. In addition to these programs for hospitals, Novant Health physician groups and outpatient centers also have charity care programs to assist patients in need. The Company's approximate cost of providing care to indigent patients was \$138,551 and \$224,873 for the years ended December 31, 2024 and 2023, respectively. Novant Health estimates the costs of providing traditional charity care using each facility's estimated ratio of costs to charges. Funds received from gifts or grants to subsidize charity services provided were \$11,193 and \$11,133 for the years ended December 31, 2024 and 2023, respectively.

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6. Other Current Assets

Other current assets consist of the following at December 31:

	2024	2023
Supplies	\$ 208,705	\$ 179,253
Prepays	93,287	77,533
Other receivables	258,948	256,272
	<u>\$ 560,940</u>	<u>\$ 513,058</u>

7. Assets Limited as to Use and Investments

Short-Term Investments

Novant Health holds certain investments that are short-term in nature and have original maturity dates ranging from three to twelve months. Short-term investments consist of certificates of deposit for the years ended December 31, 2024 and 2023.

Assets Limited as to Use

The designation of assets limited as to use is as follows:

	2024		2023	
	Current Portion	Long-Term Portion	Current Portion	Long-Term Portion
Designated by Board to service benefit plans	\$ 12,297	\$ 274,002	\$ 12,485	\$ 236,308
Transition stabilization fund	4,000	28,211	11,852	31,431
Under general and professional liability funding arrangement held by trustee	-	-	3,280	2,493
	<u>\$ 16,297</u>	<u>\$ 302,213</u>	<u>\$ 27,617</u>	<u>\$ 270,232</u>

Assets limited as to use are invested primarily in cash and cash equivalents and corporate, U.S. government and U.S. agency debt obligations.

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Long-Term Investments

Investments are reported at either fair value, the equity method of accounting or at NAV as a practical expedient. The composition of long-term investments is as follows:

December 31, 2024				
	At Fair Value	On Equity Method	At NAV	Total
Cash and cash equivalents	\$ 178,198	\$ -	\$ -	\$ 178,198
U.S. equities	840,167	-	613,548	1,453,715
International equities	155,504	-	231,752	387,256
Fixed income - government securities	346,425	-	-	346,425
Fixed income - corporate and other	79,401	111,315	-	190,716
Hedge funds	-	323,842	-	323,842
Private equity	-	623,147	-	623,147
Emerging markets	1,579	-	112,716	114,295
Real estate and other	11,919	206,469	-	218,388
	<u>\$ 1,613,193</u>	<u>\$ 1,264,773</u>	<u>\$ 958,016</u>	<u>\$ 3,835,982</u>
December 31, 2023				
	At Fair Value	On Equity Method	At NAV	Total
Cash and cash equivalents	\$ 62,705	\$ -	\$ -	\$ 62,705
U.S. equities	470,903	-	475,311	946,214
International equities	176,932	-	228,432	405,364
Fixed income - government securities	703,675	-	-	703,675
Fixed income - corporate and other	24,678	109,614	-	134,292
Hedge funds	-	300,570	-	300,570
Private equity	-	460,446	-	460,446
Emerging markets	1,469	-	95,522	96,991
Real estate and other	67,188	210,444	-	277,632
	<u>\$ 1,507,550</u>	<u>\$ 1,081,074</u>	<u>\$ 799,265</u>	<u>\$ 3,387,889</u>

Long-term investments recorded on the equity method represent interests in LLPs and LLCs that do not trade in an active market. The agreements generally run for a number of years and require the Company to make capital contributions to the investments throughout the term of the partnership, up to the amount in the subscription agreement. The Company will generally receive distributions throughout the life of the investment, at the discretion of the investment manager and in accordance with the LLP or LLC agreements, with any final distribution made at the termination of the agreement. As of December 31, 2024, there are no LLPs or LLCs that are set to terminate within one year.

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Long-term investments carried at NAV represent interests in private investment companies that do not trade in an active market and may be redeemed or liquidated only after giving notice to the investment company, with notice periods ranging from daily to 120 days. The investments are held in U.S. and international equities and emerging markets. The Company has elected to value the investments using NAV as a practical expedient as reported by the investment company without adjustment, unless it is probable that the investment will be sold at a value significantly different than the reported NAV. At December 31, 2024 and 2023 we have not made any adjustments to the NAVs reported by the investment companies. The Company has the ability to redeem its interests at or within 120 days of the financial statement date.

The Company's investments in hedge funds include funds structured as LLPs, LLCs and corporations. These funds are domiciled in the U.S. and foreign jurisdictions and are managed by investment managers subject to oversight by various countries' regulators. The underlying assets of the hedge funds vary widely in risk and liquidity. Overall, the hedge fund holdings of the Company are expected to provide improved diversification to the Company's broader portfolio.

The Company's investments in hedge funds represent 8.4% and 8.9% of total long-term investments held at December 31, 2024 and 2023, respectively. These instruments may contain elements of both credit and market risk. Such risks include, but are not limited to, limited liquidity, absence of oversight, dependence upon key individuals, emphasis on speculative investments (both derivatives and nonmarketable investments) and nondisclosure of portfolio composition.

Novant Health is obligated under certain investment agreements to periodically advance additional funding up to specified levels. As of December 31, 2024 and 2023, Novant Health had future commitments of \$336,639 and \$358,387, respectively, for which capital calls had not been exercised.

Investment income for assets limited as to use and investments is comprised of the following for the years ended December 31:

	2024	2023
Interest and dividend income	\$ 73,404	\$ 50,896
Net realized gains	98,620	43,248
Net unrealized gains	<u>186,903</u>	<u>216,660</u>
	<u>\$ 358,927</u>	<u>\$ 310,804</u>

Investment income is shown net of related expenses on the consolidated statements of operations and changes in net assets. Investment related administrative expenses were \$6,051 and \$5,271 for the years ended December 31, 2024 and 2023, respectively.

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Liquidity and Availability

As of December 31, 2024 and 2023, Novant Health has working capital of \$1,175,531 and \$940,650, respectively.

Financial assets at year-end:	2024	2023
Cash and cash equivalents	\$ 644,080	\$ 739,797
Accounts receivable, net	1,354,734	1,055,998
Short-term investments	193	11,080
Assets limited as to use	318,510	297,849
Receivable for settlement with third-party payors	333,963	12,650
Other current assets	258,948	256,272
Long-term investments	3,835,982	3,387,889
Other assets	52,696	50,379
Total financial assets	<u>\$ 6,799,106</u>	<u>\$ 5,811,914</u>
Less amounts not available:		
Long-term investments with liquidity horizons greater than one year	995,942	837,670
Assets limited as to use	318,510	297,849
Donor restricted funds	117,295	106,102
Pledges receivable	9,318	10,761
Financial assets not available to be used within one year	<u>\$ 1,441,065</u>	<u>\$ 1,252,382</u>
Financial assets available to meet general expenditures within one year	<u>\$ 5,358,041</u>	<u>\$ 4,559,532</u>

As part of the Company's liquidity management plan, cash in excess of daily requirements is invested in either money market funds, short-term investments or long-term investments. Investment decisions are made based on anticipated liquidity needs, such that financial assets are available as general expenditures, liabilities and other obligations come due. Additionally, Novant Health maintains a revolving credit facility, as discussed in Note 15, *Long-Term Debt*. As of December 31, 2024, \$250,000 was available on the revolving credit facility.

8. Fair Value Measurements

Novant Health categorizes, for disclosure purposes, assets and liabilities measured at fair value in the consolidated financial statements based upon whether the inputs used to determine their fair values are observable or unobservable. Observable inputs are inputs which are based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about pricing the asset or liability, based on the best information available in the circumstances.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an asset's or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement of the asset or liability. The Company's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability. Novant Health follows the three-level fair value hierarchy to categorize these assets and liabilities recognized at fair

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value at each reporting period, which prioritizes the inputs used to measure such fair values. Level inputs are defined as follows:

Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities on the reporting date. Investments classified in this level generally include exchange traded equity securities, futures, pooled short-term investment funds, options and exchange traded mutual funds.

Level 2: Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability. Investments classified in this level generally include fixed income securities, including fixed income government obligations; asset-backed securities; certificates of deposit; derivatives; as well as certain U.S. and international equities which are not traded on an active exchange.

Level 3: Pricing inputs are generally unobservable for the assets and liabilities and include situations where there is little, if any, market activity for the investment. The inputs into the determination of the fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities.

Assets and liabilities classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. Novant Health uses techniques consistent with the market approach and income approach for measuring the fair value of its Level 2 assets and liabilities. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted).

The degree of judgement exercised in determining fair value is greatest for securities categorized in Level 3. Inputs used in estimating the fair value of Level 3 investments include earnings metrics and a valuation multiple. Assumptions used, due to lack of observable inputs, may significantly impact the fair value of the investment.

As of December 31, 2024 and 2023, the Level 1 and Level 2 assets and liabilities listed in the fair value hierarchy tables below utilize the following valuation techniques and inputs:

Certificates of deposit

The fair value of certificates of deposit is based on cost plus accrued interest. Significant observable inputs include security cost, maturity and relevant short-term interest rates.

U.S. equities, international equities, emerging markets and other exchange traded funds

The fair value of investments in U.S. equities, international equities, emerging markets and other exchange traded funds are primarily determined using either quoted prices in active markets or the calculated net asset value. The values for underlying investments are fair value estimates determined by external fund managers based on operating results, balance sheet stability, growth and other business and market sector fundamentals. The investments in Level 2 may be redeemed or liquidated on a daily basis with no notice.

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Fixed income and debt securities

The fair value of investments in fixed income and debt securities is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads and security specific characteristics, such as early redemption options.

Derivatives

The fair value of derivative contracts is primarily determined using techniques consistent with the market approach. Significant observable inputs to valuation models include interest rates, credit spreads, volatilities and maturity.

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The following table summarizes fair value measurements, by level, at December 31, 2024 for all financial assets and liabilities measured at fair value on a recurring basis in the consolidated financial statements:

	Fair Value Measurements at Reporting Date Using			
	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Total
Assets				
Short-term investments:				
Certificates of deposit	\$ -	\$ 193	\$ -	\$ 193
Total short-term investments	-	193	-	193
Assets limited as to use:				
Cash and cash equivalents	55,554	-	-	55,554
U.S. equities	238,304	-	-	238,304
International equities	8,580	-	-	8,580
Fixed income - government securities	16,072	-	-	16,072
Total assets limited as to use	318,510	-	-	318,510
Long-term investments:				
Cash and cash equivalents	178,198	-	-	178,198
U.S. equities	783,417	-	56,750	840,167
International equities	155,504	-	-	155,504
Fixed income - government securities	102,624	243,801	-	346,425
Fixed income - corporate and other	79,401	-	-	79,401
Emerging markets	1,579	-	-	1,579
Other exchange traded funds	11,919	-	-	11,919
Total long-term investments	1,312,642	243,801	56,750	1,613,193
Total assets at fair value	\$ 1,631,152	\$ 243,994	\$ 56,750	\$ 1,931,896
Liabilities				
Accrued liabilities	\$ 12,297	\$ -	\$ -	\$ 12,297
Derivative financial instruments	-	7,491	-	7,491
Deferred compensation liabilities	274,531	-	-	274,531
Total liabilities at fair value	\$ 286,828	\$ 7,491	\$ -	\$ 294,319

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The following table summarizes fair value measurements, by level, at December 31, 2023 for all financial assets and liabilities measured at fair value on a recurring basis in the consolidated financial statements:

	Fair Value Measurements at Reporting Date Using			
	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Total
Assets				
Short-term investments:				
Certificates of deposit	\$ -	\$ 11,080	\$ -	\$ 11,080
Total short-term investments	-	11,080	-	11,080
Assets limited as to use:				
Cash and cash equivalents	70,577	-	-	70,577
U.S. equities	204,365	-	-	204,365
International equities	7,830	-	-	7,830
Fixed income - government securities	15,077	-	-	15,077
Total assets limited as to use	297,849	-	-	297,849
Long-term investments:				
Cash and cash equivalents	62,705	-	-	62,705
U.S. equities	425,202	-	45,701	470,903
International equities	176,932	-	-	176,932
Fixed income - government securities	-	703,675	-	703,675
Fixed income - corporate and other	24,573	105	-	24,678
Emerging markets	1,469	-	-	1,469
Other exchange traded funds	67,188	-	-	67,188
Total long-term investments	758,069	703,780	45,701	1,507,550
Total assets at fair value	\$ 1,055,918	\$ 714,860	\$ 45,701	\$ 1,816,479
Liabilities				
Accrued liabilities	\$ 12,485	\$ -	\$ -	\$ 12,485
Derivative financial instruments	-	12,254	-	12,254
Deferred compensation liabilities	237,151	-	-	237,151
Total liabilities at fair value	\$ 249,636	\$ 12,254	\$ -	\$ 261,890

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The table below sets forth a summary of the changes in the fair value of the Level 3 investments for the years ended December 31, 2024 and 2023:

	U.S. Equities
Balance at December 31, 2023	\$ 45,701
New investments	7,100
Distribution received	(59)
Unrealized gain	4,008
Balance at December 31, 2024	<u>\$ 56,750</u>
Balance at December 31, 2022	\$ 36,239
New investments	9,000
Unrealized gain	462
Balance at December 31, 2023	<u>\$ 45,701</u>

During 2024 and 2023, there were no transfers between levels.

9. Property and Equipment

Property and equipment consists of the following at December 31:

	2024	2023
Land	\$ 371,909	\$ 304,004
Land improvements	143,959	127,065
Leasehold improvements	378,359	355,753
Buildings and building improvements	3,167,269	2,966,945
Equipment	2,350,190	2,172,738
Software	564,345	553,507
Construction-in-progress	749,765	517,518
	<u>7,725,796</u>	<u>6,997,530</u>
Less: Accumulated depreciation	<u>(4,038,754)</u>	<u>(3,777,593)</u>
	<u>\$ 3,687,042</u>	<u>\$ 3,219,937</u>

Novant Health reviews long-lived assets for recoverability as required when events and changes in circumstances indicate that its carrying value may not be recoverable. No impairment charges were recorded in 2024 or 2023.

Depreciation expense for the years ended December 31, 2024 and 2023 was \$312,223 and \$312,189, respectively. At December 31, 2024, construction contracts of approximately \$1,080,451 exist for the construction of new hospitals and facilities, expansion of existing hospitals and facility renovations. At December 31, 2024, the remaining commitment on these contracts was \$398,487.

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10. Leases

Novant Health leases property and equipment under non-cancellable agreements. The following table presents the components of our right-of-use assets and liabilities related to leases and their classification as of December 31:

	2024	2023
Assets:		
Operating lease assets	\$ 634,680	\$ 456,876
Finance lease assets	4,418	5,681
Total leased assets	<u>\$ 639,098</u>	<u>\$ 462,557</u>
Liabilities:		
Operating lease liabilities		
Current	\$ 119,925	\$ 106,085
Long-term	550,096	386,962
Total operating lease liabilities	<u>670,021</u>	<u>493,047</u>
Finance lease liabilities		
Current ⁽¹⁾	1,265	1,394
Long-term ⁽²⁾	3,432	4,696
Total finance lease liabilities	<u>4,697</u>	<u>6,090</u>
Total lease liabilities	<u>\$ 674,718</u>	<u>\$ 499,137</u>

⁽¹⁾ Included in the current portion of long-term debt in the consolidated balance sheets.

⁽²⁾ Included in long-term debt, net of current portion in the consolidated balance sheets.

Novant Health's operating leases are primarily for real estate, including off-campus outpatient facilities, medical office buildings and corporate and other administrative offices, as well as medical and office equipment. Novant Health's finance leases consist of a real estate lease and several medical equipment leases. Real estate lease agreements typically have initial terms of five to ten years and equipment lease agreements typically have initial terms of three years. Leases with an initial term of 12 months or less are not recorded in the consolidated balance sheets.

Real estate leases may include one or more options to renew, with renewals that can extend the lease term from five to ten years. The exercise of lease renewal options is at the Company's sole discretion. In general, renewal options are not considered to be reasonably likely to be exercised, therefore, renewal options are generally not recognized as part of right-of-use assets and lease liabilities. Certain leases also include options to purchase the leased property. The useful lives of assets and leasehold improvements are limited by the expected lease term, unless there is a transfer of title or purchase option reasonably certain of exercise. The majority of medical equipment leases have terms of three years with a bargain purchase option that is reasonably certain of exercise; therefore, these assets are

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depreciated over their useful life, typically ranging from five to seven years. Certain lease agreements for real estate include payments based on actual common area maintenance expenses and/or include rental payments adjusted periodically for inflation. These variable lease payments are recognized in supplies and other in the consolidated statements of operations and changes in net assets but are not included in the right-of-use asset or liability balances in the consolidated balance sheets. Lease agreements do not contain any material residual value guarantees, restrictions or covenants.

Novant Health has elected the practical expedient that allows lessees to choose to not separate lease and non-lease components by class of underlying asset and are applying this expedient to all asset classes except major movable equipment.

The following table presents certain information related to lease expense for finance and operating leases for the years ended December 31:

	2024	2023
Operating leases ⁽¹⁾	\$ 140,324	\$ 128,890
Variable lease expense ⁽¹⁾	16,986	13,219
Finance lease expense:		
Amortization of leased assets	1,602	1,578
Interest on lease liabilities	103	153
	<u>\$ 159,015</u>	<u>\$ 143,840</u>

⁽¹⁾ Expenses are included in supplies and other in the consolidated statements of operations and changes in net assets.

The following table presents supplemental cash flow information for the years ended December 31:

	2024	2023
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows for operating leases	\$ 138,180	\$ 127,380
Operating cash flows for finance leases	1,704	1,731
Financing cash flows for finance leases	103	153

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Future maturities of lease liabilities at December 31, 2024 are presented in the following table:

	<u>Operating Leases</u>	<u>Finance Leases</u>	<u>Total</u>
2025	\$ 137,688	\$ 1,506	\$ 139,194
2026	128,038	1,291	129,329
2027	110,492	977	111,469
2028	93,568	602	94,170
2029	76,486	617	77,103
Thereafter	226,819	366	227,185
Total lease payments	773,091	5,359	778,450
Less: Imputed interest	(103,070)	(662)	(103,732)
Total lease obligations	670,021	4,697	674,718
Less: Current obligations	(119,925)	(1,265)	(121,190)
Long-term lease obligations	\$ 550,096	\$ 3,432	\$ 553,528

At December 31, 2024 and 2023, the weighted average remaining lease term for operating leases is 7.1 and 6.0 years, respectively, and the weighted average discount rate is 3.0% and 2.7%, respectively. For finance leases, the weighted average remaining lease term for the years ended December 31, 2024 and 2023 is 4.5 and 5.0 years, respectively and the weighted average discount rate is 1.7% and 2.1%, respectively.

Novant Health is also a lessor and sublessor of real estate under operating leases. At December 31, 2024 and 2023, \$15,056 and \$14,020, respectively, of deferred rent was recorded in the consolidated balance sheets as a component of other assets. At December 31, 2024, \$14,989 was recorded as a component of employee benefits and other liabilities for rent recorded in advance. Lease income for the years ended December 31, 2024 and 2023 was \$14,144 and \$8,929, respectively, which is included in other revenue in the consolidated statements of operations and changes in net assets. Most of the Company's leases include operating expenses such as utilities and maintenance costs in rent charges. However, variable rent income is not material. The Company has elected the practical expedient that allows lessors to not separate lease and non-lease components by class of underlying asset for all asset classes. The combined component is accounted for under lease accounting guidance.

Although the Company leases and subleases a small amount of building space to non-affiliated medical practices, the significant leases consist of long-term ground leases classified as operating leases with remaining terms from 42 years with options to extend for the additional terms of five years each to 85 years with no options to extend.

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The future undiscounted cash flows to be received from these leases are as follows:

Years Ending December 31

2025	\$	9,746
2026		9,161
2027		9,028
2028		6,921
2029		6,255
Thereafter		121,170
	\$	<u>162,281</u>

11. Intangible Assets and Goodwill

Intangible assets consist of the following at December 31:

	<u>Gross Intangible</u>	<u>Accumulated Amortization</u>	<u>Net Intangible</u>
Balance at December 31, 2024			
Unamortized intangible assets			
Certificates of need	\$ 12,857	\$ -	\$ 12,857
Total unamortized intangible assets	<u>12,857</u>	<u>-</u>	<u>12,857</u>
Amortized intangible assets			
Business relationships	658	(366)	292
Certificates of need	30,929	(21,298)	9,631
Corporate trade name and other intangibles	<u>144,456</u>	<u>(15,913)</u>	<u>128,543</u>
Total amortized intangible assets	<u>176,043</u>	<u>(37,577)</u>	<u>138,466</u>
Total intangible assets	<u>\$ 188,900</u>	<u>\$ (37,577)</u>	<u>\$ 151,323</u>
Balance at December 31, 2023			
Unamortized intangible assets			
Certificates of need	\$ 12,857	\$ -	\$ 12,857
Total unamortized intangible assets	<u>12,857</u>	<u>-</u>	<u>12,857</u>
Amortized intangible assets			
Business relationships	658	(327)	331
Certificates of need	21,961	(20,124)	1,837
Corporate trade name and other intangibles	<u>96,556</u>	<u>(11,019)</u>	<u>85,537</u>
Total amortized intangible assets	<u>119,175</u>	<u>(31,470)</u>	<u>87,705</u>
Total intangible assets	<u>\$ 132,032</u>	<u>\$ (31,470)</u>	<u>\$ 100,562</u>

Amortization expense related to intangible assets was \$6,107 and \$23,504 for the years ended December 31, 2024 and 2023, respectively. Estimated annual amortization expense for intangible assets is \$4,081 for 2025 and is \$3,418 for 2026 through 2029. The weighted average amortization period for intangible assets is 24.3 years.

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The following table summarizes the changes in the carrying amount of goodwill for the years ended December 31:

	2024	2023
As of January 1		
Goodwill, net of accumulated amortization	\$ 551,203	\$ 551,203
Accumulated impairment losses	(29,849)	(29,849)
	<u>521,354</u>	<u>521,354</u>
Additions	2,307,448	-
	<u>2,828,802</u>	<u>521,354</u>
As of the end of the period		
Goodwill, net of accumulated amortization	2,858,651	551,203
Accumulated impairment losses	(29,849)	(29,849)
	<u>\$ 2,828,802</u>	<u>\$ 521,354</u>

Novant Health reviews long-lived assets for recoverability as required when events and changes in circumstances indicate that its carrying value may not be recoverable. The Company tests goodwill and indefinite-lived assets for impairment on an annual basis. Impairment tests presume stable or improving results at certain Novant Health reporting units which are based on the implementation of programs and initiatives that are designed to achieve projected results. If these projections are not met, or in the future negative trends occur which would impact our future outlook, further impairments of goodwill and other intangible assets may occur. Future restructuring of our markets that could potentially change our reporting units could also result in future impairments of goodwill.

12. Investments in Affiliates

Novant Health has noncontrolling interests in 25 healthcare related entities. The Company's ownership interests in the entities range from 9.1% to 50.0%. These investments are accounted for using either the equity method or a measurement alternative.

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A summary of investments, ownership percentages, investment amounts and the Company's share of earnings for the years ended December 31, 2024 and 2023 is as follows:

Investee	% Ownership		Investment Balance		Share of Earnings of Investee	
	2024	2023	2024	2023	2024	2023
Novant Health-Norfolk LLC	50%	50%	\$ 151,333	\$ 156,677	\$ 13,193	\$ 12,678
Conway Hospital Holdings LLC	30%	30%	89,033	81,329	7,704	6,329
Norfolk Management Services LLC	30%	30%	64,986	64,548	438	2,510
HTA Holdings LLC	49%	49%	35,798	42,806	(17,078)	(1,294)
Novant Health Rehabilitation Hospital Radiation Oncology Centers of the Carolinas LLC	50%	50%	21,913	19,161	4,956	3,096
Providence Plaza LLC	50%	50%	16,165	15,908	2,648	1,846
Advanced Services	30%	30%	4,852	4,784	353	352
Other	23%	23%	393	6,891	950	2,703
	Various	Various	508	5,103	(15,459)	(10,058)
			<u>\$ 384,981</u>	<u>\$ 397,207</u>	<u>\$ (2,295)</u>	<u>\$ 18,162</u>

The following table presents summarized financial information related to investments in the above noncontrolled entities as of December 31:

	2024	2023
Assets	\$ 1,864,369	\$ 1,647,457
Liabilities	731,015	573,525
Equity	1,133,352	1,073,931
Total revenue	973,299	703,228
Total expenses	958,114	647,667
Net income	15,185	55,560
Novant Health's share of net income	(2,295)	18,162

13. Other Assets

Other assets consist of the following at December 31:

	2024	2023
Notes receivable and other	\$ 126,877	\$ 56,741
HASP receivable	73,291	-
Cash surrender value of insurance policies	43,378	39,618
Reinsurance receivables	18,012	1,662
Deferred rent income	15,056	14,020
Pledges receivable	9,318	10,761
	<u>\$ 285,932</u>	<u>\$ 122,802</u>

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14. Accrued Liabilities

Accrued liabilities consist of the following at December 31:

	2024	2023
Accrued compensation	\$ 588,999	\$ 510,502
Interest	29,248	13,559
Postretirement benefit liability	1,326	1,312
Other accrued liabilities	261,712	146,348
Self-insurance		
Employee medical claims liability	50,944	48,465
Malpractice and workers' compensation liability, current portion	6,235	9,230
	<u>\$ 938,464</u>	<u>\$ 729,416</u>

15. Long-Term Debt

Following is a summary of long-term debt at December 31:

	2024	2023
Tax-exempt revenue bonds	\$ 2,862,700	\$ 592,455
Taxable revenue bonds	<u>1,750,000</u>	<u>1,750,000</u>
Total bonds	4,612,700	2,342,455
Taxable term loan	261,555	262,795
Finance lease obligations and other notes payable	279,809	8,728
Borrowings on revolving credit facility	<u>-</u>	<u>45,500</u>
	5,154,064	2,659,478
Unamortized premium or discount, net	166,278	21,364
Unamortized debt issuance costs, net	<u>(23,161)</u>	<u>(13,354)</u>
	5,297,181	2,667,488
Less: Current maturities	<u>(51,851)</u>	<u>(79,065)</u>
	<u>\$ 5,245,330</u>	<u>\$ 2,588,423</u>

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Tax-Exempt Revenue Bonds

Novant Health has tax-exempt financing agreements through conduit issuers. These bonds are comprised of the following at December 31:

	2024	2023
Series 2024 A Current Interest Term Bonds and Serial Bonds, bearing interest at a rate ranging from 4.0% to 5.5% payable semi-annually and maturing through 2031; principal payments begin in 2031	\$ 1,909,790	\$ -
Series 2024 B, C, and D Current Interest Term Bonds, bearing interest at variable rates payable semi-annually and maturing through 2064; required sinking fund payments begin in 2055	400,000	-
Series 2019 A Current Interest Term Bonds, bearing interest at rates ranging from 3.1% to 4.0% payable semi-annually with mandatory redemption beginning in 2047	306,985	306,985
Series 2013 A Current Interest Term Bonds and Serial Bonds, bearing interest at rates ranging from 3.125% to 5.0% payable semi-annually and maturing through 2046; principal payments began in 2014	110,925	113,820
Series 2008 A, B and C Variable Rate Demand Bonds, bearing interest at variable rates payable monthly and maturing through 2028; principal payments began in 2009	-	36,650
Series 2004 A and B Variable Rate Demand Bonds, bearing interest at variable rates payable monthly and maturing through 2034; principal payments begin in 2025	135,000	135,000
	<u>\$ 2,862,700</u>	<u>\$ 592,455</u>

In 2003, Novant Health entered into a new Master Trust Indenture that was amended in October 2021 (the "Agreement"). The Agreement authorizes the creation of a Combined Group, which consists of the members of the Obligated Group and the Restricted Affiliates. Novant Health and two of its affiliates that operate tertiary care hospitals, Novant Health Forsyth Medical Center and Novant Health Presbyterian Medical Center, are the members of the Obligated Group. The members of the Obligated Group are jointly and severally liable for the payment of all obligations under the Agreement. The Company's Restricted Affiliates, which include certain other subsidiaries of the Company, are not directly obligated to pay obligations under the Agreement, but the members of the Obligated Group have covenanted in the Agreement to cause the Restricted Affiliates to provide funds to the members of the Obligated Group to pay obligations under the Agreement. All bonds issued by Novant Health are collateralized by the Obligated Group.

The bond agreements provide for early redemption periods of the bonds prior to mandatory redemption, subject to a premium in certain circumstances, as defined in the agreements. In accordance with the bond indenture agreements, the bonds are general, unsecured obligations of Novant Health. The bond indentures require Novant Health to cause the Restricted Affiliates to

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comply with certain covenants, including the maintenance of a minimum debt service coverage ratio. As of December 31, 2024 and 2023, Novant Health is in compliance with these financial covenants.

The Series 2004 A and B Variable Rate Demand Bonds are collateralized by a standby purchase agreement ("SBPA") issued by JP Morgan Chase Bank National Association. The SBPA was scheduled to expire April 1, 2025 but in February 2025 it was amended to expire March 31, 2028. If the SBPA should be used to fund tenders due to a failed remarketing, repayment in quarterly installments over three years is required. As a result, the Company has classified \$36,818 of the 2004 bonds as current at December 31, 2024 and 2023.

In March 2011, the documents related to the Series 2008 A, B and C Variable Rate Demand Bonds were amended to allow the conversion of the bonds to bank direct purchase index floating rate bonds. In December 2017, the Series 2008 A, B, and C Variable Rate Demand Bonds were refinanced. Subsequent to the refinancing, the direct purchase agreements had a term expiring in December 2024. In November 2024, the Company called and redeemed the remaining balance on these bonds.

In May 2024, Novant Health issued \$1,909,790 in Series 2024 A bonds through the South Carolina Jobs-Economic Development Authority. Proceeds of the bonds were used to refund a portion of the outstanding balances on the bridge loans that were used to finance the purchase of SC Coastal and to pay expenses of issuing the bonds.

Also in May 2024, Novant Health issued \$400,000 in Series 2024 B, C and D bonds through the National Finance Authority. Proceeds of the bonds were used to reimburse the Company for the construction and equipping of Novant Health Ballantyne Medical Center, and the renovation and expansion of Novant Health Matthews Medical Center, Novant Health Forsyth Medical Center and Novant Health Kernersville Medical Center.

Taxable Revenue Bonds

In April 2013, Novant Health issued \$250,000 of taxable fixed rate bonds (the "2013 C Bonds"). The 2013 C Bonds bear interest at a rate of 4.37% and mature in 2043. Proceeds of the 2013 C Bonds were used for eligible purposes, including the refinancing of long-term debt.

In April 2021, Novant Health issued \$1,500,000 of taxable fixed rate bonds (the "2021 A Bonds"). The 2021 A Bonds bear interest at rates ranging from 2.67% to 3.32% and mature in 2036, 2051 and 2061. Proceeds of the 2021 A Bonds were used for eligible purposes, including the refinancing of long-term debt. The taxable revenue bonds are subject to the same covenant requirements that are included in the bond agreements for the tax-exempt revenue bonds.

Taxable Term Loan

In March 2020, Novant Health entered into an agreement to borrow \$264,165. The loan bears interest at a fixed rate of 1.89% with principal payments due annually beginning in 2023 through the maturity date of April 1, 2030.

Finance Lease Obligations and Other Notes Payable

Finance lease obligations and other notes payable consist of various loans and notes on buildings and finance leases, bearing interest at rates ranging from 0.81% to 12.15%.

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On January 31, 2024, Novant borrowed \$1,500,000 and \$860,000 on two term loans to finance the purchase of SC Coastal (the “Bridge Loans”). The Bridge Loans incurred interest at variable rates payable monthly. The Bridge Loans had maturity dates of November 22, 2024 with a mandatory prepayment from the proceeds of new financing. The Bridge Loans were paid off with the proceeds of the 2024A Bonds and cash on hand in May 2024.

During 2024, Novant Health sold a portfolio of 20 medical and corporate office buildings in its core markets to a third-party real estate investor. The combined net selling price of the buildings was \$355,950. Novant Health is leasing space in each of the buildings from the buyer. Novant has retained ownership of the land on which 10 of the buildings are located. The buyer is leasing the land from Novant Health. Novant Health recognized a gain of \$16,815 on the 10 locations that qualified as a sale-leaseback. Due to provisions in the ground leases where Novant is the lessor, the other 10 buildings were treated as a financing and debt of \$273,590 was recorded.

Scheduled maturities of all long-term debt are as follows:

Years Ending December 31

2025	\$ 18,182
2026	20,464
2027	24,545
2028	25,864
2029	31,733
Thereafter	<u>5,033,276</u>
	<u>\$ 5,154,064</u>

Novant Health capitalized \$9,139 and \$7,814 of interest in 2024 and 2023, respectively.

Revolving Credit Facility

On July 1, 2022, Novant Health entered into a \$250,000 Revolving Credit Agreement that matures July 1, 2025. Borrowings bear interest at variable rates. At December 31, 2024, \$250,000 was available for borrowing.

Debt Issuance Costs

Unamortized debt issuance costs are presented in the consolidated balance sheets as a direct deduction from the carrying value of the associated debt. Debt issuance costs are amortized using the effective interest method over the life of the related debt agreements and instruments.

16. Interest Rate Swaps

As of August 18, 2008, concurrent with the 2008 bond issuance, Novant Health entered into two interest rate swap agreements to hedge the variable interest rates of the 2008 bonds. The swaps were based on an aggregate notional amount that correlated to the outstanding amount of the Series 2008 bonds. Novant Health received a variable rate which is tied to 68% of SOFR, and paid a fixed rate of 3.621% to 3.679%. The swaps were designated as cash flow hedges and were carried on the consolidated balance sheets at fair value. In the fourth quarter of 2018, the hedge relationship ceased to be highly effective and hedge accounting was discontinued. In the fourth quarter of 2024, after

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redeeming the 2008 bond issuance, Novant Health terminated the swaps in exchange for payments totaling \$371.

In July 2006, Novant Health entered into a floating-to-fixed swap agreement with a notional amount of \$135,000 and a term of 28 years to hedge the floating rate 2004 bonds. Novant Health receives a variable rate which is tied to 64.8% of SOFR plus 12 basis points and pays a fixed interest rate of 3.8%. The swap has been designated as a cash flow hedge and is carried on the consolidated balance sheets at fair value. In the first quarter of 2019, the hedge relationship ceased to be highly effective and hedge accounting was discontinued.

Novant Health records interest rate swaps at fair value. These swaps are presented as derivative financial instruments in the consolidated balance sheets.

The following table summarizes the expense for derivatives which is included in interest expense in the consolidated statements of operations and changes in net assets for the years ended December 31:

	2024	2023
Change in fair value of non-hedged interest rate swaps	\$ 4,392	\$ 937
Amortization of deferred loss	(2,991)	(2,564)
	<u>\$ 1,401</u>	<u>\$ (1,627)</u>

17. Employee Benefits and Other Liabilities

Employee benefits and other liabilities consist of the following at December 31:

	2024	2023
Deferred compensation liabilities	\$ 274,531	\$ 237,151
Employee benefits and other	75,296	90,242
Self-insurance malpractice and workers' compensation, net of current portion	46,475	47,620
Deferred gains	34,542	21,761
Transition stabilization fund	28,211	31,431
HASP assessments	19,787	-
Postretirement benefit liability, net of current portion	12,444	13,812
	<u>\$ 491,286</u>	<u>\$ 442,017</u>

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18. Income Taxes

The provision for federal and state income taxes is as follows:

	2024	2023
Current tax expense (benefit)		
Federal	\$ (1,809)	\$ 4,833
State	(20)	646
	<u>(1,829)</u>	<u>5,479</u>
Deferred tax benefit		
Federal	(2,659)	(2,688)
State	(694)	(884)
	<u>(3,353)</u>	<u>(3,572)</u>
	<u>\$ (5,182)</u>	<u>\$ 1,907</u>

The components of deferred taxes are as follows:

	2024	2023
Deferred tax assets		
Loss carryforwards	\$ 13,300	\$ 16,517
Deferred charge for intercompany transfer	76	1,418
Allowance for doubtful accounts	717	697
Accrued expenses	176	1,276
Future deductions- operating leases	1,694	1,661
Intangible assets	50	-
Other	581	602
Total deferred tax assets	<u>16,594</u>	<u>22,171</u>
Deferred tax liabilities		
Intangible assets	-	(642)
Property and equipment	(278)	-
Right-of-use assets	(1,540)	(1,619)
Other	(10,303)	(14,856)
Total deferred tax liabilities	<u>(12,121)</u>	<u>(17,117)</u>
Valuation allowance	<u>(14,201)</u>	<u>(16,416)</u>
Net deferred tax liability	<u>\$ (9,728)</u>	<u>\$ (11,362)</u>

GAAP requires that deferred tax assets be reduced by a valuation allowance if it is more likely than not that some portion or all of a deferred tax asset will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences are deductible. In making this determination, management considers all available positive and negative evidence affecting specific deferred tax assets, including

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the Company's past and anticipated future performance, reversal of deferred tax liabilities, length of carryback and carryforward periods and implementation of tax planning strategies. Objective positive evidence is necessary to support a conclusion that a valuation allowance is not needed for all or a portion of deferred tax assets when significant negative evidence exists.

Cumulative losses in recent years are the most compelling form of negative evidence considered by management in this determination. For the years ended December 31, 2024 and 2023, management has determined that based on all available evidence, a valuation allowance of \$14,201 and \$16,416, respectively, is appropriate.

As of December 31, 2024, the Company had approximately \$58,760 of federal and \$29,896 of state loss carryforwards available to reduce taxable income. \$39,842 of the loss carryforwards expire through 2044 and the remainder do not expire. In addition, at December 31, 2024, the Company had approximately \$7,732 of federal contribution carryforwards available to reduce taxable income.

Income tax expense (benefit) reported in the consolidated statements of operations and changes in net assets is shown below:

	2024	2023
Federal taxes	\$ (4,468)	\$ 2,145
State income taxes	(714)	(238)
	<u>\$ (5,182)</u>	<u>\$ 1,907</u>

The Company is required to evaluate uncertain 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. This evaluation did not have a material effect on the Company's consolidated statements of operations and changes in net assets for the years ended December 31, 2024 and 2023.

19. Employee Benefit Plans and Other Postretirement Benefit Plans

Certain Novant Health affiliates have supplemental retirement income plans covering highly compensated employees. These are nonqualified plans which are not subject to ERISA funding requirements. As such, Novant Health intends only to fund the plans in amounts equivalent to the plans' annual benefit payments. During 2013, the Company implemented a new supplemental retirement income plan that covers certain highly compensated employees. This plan acts as a defined contribution plan and annual funding requirements are determined under provisions of the plan. Some of these plans are nonqualified deferred compensation plans which provide certain individuals meeting specific criteria with the ability to defer compensation. The assets of these plans, along with the associated liabilities, are recorded as current and long-term assets limited as to use, accrued liabilities, and employee benefits and other liabilities on the consolidated balance sheets.

Novant Health also provides fixed dollar amounts for health care and life insurance benefits to certain retired employees. Covered employees may become eligible for these benefits if they meet minimum age and service requirements, and if they are eligible for retirement benefits. Novant Health has the right to modify or terminate these benefits. The unfunded obligation in the consolidated balance sheets at December 31, 2024 and 2023 was \$13,770 and \$15,124, respectively. The expense

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associated with these plans totaled \$331 for 2024 and \$181 for 2023. The discount rate used in determining the benefit obligation ranged between 5.10% and 5.40% for 2024 and 4.50% and 4.70% for 2023. The health care costs increase trend rate used was 6.25% in 2024 and 2023. The health care cost increase trend rate is projected to gradually decline to 4.50% by 2031.

In addition to these plans, Novant Health sponsors a number of defined contribution plans. Contributions are determined under various formulas. Costs related to such plans amounted to \$162,087 and \$140,273 in 2024 and 2023, respectively.

Eligible Novant Health employees participate in cafeteria plans which provide certain benefits, including basic medical and dental coverage, long-term disability benefits, reimbursement of supplemental dependent care expenses and group life insurance benefits. The Company contributes predetermined amounts for each eligible full-time and part-time employee, which is allocated to the various benefit options in accordance with the participant's election. The Company's contributions to these plans were \$404,847 in 2024 and \$327,590 in 2023.

20. Net Assets without Donor Restrictions

The following table reconciles the carrying amounts of the Company's controlling interest and the noncontrolling interests for net assets without donor restrictions:

	Total	Controlling Interest	Noncontrolling Interests
Balance at January 1, 2023	\$ 5,418,248	\$ 5,413,189	\$ 5,059
Excess of revenues over expenses	460,845	457,643	3,202
Change in funded status of defined benefit plans	(543)	(543)	-
Amortization of deferred loss on derivative financial instruments	2,564	2,564	-
Other changes in net assets without donor restrictions	(5,044)	(1,589)	(3,455)
Balance at December 31, 2023	5,876,070	5,871,264	4,806
Excess (deficit) of revenues over expenses	919,771	920,221	(450)
Change in net assets due to purchase of consolidated affiliates	71,877	10,058	61,819
Amortization of deferred loss on derivative financial instruments	2,991	2,991	-
Change in net assets due to sale of consolidated affiliate	1,370	2,740	(1,370)
Change in funded status of defined benefit plans	389	389	-
Other changes in net assets without donor restrictions	(2,790)	(3,649)	859
Balance at December 31, 2024	\$ 6,869,678	\$ 6,804,014	\$ 65,664

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

(in thousands of dollars)

21. Net Assets with Donor Restrictions

Donor restricted net assets are available for the following purposes as of December 31:

	2024	2023
Buildings and equipment	\$ 17,591	\$ 17,538
Clinical care, research and academic	76,919	66,963
Charity care	9,264	9,568
Other	13,521	12,033
	<u>\$ 117,295</u>	<u>\$ 106,102</u>

22. Professional and General Liability Insurance Coverage

Novant Health is self-insured for professional and general liability exposures up to certain limits. The Company has umbrella policies in place above those limits. The provision for estimated medical malpractice claims includes estimates of the ultimate costs for reported claims and claims incurred but not reported. Novant Health also participates in a self-insured program for workers' compensation and is self-insured for certain health benefits options. A portion of these self-insured professional liabilities is funded through a revocable trust fund operated by Novant Health. This fund was converted to claims-made status on January 1, 2020, and prior reported liabilities under this coverage were placed in run-off. Effective January 1, 2020, funding for self-insured professional liabilities are insured by Novant Health Casualty, LLC, a North Carolina domiciled insurance captive. Coverage terms and umbrella policies of the same or higher limits are in place for the captive. At December 31, 2024 and 2023, undiscounted professional and general liability loss reserves of \$59,245 and \$56,850, respectively, are included in accrued liabilities and employee benefits and other liabilities on the consolidated balance sheets. Expenses related to these plans amounted to \$53,878 and \$35,828 in 2024 and 2023, respectively.

23. Commitments and Contingencies

The Company and its affiliates are presently involved in various personal injury, regulatory investigations, tort actions and other claims and assessments arising out of the normal course of business. The Company establishes separate legal reserves when such matters, other than those covered under the Company's self-insured programs, present loss contingencies that are both probable and estimable. Management believes that Novant Health has adequate legal defenses, self-insurance reserves and/or insurance coverage for these asserted claims, as well as any unasserted claims and does not believe these claims will have a material effect on the Company's operations or financial position. The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, protection of sensitive patient data, reimbursement for patient services and Medicare and Medicaid fraud and abuse. In recent years, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

(in thousands of dollars)

care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

24. Concentrations of Credit Risk

Novant Health provides services primarily to the residents of various counties within North Carolina and South Carolina without collateral or other proof of ability to pay. Most patients are local residents who are insured partially or fully under third-party payor arrangements.

The mix of receivables from patients and third-party payors at December 31 is as follows:

	2024	2023
Medicare	27.9%	30.2%
Medicaid	10.7%	8.8%
Other third-party payors	57.5%	57.2%
Patients	3.9%	3.8%
	<u>100.0%</u>	<u>100.0%</u>

Novant Health places the majority of its cash and investments with corporate and financial institutions. Novant Health maintains cash balances in excess of FDIC insured limits; however, the Company has not experienced any losses on such deposits.

25. Functional Expenses

Novant Health provides general health care services to residents within its geographic region. Novant Health's financial statements report certain expense categories that are attributable to more than one health care service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, including depreciation, amortization and interest and other occupancy costs, are allocated to a function based on a square footage or units of service basis. Allocated health care services costs not allocated on a units of service basis are generally allocated based on revenue.

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

(in thousands of dollars)

Expenses relating to providing these services are as follows:

December 31, 2024				
	Health Care Services		Support Services	Total
	Acute Care Facilities	Outpatient Locations	General & Administrative	
Salaries and employee benefits	\$ 2,367,961	\$ 1,954,326	\$ 631,246	\$ 4,953,533
Supplies and other	2,508,284	1,056,308	600,958	4,165,550
Depreciation and amortization expense	247,753	47,706	22,871	318,330
Gain on sale of property and equipment	(5,008)	(117)	(16,735)	(21,860)
Interest expense	81,896	5,846	114,007	201,749
Other non-operating expenses	(425)	1,497	3,456	4,528
Total expenses	<u>\$ 5,200,461</u>	<u>\$ 3,065,566</u>	<u>\$ 1,355,803</u>	<u>\$ 9,621,830</u>
December 31, 2023				
	Health Care Services		Support Services	Total
	Acute Care Facilities	Outpatient Locations	General & Administrative	
Salaries and employee benefits	\$ 2,398,445	\$ 1,718,121	\$ 354,949	\$ 4,471,515
Supplies and other	2,076,815	814,796	366,750	3,258,361
Depreciation and amortization expense	227,056	55,994	52,684	335,734
Gain on sale of property and equipment	(1,328)	-	(3,889)	(5,217)
Interest expense	66,756	5,718	15,501	87,975
Other non-operating expenses	-	2,567	694	3,261
Total expenses	<u>\$ 4,767,744</u>	<u>\$ 2,597,196</u>	<u>\$ 786,689</u>	<u>\$ 8,151,629</u>

26. Subsequent Events

The company completed acquisitions of several health-related businesses prior to March 31, 2025. The allocation of purchase price to the assets acquired and liabilities assumed as of the acquisition dates have not been completed. Total cash consideration was \$177,597, funded through cash on hand.

Other Financial Information



Report of Independent Auditors

To the Board of Trustees of Novant Health, Inc.

We have audited the consolidated financial statements of Novant Health, Inc and Affiliates (the “Company”) as of and for the years ended December 31, 2024 and 2023 and have issued our report thereon dated March 31, 2025, which included an unmodified opinion on those consolidated financial statements. That audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The accompanying consolidating information as of and for the year ended December 31, 2024 and supplemental schedule of cost of community benefit programs for the year ended December 31, 2024 appearing on pages 47-53 (collectively referred to herein as the “supplemental information”) is presented for purposes of additional analysis and is not a required part of the consolidated financial statements, nor are they intended to present, and we do not express an opinion on, the financial position, results of operations, changes in net assets and cash flows of the individual entities. The supplemental information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The supplemental information, excluding the schedule of cost of community benefit programs information marked “unaudited”, has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The schedule of costs of community benefit programs information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

PricewaterhouseCoopers LLP

Charlotte, North Carolina
March 31, 2025

Novant Health, Inc. and Affiliates
Schedule of Cost of Community Benefit Programs (unaudited)
December 31, 2024

In addition to providing charity care to uninsured patients, Novant Health also provides services to beneficiaries of public programs and various other community health services intended to improve the health of the communities in which the Company operates. Novant Health uses the following four categories to identify the resources utilized for the care of persons who are underserved and for providing community benefit programs to the needy:

- Traditional charity care, which includes the cost of services provided to persons who cannot afford health care because of inadequate resources and who are uninsured.
- Unpaid cost of Medicare, which represents the unpaid cost of services provided to persons through the government program for individuals age 65 and older as well as those that qualify for federal disability benefits.
- Unpaid cost of Medicaid, which represents the unpaid cost of services provided to persons covered by the government program for medically indigent patients.
- Community benefit programs, which consist of the unreimbursed costs of certain programs and services for the general community, mainly for indigent patients but also for people with chronic health risks. Examples of these programs include health promotion and education, free clinics and screenings and other community services.

The net cost of providing care to indigent patients and community benefit programs is as follows:

<i>(in thousands of dollars)</i>	2024
Traditional charity care	\$ 138,551
Unpaid cost of Medicare	1,218,961
Unpaid cost of Medicaid	109,500
Community benefit programs	<u>149,943</u>
	<u>\$ 1,616,955</u>

Novant Health, Inc. and Affiliates
Consolidating Balance Sheet
Year ended December 31, 2024

<i>(in thousands of dollars)</i>	Combined Group	Unrestricted Affiliates	Eliminations	Total
Assets				
Current assets				
Cash and cash equivalents	\$ 461,765	\$ 182,315	\$ -	\$ 644,080
Accounts receivable, net	1,312,634	42,100	-	1,354,734
Short-term investments	-	193	-	193
Current portion of assets limited as to use	16,297	-	-	16,297
Receivable for settlement with third-party payors	311,157	22,806	-	333,963
Other current assets	514,156	58,370	(11,586)	560,940
Total current assets	2,616,009	305,784	(11,586)	2,910,207
Assets limited as to use	297,072	5,141	-	302,213
Long-term investments	3,308,247	527,735	-	3,835,982
Property and equipment, net	3,417,186	269,856	-	3,687,042
Right-of-use assets, net	559,709	154,989	(75,600)	639,098
Intangible assets and goodwill, net	2,689,687	290,438	-	2,980,125
Investments in affiliates	1,826,793	2,682,367	(4,124,179)	384,981
Deferred tax asset	-	522	-	522
Other assets	268,295	18,660	(1,023)	285,932
Total assets	\$ 14,982,998	\$ 4,255,492	\$ (4,212,388)	\$ 15,026,102
Liabilities and Net Assets				
Current liabilities				
Current portion of long-term debt	\$ 50,802	\$ 1,049	\$ -	\$ 51,851
Accounts payable	443,662	21,313	(11,533)	453,442
Accrued liabilities	748,233	190,231	-	938,464
Current portion of operating lease liabilities	105,362	22,527	(7,964)	119,925
Estimated third-party payor settlements	158,518	12,476	-	170,994
Due to (from) related organizations	(2,850,320)	2,850,320	-	-
Total current liabilities	(1,343,743)	3,097,916	(19,497)	1,734,676
Long-term debt, net of current portion	5,241,629	3,701	-	5,245,330
Deferred tax liability	-	10,250	-	10,250
Operating lease liabilities, net of current portion	486,253	132,505	(68,662)	550,096
Derivative financial instruments	7,491	-	-	7,491
Employee benefits and other liabilities	477,564	13,722	-	491,286
Total liabilities	4,869,194	3,258,094	(88,159)	8,039,129
Net assets				
Without donor restrictions - attributable to Novant Health	10,113,361	814,882	(4,124,229)	6,804,014
Without donor restrictions - noncontrolling interests	-	65,664	-	65,664
Total net assets without donor restrictions	10,113,361	880,546	(4,124,229)	6,869,678
With donor restrictions	443	116,852	-	117,295
Total net assets	10,113,804	997,398	(4,124,229)	6,986,973
Total liabilities and net assets	\$ 14,982,998	\$ 4,255,492	\$ (4,212,388)	\$ 15,026,102

The accompanying notes are an integral part of this supplemental consolidating information.

Novant Health, Inc. and Affiliates
Consolidating Statement of Operations
December 31, 2024

<i>(in thousands of dollars)</i>	Combined Group	Unrestricted Affiliates	Eliminations	Total
Total operating revenues, gains, and other support				
Net patient service revenues	\$ 8,225,247	\$ 746,277	\$ -	\$ 8,971,524
Other revenue	<u>1,115,249</u>	<u>135,354</u>	<u>(48,509)</u>	<u>1,202,094</u>
Total operating revenues, gains, and other support	<u>9,340,496</u>	<u>881,631</u>	<u>(48,509)</u>	<u>10,173,618</u>
Operating expenses				
Salaries and employee benefits	4,467,236	490,280	(3,983)	4,953,533
Supplies and other	3,812,280	397,796	(44,526)	4,165,550
Depreciation and amortization expense	288,189	30,141	-	318,330
Gain on sale of property and equipment	(11,739)	(10,121)	-	(21,860)
Interest expense	<u>90,756</u>	<u>110,993</u>	<u>-</u>	<u>201,749</u>
Total operating expenses	<u>8,646,722</u>	<u>1,019,089</u>	<u>(48,509)</u>	<u>9,617,302</u>
Operating income (loss)	693,774	(137,458)	-	556,316
Non-operating income (expense)				
Investment income	327,772	31,155	-	358,927
Income tax benefit	3,376	1,806	-	5,182
Other net periodic pension costs	<u>(324)</u>	<u>(330)</u>	<u>-</u>	<u>(654)</u>
Excess (deficit) of revenues over expenses	<u>\$ 1,024,598</u>	<u>\$ (104,827)</u>	<u>\$ -</u>	<u>\$ 919,771</u>

The accompanying notes are an integral part of this supplemental consolidating information.

Novant Health, Inc. and Affiliates
Combined Group Combining Balance Sheet
Year ended December 31, 2024

<i>(in thousands of dollars)</i>	Obligated Group	Restricted Affiliates	Eliminations	Combined Group Total
Assets				
Current assets				
Cash and cash equivalents	\$ 465,074	\$ (3,309)	\$ -	\$ 461,765
Accounts receivable, net	348,185	964,449	-	1,312,634
Current portion of assets limited as to use	12,297	4,000	-	16,297
Receivable for settlement with third-party payors	158,074	153,083	-	311,157
Other current assets	324,372	189,784	-	514,156
Total current assets	1,308,002	1,308,007	-	2,616,009
Assets limited as to use	268,861	28,211	-	297,072
Long-term investments	3,308,247	-	-	3,308,247
Property and equipment, net	1,634,679	1,782,507	-	3,417,186
Right-of-use assets, net	239,357	320,352	-	559,709
Intangible assets and goodwill, net	19,787	2,669,900	-	2,689,687
Investments in affiliates	1,765,820	149,712	(88,739)	1,826,793
Other assets	214,416	53,879	-	268,295
Total assets	\$ 8,759,169	\$ 6,312,568	\$ (88,739)	\$ 14,982,998
Liabilities and Net Assets				
Current liabilities				
Current portion of long-term debt	\$ 49,537	\$ 1,265	\$ -	\$ 50,802
Accounts payable	300,491	143,223	(52)	443,662
Accrued liabilities	524,740	223,493	-	748,233
Current portion of operating lease liabilities	40,624	64,738	-	105,362
Estimated third-party payor settlements	85,495	73,023	-	158,518
Due to (from) related organizations	(2,851,825)	1,505	-	(2,850,320)
Total current liabilities	(1,850,938)	507,247	(52)	(1,343,743)
Long-term debt, net of current portion	5,238,197	3,432	-	5,241,629
Operating lease liabilities, net of current portion	214,140	272,113	-	486,253
Derivative financial instruments	7,491	-	-	7,491
Employee benefits and other liabilities	414,853	62,711	-	477,564
Total liabilities	4,023,743	845,503	(52)	4,869,194
Net assets				
Without donor restrictions - attributable to Novant Health	4,735,221	5,466,827	(88,687)	10,113,361
Total net assets without donor restrictions	4,735,221	5,466,827	(88,687)	10,113,361
With donor restrictions	205	238	-	443
Total net assets	4,735,426	5,467,065	(88,687)	10,113,804
Total liabilities and net assets	\$ 8,759,169	\$ 6,312,568	\$ (88,739)	\$ 14,982,998

The accompanying notes are an integral part of this supplemental combining information.

Novant Health, Inc. and Affiliates
Combined Group Combining Statement of Operations
December 31, 2024

<i>(in thousands of dollars)</i>	Obligated Group	Restricted Affiliates	Eliminations	Combined Group Total
Total operating revenues, gains, and other support				
Net patient service revenues	\$ 3,614,578	\$ 4,610,669	\$ -	\$ 8,225,247
Other revenue	497,315	624,134	(6,200)	1,115,249
Total operating revenues, gains, and other support	4,111,893	5,234,803	(6,200)	9,340,496
Operating expenses				
Salaries and employee benefits	1,984,977	2,482,259	-	4,467,236
Supplies and other	2,060,717	1,757,763	(6,200)	3,812,280
Depreciation and amortization expense	133,662	154,527	-	288,189
Gain on sale of property and equipment	(11,626)	(113)	-	(11,739)
Interest expense	48,980	41,776	-	90,756
Total operating expenses	4,216,710	4,436,212	(6,200)	8,646,722
Operating income (loss)	(104,817)	798,591	-	693,774
Non-operating income (expense)				
Investment income	327,543	229	-	327,772
Income tax benefit	3,302	74	-	3,376
Other net periodic pension costs	(302)	(22)	-	(324)
Excess of revenues over expenses	\$ 225,726	\$ 798,872	\$ -	\$ 1,024,598

The accompanying notes are an integral part of this supplemental combining information.

Novant Health, Inc. and Affiliates
Notes to Consolidating or Combining Supplemental Schedules
December 31, 2024

1. Reporting Entity

Novant Health, Inc. (“Novant Health” or the “Company”) is a not-for-profit integrated network of more than 900 locations, including 19 medical centers, more than 750 physician clinics and urgent care centers, outpatient facilities, and imaging and pharmacy services. Novant Health’s more than 40,000 team members along with more than 8,500 independent and employed clinicians care for patients and communities in North Carolina and South Carolina.

2. Basis of Presentation and Summary of Significant Accounting Policies

Novant Health, Inc. Consolidating Balance Sheet and Consolidating Statement of Operations (which Combines the Information of the Combined Group and Unrestricted Affiliates)

The Total column reconciles to the consolidated financial statements of Novant Health, Inc. and includes the accounts of all affiliates controlled by Novant Health, Inc. The Total is comprised of the Combined Group (as described below, which is comprised of the Obligated Group and Restricted Affiliates) and the Unrestricted Affiliates, which represent affiliates not meeting the definition of the Obligated Group or Restricted Affiliates as defined below.

The Eliminations column represents the elimination of intercompany transactions and balances between the Combined Group and the Unrestricted Affiliates.

The consolidating balance sheet and consolidating statement of operations are otherwise prepared in accordance with accounting policies described in the accompanying notes to the consolidated financial statements. These schedules are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America, as a result of the exclusion of all required disclosures.

Combined Group Combining Balance Sheet and Statement of Operations

As noted in Note 15 to the consolidated financial statements, the Company is subject to a Master Trust Indenture (the “Agreement”) which authorizes the creation of a Combined Group, which consists of the members of the Obligated Group and the Restricted Affiliates.

The members of the Obligated Group are jointly and severally liable for the payment of all obligations under the Agreement. The members of the Obligated Group are Novant Health and its two affiliates that operate tertiary care hospitals, Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center and The Presbyterian Hospital d/b/a Novant Health Presbyterian Medical Center, both of which are North Carolina nonprofit corporations. In the accompanying Combined Group combining balance sheet and combining statement of operations, the Obligated Group column presents information of the aforementioned entities.

Novant Health, Inc. and Affiliates
Notes to Consolidating or Combining Supplemental Schedules
December 31, 2024

Restricted Affiliates represent entities that are not directly obligated to pay obligations under the Agreement, but the members of the Obligated Group have covenanted in the Agreement to cause the Restricted Affiliates to provide funds to the members of the Obligated Group to pay obligations under the Agreement. The Company has designated 16 of its affiliates as Restricted Affiliates. Ten of these Restricted Affiliates, Medical Park Hospital, LLC d/b/a Novant Health Medical Park Hospital, Novant Health Thomasville Medical Center, LLC, Novant Health Matthews Medical Center, LLC, Brunswick Community Hospital, LLC d/b/a Novant Health Brunswick Medical Center, Novant Health Mint Hill Medical Center, LLC, Novant Health New Hanover Regional Medical Center, LLC, Novant Health Ballantyne Medical Center, LLC, East Cooper Medical Center, LLC, South Carolina Coastal Medical Center, LLC, and Hilton Head Medical Center, LLC, operate, or maintain a significant investment in, hospitals. The other six Restricted Affiliates, Carolina Medicorp Enterprises, LLC, Foundation Health Systems, LLC, Novant Medical Group, LLC f/k/a Presbyterian Regional Healthcare Corp., Salem Health Services, Inc., East Cooper Physician Group, LLC, and Hilton Head Regional Physician Group, LLC, provide, or invest in subsidiaries or joint ventures which provide health care and ancillary services. All of the members of the Combined Group, except Salem Health Services, Inc., are exempt from federal and state income taxation.

The Eliminations column represents the elimination of intercompany transactions and balances between the Obligated Group and the Restricted Affiliates.

The Combined Group combining balance sheet and combining statement of operations are otherwise prepared in accordance with accounting policies described in the accompanying notes to the consolidated financial statements. These schedules are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America, as a result of the exclusion of all required disclosures.