

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>NOVANT HEALTH, INC.</b>		<b>D</b> Employer identification number <b>56-1376950</b>
	Doing business as		<b>E</b> Telephone number <b>336-718-2803</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>4,646,398,984.</b>
	<b>2085 FRONTIS PLAZA BLVD</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>WINSTON SALEM, NC 27103</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>CARL ARMATO</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.NOVANTHEALTH.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1997</b>	<b>M</b> State of legal domicile: <b>NC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <b>7284</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>903</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>21,321,900.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>11,776,199.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>17,458,351.</b> <b>Prior Year</b> <b>32,823,874.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>949,452,019.</b> <b>2416018887.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>73,072,256.</b> <b>323,842,035.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>26,608,761.</b> <b>49,420,260.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>1066591387.</b> <b>2822105056.</b>
	<b>Expenses</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>564,756,037.</b> <b>1128925972.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>475,345,461.</b> <b>1374377387.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>1042047954.</b> <b>2572368985.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>24,543,433.</b> <b>249,736,071.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>5365829428.</b> <b>Beginning of Current Year</b> <b>9335899762.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>5084534461.</b> <b>7056759837.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>281,294,967.</b> <b>2279139925.</b>

**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.

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

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

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

**KAREN DAUGHERTY**

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

Telephone No. ▶ **336-718-2803** 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, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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.

Part III Statement of Program Service Accomplishments

Check 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 \$ 512,136,334. including grants of \$ 68,448,764. ) (Revenue \$ 840,728,265. )

NOVANT HEALTH, INC. IS THE PARENT HOSPITAL ORGANIZATION OF A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS, AND OTHER HEALTHCARE SERVICE PROVIDERS (COLLECTIVELY KNOWN AS "NOVANT HEALTH"). NOVANT HEALTH CONSISTS OF OVER 2,300 PHYSICIANS AND OVER 35,000 TEAM MEMBERS WHO MAKE HEALTHCARE REMARKABLE AT MORE THAN 800 LOCATIONS, INCLUDING 14 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 \$ 1,427,596,960. including grants of \$ 616,862. ) (Revenue \$ 1,554,976,823. )

BRUNSWICK COMMUNITY HOSPITAL, LLC DBA NOVANT HEALTH BRUNSWICK MEDICAL CENTER, NOVANT HEALTH MINT HILL MEDICAL CENTER, LLC, NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC, AND NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, LLC EXIST TO PROMOTE THE HEALTH OF THE INHABITANTS OF THE BRUNSWICK, MECKLENBURG COUNTIES OF NC RESPECTIVELY, REGARDLESS OF THE PATIENT'S ABILITY TO PAY. DURING 2021, THE HOSPITALS HAD 1,056 LICENSED BEDS. THERE WERE 265,020 PATIENT DAYS, WITH AN AVERAGE LENGTH OF STAY OF 6 DAYS, AND AN AVERAGE DAILY CENSUS OF 583. THERE WERE 45,414 DISCHARGES, 582,329 INPATIENT AND OUTPATIENT ENCOUNTERS, AND 219,003 EMERGENCY DEPARTMENT VISITS.

SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4c (Code: ) (Expenses \$ 29,555,108. including grants of \$ ) (Revenue \$ 37,988,745. )

THE HOLDING COMPANY FOR NOVANT'S AMBULATORY SERVICES, PRESBYTERIAN AMBULATORY HOLDINGS, LLC, IS A SINGLE MEMBER LLC HELD BY NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC, A SINGLE MEMBER LLC IN WHICH NOVANT HEALTH IS THE SOLE MEMBER. THE AMBULATORY CENTERS' OPERATIONS SERVE THE COMMUNITY BY PROVIDING ACCESS TO MUCH NEEDED HEALTHCARE SERVICES, REGARDLESS OF THE PATIENT'S ABILITY TO PAY. DURING 2021, THERE WERE 95,809 OUTPATIENT ENCOUNTERS.

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

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

4e Total program service expenses 1,969,288,402.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 17		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 16		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 **KAREN DAUGHERTY - 336-718-2803**  
**2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, 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) ARMATO, CARL PRES & CEO NH / TRUSTEE	50.00 0.00	X		X				4,412,465.	0.	60,912.
(2) LINDSAY, JEFFERY EVP	50.00 0.00				X			2,320,081.	0.	49,464.
(3) HARGETT, FRED EVP & CFO	50.00 0.00			X				2,244,920.	0.	59,667.
(4) ESKIOGLU, ERIC SVP	50.00 0.00				X			1,777,846.	0.	236,298.
(5) MIHAL, DENISE EVP	50.00 0.00				X			1,722,096.	0.	37,876.
(6) GIZDIC, JOHN EVP (EFF 2/1/21)	50.00 0.00				X			1,516,368.	0.	224,435.
(7) CURETON, JESSE EVP	50.00 0.00				X			1,417,723.	0.	231,866.
(8) DESHAIES, ERIC SVP	45.00 0.00					X		1,304,359.	0.	193,243.
(9) EMORY, FRANK EVP	50.00 0.00				X			1,438,379.	0.	48,041.
(10) YOCHER, ANGELA EVP	50.00 0.00				X			1,212,008.	0.	234,954.
(11) OLIVER, PAMELA MD EVP	50.00 0.00				X			1,193,993.	0.	219,341.
(12) PILONG, ALFRED SVP	50.00 0.00				X			1,081,946.	0.	150,118.
(13) EDWARDS, BRYAN SVP	45.00 0.00					X		1,027,467.	0.	185,838.
(14) MORGAN, WAYNE FMR SVP (1/1/21-6/30/21)/VP(EFF 7/1/21)	45.00 0.00						X	1,082,976.	0.	41,482.
(15) GARDNER, GEOFFREY SVP	50.00 0.00				X			892,625.	0.	172,688.
(16) LANGFORD, KATHRYN SVP	50.00 0.00				X			913,876.	0.	141,065.
(17) MYERS, SCOTT SVP	50.00 0.00				X			891,078.	0.	129,577.



**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) GREGORY, CHERE MD SVP	50.00 0.00				X			869,979.	0.	145,427.
(19) JENIKE, THOMAS MD SVP	45.00 0.00					X		847,069.	0.	154,012.
(20) GRIFFIN, JON SVP	50.00 0.00				X			874,310.	0.	123,253.
(21) NIESS, GARY SYSTEM PHYSICIAN EXECUTIVE	45.00 0.00					X		946,847.	0.	41,335.
(22) BHOJWANI, NAVIN SVP NH PHYSICIAN NETWORK	45.00 0.00					X		861,588.	0.	120,258.
(23) BLACKMON, TANYA EVP	50.00 0.00				X			892,526.	0.	73,196.
(24) HENDERSON, KIMBERLY SVP	50.00 0.00				X			826,515.	0.	134,137.
(25) PATEFIELD, ARTHUR J FMR SVP	45.00 0.00						X	805,500.	0.	49,983.
(26) GARMON-BROWN, OPHELIA FMR SVP	0.00 0.00						X	758,815.	0.	31,169.
<b>1b Subtotal</b>								34,133,355.	0.	3289635.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,771,340.	0.	251,509.
<b>d Total (add lines 1b and 1c)</b>								37,904,695.	0.	3541144.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,411**

	Yes	No
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	3 X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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
CROTHALL HEALTH CARE INC, 1500 LIBERTY RIDGE DR STE 210, WAYNE, PA 19087	FACILITY SERVICES	36,599,736.
ROBINS & MORTON GROUP, 400 SHADES CREEK PKWY STE 200, BIRMINGHAM, AL 35209	CONSTRUCTION	30,424,240.
UNC CHAPEL HILL 104 AIRPORT DRIVE, CHAPEL HILL, NC 27599	TELEMED CONSULTATION SERVICES	15,050,100.
AON RISK SERVICES 1001 BRICKELL BAY DRIVE, MIAMI, FL 33131	CONSULTING SERVICES	10,765,017.
EPIC SYSTEMS CORPORATION PO BOX 88314, MILWAUKEE, WI 53288	IT CONSULTING	9,614,266.

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 **316**

SEE PART VII, SECTION A CONTINUATION SHEETS

**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) STEVENS, SHELBOURN SEE SCHEDULE O	50.00 0.00				X			690,230.	0.	85,412.
(28) LIMENTANI, STEVEN FMR SVP	0.00 0.00						X	543,786.	0.	17,144.
(29) SEEHAUSEN, ROBERT FMR SVP	0.00 0.00						X	536,800.	0.	17,016.
(30) APPLEBAUM, JONATHAN PRESIDENT & COO NHTMC	50.00 0.00				X			490,086.	0.	40,080.
(31) GREEAR, ALLISON PRESIDENT & COO NHMHC	50.00 0.00				X			449,742.	0.	49,301.
(32) CAPPS, RICHARD FMR SVP	0.00 0.00						X	448,288.	0.	2,112.
(33) SMITH, HARRY FMR SVP HOSP OPS	0.00 0.00						X	404,603.	0.	20,398.
(34) WHALIN, LAURIE PRESIDENT & COO NHBMC (EFF 5/1/21)	50.00 0.00				X			206,213.	0.	20,046.
(35) LYLES, VIOLA TRUSTEE	0.20 0.00	X						678.	0.	0.
(36) MURPHY, DANIEL MD TRUSTEE	0.20 0.00	X						678.	0.	0.
(37) AMOS, JAMES SEC/TREAS	0.20 0.00	X		X				236.	0.	0.
(38) ADCOCK, BRANDON T TRUSTEE	0.20 0.00	X						0.	0.	0.
(39) ALLY, DEBORAH TRUSTEE	0.20 0.00	X						0.	0.	0.
(40) BARR, ROBERT MD CHAIR	0.20 0.00	X		X				0.	0.	0.
(41) DE MOLINA, ALVARO TRUSTEE	0.20 0.00	X						0.	0.	0.
(42) JOHNSON, JOIA TRUSTEE	0.20 0.00	X						0.	0.	0.
(43) KATZIFF, CHRISTINE TRUSTEE	0.20 0.00	X						0.	0.	0.
(44) MCDONALD, IAN TRUSTEE	0.20 0.00	X						0.	0.	0.
(45) MOOSE, BEVERLY MD TRUSTEE	0.20 0.00	X						0.	0.	0.
(46) NEILL, THOMAS TRUSTEE	0.20 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	21,061,277.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	11,442,269.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	320,328.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 14,700.				
	<b>h Total.</b> Add lines 1a-1f			32,823,874.			
Program Service Revenue	<b>2 a</b> NET PATIENT REVENUE	Business Code 622110	1697718832.	1697718832			
	<b>b</b> CORPORATE SUPPORT	551114	558134121.	558134121.			
	<b>c</b> PHARMACY	622110	70,362,000.	70362000.			
	<b>d</b> SELF-INSURED INSURANCE PREMIUMS	524126	29,242,676.	29242676.			
	<b>e</b> AFFILIATED RENTAL	531120	26,312,106.	26169397.	142,709.		
	<b>f</b> All other program service revenue	541511	34,249,152.	33607359.	641,793.		
	<b>g Total.</b> Add lines 2a-2f			2416018887.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		57,229,418.		13048545.	44180873.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	6,674,249.				
		(ii) Personal					
		<b>6b</b> Less: rental expenses	0.				
	<b>6c</b> Rental income or (loss)	6,674,249.					
	<b>d</b> Net rental income or (loss)		6,674,249.			6674249.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	2075299228.				
		(ii) Other	15501374.				
		<b>7b</b> Less: cost or other basis and sales expenses	1807342219.	16845766.			
	<b>7c</b> Gain or (loss)	267,957,009.	-1344392.				
	<b>d</b> Net gain or (loss)		266612617.			266612617	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		10,147.					
	<b>8b</b> Less: direct expenses	0.					
<b>c</b> Net income or (loss) from fundraising events		10,147.			10,147.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances		160,984.					
	<b>10b</b> Less: cost of goods sold	105,943.					
	<b>c</b> Net income or (loss) from sales of inventory		55,041.			55,041.	
Miscellaneous Revenue	<b>11 a</b> ADMINISTRATION	Business Code 551114	23,625,890.	16137037.	7488853.		
	<b>b</b> TRANSITION SERVICES REVENUE	900099	11,435,931.			11435931.	
	<b>c</b> CAFETERIA MEALS	722514	4,639,687.			4639687.	
	<b>d</b> All other revenue	900099	2,979,315.	1,537,909.		1441406.	
	<b>e Total.</b> Add lines 11a-11d			42,680,823.			
<b>12 Total revenue.</b> See instructions			2822105056.	2432909331	21321900.	335049951	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	68,850,687.	68,850,687.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	214,718.	214,718.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	221.	221.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	31,002,159.		31,002,159.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,442,826.		6,442,826.	
<b>7</b> Other salaries and wages	904,663,301.	687,544,111.	217,119,190.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,740,460.	6,642,750.	2,097,710.	
<b>9</b> Other employee benefits	143,802,141.	109,289,626.	34,512,515.	
<b>10</b> Payroll taxes	34,275,085.	26,049,064.	8,226,021.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	4,044,930.		4,044,930.	
<b>c</b> Accounting	2,033,637.		2,033,637.	
<b>d</b> Lobbying	226,822.	226,822.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	4,660,558.		4,660,558.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	236,552,002.	149,770,180.	86,781,822.	
<b>12</b> Advertising and promotion	32,913,947.	31,123,692.	1,790,255.	
<b>13</b> Office expenses	22,291,131.	15,794,775.	6,496,356.	
<b>14</b> Information technology	56,480,315.	50,684,113.	5,796,202.	
<b>15</b> Royalties				
<b>16</b> Occupancy	71,210,378.	55,397,679.	15,812,699.	
<b>17</b> Travel	1,714,125.	1,307,053.	407,072.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,327,955.	1,009,246.	318,709.	
<b>20</b> Interest	35,449,653.	35,449,184.	469.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	189,263,408.	102,721,044.	86,542,364.	
<b>23</b> Insurance	32,201,339.	21,945,442.	10,255,897.	
<b>24</b> 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.)				
<b>a</b> <b>MEDICAL SUPPLIES</b>	214,772,922.	213,156,384.	1,616,538.	
<b>b</b> <b>PHARMACEUTICALS</b>	153,278,183.	153,278,183.		
<b>c</b> <b>BAD DEBT</b>	121,854,301.	121,854,301.		
<b>d</b> <b>UBI TAXES</b>	2,981,338.		2,981,338.	
<b>e</b> All other expenses	191,120,443.	116,979,127.	74,141,316.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2572368985.	1969288402.	603,080,583.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	458,051,275.	<b>1</b>	575,997,652.	
	<b>2</b> Savings and temporary cash investments .....	387,059,333.	<b>2</b>	505,393,869.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	83,589,454.	<b>4</b>	329,165,122.	
	<b>5</b> 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 .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	20,129,056.	<b>7</b>	5,162,331.	
	<b>8</b> Inventories for sale or use .....	35,677,901.	<b>8</b>	83,360,200.	
	<b>9</b> Prepaid expenses and deferred charges .....	45,652,313.	<b>9</b>	69,247,916.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3332945876.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1607854956.			
	<b>11</b> Investments - publicly traded securities .....	990,049,580.	<b>10c</b>	1725090920.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2174315524.	<b>11</b>	2444350506.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	952,379,145.	<b>12</b>	2696106627.	
	<b>14</b> Intangible assets .....	6,818,221.	<b>13</b>	4,828,835.	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,828,057.	<b>14</b>	579,282,955.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	207,279,569.	<b>15</b>	317,912,829.		
	5365829428.	<b>16</b>	9335899762.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	473,548,796.	<b>17</b>	538,076,129.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	435,548.	<b>19</b>	1,580,465.	
	<b>20</b> Tax-exempt bond liabilities .....	647,318,715.	<b>20</b>	640,900,660.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	665,286,250.	<b>23</b>	2140286250.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	3297945152.	<b>25</b>	3735916333.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	5084534461.	<b>26</b>	7056759837.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	281,294,967.	<b>27</b>	2279139925.	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	281,294,967.	<b>32</b>	2279139925.	
	<b>33</b> Total liabilities and net assets/fund balances .....	5365829428.	<b>33</b>	9335899762.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,822,105,056.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,572,368,985.
3	Revenue less expenses. Subtract line 2 from line 1	3	249,736,071.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	281,294,967.
5	Net unrealized gains (losses) on investments	5	101,142,859.
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	1,646,966,028.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,279,139,925.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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	X	

Form 990 (2021)





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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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); 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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.)

Horizontal lines for supplemental information input.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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  <b>NOVANT HEALTH, INC.</b>	Employer identification number  <b>56-1376950</b>
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**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
1	 <hr/> <hr/> <hr/>	\$ <u>20,426,070.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>7,057.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>326,724.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>11,187.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>285,720.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>283,307.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NOVANT HEALTH, INC.</b>	Employer identification number  <b>56-1376950</b>
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**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	 <hr/> <hr/> <hr/>	\$ <u>20,663.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>10,632.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>5,725.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NOVANT HEALTH, INC.</b>	Employer identification number  <b>56-1376950</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>NOVANT HEALTH, INC.</b>	Employer identification number  <b>56-1376950</b>
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**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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>NOVANT HEALTH, INC.</b>	Employer identification number <b>56-1376950</b>
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**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 employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		125,000.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		295,676.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		169,819.
<b>j</b> Total. Add lines 1c through 1i .....			590,495.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

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

**Part IV** Supplemental Information *(continued)*

MINIMAL TIME OF SENIOR LEADERS.

LINE 1F

THE GOVERNMENT RELATIONS STAFF MADE A CONTRIBUTION TO COALITION TO PROTECT AMERICA'S HEALTH CARE. THE COALITION TO PROTECT AMERICA'S HEALTH CARE IS ADVOCATING FOR HOSPITALS AND HEALTH SYSTEMS TO ENSURE THEY HAVE THE RESOURCES TO PROVIDE HIGH-QUALITY CARE TO THE PATIENTS AND COMMUNITIES DURING THE COVID-19 PANDEMIC.

LINE 1G

THE GOVERNMENT RELATIONS STAFF AND CERTAIN CONTRACT LOBBYISTS REGULARLY CONTACT LEGISLATORS AND OTHER GOVERNMENT OFFICIALS REGARDING VARIOUS RELEVANT HEALTHCARE ISSUES.

LINE 1I

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions 3-9 regarding modifications, states, monitoring, expenses, and reporting.

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 for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a and 1b regarding reporting requirements, and question 2 regarding amounts required to be reported under FASB ASC 958.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		239,991,534.		239,991,534.
b Buildings		140,968,038.	495,167,033.	914,513,349.
c Leasehold improvements		310,507,529.	47,198,157.	263,309,372.
d Equipment		565,822,580.	481,640,361.	84,182,219.
e Other		806,943,851.	583,849,405.	223,094,446.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,725,090,920.

**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	1025254037.	END-OF-YEAR MARKET VALUE
(B) INVESTMENTS IN AFFILIATES	1670852590.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>2696106627.</b>	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0.
(2) OTHER LIABILITIES	110,828,731.
(3) DUE TO AFFILIATES	3065688997.
(4) NON-QUALIFIED BENEFIT PLANS	233,714,317.
(5) LOAN GUARANTEES	63,431,967.
(6) PATIENT REFUNDS	2,644,115.
(7) OPERATING LEASE	242,353,902.
(8) THIRD PARTY PAYMENT PAYABLE	17,254,304.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>3735916333.</b>

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 ...

**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.

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

**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.

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

**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 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, 2021 AND 2020.



**SCHEDULE F  
(Form 990)**

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

OMB No. 1545-0047

**2021**

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			INVESTMENTS		702,941,293.
EUROPE			INVESTMENTS		83,935,253.
NORTH AMERICA			INVESTMENTS		31,085,216.
<b>3 a</b> Subtotal .....	0	0			\$17,961,762.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			\$17,961,762.

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

Schedule F (Form 990) 2021







**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....		<input checked="" type="checkbox"/>
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> 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.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		<input checked="" type="checkbox"/>
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	<input checked="" type="checkbox"/>	
<b>c</b> 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? .....		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<input checked="" type="checkbox"/>	

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
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			59137957.	0.	59137957.	2.41%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			219669784.	179260210.	40409574.	1.65%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			4568818.	3364297.	1204521.	.05%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			283376559.	182624507.	100752052.	4.11%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			97,823.		97,823.	.00%
<b>f</b> Health professions education (from Worksheet 5) .....			24684872.	3465541.	21219331.	.87%
<b>g</b> Subsidized health services (from Worksheet 6) .....			15328213.	7600069.	7728144.	.32%
<b>h</b> Research (from Worksheet 7) .....			0.	0.		.00%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			15478750.	0.	15478750.	.63%
<b>j Total.</b> Other Benefits .....			55589658.	11065610.	44524048.	1.82%
<b>k Total.</b> Add lines 7d and 7j .....			338966217.	193690117.	145276100.	5.93%

**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			3,263.	0.	3,263.	.00%
2 Economic development						
3 Community support			295,753.	0.	295,753.	.01%
4 Environmental improvements			5,000.		5,000.	.00%
5 Leadership development and training for community members			20,471.	0.	20,471.	.00%
6 Coalition building			59.	0.	59.	.00%
7 Community health improvement advocacy			25,000.	0.	25,000.	.00%
8 Workforce development			49,550.	0.	49,550.	.00%
9 Other			5,500.	0.	5,500.	.00%
10 Total			404,596.		404,596.	.01%

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

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1 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 .....	2 121,854,301.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....	3 0.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5 382,457,527.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6 365,213,330.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7 17,244,197.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ENDOSCOPY CENTER OF LAKE NORMAN, LLC	HEALTHCARE	51.00%	.00%	49.00%
2 SOUTH ATLANTIC RADIOLOGY ONCOLOGY, LLC	HEALTHCARE	50.00%	.00%	50.00%
3 PORTER'S NECK IMAGING, LLC	HEALTHCARE	50.00%	.00%	50.00%
4 DIAGNOSTIC IMAGING PARTNERS, LLC	HEALTHCARE	50.00%	.00%	50.00%



**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 BRUNSWICK MEDICAL CENTER

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

	Yes	No
<b>Community Health Needs Assessment</b>		
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? .....		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 .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	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(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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 .....	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 .....		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 .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	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? .....		
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)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group NH BRUNSWICK MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>0</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <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)		
<b>f</b> <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)		
<b>g</b> <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		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <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		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group NH BRUNSWICK 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 financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		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) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (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 financial assistance policy? .....	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)		



**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 BRUNSWICK MEDICAL CENTER

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

Schedule H (Form 990) 2021

**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 CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b>		
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? .....		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 .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	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(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 20</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 .....	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 .....		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 .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	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? .....		
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)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**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 financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>0</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <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)		
<b>f</b> <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)		
<b>g</b> <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		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <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		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

**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 financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		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) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (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 financial assistance policy? .....	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)		

**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

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

Schedule H (Form 990) 2021

**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 THOMASVILLE MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	Yes	No
<b>Community Health Needs Assessment</b>		
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? .....		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 .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	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(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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 .....	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 .....		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 .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	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? .....		
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)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group NH THOMASVILLE MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>0</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <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)		
<b>f</b> <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)		
<b>g</b> <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		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <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		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group NH THOMASVILLE MEDICAL CENTER

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

**Policy Relating to Emergency Medical Care**

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

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

Schedule H (Form 990) 2021

**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 NEW HANOVER REGIONAL MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

	Yes	No
<b>Community Health Needs Assessment</b>		
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? .....		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 .....	X	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	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(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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 .....	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 .....		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 .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	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? .....		
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)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group NH NEW HANOVER REGIONAL MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>0</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <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)		
<b>f</b> <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)		
<b>g</b> <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		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <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		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group NH NEW HANOVER REGIONAL 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 financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		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) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (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 financial assistance policy? .....	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)		

**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 NEW HANOVER REGIONAL MEDICAL CENTER

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

Schedule H (Form 990) 2021

**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.

NH BRUNSWICK MEDICAL CENTER:

PART V, SECTION B, LINE 3E:

SEVERAL SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED IN THE NEEDS ASSESSMENT. ONCE THE HEALTH NEEDS WERE IDENTIFIED, SURVEYS AND COMMUNITY MEETINGS WERE CONDUCTED IN WHICH THE VARIOUS COMMUNITY STAKEHOLDERS RANKED THE HEALTH ISSUES ACCORDING TO THE YEARS OF POTENTIAL LIFE LOST AND MAGNITUDE OF IMPACT. THE INFORMATION GATHERED WAS THEN MATRIXED AND SCORED IN ORDER TO RANK THE FOCUS AREAS AND PRIORITIZE THE IDENTIFIED HEALTH NEEDS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND SUPPORTING DATA ARE THEN REVIEWED AND DELIBERATED UPON FURTHER BY THE BOARD. AN IMPLEMENTATION PLAN IS CREATED FOR CERTAIN OF THE PRIORITIZED, IDENTIFIED HEALTH NEEDS AND ASSESSED REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT LIFE CYCLE. COMMUNITY PARTNERS WHO ARE CURRENTLY DOING THE WORK ARE IDENTIFIED AS POTENTIAL PARTNERS FOR COLLABORATION ON THOSE IDENTIFIED NEEDS THAT ARE NOT PART OF THE IMPLEMENTATION PLAN.

NH MINT HILL MEDICAL CENTER

PART V, SECTION B, LINE 3E:

SEVERAL SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED IN THE NEEDS ASSESSMENT. ONCE THE HEALTH NEEDS WERE IDENTIFIED, SURVEYS AND COMMUNITY MEETINGS WERE CONDUCTED IN WHICH THE VARIOUS COMMUNITY STAKEHOLDERS RANKED THE HEALTH ISSUES ACCORDING TO THE YEARS OF POTENTIAL LIFE LOST AND MAGNITUDE OF IMPACT. THE INFORMATION GATHERED WAS THEN MATRIXED AND SCORED IN ORDER TO RANK THE FOCUS AREAS AND PRIORITIZE THE

**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.

IDENTIFIED HEALTH NEEDS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND SUPPORTING DATA ARE THEN REVIEWED AND DELIBERATED UPON FURTHER BY THE BOARD. AN IMPLEMENTATION PLAN IS CREATED FOR CERTAIN OF THE PRIORITIZED, IDENTIFIED HEALTH NEEDS AND ASSESSED REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT LIFE CYCLE. COMMUNITY PARTNERS WHO ARE CURRENTLY DOING THE WORK ARE IDENTIFIED AS POTENTIAL PARTNERS FOR COLLABORATION ON THOSE IDENTIFIED NEEDS THAT ARE NOT PART OF THE IMPLEMENTATION PLAN.

NH THOMASVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 3E:

SEVERAL SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED IN THE NEEDS ASSESSMENT. ONCE THE HEALTH NEEDS WERE IDENTIFIED, SURVEYS AND COMMUNITY MEETINGS WERE CONDUCTED IN WHICH THE VARIOUS COMMUNITY STAKEHOLDERS RANKED THE HEALTH ISSUES ACCORDING TO THE YEARS OF POTENTIAL LIFE LOST AND MAGNITUDE OF IMPACT. THE INFORMATION GATHERED WAS THEN MATRIXED AND SCORED IN ORDER TO RANK THE FOCUS AREAS AND PRIORITIZE THE IDENTIFIED HEALTH NEEDS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND SUPPORTING DATA ARE THEN REVIEWED AND DELIBERATED UPON FURTHER BY THE BOARD. AN IMPLEMENTATION PLAN IS CREATED FOR CERTAIN OF THE PRIORITIZED, IDENTIFIED HEALTH NEEDS AND ASSESSED REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT LIFE CYCLE. COMMUNITY PARTNERS WHO ARE CURRENTLY DOING THE WORK ARE IDENTIFIED AS POTENTIAL PARTNERS FOR COLLABORATION ON THOSE IDENTIFIED NEEDS THAT ARE NOT PART OF THE IMPLEMENTATION PLAN.

NH NEW HANOVER REGIONAL MEDICAL CENTER:

**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.

**PART V, SECTION B, LINE 3E:**

SEVERAL SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED IN THE NEEDS ASSESSMENT. ONCE THE HEALTH NEEDS WERE IDENTIFIED, SURVEYS AND COMMUNITY MEETINGS WERE CONDUCTED IN WHICH THE VARIOUS COMMUNITY STAKEHOLDERS RANKED THE HEALTH ISSUES ACCORDING TO THE YEARS OF POTENTIAL LIFE LOST AND MAGNITUDE OF IMPACT. THE INFORMATION GATHERED WAS THEN MATRIXED AND SCORED IN ORDER TO RANK THE FOCUS AREAS AND PRIORITIZE THE IDENTIFIED HEALTH NEEDS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND SUPPORTING DATA ARE THEN REVIEWED AND DELIBERATED UPON FURTHER BY THE BOARD. AN IMPLEMENTATION PLAN IS CREATED FOR CERTAIN OF THE PRIORITIZED, IDENTIFIED HEALTH NEEDS AND ASSESSED REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT LIFE CYCLE. COMMUNITY PARTNERS WHO ARE CURRENTLY DOING THE WORK ARE IDENTIFIED AS POTENTIAL PARTNERS FOR COLLABORATION ON THOSE IDENTIFIED NEEDS THAT ARE NOT PART OF THE IMPLEMENTATION PLAN.

**NH BRUNSWICK MEDICAL CENTER:**

**PART V, SECTION B, LINE 5:**

WHILE CONDUCTING THE CHNA, THE HOSPITAL FACILITY(IES) SOLICITED INPUT FROM, AND CONSULTED WITH, A VARIETY OF COMMUNITY REPRESENTATIVES INCLUDING, BUT NOT LIMITED TO, REPRESENTATIVES OF CITY AND COUNTY GOVERNMENT INCLUDING HEALTH DEPARTMENTS, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES/UNIVERSITIES, COMMUNITY COALITIONS AND OTHER SOCIAL SERVICE AGENCIES. INPUT WAS GATHERED THROUGH COMMUNITY MEETINGS, STAKEHOLDER'S INTERVIEWS, AND 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



**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.

SUCH AREAS AS PUBLIC HEALTH, MINORITY POPULATIONS, HEALTH DISPARITIES, AND SOCIAL SERVICES. DATA DERIVED FROM THESE EXERCISES IS BOTH QUANTITATIVE AND QUALITATIVE IN SCOPE.

NH MINT HILL MEDICAL CENTER:

PART V, SECTION B, LINE 5:

WHILE CONDUCTING THE CHNA, THE HOSPITAL FACILITY(IES) SOLICITED INPUT FROM, AND CONSULTED WITH, A VARIETY OF COMMUNITY REPRESENTATIVES INCLUDING, BUT NOT LIMITED TO, REPRESENTATIVES OF CITY AND COUNTY GOVERNMENT INCLUDING HEALTH DEPARTMENTS, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES/UNIVERSITIES, COMMUNITY COALITIONS AND OTHER SOCIAL SERVICE AGENCIES. INPUT WAS GATHERED THROUGH COMMUNITY MEETINGS, STAKEHOLDER'S INTERVIEWS, AND 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 SUCH AREAS AS PUBLIC HEALTH, MINORITY POPULATIONS, HEALTH DISPARITIES, AND SOCIAL SERVICES. DATA DERIVED FROM THESE EXERCISES IS BOTH QUANTITATIVE AND QUALITATIVE IN SCOPE.

NH THOMASVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 5:

WHILE CONDUCTING THE CHNA, THE HOSPITAL FACILITY(IES) SOLICITED INPUT FROM, AND CONSULTED WITH, A VARIETY OF COMMUNITY REPRESENTATIVES INCLUDING, BUT NOT LIMITED TO, REPRESENTATIVES OF CITY AND COUNTY GOVERNMENT INCLUDING HEALTH DEPARTMENTS, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES/UNIVERSITIES, COMMUNITY COALITIONS AND OTHER SOCIAL SERVICE AGENCIES. INPUT WAS GATHERED THROUGH COMMUNITY

**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.

MEETINGS, STAKEHOLDER'S INTERVIEWS, AND 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 SUCH AREAS AS PUBLIC HEALTH, MINORITY POPULATIONS, HEALTH DISPARITIES, AND SOCIAL SERVICES. DATA DERIVED FROM THESE EXERCISES IS BOTH QUANTITATIVE AND QUALITATIVE IN SCOPE.

NH NEW HANOVER REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 5:

WHILE CONDUCTING THE CHNA, THE HOSPITAL FACILITY(IES) SOLICITED INPUT FROM, AND CONSULTED WITH, A VARIETY OF COMMUNITY REPRESENTATIVES INCLUDING, BUT NOT LIMITED TO, REPRESENTATIVES OF CITY AND COUNTY GOVERNMENT INCLUDING HEALTH DEPARTMENTS, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES/UNIVERSITIES, COMMUNITY COALITIONS AND OTHER SOCIAL SERVICE AGENCIES. INPUT WAS GATHERED THROUGH COMMUNITY MEETINGS, STAKEHOLDER'S INTERVIEWS, AND 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 SUCH AREAS AS PUBLIC HEALTH, MINORITY POPULATIONS, HEALTH DISPARITIES, AND SOCIAL SERVICES. DATA DERIVED FROM THESE EXERCISES IS BOTH QUANTITATIVE AND QUALITATIVE IN SCOPE.

NH BRUNSWICK MEDICAL CENTER

PART V, SECTION B, LINE 7B

[HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMMUNITY-ENGAGEMENT/OUR-IMPACT.](https://www.novanthealth.org/home/about-us/community-engagement/our-impact)

**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.

ASPX

NH BRUNSWICK MEDICAL CENTER

PART V, SECTION B, LINE 10A

[HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMMUNITY-ENGAGEMENT/OUR-IMPACT.](https://www.novanthealth.org/home/about-us/community-engagement/our-impact)

ASPX

NH MINT HILL MEDICAL CENTER

PART V, SECTION B, LINE 7B

[HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMMUNITY-ENGAGEMENT/OUR-IMPACT.](https://www.novanthealth.org/home/about-us/community-engagement/our-impact)

ASPX

NH MINT HILL MEDICAL CENTER

PART V, SECTION B, LINE 10A

[HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMMUNITY-ENGAGEMENT/OUR-IMPACT.](https://www.novanthealth.org/home/about-us/community-engagement/our-impact)

ASPX

NH THOMASVILLE MEDICAL CENTER

PART V, SECTION B, LINE 7B

[HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMMUNITY-ENGAGEMENT/OUR-IMPACT.](https://www.novanthealth.org/home/about-us/community-engagement/our-impact)

ASPX

NH THOMASVILLE MEDICAL CENTER

PART V, SECTION B, LINE 10A

[HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMMUNITY-ENGAGEMENT/OUR-IMPACT.](https://www.novanthealth.org/home/about-us/community-engagement/our-impact)

**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.

ASPX

NH NEW HANOVER REGIONAL MEDICAL CENTER

PART V, SECTION B, LINE 7B

HTTPS://WWW.NHRMC.ORG/

NH NEW HANOVER REGIONAL MEDICAL CENTER

PART V, SECTION B, LINE 10A

HTTPS://WWW.NHRMC.ORG/

NH NEW HANOVER REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 2:

NH NEW HANOVER REGIONAL MEDICAL CENTER BECAME PART OF NOVANT HEALTH ON FEBRUARY 1, 2021.

NH BRUNSWICK MEDICAL CENTER:

PART V, SECTION B, LINE 11:

THE HOSPITAL FACILITY(IES) IS/ARE A PART OF NOVANT HEALTH, AN INTEGRATED NOT-FOR-PROFIT HEALTH SYSTEM. AS SUCH, NOVANT HEALTH INCLUDES MULTIPLE HOSPITAL FACILITIES AND HAS ENGAGED IN CHNAS FOR ALL OF THE COMMUNITIES BEING SERVED. THE FACILITY'S CHNA IDENTIFIED MULTIPLE NEEDS FOR THE COMMUNITY SERVED. THE NEEDS IDENTIFIED WERE REVIEWED AND PRIORITIZED BY THE CHNA RESOURCE GROUP AND SUBSEQUENTLY BY EACH FACILITY'S BOARD. THEY EVALUATED EACH DOCUMENTED NEED AND ITS INTERSECTION WITH THE

**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.

ORGANIZATION'S VISION, COMMITMENTS, AND KEY STRENGTHS BEFORE FURTHER  
PRIORITIZING THE HEALTH NEEDS AND AGREEING UPON THE TOP HEALTH PRIORITIES  
TO BE ADDRESSED. WHERE POSSIBLE, WE HAVE LEVERAGED THE SYSTEM'S STRENGTHS  
AND RESOURCES TO BEST ADDRESS THOSE NEEDS THAT ARE HIGHEST IN PRIORITY AND  
CONSISTENT ACROSS COMMUNITIES. NOVANT HEALTH AND EACH OF ITS HOSPITAL  
FACILITIES HAVE ADOPTED AND EXECUTED AN IMPLEMENTATION STRATEGY THAT  
ADDRESSES THE PRIORITIZED COMMUNITY HEALTH NEEDS FROM THE CHNAS. THE  
IMPLEMENTATION STRATEGIES OUTLINE THE PLAN THAT THE HOSPITAL FACILITY(IES)  
WILL UNDERTAKE TO MEET THOSE HEALTH NEEDS IN EACH OF ITS COMMUNITIES.  
CERTAIN NEEDS THAT WERE IDENTIFIED BY THE CHNA HAVE NOT BEEN ADDRESSED.  
CERTAIN OF THE NEEDS NOT ADDRESSED FALL OUTSIDE OF THE SCOPE OF  
TRADITIONAL HEALTHCARE (IE. DENTAL WORK) AND OTHERS ARE CANDIDATES FOR  
COLLABORATIVE WORK AND HAVE OTHER RESOURCES IN THE COMMUNITY THAT CAN MORE  
APPROPRIATELY ADDRESS THESE NEEDS BASED ON SCOPE OF SERVICES AND SKILL  
SET.

FOR MORE DETAILED INFORMATION, REFER TO THE PUBLICLY AVAILABLE  
IMPLEMENTATION PLAN AVAILABLE ON THE WEBSITE; REFER TO THE URL GIVEN  
PREVIOUSLY FOR THE POSTING OF THE PLAN.

NH MINT HILL MEDICAL CENTER:

PART V, SECTION B, LINE 11:

THE HOSPITAL FACILITY(IES) IS/ARE A PART OF NOVANT HEALTH, AN INTEGRATED  
NOT-FOR-PROFIT HEALTH SYSTEM. AS SUCH, NOVANT HEALTH INCLUDES MULTIPLE  
HOSPITAL FACILITIES AND HAS ENGAGED IN CHNAS FOR ALL OF THE COMMUNITIES  
BEING SERVED. THE FACILITY'S CHNA IDENTIFIED MULTIPLE NEEDS FOR THE  
COMMUNITY SERVED. THE NEEDS IDENTIFIED WERE REVIEWED AND PRIORITIZED BY

**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.

THE CHNA RESOURCE GROUP AND SUBSEQUENTLY BY EACH FACILITY'S BOARD. THEY EVALUATED EACH DOCUMENTED NEED AND ITS INTERSECTION WITH THE ORGANIZATION'S VISION, COMMITMENTS, AND KEY STRENGTHS BEFORE FURTHER PRIORITIZING THE HEALTH NEEDS AND AGREEING UPON THE TOP HEALTH PRIORITIES TO BE ADDRESSED. WHERE POSSIBLE, WE HAVE LEVERAGED THE SYSTEM'S STRENGTHS AND RESOURCES TO BEST ADDRESS THOSE NEEDS THAT ARE HIGHEST IN PRIORITY AND CONSISTENT ACROSS COMMUNITIES. NOVANT HEALTH AND EACH OF ITS HOSPITAL FACILITIES HAVE ADOPTED AND EXECUTED AN IMPLEMENTATION STRATEGY THAT ADDRESSES THE PRIORITIZED COMMUNITY HEALTH NEEDS FROM THE CHNAS. THE IMPLEMENTATION STRATEGIES OUTLINE THE PLAN THAT THE HOSPITAL FACILITY(IES) WILL UNDERTAKE TO MEET THOSE HEALTH NEEDS IN EACH OF ITS COMMUNITIES. CERTAIN NEEDS THAT WERE IDENTIFIED BY THE CHNA HAVE NOT BEEN ADDRESSED. CERTAIN OF THE NEEDS NOT ADDRESSED FALL OUTSIDE OF THE SCOPE OF TRADITIONAL HEALTHCARE (IE. DENTAL WORK) AND OTHERS ARE CANDIDATES FOR COLLABORATIVE WORK AND HAVE OTHER RESOURCES IN THE COMMUNITY THAT CAN MORE APPROPRIATELY ADDRESS THESE NEEDS BASED ON SCOPE OF SERVICES AND SKILL SET.

FOR MORE DETAILED INFORMATION, REFER TO THE PUBLICLY AVAILABLE IMPLEMENTATION PLAN AVAILABLE ON THE WEBSITE; REFER TO THE URL GIVEN PREVIOUSLY FOR THE POSTING OF THE PLAN.

NH THOMASVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 11:

THE HOSPITAL FACILITY(IES) IS/ARE A PART OF NOVANT HEALTH, AN INTEGRATED NOT-FOR-PROFIT HEALTH SYSTEM. AS SUCH, NOVANT HEALTH INCLUDES MULTIPLE HOSPITAL FACILITIES AND HAS ENGAGED IN CHNAS FOR ALL OF THE COMMUNITIES

**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.

BEING SERVED. THE FACILITY'S CHNA IDENTIFIED MULTIPLE NEEDS FOR THE COMMUNITY SERVED. THE NEEDS IDENTIFIED WERE REVIEWED AND PRIORITIZED BY THE CHNA RESOURCE GROUP AND SUBSEQUENTLY BY EACH FACILITY'S BOARD. THEY EVALUATED EACH DOCUMENTED NEED AND ITS INTERSECTION WITH THE ORGANIZATION'S VISION, COMMITMENTS, AND KEY STRENGTHS BEFORE FURTHER PRIORITIZING THE HEALTH NEEDS AND AGREEING UPON THE TOP HEALTH PRIORITIES TO BE ADDRESSED. WHERE POSSIBLE, WE HAVE LEVERAGED THE SYSTEM'S STRENGTHS AND RESOURCES TO BEST ADDRESS THOSE NEEDS THAT ARE HIGHEST IN PRIORITY AND CONSISTENT ACROSS COMMUNITIES. NOVANT HEALTH AND EACH OF ITS HOSPITAL FACILITIES HAVE ADOPTED AND EXECUTED AN IMPLEMENTATION STRATEGY THAT ADDRESSES THE PRIORITIZED COMMUNITY HEALTH NEEDS FROM THE CHNAS. THE IMPLEMENTATION STRATEGIES OUTLINE THE PLAN THAT THE HOSPITAL FACILITY(IES) WILL UNDERTAKE TO MEET THOSE HEALTH NEEDS IN EACH OF ITS COMMUNITIES. CERTAIN NEEDS THAT WERE IDENTIFIED BY THE CHNA HAVE NOT BEEN ADDRESSED. CERTAIN OF THE NEEDS NOT ADDRESSED FALL OUTSIDE OF THE SCOPE OF TRADITIONAL HEALTHCARE (IE. DENTAL WORK) AND OTHERS ARE CANDIDATES FOR COLLABORATIVE WORK AND HAVE OTHER RESOURCES IN THE COMMUNITY THAT CAN MORE APPROPRIATELY ADDRESS THESE NEEDS BASED ON SCOPE OF SERVICES AND SKILL SET.

FOR MORE DETAILED INFORMATION, REFER TO THE PUBLICLY AVAILABLE IMPLEMENTATION PLAN AVAILABLE ON THE WEBSITE; REFER TO THE URL GIVEN PREVIOUSLY FOR THE POSTING OF THE PLAN.

NH NEW HANOVER REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 11:

THE HOSPITAL FACILITY(IES) IS/ARE A PART OF NOVANT HEALTH, AN INTEGRATED

**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.

NOT-FOR-PROFIT HEALTH SYSTEM. AS SUCH, NOVANT HEALTH INCLUDES MULTIPLE HOSPITAL FACILITIES AND HAS ENGAGED IN CHNAS FOR ALL OF THE COMMUNITIES BEING SERVED. AT THE BEGINNING OF THE 2019-2021 CHNA CYCLE, NEW HANOVER REGIONAL MEDICAL CENTER WAS OPERATED INDEPENDENTLY FROM NOVANT HEALTH. IN FEBRUARY 2021, NEW HANOVER REGIONAL MEDICAL CENTER BECAME PART OF NOVANT HEALTH AND THE NEW HANOVER REGIONAL MEDICAL CENTER'S 2019-2021 CHNA WAS SUBSEQUENTLY RE-APPROVED. THE FACILITY'S CHNA IDENTIFIED MULTIPLE NEEDS FOR THE COMMUNITY SERVED. THE NEEDS IDENTIFIED WERE REVIEWED AND PRIORITIZED BY THE CHNA RESOURCE GROUP AND SUBSEQUENTLY BY EACH FACILITY'S BOARD. THEY EVALUATED EACH DOCUMENTED NEED AND ITS INTERSECTION WITH THE ORGANIZATION'S VISION, COMMITMENTS, AND KEY STRENGTHS BEFORE FURTHER PRIORITIZING THE HEALTH NEEDS AND AGREEING UPON THE TOP HEALTH PRIORITIES TO BE ADDRESSED. WHERE POSSIBLE, WE HAVE LEVERAGED THE SYSTEM'S STRENGTHS AND RESOURCES TO BEST ADDRESS THOSE NEEDS THAT ARE HIGHEST IN PRIORITY AND CONSISTENT ACROSS COMMUNITIES. NOVANT HEALTH AND EACH OF ITS HOSPITAL FACILITIES HAVE ADOPTED AND EXECUTED AN IMPLEMENTATION STRATEGY THAT ADDRESSES THE PRIORITIZED COMMUNITY HEALTH NEEDS FROM THE CHNAS. THE IMPLEMENTATION STRATEGIES OUTLINE THE PLAN THAT THE HOSPITAL FACILITY(IES) WILL UNDERTAKE TO MEET THOSE HEALTH NEEDS IN EACH OF ITS COMMUNITIES. CERTAIN OF THE NEEDS NOT ADDRESSED FALL OUTSIDE OF THE SCOPE OF TRADITIONAL HEALTHCARE (IE. DENTAL WORK) AND OTHERS ARE CANDIDATES FOR COLLABORATIVE WORK AND HAVE OTHER RESOURCES IN THE COMMUNITY THAT CAN MORE APPROPRIATELY ADDRESS THESE NEEDS BASED ON SCOPE OF SERVICES AND SKILL SET.

FOR MORE DETAILED INFORMATION, REFER TO THE PUBLICLY AVAILABLE IMPLEMENTATION PLAN AVAILABLE ON THE WEBSITE; REFER TO THE URL GIVEN



**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.

PREVIOUSLY FOR THE POSTING OF THE PLAN.

NH BRUNSWICK MEDICAL CENTER:

PART V, SECTION B, LINE 13H:

OTHER ELIGIBILITY CRITERIA EXPLAINED IN THE FAP INCLUDE THE FOLLOWING:

FREE CARE IS ONLY APPLICABLE TO MEDICALLY NECESSARY SERVICES; PROVIDER BASED PHYSICIAN CLINICS REQUIRE THAT PATIENTS MUST HAVE BEEN TREATED BY AN AFFILIATED MEDICAL GROUP PRIMARY CARE PHYSICIAN WITHIN THE PREVIOUS THREE YEARS; PATIENTS MUST BE UNABLE TO ACCESS ENTITLEMENT PROGRAMS; PATIENTS WITH SPECIAL CIRCUMSTANCES SUCH AS BANKRUPTCY MAY ALSO BE ELIGIBLE FOR CHARITY CARE.

NH BRUNSWICK MEDICAL CENTER

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/HOME/PATIENTS--VISITORS/YOUR-HEALTHCARE-COSTS/FINANCIAL-ASSISTANCE-FOR-THE-UNINSURED.ASPX](https://www.novanthealth.org/home/patients--visitors/your-healthcare-costs/financial-assistance-for-the-uninsured.aspx)

NH BRUNSWICK MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/PORTALS/92/NOVANT\\_HEALTH/DOCUMENTS/PATIENTS\\_VISITORS/FINANCIAL\\_SERVICES/FINANCIAL%20ASSISTANCE%20APPLICATIONS/2019/FINANCIAL\\_ASSISTANCE/FAA\\_APP\\_ENGLISH.PDF](https://www.novanthealth.org/portals/92/novant_health/documents/patients_visitors/financial_services/financial%20assistance%20applications/2019/financial_assistance/FAA_APP_ENGLISH.PDF)

NH BRUNSWICK MEDICAL CENTER

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

[HTTPS://WWW.NOVANTHEALTH.ORG/PORTALS/92/NOVANT\\_HEALTH/DOCUMENTS/PATIENTS\\_VISITORS/FINANCIAL\\_SERVICES/FINANCIAL%20ASSISTANCE%20APPLICATIONS/2019/FINANCIAL\\_ASSISTANCE/FAA\\_APP\\_ENGLISH.PDF](https://www.novanthealth.org/portals/92/novant_health/documents/patients_visitors/financial_services/financial%20assistance%20applications/2019/financial_assistance/FAA_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.

SITORS/FINANCIAL SERVICES/FINANCIAL%20ASSISTANCE%20APPLICATIONS/2019/PLAIN LANGUAGE/NOVANT%20HEALTH%20ACUTE%20PLS%20ENGLISH.PDF

NH MINT HILL MEDICAL CENTER:

PART V, SECTION B, LINE 13H:

OTHER ELIGIBILITY CRITERIA EXPLAINED IN THE FAP INCLUDE THE FOLLOWING:

FREE CARE IS ONLY APPLICABLE TO MEDICALLY NECESSARY SERVICES; PROVIDER BASED PHYSICIAN CLINICS REQUIRE THAT PATIENTS MUST HAVE BEEN TREATED BY AN AFFILIATED MEDICAL GROUP PRIMARY CARE PHYSICIAN WITHIN THE PREVIOUS THREE YEARS; PATIENTS MUST BE UNABLE TO ACCESS ENTITLEMENT PROGRAMS; PATIENTS WITH SPECIAL CIRCUMSTANCES SUCH AS BANKRUPTCY MAY ALSO BE ELIGIBLE FOR CHARITY CARE.

NH MINT HILL MEDICAL CENTER

PART V, LINE 16A, FAP WEBSITE:

HTTPS://WWW.NOVANTHEALTH.ORG/HOME/PATIENTS--VISITORS/YOUR-HEALTHCARE-COSTS/FINANCIAL-ASSISTANCE-FOR-THE-UNINSURED.ASPX

NH MINT HILL MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.NOVANTHEALTH.ORG/PORTALS/92/NOVANT\_HEALTH/DOCUMENTS/PATIENTS\_VISITORS/FINANCIAL\_SERVICES/FINANCIAL%20ASSISTANCE%20APPLICATIONS/2019/FINANCIAL\_ASSISTANCE/FAA\_APP\_ENGLISH.PDF

NH MINT HILL MEDICAL CENTER

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

HTTPS://WWW.NOVANTHEALTH.ORG/PORTALS/92/NOVANT\_HEALTH/DOCUMENTS/PATIENTS\_VISITORS/FINANCIAL\_SERVICES/FINANCIAL%20ASSISTANCE%20APPLICATIONS/2019/PLAIN\_LANGUAGE/NOVANT%20HEALTH%20ACUTE%20PLS%20ENGLISH.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.

SITORS/FINANCIAL SERVICES/FINANCIAL%20ASSISTANCE%20APPLICATIONS/2019/PLAIN LANGUAGE/NOVANT%20HEALTH%20ACUTE%20PLS%20ENGLISH.PDF

NH THOMASVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 13H:

OTHER ELIGIBILITY CRITERIA EXPLAINED IN THE FAP INCLUDE THE FOLLOWING:

FREE CARE IS ONLY APPLICABLE TO MEDICALLY NECESSARY SERVICES; PROVIDER BASED PHYSICIAN CLINICS REQUIRE THAT PATIENTS MUST HAVE BEEN TREATED BY AN AFFILIATED MEDICAL GROUP PRIMARY CARE PHYSICIAN WITHIN THE PREVIOUS THREE YEARS; PATIENTS MUST BE UNABLE TO ACCESS ENTITLEMENT PROGRAMS; PATIENTS WITH SPECIAL CIRCUMSTANCES SUCH AS BANKRUPTCY MAY ALSO BE ELIGIBLE FOR CHARITY CARE.

NH THOMASVILLE MEDICAL CENTER:

PART V, LINE 16A, FAP WEBSITE:

HTTPS://WWW.NOVANTHEALTH.ORG/HOME/PATIENTS--VISITORS/YOUR-HEALTHCARE-COSTS/FINANCIAL-ASSISTANCE-FOR-THE-UNINSURED.ASPX

NH THOMASVILLE MEDICAL CENTER:

PART V, LINE 16B, FAP APPLICATION:

HTTPS://WWW.NOVANTHEALTH.ORG/PORTALS/92/NOVANT\_HEALTH/DOCUMENTS/PATIENTS\_VISITORS/FINANCIAL\_SERVICES/FINANCIAL%20ASSISTANCE%20APPLICATIONS/2019/FINANCIAL\_ASSISTANCE/FAA\_APP\_ENGLISH.PDF

NH THOMASVILLE MEDICAL CENTER:

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

HTTPS://WWW.NOVANTHEALTH.ORG/PORTALS/92/NOVANT\_HEALTH/DOCUMENTS/PATIENTS\_VISITORS/FINANCIAL\_SERVICES/FINANCIAL%20ASSISTANCE%20APPLICATIONS/2019/FINANCIAL\_ASSISTANCE/FAA\_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.

SITORS/FINANCIAL SERVICES/FINANCIAL%20ASSISTANCE%20APPLICATIONS/2019/PLAIN LANGUAGE/NOVANT%20HEALTH%20ACUTE%20PLS%20ENGLISH.PDF

NH NEW HANOVER REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 13H:

OTHER ELIGIBILITY CRITERIA EXPLAINED IN THE FAP INCLUDE THE FOLLOWING:

FREE CARE IS ONLY APPLICABLE TO MEDICALLY NECESSARY SERVICES; PROVIDER BASED PHYSICIAN CLINICS REQUIRE THAT PATIENTS MUST HAVE BEEN TREATED BY AN AFFILIATED MEDICAL GROUP PRIMARY CARE PHYSICIAN WITHIN THE PREVIOUS THREE YEARS; PATIENTS MUST BE UNABLE TO ACCESS ENTITLEMENT PROGRAMS; PATIENTS WITH SPECIAL CIRCUMSTANCES SUCH AS BANKRUPTCY MAY ALSO BE ELIGIBLE FOR CHARITY CARE.

NH NEW HANOVER REGIONAL MEDICAL CENTER:

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.NOVANTHEALTH.ORG/HOME/PATIENTS--VISITORS/YOUR-HEALTHCARE-COSTS/FINANCIAL-ASSISTANCE-FOR-THE-UNINSURED.ASPX](https://www.novanthealth.org/home/patients--visitors/your-healthcare-costs/financial-assistance-for-the-uninsured.aspx)

NH NEW HANOVER REGIONAL MEDICAL CENTER:

PART V, LINE 16B, FAP APPLICATION:

[HTTPS://WWW.NOVANTHEALTH.ORG/PORTALS/92/NOVANT\\_HEALTH/DOCUMENTS/PATIENTS\\_VISITORS/FINANCIAL\\_SERVICES/FINANCIAL%20ASSISTANCE%20APPLICATIONS/2019/FINANCIAL\\_ASSISTANCE/FAA\\_APP\\_ENGLISH.PDF](https://www.novanthealth.org/portals/92/novant_health/documents/patients_visitors/financial_services/financial%20assistance%20applications/2019/financial_assistance/faa_app_english.pdf)

NH NEW HANOVER REGIONAL MEDICAL CENTER:

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

[HTTPS://WWW.NOVANTHEALTH.ORG/PORTALS/92/NOVANT\\_HEALTH/DOCUMENTS/PATIENTS\\_VISITORS/FINANCIAL\\_SERVICES/FINANCIAL%20ASSISTANCE%20APPLICATIONS/2019/FINANCIAL\\_ASSISTANCE/FAA\\_APP\\_ENGLISH.PDF](https://www.novanthealth.org/portals/92/novant_health/documents/patients_visitors/financial_services/financial%20assistance%20applications/2019/financial_assistance/faa_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.

SITORS/FINANCIAL SERVICES/FINANCIAL%20ASSISTANCE%20APPLICATIONS/2019/PLAIN LANGUAGE/NOVANT%20HEALTH%20ACUTE%20PLS%20ENGLISH.PDF

NH BRUNSWICK MEDICAL CENTER:

PART V, SECTION B, LINE 24:

IT IS POSSIBLE FOR A FINANCIAL ASSISTANCE POLICY (FAP) ELIGIBLE PATIENT TO BE CHARGED AN AMOUNT EQUAL TO THE GROSS CHARGE FOR A NON-EMERGENCY OR NON-MEDICALLY NECESSARY SERVICE. HOWEVER, IF THE SERVICE IS DEEMED AN EMERGENCY OR A MEDICAL NECESSITY, THEN THE FAP ELIGIBLE PATIENT WOULD NOT BE CHARGED FOR CARE AND WOULD NOT RECEIVE A BILL ONCE FAP ELIGIBILITY HAD BEEN ESTABLISHED.

NH MINT HILL MEDICAL CENTER:

PART V, SECTION B, LINE 24:

IT IS POSSIBLE FOR A FINANCIAL ASSISTANCE POLICY (FAP) ELIGIBLE PATIENT TO BE CHARGED AN AMOUNT EQUAL TO THE GROSS CHARGE FOR A NON-EMERGENCY OR NON-MEDICALLY NECESSARY SERVICE. HOWEVER, IF THE SERVICE IS DEEMED AN EMERGENCY OR A MEDICAL NECESSITY, THEN THE FAP ELIGIBLE PATIENT WOULD NOT BE CHARGED FOR CARE AND WOULD NOT RECEIVE A BILL ONCE FAP ELIGIBILITY HAD BEEN ESTABLISHED.

NH THOMASVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 24:

IT IS POSSIBLE FOR A FINANCIAL ASSISTANCE POLICY (FAP) ELIGIBLE PATIENT TO BE CHARGED AN AMOUNT EQUAL TO THE GROSS CHARGE FOR A NON-EMERGENCY OR NON-MEDICALLY NECESSARY SERVICE. HOWEVER, IF THE SERVICE IS DEEMED AN

**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.

EMERGENCY OR A MEDICAL NECESSITY, THEN THE FAP ELIGIBLE PATIENT WOULD NOT BE CHARGED FOR CARE AND WOULD NOT RECEIVE A BILL ONCE FAP ELIGIBILITY HAD BEEN ESTABLISHED.

NH NEW HANOVER REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 24:

IT IS POSSIBLE FOR A FINANCIAL ASSISTANCE POLICY (FAP) ELIGIBLE PATIENT TO BE CHARGED AN AMOUNT EQUAL TO THE GROSS CHARGE FOR A NON-EMERGENCY OR NON-MEDICALLY NECESSARY SERVICE. HOWEVER, IF THE SERVICE IS DEEMED AN EMERGENCY OR A MEDICAL NECESSITY, THEN THE FAP ELIGIBLE PATIENT WOULD NOT BE CHARGED FOR CARE AND WOULD NOT RECEIVE A BILL ONCE FAP ELIGIBILITY HAD BEEN ESTABLISHED.

**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? 51

Name and address	Type of Facility (describe)
1 ATLANTIC FETAL MEDICINE 2150 SHIPYARD BOULEVARD WILMINGTON, NC 28403	PHYSICIAN CLINIC
2 ATLANTIC UROLOGY - BRUNSWICK FOREST 1333 S. DICKINSON DRIVE, SUITE 230 LELAND, NC 28451	PHYSICIAN CLINIC
3 ATLANTIC UROLOGY - NHRMC PHYSICIAN GR 1814 NEW HANOVER MEDICAL PARK DRIVE WILMINGTON, NC 28401	PHYSICIAN CLINIC
4 ATLANTIC UROLOGY - NHRMC PHYSICIAN GR 3009 MEDICAL PLAZA LANE SOUTHPORT, NC 28461	PHYSICIAN CLINIC
5 CAPE FEAR CANCER SPECIALISTS - LELAND 1333 SOUTH DICKINSON DR, SUITE 200 LELAND, NC 28451	PHYSICIAN CLINIC
6 CAPE FEAR HEART ASSOCIATES - NHRMC PH 1415 PHYSICIANS DRIVE WILMINGTON, NC 28401	PHYSICIAN CLINIC
7 CAPE FEAR HEART ASSOCIATES - NHRMC PH 584 HOSPITAL DRIVE NE, UNIT E BOLIVIA, NC 28422	PHYSICIAN CLINIC
8 CAPE FEAR HEART ASSOCIATES - WHITEVIL 800 JEFFERSON STREET, SUITE 112 WHITEVILLE, NC 28472	PHYSICIAN CLINIC
9 CAPE FEAR HEART ASSOCIATES JACKSONVIL 2000 BRABHAM AVE JACKSONVILLE, NC 28546	PHYSICIAN CLINIC
10 CAPE FEAR HEART ASSOCIATES SOUTHPORT 3009 MEDICAL PLAZA LANE SOUTHEAST SOUTHPORT, NC 28461	PHYSICIAN CLINIC

Schedule H (Form 990) 2021

**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? 51

Name and address	Type of Facility (describe)
11 COASTAL PULM MEDICINE (BRUNSWICK FORE 1333 S. DICKINSON DRIVE, SUITE 230 LELAND, NC 28451	PHYSICIAN CLINIC
12 COASTAL PULMONARY MEDICINE (WILMINGTO 1090 MEDICAL CENTER DR WILMINGTON, NC 28401	PHYSICIAN CLINIC
13 COASTAL THORACIC SURGICAL ASSOCIATES 1912 TRADD CT WILMINGTON, NC 28401	PHYSICIAN CLINIC
14 ENDOSCOPY CENTER OF LAKE NORMAN 16525 HOLLY CREST LANE HUNTERSVILLE, NC 28078	ENDOSCOPY CENTER
15 GLEN MEADE CENTER FOR WOMEN'S HEALTH 1809 GLEN MEADE RD WILMINGTON, NC 28403	PHYSICIAN CLINIC
16 GLEN MEADE CENTER FOR WOMEN'S HEALTH 510 CAROLINA BAY DRIVE, SUITE 100 WILMINGTON, NC 28403	PHYSICIAN CLINIC
17 HANOVER GASTROENTEROLOGY - NHRMC PHYS 1520 PHYSICIANS DRIVE WILMINGTON, NC 28403	PHYSICIAN CLINIC
18 HANOVER GASTROENTEROLOGY - NHRMC PHYS 1333 S. DICKINSON DRIVE, SUITE 230 LELAND, NC 28451	PHYSICIAN CLINIC
19 HANOVER GASTROENTEROLOGY - OGDEN 7420 MARKET ST WILMINGTON, NC 28411	PHYSICIAN CLINIC
20 NEW HANOVER MEDICAL GROUP - AUTUMN HA 510 CAROLINA BAY DRIVE, SUITE 110 WILMINGTON, NC 28403	PHYSICIAN CLINIC

Schedule H (Form 990) 2021



**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? 51

Name and address	Type of Facility (describe)
21 NEW HANOVER MEDICAL GROUP - CENTRAL 1960 SOUTH 16TH ST WILMINGTON, NC 28401	PHYSICIAN CLINIC
22 NEW HANOVER MEDICAL GROUP - NHRMC PHY 2000 BRABHAM AVE JACKSONVILLE, NC 28546	PHYSICIAN CLINIC
23 NEW HANOVER MEDICAL GROUP - NHRMC PHY 1333 SOUTH DICKINSON DR, STE 140 A & LELAND, NC 28451	PHYSICIAN CLINIC
24 NEW HANOVER MEDICAL GROUP - NHRMC PHY 5145 SOUTH COLLEGE RD WILMINGTON, NC 28412	PHYSICIAN CLINIC
25 NEW HANOVER MEDICAL GROUP - NHRMC PHY 7420 MARKET ST WILMINGTON, NC 28411	PHYSICIAN CLINIC
26 NEW HANOVER RMC COASTAL FAMILY MEDICI 2523 DELANEY AVE WILMINGTON, NC 28403	PHYSICIAN CLINIC
27 NH BALLANTYNE OUTPATIENT SURGERY 14215 BALLANTYNE CORPORATE PL,STE 210 CHARLOTTE, NC 28277	AMBULATORY SURGERY CENTER
28 NH BREAST CENTER 1718 EAST 4TH STREET CHARLOTTE, NC 28204	IMAGING CENTER
29 NH BRUNSWICK ENDOSCOPY CENTER 13 MEDICAL CAMPUS DR, STE 101 SUPPLY, NC 28462	ENDOSCOPY CENTER
30 NH HUNTERSVILLE OUTPATIENT SURGERY 10030 GILEAD ROAD HUNTERSVILLE, NC 28078	AMBULATORY SURGERY CENTER

Schedule H (Form 990) 2021

**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? 51

Name and address	Type of Facility (describe)
31 NH IMAGING BALLANTYNE 14215 BALLANTYNE CORPORATE PL,STE 140 CHARLOTTE, NC 28277	IMAGING CENTER
32 NH IMAGING SOUTH BRUNSWICK 75 EMERSON BAY ROAD SW, STE 100 CALABASH, NC 28467	IMAGING CENTER
33 NH IMAGING STEELE CREEK 13557 STEELECROFT PKWY, SUITE 1100 CHARLOTTE, NC 28278	IMAGING CENTER
34 NHMGR DIVISION OF PSYCHIATRY 2131 SOUTH 17TH STREET WILMINGTON, NC 28401	PHYSICIAN CLINIC
35 NHRMC PHYSICIAN GROUP - NEUROLOGY BLD 1515 DOCTORS CIRCLE, BUILDING A WILMINGTON, NC 28401	PHYSICIAN CLINIC
36 NHRMC PHYSICIAN GROUP - NEUROLOGY BLD 1509 DOCTORS CIRCLE, BUILDING C WILMINGTON, NC 28401	PHYSICIAN CLINIC
37 NHRMC PHYSICIAN GR RHEUMATOLOGY LELAN 1333 S. DICKINSON DRIVE, SUITE 230 LELAND, NC 28451	PHYSICIAN CLINIC
38 NHRMC PHYSICIAN GROUP - RHEUMATOLOGY 1509 DOCTORS CIRCLE, BUILDING C WILMINGTON, NC 28401	PHYSICIAN CLINIC
39 NHRMC PHYSICIAN GROUP-COASTAL OB/GYN 2221 S. 17TH STREET WILMINGTON, NC 28401	PHYSICIAN CLINIC
40 NHRMC PHYSICIAN SPECIALISTS - GENERAL 1725 NEW HANOVER MEDICAL PARK DRIVE WILMINGTON, NC 28401	PHYSICIAN CLINIC

Schedule H (Form 990) 2021

**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? 51

Name and address	Type of Facility (describe)
41 NHRMC PHYSICIAN SPECIALISTS - GENERAL 2221 S. 17TH STREET WILMINGTON, NC 28401	PHYSICIAN CLINIC
42 NHRMC PHYSICIAN SPECIALISTS - INTERNA 1725 NEW HANOVER MEDICAL PARK DRIVE WILMINGTON, NC 28401	PHYSICIAN CLINIC
43 NHRMC PHYSICIAN SPECIALISTS - MAXILLO 2000 BRABHAM AVE JACKSONVILLE, NC 28546	PHYSICIAN CLINIC
44 NHRMC PHYSICIAN SPECIALISTS - MAXILLO 1725 NEW HANOVER MEDICAL PARK DRIVE WILMINGTON, NC 28401	PHYSICIAN CLINIC
45 NHRMC PHYSICIAN SPECIALISTS - OB/GYN 2150 SHIPYARD BOULEVARD WILMINGTON, NC 28403	PHYSICIAN CLINIC
46 NHRMC REHAB YMCA 2710 MARKET STREET WILMINGTON, NC 28403	PHYSICIAN CLINIC
47 NH WILMINGTON ENDOSCOPY CENTER 1520 PHYSICIANS DRIVE, SUITE A WILMINGTON, NC 28401	ENDOSCOPY CENTER
48 NOVANT HEALTH MOBILE INFUSION 1509 DOCTORS CIRCLE, BUILDING C WILMINGTON, NC 28401	PHYSICIAN CLINIC
49 NOVANT HEALTH UNC CHILDREN'S - AUTUMN 510 CAROLINA BAY DRIVE, SUITE 200 WILMINGTON, NC 28403	PHYSICIAN CLINIC
50 PENDER PRIMARY CARE - ROCKY POINT 7910 US HIGHWAY 117 S, SUITE 120 ROCKY POINT, NC 28457	PHYSICIAN CLINIC

Schedule H (Form 990) 2021



Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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

**Part VI** Supplemental Information (Continuation)

PART I, LINE 7:

COSTS REPORTED IN THE TABLE FOR CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AMOUNTS ARE CALCULATED USING AN ENTITY SPECIFIC COST TO CHARGE RATIO BASED ON WORKSHEET 2 (CCR).

PART I, LN 7 COL(F):

THE AMOUNT OF BAD DEBT REMOVED FROM TOTAL EXPENSES (DENOMINATOR) WAS \$121,854,301.

PART II, COMMUNITY BUILDING ACTIVITIES:

THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES ADDRESS THE UNDERLYING CAUSES OF HEALTH PROBLEMS AND IMPACTS THE HEALTH OF OUR COMMUNITY THROUGH PARTNERSHIPS WITH LOCAL AGENCIES DEDICATED TO IMPROVING THE LIVES OF ALL INDIVIDUALS. OUTREACH INCLUDES PROVIDING SUPPORT TO ORGANIZATIONS SUCH AS LOCAL YMCA'S, UNITED WAY PARTNER AGENCIES, CHAMBERS OF COMMERCE AND OTHER LOCAL COMMUNITY ORGANIZATIONS, ASSISTING WITH COMMUNITY AND COUNTY COALITIONS, AND PROVIDING EDUCATION SEMINARS AND TRAINING FOR COMMUNITY WORKFORCES. THROUGH THESE OUTREACH METHODS WE ARE ABLE TO SUCCESSFULLY WORK TOWARDS BRIDGING THE GAP OF NEED WITHIN OUR IDENTIFIED IMPACTED COMMUNITIES.

PART III, LINE 2:

IMPLICIT PRICE CONCESSIONS (FORMERLY LABELED BAD DEBT EXPENSE) ARE DETERMINED BASED ON MANAGEMENT'S ASSESSMENT OF CONTRACTUAL AGREEMENTS, DISCOUNT POLICIES, AND HISTORICAL EXPERIENCE.

PART III, LINE 4:

THE ORGANIZATION'S IMPLICIT PRICE CONCESSIONS (FORMERLY LABELED BAD DEBT

**Part VI** Supplemental Information (Continuation)

EXPENSE, AT COST) ON LINE 2 IS CALCULATED USING THE SAME METHODOLOGY AS CHARITY CARE AND OTHER COMMUNITY BENEFITS USING AN ENTITY SPECIFIC COST TO CHARGE RATIO (CCR). FOOTNOTE 2 (ACCOUNTS RECEIVABLE) ON PAGE 8 OF THE AUDITED FINANCIAL STATEMENTS DESCRIBES 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

**Part VI** Supplemental Information (Continuation)

GOVERNMENT. ANY UNREIMBURSED COSTS OF THIS CARE ARE A COMMUNITY BENEFIT PROVIDED BY THE HOSPITAL TO THE COMMUNITY AND GOVERNMENT.

PART III, LINE 9B:

THE ORGANIZATION'S BILLING AND COLLECTIONS POLICY DOES EXPLAIN ACTIONS AGAINST PATIENTS WHO HAVE OUTSTANDING DELINQUENT AMOUNTS, BUT THE POLICY DOES NOT CONTAIN PROVISIONS FOR COLLECTION PRACTICES AGAINST PATIENTS WHO ARE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY (FAP) BECAUSE FAP ELIGIBLE PATIENTS RECEIVE 100% FREE CARE AND THEREFORE DO NOT RECEIVE BILLS ONCE FAP ELIGIBILITY HAS BEEN ESTABLISHED.

PART VI, LINE 2: NEEDS ASSESSMENT

THE ORGANIZATION IS PART OF NOVANT HEALTH, AN INTEGRATED NOT-FOR-PROFIT HEALTH SYSTEM, WHICH HAS A COMMUNITY ENGAGEMENT DEPARTMENT COMPRISED OF COMMUNITY BENEFIT PROFESSIONALS. THE COMMUNITY ENGAGEMENT DEPARTMENT IS RESPONSIBLE FOR COORDINATING THE PREPARATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) FOR EACH HOSPITAL WITHIN THE SYSTEM, INCLUDING THE CHNAS REPORTED IN PART V, SECTION B. EACH HOSPITAL AND THE COMMUNITY ENGAGEMENT DEPARTMENT WORK TOGETHER TO IDENTIFY ORGANIZATIONS AND RESOURCES WITHIN ITS COMMUNITY THAT CONTRIBUTE TO THE PROCESS. THESE ORGANIZATIONS AND RESOURCES INCLUDE PUBLIC HEALTH DEPARTMENTS, LOCAL COMMUNITY COALITIONS REPRESENTING THE MEDICALLY UNDERSERVED, UNITED WAY, LOCAL UNIVERSITIES, ETC. COMMUNITY HEALTH ASSESSMENTS PREPARED BY OTHER ORGANIZATIONS IN THE COMMUNITY ARE USED IN COMBINATION WITH INTERNAL HOSPITAL DATA AND INFORMATION COLLECTED FROM LOCAL AGENCIES TO PREPARE THE HOSPITAL'S CHNA. THROUGH PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS WE ARE ABLE TO DRAW INFERENCE OF THE NEEDS NOT MET WITHIN THE IMMEDIATE



**Part VI** Supplemental Information (Continuation)

COMMUNITIES WE SERVE, AND MEET OR EXCEED THOSE COMMUNITY MEMBER'S NEEDS. IN ADDITION TO ADDRESSING NEEDS IDENTIFIED THROUGH THE CHNA, EACH HOSPITAL MAY RESPOND TO REQUESTS FOR SPECIFIC COMMUNITY BENEFIT ACTIVITIES OR PROGRAMS FROM PUBLIC AGENCIES OR COMMUNITY GROUPS. ORGANIZATIONAL PARTNERSHIPS ESTABLISHED BY THE COMMUNITY BENEFIT DEPARTMENT ARE OFTEN LEVERAGED TO ADDRESS NEEDS THAT WERE IDENTIFIED IN THE CHNA, BUT WERE UNADDRESSED BY THE FACILITY IMPLEMENTATION PLAN.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE ORGANIZATION IS COMMITTED TO PROVIDING OUTSTANDING HEALTHCARE TO ALL MEMBERS OF OUR COMMUNITIES, REGARDLESS OF THEIR ABILITY TO PAY. OUR FINANCIAL COUNSELING TEAMS ARE CONSTANTLY WORKING WITH THE PATIENTS WITHIN OUR COMMUNITIES TO UNDERSTAND THEIR NEEDS AND ENSURE THAT OUR POLICIES AND PROCESSES ADDRESS THESE NEEDS. WE ALSO MAINTAIN CONTRACTS WITH MEDICAID ELIGIBILITY VENDORS AND THESE TEAMS OFFER ADDITIONAL SUPPORT IN PROCESSING AND ASSESSING HOW WE SERVE THE FINANCIAL NEEDS OF OUR PATIENTS.

BASED ON THE ASSESSMENTS OF OUR COMMUNITIES, THE ORGANIZATION HAS DEVELOPED FINANCIAL ASSISTANCE POLICIES AND PROGRAMS THAT ADDRESS THE FINANCIAL NEEDS OF OUR PATIENTS. WE PRIDE OURSELVES ON THE TRANSPARENCY OF OUR PROGRAMS AND THE EDUCATION WE OFFER OUR PATIENTS AROUND OUR FINANCIAL ASSISTANCE POLICIES. OUR PROGRAMS ARE DOCUMENTED ON OUR WEBSITE, ALONG WITH CONTACT INFORMATION FOR OUR FINANCIAL COUNSELORS. ADDITIONALLY, OUR PROGRAMS ARE DOCUMENTED ON PATIENT FLYERS THROUGHOUT THE ORGANIZATION'S FACILITIES AND PHYSICIAN OFFICES. OUR PATIENT ACCESS SPECIALISTS, FINANCIAL COUNSELORS AND BUSINESS OFFICE TEAMS WORK WITH ALL ELIGIBLE PATIENTS TO EDUCATE THEM ON THE VARIOUS OPTIONS AVAILABLE VIA OUR

**Part VI** Supplemental Information (Continuation)

FINANCIAL ASSISTANCE PROGRAMS OR GOVERNMENT SPONSORED CARE. THEY ALSO REFERENCE OUR FINANCIAL ASSISTANCE POLICY IN ALL CONVERSATIONS RELATED TO PATIENTS BILLS. FINALLY, WE WORK WITH LOCAL AREA FREE HEALTH CLINICS AND OTHER CHARITABLE ORGANIZATIONS TO PROVIDE CONTINUATION OF CARE FOR THEIR PATIENTS.

IN ADDITION TO OUR FINANCIAL COUNSELING PROCESSES USED TO IDENTIFY CHARITY CARE PATIENTS, OUR COLLECTIONS PROCESSES WITHIN OUR BUSINESS OFFICES ALSO HELP IDENTIFY PATIENTS WHO ARE ALREADY ELIGIBLE FOR CHARITY OR WHO MAY BE ELIGIBLE BASED ON THEIR STATUS WITHIN THE FEDERAL POVERTY GUIDELINES ("FPG"). WE UTILIZE PREVIOUSLY SUBMITTED PATIENT DOCUMENTATION AND CREDIT AGENCY REPORTED FPG FOR DETERMINATION. SUPPORTING DOCUMENTS ARE VALID 6 MONTHS FROM THE DATE OF SUBMISSION.

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

PART VI, LINE 4: COMMUNITY INFORMATION

THE NOVANT HEALTH, INC. FORM 990 INCLUDES THE OPERATIONS OF FOUR HOSPITALS: BRUNSWICK COMMUNITY HOSPITAL, LLC DBA NOVANT HEALTH BRUNSWICK MEDICAL CENTER (NHBMC), NOVANT HEALTH MINT HILL MEDICAL CENTER, LLC, NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC, AND NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, LLC.

BRUNSWICK COMMUNITY HOSPITAL, LLC DBA NOVANT HEALTH BRUNSWICK MEDICAL

**Part VI** Supplemental Information (Continuation)

CENTER

THE ORGANIZATION DEFINES ITS COMMUNITY BY ITS PRIMARY SERVICE AREA. THE PRIMARY SERVICE AREA FOR NOVANT HEALTH BRUNSWICK MEDICAL CENTER IS DEFINED BY THE ZIP CODES THAT REPRESENT MORE THAN 75% OF THE HOSPITAL'S IN-PATIENT POPULATION. THIS INCLUDES THE CITY OF SOUTHPORT, THE TOWNS OF BOLIVIA, CALABASH, LELAND, OCEAN ISLE BEACH, SHALLOTTE, AND SUNSET BEACH, AND THE UNINCORPORATED COMMUNITY OF SUPPLY.

BRUNSWICK COUNTY, NHBMC'S PRIMARY SERVICE AREA AND DEFINED COMMUNITY INCLUDES THE COUNTY SEAT OF BOLIVIA. THE COUNTY COVERS AN 846.97 SQUARE MILE AREA, WITH AN AVERAGE OF 126.8 PERSONS PER SQUARE MILE. 100% OF THE PATIENTS IN THE PRIMARY SERVICE AREA (PSA) RESIDE IN BRUNSWICK COUNTY AND WHILE 77.8% OF THE PATIENTS IN THE PRIMARY AND SECONDARY SERVICE AREAS RESIDE IN BRUNSWICK COUNTY.

THE SECONDARY SERVICE AREA FOR NOVANT HEALTH BRUNSWICK MEDICAL CENTER INCLUDES COLUMBUS COUNTY, NORTH CAROLINA AND HORRY COUNTY, SOUTH CAROLINA.

BRUNSWICK COUNTY IS MORE RURAL IN NATURE, WITH 43% OF THE POPULATION LIVING IN RURAL AREAS. THE COUNTY IS HOME TO 45 MILES OF SOUTH-FACING BEACHES, WHICH HAS OPENED THE DOOR TO IMMENSE POPULATION GROWTH SINCE 2010. BRUNSWICK COUNTY REMAINED ONE OF THE FASTEST GROWING COUNTIES IN NORTH CAROLINA OVER THE LAST 20 YEARS, WITH 136,744 RESIDENTS. MUCH OF THE GROWTH IS CENTERED IN THE EASTERN SECTION OF THE COUNTY, THE SUBURBS OF WILMINGTON SUCH AS LELAND, BELVILLE, AND SOUTHPORT.

ADOLESCENTS (INDIVIDUALS 18 AND YOUNGER) MAKE UP AN ESTIMATED 15.3% OF THE

**Part VI** Supplemental Information (Continuation)

POPULATION IN BRUNSWICK COUNTY, WHILE SENIORS (INDIVIDUALS 65 AND OLDER) MAKE UP 31.5% OF THE POPULATION. MEDIAN AGE CONTINUES TO INCREASE, AND WE CAN SEE A SHIFT IN THE POPULATION FROM ADOLESCENTS TO SENIORS AS OUR POPULATION CONTINUES TO AGE. THIS TREND MAY PUT A STRAIN ON HEALTHCARE SERVICES IN BRUNSWICK COUNTY BECAUSE HEALTH CARE FOR OLDER PERSONS IS DIFFERENT FROM THAT PROVIDED TO OTHER AGE GROUPS IN SEVERAL RESPECTS: GREATER RESOURCE DEMANDS, THE INTERTWINING OF PROFESSIONAL HEALTH SERVICES WITH SOCIAL SERVICES, THE FREQUENT OCCURRENCE OF IMPORTANT ETHICAL CONUNDRUMS, AND A HIGHER PREVALENCE OF PHYSICAL AND MENTAL DISABILITIES.

NON-WHITE MINORITIES CURRENTLY MAKE UP LESS THAN ONE-FOURTH (17.9%) OF THE RACIAL DEMOGRAPHIC IN BRUNSWICK COUNTY. THE SPECIFIC POPULATION GROUPS (ETHNIC AND CULTURAL) ARE AS FOLLOWS: WHITE NON-HISPANIC 82.1%; BLACK/AFRICAN-AMERICAN 10.3%; HISPANIC OR LATINO 4.9%; OTHER 2.7%. DATA TAKEN FROM THE 2016 US CENSUS BUREAU INCLUDES INDIVIDUALS THAT IDENTIFIED WITH MULTIPLE RACES; THEREFORE, THE PERCENTAGES EXCEED 100%.

THE MEDIAN HOUSEHOLD INCOME LEVEL FOR THE PRIMARY AND SECONDARY SERVICE AREAS WERE \$51,164 (BRUNSWICK COUNTY), \$36,261 (COLUMBUS COUNTY), AND \$46,475 (HORRY COUNTY). THE POVERTY RATE FOR BRUNSWICK COUNTY IS 11.9%.

THERE ARE TWO ACUTE CARE HOSPITALS IN THE COMMUNITY, ONE OF WHICH IS THE ORGANIZATION. THE OTHER HOSPITAL IS DESIGNATED AS A CRITICAL ACCESS HOSPITAL.

NOVANT HEALTH MINT HILL MEDICAL CENTER, LLC

THE ORGANIZATION DEFINES ITS COMMUNITY BY ITS PRIMARY SERVICE AREA. THE

**Part VI** Supplemental Information (Continuation)

PRIMARY SERVICE AREA FOR NOVANT HEALTH MINT HILL MEDICAL CENTER IS DEFINED BY THE ZIP CODES THAT REPRESENT MORE THAN 75% OF THE HOSPITAL'S IN-PATIENT POPULATION. THIS INCLUDES THE CITY OF CHARLOTTE AND THE TOWN OF MATTHEWS, BOTH IN MECKLENBURG COUNTY AND THE CITY OF MONROE AND TOWNS OF INDIAN TRAIL, STALLINGS, AND WAXHAW, ALL IN UNION COUNTY.

THE SECONDARY SERVICE AREA FOR NOVANT HEALTH MINT HILL MEDICAL CENTER COVERS A SIX-COUNTY RADIUS, INCLUDING: CABARRUS, RUTHERFORD AND STANLY COUNTIES IN NORTH CAROLINA AND CHESTERFIELD, YORK AND LANCASTER COUNTIES IN SOUTH CAROLINA.

MECKLENBURG COUNTY IS MORE URBAN IN NATURE. THE COUNTY CONSISTS OF A LARGE URBAN CENTER SURROUNDED BY SMALLER, MORE RURAL COMMUNITIES. IT HAS THE LARGEST POPULATION OF ANY COUNTY IN THE STATE OF NORTH CAROLINA. MECKLENBURG COUNTY HAS A POPULATION OF 1,093,901, WHILE UNION COUNTY HAS 235,908 RESIDENTS.

CHILDREN AND ADOLESCENTS MAKE UP ALMOST ONE-THIRD (30.2%) OF THE POPULATION IN MECKLENBURG COUNTY AND 32.5% IN UNION COUNTY, WHILE SENIORS ONLY MAKE UP 11.2% AND 12.7% OF THE POPULATION RESPECTIVELY. FROM 2010 TO 2020, THE POPULATION OF MECKLENBURG COUNTY HAS BEEN PROJECTED TO GROW BY 24% AND 19% IN UNION COUNTY. NORTH CAROLINA'S POPULATION IS PROJECTED TO GROW BY 11% DURING THE SAME TIME PERIOD.

NON-WHITE MINORITIES CURRENTLY MAKE UP OVER ONE-HALF (53.6%) OF THE RACIAL DEMOGRAPHIC IN MECKLENBURG COUNTY AND 28.4% IN UNION COUNTY. THE SPECIFIC POPULATION GROUPS (ETHNIC AND CULTURAL) ARE AS FOLLOWS FOR MECKLENBURG COUNTY: WHITE NON-HISPANIC 46.4%; BLACK/AFRICAN-AMERICAN 32.9%; HISPANIC

**Part VI** Supplemental Information (Continuation)

OR LATINO 13.6%; OTHER 7.1%. THE SPECIFIC POPULATION GROUPS (ETHNIC AND CULTURAL) ARE AS FOLLOWS FOR UNION COUNTY: WHITE NON-HISPANIC 71.6%; BLACK/AFRICAN-AMERICAN 12.3%; HISPANIC OR LATINO 11.4%; OTHER 4.7%. DATA TAKEN FROM THE 2016 US CENSUS BUREAU INCLUDES INDIVIDUALS THAT IDENTIFIED WITH MULTIPLE RACES; THEREFORE, THE PERCENTAGES EXCEED 100%.

ACCORDING TO THE US CENSUS BUREAU DATA (2018), THE MEDIAN HOUSEHOLD INCOME LEVEL WAS \$61,695 IN MECKLENBURG COUNTY AND \$70,858 IN UNION COUNTY. THE POVERTY RATE FOR MECKLENBURG COUNTY AND UNION COUNTY ARE 13.4% AND 9.4%, RESPECTIVELY.

THERE ARE TWO NONPROFIT HOSPITALS IN THE COMMUNITY, BOTH ARE PART OF THE ORGANIZATION. THERE ARE ALSO TWO GOVERNMENTAL HOSPITALS.

STATISTICAL INFORMATION 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 ORGANIZATION'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT AT:

[HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMMUNITY-ENGAGEMENT/OUR-IMPACT.ASPX.](https://www.novanthealth.org/home/about-us/community-engagement/our-impact.aspx)

NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC

THE ORGANIZATION DEFINES ITS COMMUNITY BY ITS PRIMARY SERVICE AREA. THE PRIMARY SERVICE AREA FOR NOVANT HEALTH THOMASVILLE MEDICAL CENTER IS DEFINED BY THE ZIP CODES THAT REPRESENT MORE THAN 75% OF THE HOSPITAL'S IN-PATIENT POPULATION. THIS INCLUDES THE CITIES OF LEXINGTON AND THOMASVILLE, BOTH IN DAVIDSON COUNTY, NORTH CAROLINA, AND THE CITY OF

**Part VI** Supplemental Information (Continuation)

TRINITY IN RANDOLPH COUNTY, NORTH CAROLINA.

THE SECONDARY SERVICE AREA OF NOVANT HEALTH THOMASVILLE MEDICAL CENTER COVERS THE SAME GEOGRAPHIC AREA, ENCOMPASSING DAVIDSON AND RANDOLPH COUNTIES. THOUGH THERE TWO COUNTIES IN THE NOVANT HEALTH THOMASVILLE MEDICAL CENTER PRIMARY SERVICE AREAS, 93% OF THE PATIENTS IN THE PRIMARY SERVICE AREA RESIDE IN DAVIDSON COUNTY, WHILE 89% OF THE PATIENTS IN THE PRIMARY AND SECONDARY SERVICE AREAS RESIDE IN DAVIDSON COUNTY.

DAVIDSON COUNTY IS MORE RURAL IN NATURE. IT HAS 18 MUNICIPALITIES, INCLUDING THOMASVILLE, THE MOST POPULATED CITY, AND LEXINGTON, THE COUNTY SEAT. BASED ON 2018 ESTIMATES, DAVIDSON COUNTY HAD 166,614 RESIDENTS, WHICH IS A 2.3% INCREASE SINCE THE 2010 U.S. CENSUS. DAVIDSON COUNTY'S RATE OF GROWTH WAS SMALLER THAN THE NORTH CAROLINA'S GROWTH RATE IN COMPARISON TO 2017 AND REMAINS SMALLER IN 2010-2020 AND 2020-2030 GROWTH PROJECTIONS.

CHILDREN UNDER 18 MAKE UP 21.9% OF THE POPULATION IN DAVIDSON COUNTY, WHILE SENIORS MAKE UP 18.2% OF THE POPULATION. OVER THE NEXT 15 YEARS, THE SENIOR POPULATION IN DAVIDSON COUNTY IS PROJECTED TO STEADILY INCREASE. THIS TREND MAY PUT A STRAIN ON HEALTHCARE SERVICES IN DAVIDSON COUNTY BECAUSE HEALTH CARE FOR OLDER PERSONS IS DIFFERENT FROM THAT PROVIDED TO OTHER AGE GROUPS IN SEVERAL RESPECTS: GREATER RESOURCE DEMANDS, THE INTERTWINING OF PROFESSIONAL HEALTH SERVICES WITH SOCIAL SERVICES, THE FREQUENT OCCURRENCE OF IMPORTANT ETHICAL CONUNDRUMS, AND A HIGHER PREVALENCE OF PHYSICAL AND MENTAL DISABILITIES.

NONWHITE MINORITIES CURRENTLY MAKE UP 20.0% OF THE RACIAL DEMOGRAPHIC IN

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

DAVIDSON COUNTY. THE SPECIFIC POPULATION GROUPS (ETHNIC AND CULTURAL) ARE AS FOLLOWS: WHITE NON-HISPANIC 79.7%; BLACK/AFRICAN-AMERICAN 9.9%; HISPANIC OR LATINO 7.3%; OTHER 3.1%.

ACCORDING TO THE US CENSUS BUREAU DATA, THE MEDIAN HOUSEHOLD INCOME LEVEL WAS \$45,806. THE POVERTY RATE FOR DAVIDSON COUNTY IS 15.8%.

THERE ARE TWO NONPROFIT ACUTE CARE HOSPITALS IN THE COMMUNITY, ONE OF WHICH IS THE ORGANIZATION.

STATISTICAL INFORMATION 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 ORGANIZATION'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT AT: [HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMMUNITY-ENGAGEMENT/COMMUNITY-BENEFIT.ASPX](https://www.novanthealth.org/home/about-us/community-engagement/community-benefit.aspx).

PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH

THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSES BY DOING THE FOLLOWING:

1. ADOPTING A FINANCIAL ASSISTANCE POLICY;
2. REMAINING CERTIFIED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TO PROVIDE SERVICES TO ALL BENEFICIARIES OF MEDICARE, MEDICAID, AND OTHER GOVERNMENT PAYMENT PROGRAMS, AND PROVIDING SERVICES IN A NONDISCRIMINATORY MANNER TO SUCH BENEFICIARIES;



**Part VI** Supplemental Information (Continuation)

3. OPERATING A FULL-TIME EMERGENCY ROOM WHICH IS OPEN TO AND ACCEPTS ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY;

4. MAINTAINING AN OPEN MEDICAL STAFF, SUBJECT TO EXCLUSIVE CONTRACTS FOR HOSPITAL-BASED SERVICES SUCH AS ANESTHESIOLOGY, RADIOLOGY, PATHOLOGY, HOSPITALIST, AND EMERGENCY DEPARTMENT SERVICES, TO THE EXTENT AN EXCLUSIVE CONTRACT FOR THOSE SERVICES IS REQUIRED TO OBTAIN PROPER STAFFING COVERAGE OR TO PERMIT A MORE EFFICIENT DELIVERY OF THOSE SERVICES WITHIN THE HOSPITAL FACILITY;

5. MAINTAINING A GOVERNING BOARD CONSISTING PRIMARILY OF A BROAD CROSS-SECTION OF LEADERS IN THE COMMUNITY;

6. ADOPTING AND APPLYING A CONFLICT OF INTEREST POLICY, WHICH APPLIES TO THE GOVERNING BOARD AND ORGANIZATION OFFICERS;

7. PROVIDING HEALTH EDUCATION LECTURES AND WORKSHOPS;

8. PROVIDING HEALTH FAIRS, EDUCATION ON SPECIFIC DISEASES OR CONDITIONS, AND HEALTH PROMOTION AND WELLNESS PROGRAMS TO THE COMMUNITIES IT SERVES;

9. PROVIDING SUPPORT GROUPS AND SELF HELP PROGRAMS TO THE COMMUNITIES IT SERVES;

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

**Part VI** Supplemental Information (Continuation)

11. PROVIDING HEALTHCARE SUPPORT SERVICES, INCLUDING WITHOUT LIMITATION, INFORMATION AND REFERRAL TO COMMUNITY SERVICES, CASE MANAGEMENT OF UNDERINSURED AND UNINSURED PERSONS, TELEPHONE INFORMATION SERVICES AND ASSISTANCE TO ENROLL IN PUBLIC PROGRAMS, SUCH AS STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) AND MEDICAID TO THE COMMUNITIES IT SERVES;

12. PROVIDING SUBSIDIZED HEALTH SERVICES AND CLINICAL PROGRAMS TO THE COMMUNITIES IT SERVES;

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

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

PLEASE SEE THE NOVANT HEALTH COMMUNITY BENEFIT REPORT, LOCATED AT [HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMMUNITY-ENGAGEMENT/OUR-IMPACT.ASPX](https://www.novanthealth.org/home/about-us/community-engagement/our-impact.aspx).

PLEASE NOTE THAT THE NUMERIC INFORMATION IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HEALTHCARE ASSOCIATION REPORTING GUIDELINES.

PART VI, LINE 6: AFFILIATED HEALTH CARE SYSTEM  
THE ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, A NOT-FOR-PROFIT

**Part VI** Supplemental Information (Continuation)

INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS AND OTHER HEALTHCARE SERVICE PROVIDERS. NOVANT HEALTH IS RANKED AS ONE OF OUR NATION'S TOP 20 INTEGRATED HEALTHCARE SYSTEMS - CARING FOR PATIENTS AND COMMUNITIES IN NORTH CAROLINA, SOUTH CAROLINA, AND VIRGINIA. EACH HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT TO THE COMMUNITY IT SERVES, AS REPORTED INDIVIDUALLY ON EACH HOSPITAL'S FORM 990, SCHEDULE H. THE COMMUNITY BENEFIT OF THE SYSTEM AS A WHOLE IS DOCUMENTED IN A SYSTEM-WIDE COMMUNITY BENEFIT REPORT, LOCATED AT <HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMMUNITY-ENGAGEMENT/OUR-IMPACT.ASPX>.

PLEASE NOTE THAT THE NUMERIC INFORMATION IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HEALTHCARE ASSOCIATION REPORTING GUIDELINES. IT SHOULD NOT BE RELIED UPON AS THE ORGANIZATION'S FORM 990, SCHEDULE H COMMUNITY BENEFIT REPORT, ITS COMMUNITY HEALTH NEEDS ASSESSMENT OR COMMUNITY BENEFIT IMPLEMENTATION STRATEGY. THERE ARE SIGNIFICANT COMMUNITY BENEFIT ACTIVITIES WITHIN NOVANT HEALTH WHICH MAY NOT BE REPORTABLE ON A SCHEDULE H BECAUSE THEY ARE NOT CONDUCTED BY AN ENTITY WHICH OWNS OR OPERATES A HOSPITAL.

IN ADDITION TO HOSPITALS, NOVANT HEALTH INCLUDES A PHYSICIAN ORGANIZATION WITH PRACTICES IN NORTH CAROLINA, SOUTH CAROLINA, AND VIRGINIA AND FIVE HOSPITAL FOUNDATIONS WHICH SUPPORT AND ENHANCE THE ACTIVITIES IN THOSE HOSPITALS' COMMUNITIES. FURTHER, NOVANT HEALTH INCLUDES AMBULATORY SURGERY CENTERS, IMAGING CENTERS, REHABILITATION CENTERS, AND OTHER OUTPATIENT FACILITIES; ALL DEDICATED TO PROMOTING THE HEALTH OF THEIR RESPECTIVE COMMUNITIES.

**Part VI** Supplemental Information (Continuation)

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

NOVANT HEALTH, INC. FILES A SYSTEM-WIDE COMMUNITY BENEFIT REPORT PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA 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 H PART VI LINE 4 COMMUNITY INFORMATION

## NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER

THE ORGANIZATION DEFINES ITS COMMUNITY BY ITS PRIMARY SERVICE AREA. THE PRIMARY SERVICE AREA FOR NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER (NHRMC) IS DEFINED BY THE ZIP CODES THAT REPRESENT MORE THAN 75% OF THE HOSPITAL'S IN-PATIENT POPULATION. THE PRIMARY SERVICE AREA FOR NHRMC IS NEW HANOVER, BRUNSWICK AND PENDER COUNTIES ALONG THE SOUTHEASTERN COAST OF NORTH CAROLINA. THE SECONDARY SERVICE AREA INCLUDES COLUMBUS, DUPLIN, BLADEN AND ONSLOW COUNTIES.

THE POPULATION OF THE PRIMARY SERVICE AREA HAS MORE THAN DOUBLED SINCE 1990. NEW HANOVER, AT A POPULATION OF 234,473 GREW BY 15.7%; BRUNSWICK AT A POPULATION OF 142,820 GREW BY 32.9%; AND PENDER, AT A POPULATION OF 63,060 GREW BY 15.7%.

THE POPULATION IS LARGELY CAUCASIAN IN ALL THREE COUNTIES, AND THE LARGEST MINORITY POPULATION IS AFRICAN AMERICAN. THE LATINO POPULATION IS GROWING, WITH THE FASTEST GROWTH IN PENDER COUNTY. IN NEW HANOVER, CAUCASIANS REPRESENT 82.2% OF THE POPULATION, WHILE AFRICAN AMERICANS

**Part VI** Supplemental Information (Continuation)

REPRESENT 13.4% AND LATINOS REPRESENT 5.8%. IN BRUNSWICK, CAUCASIANS REPRESENT 86.5% OF THE POPULATION, WHILE AFRICAN AMERICANS REPRESENT 10% AND LATINOS REPRESENT 4.9%. IN PENDER, CAUCASIANS REPRESENT 76.3% OF THE POPULATION, WHILE AFRICAN AMERICANS REPRESENT 17.8% AND LATINOS REPRESENT 6.1%. THE POPULATION GREATER THAN AGE 65 IS HIGHER IN EACH OF THESE COUNTIES COMPARED TO THE NORTH CAROLINA RATE OF 16.7%: 18.4% FOR NEW HANOVER, 24.3% FOR BRUNSWICK, AND 18.6% FOR PENDER.

BY 2016, THE COUNTIES' SERVICE ECONOMIES WERE RECOVERING FROM EARLIER ECONOMIC DOWNTURN. IN 2019, ALL THREE PRIMARY SERVICE COUNTIES HAD UNEMPLOYMENT RATES LESS THAN HALF OF WHAT THEY HAD BEEN IN 2012: NEW HANOVER AT 3.6% UNEMPLOYMENT (WITH MEDIAN HOUSEHOLD INCOME OF \$52,716), BRUNSWICK AT 5.2% UNEMPLOYMENT (WITH MEDIAN HOUSEHOLD INCOME AT \$54,406), AND PENDER AT 3.9% UNEMPLOYMENT (WITH MEDIAN HOUSEHOLD INCOME OF \$52,989). HOWEVER, DESPITE UNEMPLOYMENT RECOVERY, THE NUMBER OF THOSE LIVING IN POVERTY INCREASED FROM 2014-2018: NEW HANOVER WITH A 15.3% POVERTY RATE, BRUNSWICK WITH A 10.5% POVERTY RATE, AND PENDER WITH A 15.1% POVERTY RATE.

NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER IS A NOT-FOR-PROFIT 800-BED TEACHING HOSPITAL, REGIONAL REFERRAL CENTER AND UNC SCHOOL OF MEDICINE BRANCH CAMPUS IN WILMINGTON, NC. NHRMC OFFERS SPECIALTY MEDICAL AND SURGICAL CARE, WHICH INCLUDES WOMEN'S AND CHILDREN'S, REHABILITATION AND PSYCHIATRIC HOSPITALS, AND A LEVEL II TRAUMA CENTER. OTHER SPECIALTY SERVICES INCLUDE: THREE 24-HOUR EMERGENCY DEPARTMENTS; ADULT, NEONATAL AND PEDIATRIC INTENSIVE CARE; NEUROSURGERY; PEDIATRIC SURGERY; OPEN HEART SURGERY; VASCULAR SURGERY AND ONCOLOGY SERVICES. NOVANT HEALTH

**Part VI** Supplemental Information (Continuation)

NEW HANOVER REGIONAL MEDICAL CENTER MANAGES NOVANT HEALTH PENDER  
MEMORIAL HOSPITAL.

STATISTICAL INFORMATION 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 ORGANIZATION'S MOST  
RECENT COMMUNITY HEALTH NEEDS ASSESSMENT AT:

[HTTPS://WWW.NHRMC.ORG/-/MEDIA/NHRMC-CHNA.PDF](https://www.nhrmc.org/-/media/nhrmc-chna.pdf)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION, INC. - 2001 S 17TH ST - WILMINGTON, NC 28401	56-1752396	501(C)(3)	50,000,000.	0.			TO SUPPORT NH NEW HANOVER REGIONAL MEDICAL CENTER
UNC HEALTH FOUNDATION, INC. 123 W, FRANKLIN ST., STE 510 CHAPEL HILL, NC 27516	56-6057494	501(C)(3)	15,000,000.	0.			COMMUNITY OUTREACH
ROWAN REGIONAL MEDICAL CENTER FOUNDATION, INC. - 2085 FRONTIS PLAZA BLVD - WINSTON-SALEM, NC 27103	56-1424818	501(C)(3)	2,640,000.	0.			TO SUPPORT NH ROWAN REGIONAL MEDICAL CENTER
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)(3)	180,000.	0.			COMMUNITY OUTREACH
QUEEN CITY TEACHING FARM 2242 CRESCENT AVENUE CHARLOTTE, NC 28207	81-0707631	501(C)(3)	90,000.	0.			COMMUNITY OUTREACH
WINSTON-SALEM FOUNDATION 751 WEST FOURTH STREET, SUITE 200 WINSTON-SALEM, NC 27101	56-6037615	501(C)(3)	60,000.	0.			COMMUNITY OUTREACH

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

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

Schedule I (Form 990) 2021

**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
CAPE FEAR HABITAT FOR HUMANITY HOUSE BUILD - 3310 FREDRICKSON RD. - WILMINGTON, NC 28401	56-1555858	501(C)(3)	51,500.	0.			COMMUNITY OUTREACH
AFRICAN AMERICAN MALE WELLNESS WALK - 495 S HIGH STREET - COLUMBUS, OH 43215	45-4831268	501(C)(3)	50,000.	0.			COMMUNITY OUTREACH
THE CHARLOTTE CHAMBER OF COMMERCE PO BOX 20103 CHARLOTTE, NC 28202	56-0173610	501(C)(6)	50,000.	0.			COMMUNITY OUTREACH
HBCU LIVING LEGENDS PO BOX 12392 WINSTON SALEM, NC 27117	83-4425245	501(C)(3)	50,000.	0.			COMMUNITY OUTREACH
DAVIDSON MEDICAL MINISTRIES CLINIC, INC. - PO BOX 584 / 420 N. SALISBURY ST. - LEXINGTON, NC 27293	56-1746266	501(C)(3)	50,000.	0.			COMMUNITY OUTREACH
UNC CHAPEL HILL 219 HANES HALL CB 5140 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	50,000.	0.			COMMUNITY OUTREACH
AMERICAN HEART ASSOCIATION, INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	41,140.	0.			COMMUNITY OUTREACH
JOHNSON C SMITH UNIVERSITY 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216	25-0983069	501(C)(3)	25,000.	0.			COMMUNITY OUTREACH
RENAISSANCE WEST COMMUNITY INITIATIVE - 3610 NOBLES AVENUE - CHARLOTTE, NC 28208	27-1396021	501(C)(3)	25,000.	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
THE ECHO FOUNDATION 1125 E MOREHEAD STREET, SUITE 101 CHARLOTTE, NC 28204	56-2054137	501(C)(3)	25,000.	0.			COMMUNITY OUTREACH
CHARLOTTE BALLET 701 N TRYON STREET CHARLOTTE, NC 28202	58-1314711	501(C)(3)	25,000.	0.			COMMUNITY OUTREACH
TOM A FINCH COMMUNITY YMCA INC 1010 MENDENHALL STREET THOMASVILLE, NC 27360	56-1004370	501(C)(3)	22,750.	0.			COMMUNITY OUTREACH
YBM LEADERSHIP ACADEMY PO BOX 480412 CHARLOTTE, NC 28269	26-2984776	501(C)(3)	20,000.	0.			COMMUNITY OUTREACH
DAVIDSON COLLEGE PO BOX 7162 DAVIDSON, NC 28035	56-0529961	501(C)(3)	20,000.	0.			COMMUNITY OUTREACH
WILMINGTON CHAMBER OF COMMERCE 1 ESTELLE LEE PL WILMINGTON, NC 28401	56-0457260	501(C)(6)	19,050.	0.			COMMUNITY OUTREACH
SERVANTS HEART OF MINT HILL, INC. 9229-N LAWYERS ROAD MINT HILL, NC 28227	81-2637735	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH
NORTHSIDE FOOD COOP 1624 PRINCESS ST. WILMINGTON, NC 28401	85-0504627	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH
CAROUSEL CENTER INC. 1501 DOCK ST. WILMINGTON, NC 28401	56-2098739	501(C)(3)	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
SOARING AS EAGLES INC. 20 N 4TH ST WILMINGTON, NC 28401	27-0864360	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH
MT CALVARY LEADERSHIP DEVELOPMENT CORPORATION - 405 US HIGHWAY 117 S - BURGAW, NC 28425	84-4644495	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH
PROMISE YOUTH DEVELOPMENT 15115 DURMAST COURT MINT HILL, NC 28277	81-1096615	501(C)(3)	14,750.	0.			COMMUNITY OUTREACH
FAMILY SERVICES OF DAVIDSON COUNTY PO BOX 607 LEXINGTON, NC 27293	58-1591597	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
COMMUNITY FREE CLINIC, INC. 528-A LAKE CONCORD RD CONCORD, NC 28025	58-2131301	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
CITY OF CHARLOTTE 600 EAST TRADE STREET, SUITE 307 CHARLOTTE, NC 28202	52-1333483	CITY OF CHARLOTT	10,000.	0.			COMMUNITY OUTREACH
B'NAI B'RITH 1120 20TH STREET NW, SUITE 300N WASHINGTON, DC 20036	53-0179971	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
CAPE FEAR HEALTHNET INC. 1601 DOCTORS CIR. WILMINGTON, NC 28401	26-2469988	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
CHARLOTTE HORNETS FOUNDATION, INC. 333 EAST TRADE STREET CHARLOTTE, NC 28202	20-0946449	501(C)(3)	8,000.	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
YWCA OF THE LOWER CAPE FEAR INC. 2815 S COLLEGE RD WILMINGTON, NC 28412	56-0556766	501(C)(3)	7,500.	0.			COMMUNITY OUTREACH
YOUNG SCIENTIST ACADEMY 20 N 4TH ST., STE 420 WILMINGTON, NC 28401	81-4999928	501(C)(3)	7,272.	0.			COMMUNITY OUTREACH
DAVIDSON COUNTY DEPARTMENT OF SENIOR SERVICES - 555 B WEST CENTER STREET EXT - LEXINGTON, NC 27295	56-6000294	CITY OF LEXINGTO	6,000.	0.			COMMUNITY OUTREACH
FLORENCE CRITTENTON SERVICES 3350 HOLABIRD LN. CHARLOTTE, NC 28208	56-0577626	501(C)(3)	45,000.	0.			COMMUNITY OUTREACH

**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
ZOLL LIFE VESTS	5	0.	16,000.	FMV	ZOLL LIFE VESTS
MEDICATION FOR INDIGENT PATIENTS	40	0.	1,903.	FMV	MEDICATION FOR INDIGENT PATIENTS
PATIENT ASSISTANCE	1	90.	0.		
DISASTER RELIEF ASSISTANCE	1354	195,035.	0.		
PATIENT TRANSPORTATION	10	0.	1,690.	FMV	PATIENT TRANSPORTATION FOR INDIGENT PATIENTS

**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)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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) ARMATO, CARL PRES & CEO NH / TRUSTEE	(i)	2,029,555.	1,620,785.	762,125.	17,400.	43,512.	4,473,377.	7,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LINDSAY, JEFFERY EVP	(i)	1,106,258.	945,887.	267,936.	17,400.	32,064.	2,369,545.	7,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HARGETT, FRED EVP & CFO	(i)	1,000,226.	858,077.	386,617.	17,400.	42,267.	2,304,587.	7,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ESKIOGLU, ERIC SVP	(i)	831,353.	710,117.	236,376.	188,843.	47,455.	2,014,144.	119,129.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MIHAL, DENISE EVP	(i)	811,781.	696,048.	214,267.	17,400.	20,476.	1,759,972.	7,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GIZDIC, JOHN EVP (EFF 2/1/21)	(i)	827,594.	650,000.	38,774.	191,289.	33,146.	1,740,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CURETON, JESSE EVP	(i)	617,817.	582,898.	217,008.	191,873.	39,993.	1,649,589.	128,697.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DESHAIES, ERIC SVP	(i)	771,289.	492,300.	40,770.	159,684.	33,559.	1,497,602.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) EMORY, FRANK EVP	(i)	722,221.	532,390.	183,768.	17,400.	30,641.	1,486,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) YOICHEM, ANGELA EVP	(i)	642,979.	525,333.	43,696.	195,326.	39,628.	1,446,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) OLIVER, PAMELA MD EVP	(i)	652,604.	483,377.	58,012.	186,028.	33,313.	1,413,334.	7,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PILONG, ALFRED SVP	(i)	524,123.	516,734.	41,089.	116,327.	33,791.	1,232,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) EDWARDS, BRYAN SVP	(i)	565,325.	412,196.	49,946.	149,324.	36,514.	1,213,305.	7,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MORGAN, WAYNE FMR SVP (1/1/21-6/30/21)/VP (EFF 7/1/21)	(i)	370,848.	334,680.	377,448.	17,400.	24,082.	1,124,458.	217,298.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) GARDNER, GEOFFREY SVP	(i)	442,127.	318,836.	131,662.	134,263.	38,425.	1,065,313.	66,910.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) LANGFORD, KATHRYN SVP	(i)	460,427.	325,866.	127,583.	122,421.	18,644.	1,054,941.	69,785.
	(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) MYERS, SCOTT	(i)	448,780.	313,759.	128,539.	110,830.	18,747.	1,020,655.	66,555.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) GREGORY, CHERE MD	(i)	454,156.	318,486.	97,337.	110,573.	34,854.	1,015,406.	58,422.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JENIKE, THOMAS MD	(i)	409,588.	304,978.	132,503.	110,998.	43,014.	1,001,081.	67,731.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) GRIFFIN, JON	(i)	440,539.	313,018.	120,753.	86,905.	36,348.	997,563.	66,419.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) NIESS, GARY	(i)	504,888.	317,900.	124,059.	17,400.	23,935.	988,182.	0.
SYSTEM PHYSICIAN EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) BHOJWANI, NAVIN	(i)	499,057.	310,775.	51,756.	17,400.	36,843.	915,831.	7,500.
SVP NH PHYSICIAN NETWORK	(ii)	0.	0.	0.	66,015.	0.	66,015.	0.
(23) BLACKMON, TANYA	(i)	410,724.	350,268.	131,534.	55,905.	17,291.	965,722.	64,150.
EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) HENDERSON, KIMBERLY	(i)	391,045.	315,644.	119,826.	104,831.	29,306.	960,652.	58,300.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) PATEFIELD, ARTHUR J	(i)	436,281.	325,940.	43,279.	17,400.	32,583.	855,483.	0.
FMR SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) GARMON-BROWN, OPHELIA	(i)	374,352.	283,418.	101,045.	17,400.	13,769.	789,984.	0.
FMR SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) STEVENS, SHELBURN	(i)	437,249.	203,823.	49,158.	72,135.	13,277.	775,642.	7,500.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) LIMENTANI, STEVEN	(i)	0.	0.	543,786.	0.	17,144.	560,930.	0.
FMR SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) SEEHAUSEN, ROBERT	(i)	1,271.	156,441.	379,088.	0.	17,016.	553,816.	7,500.
FMR SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) APPLEBAUM, JONATHAN	(i)	265,104.	188,605.	36,377.	17,263.	22,817.	530,166.	0.
PRESIDENT & COO NHTMC	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) GREER, ALLISON	(i)	227,768.	176,630.	45,344.	14,735.	34,566.	499,043.	7,500.
PRESIDENT & COO NHMHC	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) CAPPS, RICHARD	(i)	7,515.	330,368.	110,405.	819.	1,293.	450,400.	68,321.
FMR SVP	(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				
(33) SMITH, HARRY FMR SVP HOSP OPS	(i)	0.	0.	404,603.	0.	20,398.	425,001.	7,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(34) WHALIN, LAURIE PRESIDENT & COO NHBM (EFF 5/1/21)	(i)	181,245.	0.	24,968.	11,908.	8,138.	226,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:**

FIRST-CLASS OR CHARTER TRAVEL IS NOT A COVERED TRAVEL EXPENSE FOR EXECUTIVES; THEY ARE LIMITED TO BUSINESS OR COACH CLASS FARES FOR COMMERCIAL FLIGHTS. HOWEVER, CHARTER TRAVEL IS AVAILABLE TO CERTAIN EXECUTIVES, BOARD MEMBERS, AND APPROVED BUSINESS PERSONNEL MEETING APPLICABLE POLICY CRITERIA.

**TRAVEL FOR COMPANIONS:**

COMPANIONS ARE ALLOWED ON CERTAIN CHARTER FLIGHTS PAID FOR BY THE ORGANIZATION. IN THAT CASE, THE VALUE OF THE COMPANION'S FLIGHT IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS.

**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

**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.

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:

WE PROVIDE TEMPORARY HOUSING ALLOWANCES IN CERTAIN EXECUTIVE RECRUITMENT AND RELOCATION PACKAGES. THE VALUE IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS.

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

SEVERANCE

LIMENTANI, STEVEN \$548,319

SEEHAUSEN, ROBERT \$363,607

SMITH, HARRY \$410,248

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.

ARMATO, CARL \$7,500

BHOJWANI, NAVIN \$7,500

BLACKMON, TANYA \$64,150

CAPPS, RICHARD \$68,321

CURETON, JESSE \$128,697

EDWARDS, BRYAN \$7,500

ESKIOGLU, ERIC \$119,129

GARDNER, GEOFFREY \$66,910

GREEAR, ALLISON \$7,500

GREGORY, CHERE \$58,422

GRIFFIN, JON \$66,419

HARGETT, FRED \$7,500

HENDERSON, KIMBERLY \$58,300

JENIKE, THOMAS \$67,731

LANGFORD, KATHRYN \$69,785

LINDSAY, JEFFERY \$7,500

MIHAL, DENISE \$7,500

MORGAN, WAYNE \$217,298

**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.

MYERS, SCOTT \$66,555

OLIVER, PAMELA \$7,500

SEEHAUSEN, ROBERT \$7,500

SMITH, HARRY \$7,500

STEVENS, SHELBOURN \$7,500

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

**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.

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. ELIGIBLE EXECUTIVES WILL BE NOMINATED BY THE CEO AND  
APPROVED BY THE NOVANT HEALTH COMPENSATION AND LEADERSHIP COMMITTEE  
("THE COMMITTEE") TO PARTICIPATE. GENERALLY, ANNUAL CONTRIBUTIONS TO  
THE PLAN OR PAYMENTS TO PARTICIPANTS WILL BE BASED ON A PERCENTAGE OF  
THE PARTICIPANT'S BASE SALARY AS OF JANUARY 1ST OF THE PREVIOUS PLAN  
YEAR AND ARE REPORTED IN COLUMN (C) OF SCHEDULE J. PRIOR TO MAKING THE  
CONTRIBUTIONS OR PAYMENTS, THE COMMITTEE WILL APPROVE THE AMOUNTS AS TO  
REASONABLENESS, WHEN COMBINED WITH ALL OTHER ANNUAL COMPENSATION. A 3  
YEAR CLASS-YEAR VESTING PERIOD WILL APPLY UP TO AGE 62, WHEN ALL MONEY  
WOULD BE VESTED AND PAID OUT TO THE PARTICIPANT. OTHERWISE, VESTING  
WILL OCCUR ON JANUARY 1ST OF EACH YEAR FOR THE APPROPRIATE CLASS-YEAR  
VESTING PERIOD.

THE COMMITTEE REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL

**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.**

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

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

<b>Part I Bond Issues</b>											
(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
<b>A</b> NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902U91	12/08/04	135000000.	SEE PART VI		X		X		X
<b>B</b> NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DMK4	12/21/17	113235000.	SEE PART VI		X		X		X
<b>C</b> NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DRK9	05/07/13	161286657.	SEE PART VI		X		X		X
<b>D</b> NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DWM9	07/11/19	327568106.	SEE PART VI		X		X		X

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired			49,130,000.		33,190,000.					
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	135,000,000.		113,235,000.		161,291,650.		328,178,016.			
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	1,124,250.				1,248,186.		2,574,347.			
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds					2,877,684.		12,060,650.			
<b>10</b> Capital expenditures from proceeds	133,875,750.				98,928,658.		197,285,615.			
<b>11</b> Other spent proceeds			113,235,000.		58,237,121.		112,300,000.			
<b>12</b> Other unspent proceeds							9,989,465.			
<b>13</b> Year of substantial completion	2007		2017		2014		2020			
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> 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			
<b>15</b> 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	
<b>16</b> Has the final allocation of proceeds been made?	X		X		X				X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X				X		X
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X				X		X	
<b>b</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
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X				X		X
<b>d</b> 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? ...								
<b>4</b> 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 .....		%		%		%		%
<b>5</b> 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 .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X				X		X
<b>8a</b> 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
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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	

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X	X			X	X	
<b>b</b> Exception to rebate? .....		X		X		X		X
<b>c</b> No rebate due? .....	X			X	X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X		X			X		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		X			X		X
b Name of provider .....	MERRILL LYNCH		SEE PART VI					
c Term of hedge .....	28.3000000							
d Was the hedge superintegrated? .....		X		X				
e Was the hedge terminated? .....		X		X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		X
b Name of provider .....								
c Term of GIC .....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
6 Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X		X	

Part V Procedures To Undertake Corrective Action	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X		X		X		X	

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

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, 2019

FORM 990, SCHEDULE K, PART I, LINE B: DESCRIPTION OF PURPOSE  
 CURRENT REFUND THE SERIES 2008A BONDS ISSUED 9/30/16 AND 2008B AND 2008C BONDS ISSUED 3/3/14

FORM 990, SCHEDULE K, PART IV, LINES 4B & 4C, COLUMN B:  
 NOVANT HEALTH ENTERED INTO QUALIFIED HEDGES WITH RESPECT TO THE BONDS ISSUED ON 12/21/17. THE HEDGES ARE PROVIDED BY GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, LP AND SUNTRUST BANK AND HAVE TERMS OF 17.8 AND 20.3 YEARS, RESPECTIVELY.

FORM 990, SCHEDULE K, PART I, LINE C: DESCRIPTION OF PURPOSE  
 (1) FINANCE THE VERTICAL EXPANSION OF PRESBYTERIAN HOSPITAL

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

HUNTERSVILLE, THE VERTICAL EXPANSION OF PRESBYTERIAN HOSPITAL MATTHEWS, THE CONSTRUCTION AND EQUIPPING OF CLEMMONS MEDICAL CENTER, G-WING RENOVATIONS AT PRESBYTERIAN HOSPITAL AND MEDICAL, COMPUTER, OFFICE AND CAPITAL EQUIPMENT AT PRESBYTERIAN HOSPITAL, PRESBYTERIAN HOSPITAL MATTHEWS AND PRESBYTERIAN HOSPITAL HUNTERSVILLE (2) REFUND A PORTION OF THE 2003A BONDS (3) REFUND A TAXABLE BANK LOAN AND (4) PAY ISSUANCE COSTS

FORM 990, SCHEDULE K, PART IV, LINE 2C, COLUMN C: DATE OF LAST REBATE COMPUTATION APRIL 30, 2018

FORM 990, SCHEDULE K, PART I, LINE D: 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 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)**

**Transactions With Interested Persons**

OMB No. 1545-0047

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

**2021**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 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

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

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN ARMATO	FAMILY MEMBER OF CA	80,905.	COMPENSATIO		X
LAURA MYERS	FAMILY MEMBER OF SC	111,924.	COMPENSATIO		X
ASPEN BLACKMON	FAMILY MEMBER OF TA	104,190.	COMPENSATIO		X
WILLIAM GREEAR	FAMILY MEMBER OF AL	141,799.	COMPENSATIO		X
MICHAEL FULP	FAMILY MEMBER OF SH	73,469.	COMPENSATIO		X
TYLER ARMATO	FAMILY MEMBER OF CA	34,971.	COMPENSATIO		X
LISA SMITH	FAMILY MEMBER OF HA	68,068.	COMPENSATIO		X
CHANEL CURETON	FAMILY MEMBER OF JE	64,282.	COMPENSATIO		X

**Part V Supplemental Information.**

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

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

(A) NAME OF PERSON: JOHN ARMATO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CARL ARMATO, OFFICER

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

ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: LAURA MYERS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF SCOTT MYERS, KEY EMPLOYEE

(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, KEY EMPLOYEE

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

ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: WILLIAM GREEAR

**Part V** Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF ALLISON GREER, KEY EMPLOYEE

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

ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: MICHAEL FULP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF SHELBURN STEVENS, KEY EMPLOYEE

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

ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: TYLER ARMATO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CARL ARMATO, OFFICER

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

ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: LISA SMITH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF HARRY SMITH, FORMER KEY EMPLOYEE

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

ORGANIZATION TO THE INTERESTED PERSON.

(A) NAME OF PERSON: CHANEL CURETON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JESSE CURETON, KEY EMPLOYEE

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

ORGANIZATION TO THE INTERESTED PERSON.

**Part V** Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 THE PARENT ORGANIZATION OF A NOT-FOR-PROFIT

INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS

AND OTHER HEALTHCARE SERVICE PROVIDERS (COLLECTIVELY KNOWN AS "NOVANT

HEALTH"). NOVANT HEALTH CONSISTS OF OVER 2,300 PHYSICIANS AND OVER

35,000 TEAM MEMBERS WHO MAKE HEALTHCARE REMARKABLE AT MORE THAN 800

LOCATIONS, INCLUDING 14 MEDICAL CENTERS AND HUNDREDS OF OUTPATIENT

FACILITIES AND PHYSICIAN CLINICS. HEADQUARTERED IN WINSTON SALEM, NC,

NOVANT HEALTH IS COMMITTED TO MAKING HEALTHCARE REMARKABLE FOR PATIENTS

AND COMMUNITIES, SERVING MORE THAN SIX MILLION PATIENTS ANNUALLY. IN

2021, NOVANT HEALTH WAS THE HIGHEST-RANKING HEALTHCARE SYSTEM IN NORTH

CAROLINA TO BE INCLUDED ON FORBES' BEST EMPLOYERS FOR DIVERSITY LIST.

DIVERSITY MBA MAGAZINE RANKED NOVANT HEALTH FIRST IN THE NATION ON ITS

2021 LIST OF "BEST PLACES FOR WOMEN & DIVERSE MANAGERS TO WORK." IN

2021, THE NOVANT HEALTH SYSTEM REPORTED \$7.4 BILLION IN REVENUES.

**GENERAL INFORMATION**

NOVANT HEALTH EXISTS TO SUPPORT THE OVERALL HEALTHCARE SYSTEM AND DOES

SO BY PROVIDING OVERALL STRATEGIC PLANNING, CENTRALIZED ADMINISTRATIVE

SUPPORT AND THE COORDINATION OF SYSTEM-WIDE ACTIVITIES. WE EXIST TO

IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE. WE ACCOMPLISH THAT

MISSION BY PROVIDING AND SUPPORTING EXCELLENT HEALTHCARE FACILITIES AND

PHYSICIAN PRACTICES AND MAKING A COMMITMENT TO COMMUNITY OUTREACH AND

SERVICE INCLUDING THE PROVISION OF PROGRAMS THAT SERVE OUR PATIENTS,

NEIGHBORS, AND OUR COMMUNITIES' MOST VULNERABLE CITIZENS.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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IN 2021, NOVANT HEALTH AND NEW HANOVER REGIONAL MEDICAL CENTER EMBARKED ON A PARTNERSHIP WHERE THE TWO HEALTH SYSTEMS HAVE COME TOGETHER AFTER MORE THAN A YEAR OF PUBLIC EVALUATION OF HOW THE PARTNERSHIP COULD BEST MEET THE NEEDS OF THE GROWING REGION. THE PARTNERSHIP WILL IMPROVE THE HEALTH OF THE COMMUNITY WITH MORE: ACCESS TO AFFORDABLE HEALTH CARE AND GENEROUS FINANCIAL ASSISTANCE PROGRAMS FOR FAMILIES IN NEED, CLINICS, HOSPITALS AND ADVANCED EQUIPMENT TO MEET THE REGION'S NEEDS, SUPPORT FOR THE BEHAVIORAL HEALTH CRISIS, INCLUDING OPIOID MANAGEMENT, SUBSTANCE USE TREATMENT AND WHOLE-FAMILY RESOURCES, JOBS THAT WILL BOOST THE LOCAL ECONOMY AND SUPPORT FOR MAINTAINING CURRENT LEADERSHIP AND TEAM MEMBERS, INNOVATIVE TREATMENTS AND TECHNOLOGY ADVANCEMENTS TO DELIVER SPECIALIZED CARE FASTER AND LOCALLY, SUPPORT FOR THE LOCAL PHYSICIAN GROUP AND INDEPENDENT PHYSICIANS SO THEY CAN DELIVER EVEN HIGHER QUALITY CARE TO THE REGION. IN ADDITION, NEW HANOVER REGIONAL MEDICAL CENTER ADOPTED THE NOVANT HEALTH FINANCIAL ASSISTANCE POLICY, PROVIDING MORE ROBUST ASSISTANCE TO THOSE WHO NEED IT MOST, BY INCREASING QUALIFICATION FOR A 100% WRITE-OFF FROM 200% TO 300% OF THE FEDERAL POVERTY LEVEL. FOR EXAMPLE, AN UNINSURED FAMILY OF FOUR WITH AN ANNUAL INCOME OF \$83,250 OR LOWER DOES NOT OWE A BILL UNDER THE POLICY. ADDITIONALLY, A \$10 MILLION GIFT FROM MICHAEL JORDAN WILL FUND TWO NEW MEDICAL CLINICS IN NEW HANOVER COUNTY. ONCE OPEN, THE NEW CLINICS WILL OFFER MUCH-NEEDED SERVICES TO THOSE WHO ARE UNINSURED OR UNDERINSURED.

BY BRINGING TOGETHER WORLD-CLASS TECHNOLOGY AND CLINICIANS TO PROVIDE QUALITY CARE, WE ARE COMMITTED TO CREATING A HEALTHCARE EXPERIENCE THAT IS SIMPLER, MORE CONVENIENT AND MORE AFFORDABLE SO PATIENTS CAN FOCUS ON GETTING BETTER AND STAYING HEALTHY.



Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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IN ADDITION TO OUR QUALITY OF SERVICES AND COMPREHENSIVE CATEGORIES OF SERVICES, WE ARE VERY PROUD OF OUR PATIENT FINANCIAL ASSISTANCE PROGRAM. WE WORK WITH PATIENTS TO HELP QUALIFY THEM FOR PUBLIC ASSISTANCE, ESTABLISH A REASONABLE PAYMENT PLAN, DISCOUNT THEIR BILL, OR PROVIDE FREE CARE FOR THOSE THAT QUALIFY FOR FINANCIAL ASSISTANCE.

COMMUNITY OUTREACH

COMMUNITY OUTREACH IS A CRITICAL COMPONENT TO THE MISSION OF NOVANT HEALTH.

NOVANT HEALTH PROVIDES HUNDREDS OF PROGRAMS THAT SERVE PATIENTS, NEIGHBORS AND SOME OF OUR COMMUNITIES' MOST VULNERABLE CITIZENS. WE ALSO PROVIDE CHARITY MEDICAL CARE FOR THE UNINSURED, SERVICES TO INDIVIDUALS WITH MEDICAID COVERAGE REIMBURSED AT LESS THAN COST, COMMUNITY HEALTH EDUCATION, MEDICAL SERVICES THAT LOSE MONEY BUT ARE IMPORTANT FOR THE COMMUNITY, SUPPORT GROUPS, OUTREACH SERVICES, COMMUNITY EVENTS AND SCREENINGS. IN ADDITION, WE PARTICIPATE IN MEDICAL RESEARCH, ACADEMIC HEALTH PROGRAMS AND PARTNERSHIPS WITH A DIVERSE GROUP OF ORGANIZATIONS TO PROVIDE OTHER COMMUNITY INITIATIVES.

COASTAL MARKET:

NOVANT HEALTH BRUNSWICK MEDICAL CENTER HOSTED A BABY SHOWER EVENT AIMED AT PROVIDING ESSENTIAL ITEMS FOR EXPECTING PARENTS. ITEMS INCLUDED BOTTLES AND NIPPLES, BOTTLE BRUSHES AND DRYING RACKS, BIBS, BREAST PUMPS AND STORAGE BAGS, BURP CLOTHS, HIGHCHAIRS AND DIAPERS.

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER ADDRESSED HOUSING INSECURITY IN ITS COMMUNITY THROUGH ITS HOME OWNERSHIP PREPARATION PROGRAM, HABITAT FOR HUMANITY HOUSE BUILD, AND CREEKWOOD COMMUNITY CENTER CLEAN UP DAY.

NOVANT HEALTH PENDER MEMORIAL HOSPITAL DELIVERED TIMELY INFORMATION TO ITS COMMUNITY THROUGH ITS HEALTHY CONVERSATIONS PODCAST. THE PODCAST WAS MADE AVAILABLE TO THE COASTAL COMMUNITY THROUGH GOOGLE PLAY, SPOTIFY, TUNEIN, IHEART RADIO, STITCHER AND VIA RSS FEED. TOPICS WERE WIDE RANGING FROM 'DITCHING THE DIET MENTALITY' TO 'TREATMENT OPTIONS FOR RECTAL CANCER'.

NOVANT HEALTH MICHAEL JORDAN FAMILY MEDICAL CLINICS - AFTER SUCCESSFULLY OPENING A SECOND CLINIC IN 2020, THE HEALTH SYSTEM ANNOUNCED IN 2021 THAT IT WILL OPEN TWO ADDITIONAL CLINICS IN NEW HANOVER COUNTY ON THE SOUTHEASTERN COAST OF NORTH CAROLINA FOR A TOTAL OF FOUR CLINICS. THE NEW CLINICS WILL BRING COMPREHENSIVE PRIMARY CARE, INCLUDING BEHAVIORAL HEALTH AND SOCIAL SUPPORT SERVICES, TO THE AREAS MOST VULNERABLE COMMUNITIES. THE INVESTMENT WILL HELP NOVANT HEALTH BRING THIS SAME INTEGRATED CARE MODEL TO MORE RURAL AND RURAL-ADJACENT COMMUNITIES, OFFERING MUCH-NEEDED SERVICES TO THOSE WHO ARE UNINSURED OR UNDERINSURED.

GREATER CHARLOTTE MARKET:

NOVANT HEALTH HUNTERSVILLE MEDICAL CENTER HOSTED PARENT NIGHT RESOURCE EVENTS AT VARIOUS SCHOOLS. INCLUDING NORTH MECKLENBURG HIGH, HOPEWELL

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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HIGH, J.M. ALEXANDER MIDDLE, FRANCIS BRADLEY MIDDLE AND A NUMBER OF ELEMENTARY SCHOOLS: BLYTHE ELEMENTARY, HUNTERSVILLE ELEMENTARY, GRAND OAK ELEMENTARY, TORRENCE CREEK ELEMENTARY, AND LONG CREEK ELEMENTARY.

NOVANT HEALTH MATTHEWS MEDICAL CENTER HOSTED A HEALTH TALKS SERIES. TOPICS INCLUDED: SIGNS OF ALZHEIMER'S, INJURY PREVENTION FOR OLDER ADULTS, TRAUMA AND INJURY PREVENTION, ASK THE CARDIOLOGIST, HEART HEALTH, NURSE'S DAY, FAD DIETS, NAVIGATING HEALTHCARE VIRTUALLY.

NOVANT HEALTH MINT HILL MEDICAL CENTER HOSTED VIRTUAL MATERNITY TOURS. THESE TOURS OFFERED A 60-MINUTE ONLINE TOUR OF THE MATERNITY CENTER AT NOVANT HEALTH MINT HILL MEDICAL CENTER. THE TOURS PROVIDED IN-DEPTH OVERVIEWS OF THE LABOR AND POSTPARTUM FACILITIES WHILE ALSO EDUCATING PARTICIPANTS ON LOGISTICS, SUCH AS PARKING, ADMISSION, VISITING AND SECURITY POLICIES. OPTIONS AVAILABLE FOR LABOR AND BIRTH WERE DISCUSSED AS WELL.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER PRIORITIZED OUTREACH THROUGH MULTI-TIERED OUTREACH EFFORTS TO MEMBERS OF THE SPANISH-LANGUAGE COMMUNITY. THESE EFFORTS INCLUDED HISPANIC OUTREACH HEALTH EDUCATION MEETINGS AND PROGRAMMING THROUGH HEALTH PROMOTERS, LATINO FAITH AND HEALTH COALITION AND SPANISH RADIO PROGRAMMING, WHERE TOPICS INCLUDED ADVANCE CARE PLANNING, BACK TO SCHOOL, COVID-19 AND VACCINES, SPORTS INJURIES, HANDS-ONLY CPR, HEART HEALTH, STROKE AWARENESS, MEDICAID CHANGES, MENTAL HEALTH, AND STRENGTHENING YOUR IMMUNE SYSTEM.

NOVANT HEALTH ROWAN MEDICAL CENTER PROVIDED EDUCATIONAL PROGRAMS ON AN ARRAY OF TOPICS. TOPICS INCLUDED WERE NEW TENEX/TENJET TREATMENTS,

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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BREAST CANCER AWARENESS, FOOT CARE FOR DIABETES, CARPAL TUNNEL SYNDROME, COMMON CAUSES OF HAND PAIN, PEDIATRIC CARDIOLOGY AWARENESS, STROKE EDUCATION, AND SPORTS INJURY PREVENTION.

GREATER WINSTON SALEM MARKET:

NOVANT HEALTH CLEMMONS MEDICAL CENTER FOCUSED ON ADDRESSING HOUSING AND FOOD INSECURITY ALONG WITH THE BLOOD SHORTAGE THROUGH ITS IN-KIND DONATIONS FOR HEALTH AND BASIC NEEDS. HOME CARE PACKAGES, BLOOD DRIVE DONATIONS, AND FOOD DONATIONS WERE THE KEY AREAS.

NOVANT HEALTH KERNERSVILLE MEDICAL CENTER FOCUSED ON FOOD INSECURITY THROUGH ITS PRIORITIZATION OF IN-KIND DONATIONS FROM A FOOD DRIVE.

NOVANT HEALTH MEDICAL PARK HOSPITAL PROVIDED FREE ACCESS THAT ENABLED COMMUNITY MEMBERS TO SEARCH FOR FREE OR, AT A REDUCED COST, RESOURCES LOCATED WITHIN THE COMMUNITY; WE WERE ABLE TO PROVIDE FREE ACCESS BY COVERING THE ANNUAL FEES THAT COMMUNITY MEMBERS WOULD HAVE OTHERWISE HAD TO PAY THROUGH MYCOMMUNITY PLATFORM.

FORM 990, PI, L1: CONTINUED

NOVANT HEALTH THOMASVILLE MEDICAL CENTER PROVIDED THE COMMUNITY WITH SUPPORT THROUGH ITS ROBUST HEALTH EDUCATION PROGRAMS. THESE PROGRAMS INCLUDED ADVANCE DIRECTIVES PLANNING, COPING WITH GRIEF DURING THE HOLIDAYS, BREAST CANCER, HANDS ONLY CPR, CORELIFE AND DIABETES MANAGEMENT, BALANCE AND FALLS, EARLY HEART ATTACK CARE, INTRODUCTION TO HEART FAILURE, CHEST PAINS IN ADULTS, ATHEROSCLEROTIC DISEASE,

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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ALZHEIMER'S, EPILEPSY, DEPRESCRIBING MEDICATIONS, HEALTHY AGING,  
ADVOCACY FOR YOUR OWN HEALTH AND CARE, IMPORTANCE OF SLEEP, SLEEP  
MEDICINE, AND RECOGNIZING SIGNS OF STROKE.

NOVANT HEALTH AND CORELIFE - PARTNERED WITH THIS NATIONALLY RECOGNIZED  
HEALTHCARE ORGANIZATION TO SERVE PATIENTS WHO WANT TO GET TO A HEALTHY  
WEIGHT TO ADDRESS MEDICAL CONDITIONS THAT KEEP THEM FROM LIVING A FULL  
LIFE. THE CORELIFE NOVANT HEALTH CARE MODEL GIVES PATIENTS A PERSONAL  
WELLNESS PLAN THAT SUPPORTS THEM WITH ATTENTION, CARE, EDUCATION AND  
SELF-ACCOUNTABILITY. THIS MODEL INCLUDES DIRECT MANAGEMENT AND  
COORDINATION OF FIVE KEY ON-SITE SERVICES: MEDICAL, NUTRITION,  
EXERCISE, BEHAVIOR AND APPLIED HEALTH SIGNALS. SERVICES ARE CURRENTLY  
OFFERED AT NINE LOCATIONS.

NOVANT HEALTH IS 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, WE INVEST IN COMMUNITY-BASED PROGRAMS THAT ALIGN WITH  
OUR TWO INVESTMENT PRIORITIES OF DEVELOPING HEALTHY COMMUNITIES AND  
EXPANDING OPPORTUNITIES FOR EDUCATION.

#### NEW TECHNOLOGY & SERVICES

IN 2021, NOVANT HEALTH EXPANDED THE PILOT PROGRAM APP OF MYCHART  
BEDSIDE FROM THREE TO 12 HOSPITALS ACROSS THE COMMUNITIES IT SERVES.  
MYCHART BEDSIDE IS AN EXTENSION OF NOVANT HEALTH'S PATIENT PORTAL,  
MYCHART, AND ALLOWS PATIENTS TO ACCESS THEIR HEALTH INFORMATION ON A  
NURSING UNIT TABLET OR FROM THEIR OWN MOBILE DEVICE WHILE IN THE

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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HOSPITAL AND ALLOWS PATIENTS TO VIEW VITALS, LABS AND MEDICATIONS, ACCESS EDUCATION MATERIALS, VIEW AND CHAT WITH THE CARE TEAM AND VIEW SCHEDULED EVENTS, SUCH AS AN UPCOMING SURGERY.

AS A RESULT OF SIGNIFICANT CLINICAL RESEARCH INVESTMENTS, THE NOVANT HEALTH CANCER INSTITUTE BEGAN FIRST-IN-HUMAN CLINICAL TRIALS IN 2021, ENROLLING THE WORLD'S FIRST PATIENT IN A TRIAL EVALUATING A NEW DRUG FOR TREATMENT OF NON-HODGKIN'S LYMPHOMA. ADDITIONALLY, THE FOOD AND DRUG ADMINISTRATION GRANTED APPROVAL TO NEARLY 60 NOVEL DRUGS AND THERAPEUTIC AGENTS FOR CANCER IN 2021. THE NOVANT HEALTH CANCER INSTITUTE AND CLINICAL RESEARCH TEAM WORKED WITH NEARLY HALF OF THE AGENTS INVOLVED IN THESE BREAKTHROUGH APPROVALS, ADVANCING HEALING FOR PATIENTS ACROSS THE REGION.

NOVANT HEALTH ALSO INVESTED IN PRECISION RADIATION ONCOLOGY, BECOMING THE FIRST HEALTH SYSTEM IN THE REGION TO OFFER HYPERARC RADIOSURGERY. HYPERARC TECHNOLOGY ALLOWS FOR THE TREATMENT OF MULTIPLE TUMORS SIMULTANEOUSLY, REDUCING TREATMENT TIME BY NEARLY 50%.

IN SEPTEMBER 2021, NOVANT HEALTH LAUNCHED COVID CARE AT HOME, A DIGITAL PROGRAM DESIGNED TO HELP RELIEVE PRESSURE ON ACUTE CARE FACILITIES, PREVENT OR DETECT EARLIER THE NEED FOR READMISSION AND PROVIDE BETTER CONTINUITY OF CARE FOR PATIENTS. COVID CARE AT HOME IDENTIFIES PATIENTS UNDERGOING COVID-19 TREATMENT WHO MAY SAFELY TRANSITION TO HOME CARE, DISCHARGING THEM WITH ON-DEMAND VIRTUAL CARE FOLLOW-UP APPOINTMENTS AND IN-HOME SUPPORT. COVID CARE AT HOME HAS SERVED MORE THAN 150 PATIENTS SINCE SEPTEMBER 2021 ACROSS THE SYSTEM.

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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OFFERING GREATER ACCESS TO PEDIATRIC SPECIALTY CARE: NOVANT HEALTH HAS EXPANDED ITS RELATIONSHIP WITH UNIVERSITY OF NORTH CAROLINA ("UNC") HEALTH AND UNC SCHOOL OF MEDICINE. THROUGH THAT PARTNERSHIP, NOVANT HEALTH MEDICAL GROUP IS WORKING TO IMPROVE ACCESS TO HIGH-QUALITY OUTPATIENT PEDIATRIC SPECIALTY CARE AVAILABLE LOCALLY THROUGH NOVANT HEALTH UNC CHILDREN'S.

NEW CHILDREN'S EMERGENCY SERVICES: IN 2021, CONSTRUCTION BEGAN ON A 5,000 SQUARE-FOOT CHILDREN'S EMERGENCY SERVICES CENTER AT NOVANT HEALTH HUNTSVILLE MEDICAL CENTER. THIS WILL INCLUDE 9 PRIVATE TREATMENT ROOMS, A TRIAGE ROOM, ADVANCED MEDICAL EQUIPMENT SPECIFICALLY DESIGNED TO TREAT CHILDREN, A FAMILY CONSULTATION ROOM, A TREATMENT ROOM FOR MINOR EMERGENCIES AND SLEEP CHAIRS FOR LATE-NIGHT EMERGENCIES. THE NEW CHILD-FRIENDLY EMERGENCY SERVICES SPACE WAS MADE POSSIBLE BY A \$2.4 MILLION INVESTMENT FROM THE MARTIN TRUAX JR. FOUNDATION.

"SECOND SET OF EYES" TECHNOLOGY DEPLOYED: THROUGHOUT THE NOVANT HEALTH SYSTEM, AIDOC AI TECHNOLOGY IS BEING USED AS A "SECOND SET OF EYES" FOR RADIOLOGISTS TO DETECT ABNORMALITIES. IT IS USED FOR ALL PATIENTS RECEIVING A COMPUTERIZED TOMOGRAPHY ("CT") SCAN THAT INCLUDES THE BRAIN OR CHEST TO FIND INTRACEREBRAL HEMORRHAGE ("ICH"), PULMONARY EMBOLISM ("PE") OR INCIDENTAL PE. AIDOC DELIVERS THE MOST COMPREHENSIVE AND WIDELY-USED PORTFOLIO OF AI SOLUTIONS, SUPPORTING PROVIDERS BY FLAGGING PATIENTS WITH SUSPECTED ACUTE CONDITIONS IN REAL-TIME, EXPEDITING PATIENT TREATMENT AND IMPROVING QUALITY OF CARE.

NEW CT SCAN SUITE: NOVANT HEALTH THOMASVILLE MEDICAL CENTER BEGAN CONSTRUCTION ON A \$1.5 MILLION PROJECT FOR A NEW CT SCAN SUITE THAT

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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WILL UPGRADE EXISTING CT TECHNOLOGY, BRINGING A SECOND 128 SLICE CT SCANNER TO THE FACILITY. CT SCANS COMBINE A SERIES OF X-RAY IMAGES TAKEN FROM DIFFERENT ANGLES AROUND YOUR BODY AND USES COMPUTER PROCESSING TO CREATE CROSS-SECTIONAL IMAGES (SLICES) OF THE BONES, BLOOD VESSELS AND SOFT TISSUES INSIDE YOUR BODY. CT SCAN IMAGES PROVIDE MORE-DETAILED INFORMATION THAN PLAIN X-RAYS DO. THE NEW CT SCANNER WILL ENABLE US TO OFFER ADDITIONAL PROCEDURES LOCALLY. THE IMAGE RECONSTRUCTION SOFTWARE ALLOWS FOR UP TO A 60% RADIATION DOSE REDUCTION FOR SOME PATIENTS. AUTOMATED TECHNOLOGY ALLOWS THE TECHNOLOGIST TO SPEND LESS TIME AT THE MACHINE AND MORE TIME WITH THE PATIENT. THE 128-SLICE CT SCANNER ALLOWS FOR FAST SCANNING SPEED WHICH REDUCES THE NEED FOR PATIENTS TO HOLD THEIR BREATH. THIS IS ESPECIALLY CRITICAL FOR IMAGING TRAUMA, ELDERLY AND PEDIATRIC PATIENTS. ADDITIONALLY, PATIENT-FRIENDLY DESIGN ALLOWS FOR EXCELLENT ACCESS AND PATIENT POSITIONING.

ADVANCES IN PROSTATE GLAND ENLARGEMENT: NOVANT HEALTH ROWAN MEDICAL CENTER BEGAN USING UROLIFT TO TREAT PROSTATE GLAND ENLARGEMENT. THE UROLIFT SYSTEM LIFTS AND HOLDS THE ENLARGED PROSTATE TISSUE OUT OF THE WAY SO IT NO LONGER BLOCKS THE URETHRA. IT IS THE ONLY TRANSURETHRAL BENIGN PROSTATIC HYPERPLASIA ("BPH") TREATMENT THAT DOES NOT REQUIRE ONGOING MEDICATION, HEATING, CUTTING OR REMOVAL OF THE PROSTATE TISSUE. THE PROCEDURE CAN BE DONE IN AN OUTPATIENT OR INPATIENT SETTING AND UNDER GENERAL OR LOCAL ANESTHESIA. PATIENTS TYPICALLY CAN RETURN HOME THE SAME DAY WITHOUT A CATHETER AND EXPERIENCE RAPID SYMPTOM RELIEF AND RECOVERY WITH LOW COMPLICATION RATES.

COMMUNITY BENEFIT REPORT



Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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[HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMMUNITY-ENGAGEMENT/OUR-IMPACT.ASPX](https://www.novanthealth.org/home/about-us/community-engagement/our-impact.aspx)

THE COMMUNITY BENEFIT REPORT, REFERRED TO AS A COMMUNITY IMPACT REPORT, PREPARED BY NOVANT HEALTH IS A SYSTEM-WIDE REPORT THAT INCLUDES QUALITATIVE AND QUANTITATIVE INFORMATION. PLEASE NOTE THAT THE NUMERIC DATA IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HEALTHCARE ASSOCIATION REPORTING GUIDELINES. IT SHOULD NOT BE RELIED UPON AS THE ORGANIZATION'S FORM 990, SCHEDULE H COMMUNITY BENEFIT REPORT, ITS COMMUNITY HEALTH NEEDS ASSESSMENT OR COMMUNITY BENEFIT IMPLEMENTATION STRATEGY. IN THIS REPORT, THE NOVANT HEALTH SYSTEM'S COMMUNITY BENEFIT WAS APPROXIMATELY \$1,124,000,000, INCLUDING \$193,000,000 IN FINANCIAL ASSISTANCE FOR 2021.

FORM 990, PART III, LINE 1: MISSION, VISION AND VALUES

MISSION

NOVANT HEALTH EXISTS TO IMPROVE THE HEALTH OF OUR COMMUNITIES, ONE PERSON AT A TIME.

VISION

WE, THE NOVANT HEALTH TEAM, WILL DELIVER THE MOST REMARKABLE PATIENT EXPERIENCE, IN EVERY DIMENSION, EVERY TIME.

VALUES

-COMPASSION: WE TREAT OUR CUSTOMERS AND THEIR FAMILIES, STAFF AND OTHER

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

HEALTHCARE PROVIDERS AS FAMILY MEMBERS WITH KINDNESS, PATIENCE, EMPATHY AND RESPECT.

-DIVERSITY AND INCLUSION: WE RECOGNIZE THAT EVERY PERSON IS DIFFERENT, EACH SHAPED BY UNIQUE LIFE EXPERIENCES. THIS ENABLES US TO BETTER UNDERSTAND EACH OTHER AND OUR CUSTOMERS. BY ENGAGING THE STRENGTHS AND TALENTS OF EACH TEAM MEMBER, WE ENSURE A STRONG ORGANIZATION CAPABLE OF PROVIDING REMARKABLE HEALTHCARE TO OUR PATIENTS, FAMILIES AND COMMUNITIES.

-PERSONAL EXCELLENCE: WE STRIVE TO GROW PERSONALLY AND PROFESSIONALLY AND APPROACH EACH SERVICE OPPORTUNITY WITH A POSITIVE, FLEXIBLE ATTITUDE. HONESTY AND PERSONAL INTEGRITY GUIDE ALL WE DO.

-TEAMWORK: THE NEEDS AND EXPECTATIONS OF ANY ONE CUSTOMER ARE GREATER THAN WHAT ONE PERSON'S SERVICE EFFORTS CAN SATISFY. WE SUPPORT EACH OTHER SO THAT TOGETHER AS A TEAM, WE CAN BE SUCCESSFUL IN THE EYE OF THE CUSTOMER AS A QUALITY SERVICE PROVIDER.

-COURAGE: WE ACT BOLDLY IN MAKING THE CHANGES NECESSARY TO ACHIEVE OUR MISSION, VISION AND PROMISE OF DELIVERING REMARKABLE HEALTHCARE.

-SAFETY: WE EMBRACE A CULTURE IN WHICH "FIRST, DO NO HARM" IS THE FOUNDATION OF REMARKABLE HEALTHCARE. OUR WORK ENVIRONMENT IS ONE OF OPEN COMMUNICATION, HIGH-RELIABILITY, AND A RELENTLESS QUEST TOWARD ZERO EVENTS OF PREVENTABLE HARM.

OUR PEOPLE

WE ARE AN INCLUSIVE TEAM OF PURPOSE-DRIVEN PEOPLE INSPIRED AND UNITED BY OUR PASSION TO CARE FOR EACH OTHER, OUR PATIENTS AND OUR COMMUNITIES. WE ALWAYS REMEMBER, OUR BUSINESS IS THE CARE OF ALL PEOPLE, STARTING WITH OUR TEAM MEMBERS.

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

WE ARE RELENTLESSLY PURSUING REMARKABLE CARE EVERY DAY - SO YOU CAN EXPECT THE COMPASSIONATE, EXPERT, PERSONAL EXPERIENCE YOU DESERVE.

FORM 990, PIII, L4B, DESCRIPTION OF PROGRAM SERVICE:

IN FEBRUARY 2021, NEW HANOVER REGIONAL MEDICAL CENTER BECAME PART OF NOVANT HEALTH. NEW HANOVER REGIONAL MEDICAL CENTER'S AFFILIATION WITH THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF MEDICINE ALLOWED NOVANT HEALTH TO SUBSTANTIALLY EXPAND ITS RESIDENCY PROGRAMS: PHARMACY RESIDENCY, GRADUATE MEDICAL EDUCATION, AND CLINICAL PASTORAL EDUCATION PROGRAM. SOUTH EAST AREA HEALTH EDUCATION CENTER PROVIDES ADMINISTRATIVE OVERSIGHT OF THE FOUR ACCREDITED GRADUATE MEDICAL EDUCATION PROGRAMS:

- INTERNAL MEDICINE
- GENERAL SURGERY
- OBSTETRICS AND GYNECOLOGY
- FAMILY MEDICINE

IN ADDITION TO PRIVATE PRACTICING PHYSICIANS WHO ACTIVELY PARTICIPATE IN THESE GRADUATE MEDICAL EDUCATION PROGRAMS, THERE IS A FULL-TIME FACULTY CONSISTING OF MEMBERS OF THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF MEDICINE THAT ARE PERMANENTLY BASED IN WILMINGTON WITH THE RESPONSIBILITY FOR THE TEACHING PROGRAMS AT NEW HANOVER REGIONAL MEDICAL CENTER.

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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FORM 990, PART VI, SECTION A, LINE 2: FAMILY AND/OR BUSINESS RELATIONSHIPS

BUSINESS RELATIONSHIP

CARL ARMATO

FRED HARGETT

JESSE CURETON

FORM 990, PART VI, SECTION A, LINE 4:

THE NOVANT HEALTH, INC. ("NH") BYLAWS WERE AMENDED IN 2021 TO REFLECT CHANGES RELATED TO NH'S WITHDRAWAL AS A MEMBER OF NOVANT HEALTH UVA HEALTH SYSTEM, INCLUDING THE REMOVAL OF THE REQUIREMENT TO APPOINT TO THE NH BOARD A MEMBER WHO IS A MEMBER OF THE BOARD OF TRUSTEES OF THE PRINCE WILLIAM HEALTH SYSTEM.

FORM 990, PART VI, SECTION B, LINE 11: ORGANIZATION'S PROCESS TO REVIEW FORM 990

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

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCEMENT OF COI  
 THE ORGANIZATION'S TRUSTEE CONFLICT OF INTEREST POLICY APPLIES TO ALL  
 TRUSTEES, PRINCIPAL OFFICERS OR MEMBERS OF A COMMITTEE WITH BOARD DELEGATED  
 POWERS INCLUDING ANY APPLICABLE DISREGARDED ENTITIES. ALL TRUSTEES ARE  
 SENT AN ANNUAL DISCLOSURE QUESTIONNAIRE. THE TRUSTEE ANNUAL DISCLOSURE  
 QUESTIONNAIRES ARE REVIEWED BY THE COMPLIANCE DEPARTMENT. WITH RESPECT TO  
 PARTICULAR TRANSACTIONS THAT COME BEFORE THE BOARD, THE CONFLICT OF  
 INTEREST POLICY WOULD BE FOLLOWED. THE POTENTIAL CONFLICT OF INTEREST WOULD  
 BE DISCLOSED BY THE BOARD MEMBER BEFORE A VOTE ON THE TRANSACTION AND THE  
 REST OF THE BOARD WOULD DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. IF  
 THE REST OF THE BOARD DETERMINED THAT A CONFLICT OF INTEREST EXISTED THEN  
 THE BOARD MEMBER WITH THE CONFLICT OF INTEREST WOULD NOT PARTICIPATE IN THE  
 DELIBERATIONS AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION PROCESS FOR TOP  
 OFFICIAL

NOVANT HEALTH, INC. IS THE PARENT ORGANIZATION OF AN INTEGRATED HEALTHCARE  
 SYSTEM COLLECTIVELY REFERRED TO AS "NOVANT HEALTH." INDEPENDENT AND  
 DISINTERESTED MEMBERS OF THE NOVANT HEALTH, INC. BOARD OF TRUSTEES (WHO  
 COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) REVIEW,  
 APPROVE, AND OVERSEE ALL ASPECTS OF COMPENSATION AND BENEFITS FOR NOVANT  
 HEALTH, INC.'S CEO. THE COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION  
 CONSULTANT AND USES THIRD PARTY COMPARABILITY DATA FOR FUNCTIONALLY SIMILAR  
 POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS TO ENSURE THAT TOTAL  
 COMPENSATION INCLUDING BENEFITS IS REASONABLE. THE COMMITTEE REVIEWS AND  
 APPROVES CEO COMPENSATION AND BENEFITS ANNUALLY, CONSISTENT WITH THE

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY OF NOVANT HEALTH, AND IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS, THEREBY ASSURING THAT TOTAL COMPENSATION AND BENEFITS PROVIDED IS REASONABLE.

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

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.

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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## FORM 990, PART VII, SECTION A LINE 1A

STEVENS, SHELBOURN

PRESIDENT & COO NHBMC (1/1/21-4/30/21); PRES & COO COASTAL & NHHNHRMC  
(EFF 5/1/21)

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	26,306,341.
MANAGEMENT AND GENERAL EXPENSES	29,936,719.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	56,243,060.

## TRANSCRIPTION SERVICES:

PROGRAM SERVICE EXPENSES	20,830.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,830.

## CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	77,375,738.
MANAGEMENT AND GENERAL EXPENSES	46,417,996.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	123,793,734.

## COLLECTION SERVICE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9,024,688.

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 9,024,688.

CREENTIALING FEES:

PROGRAM SERVICE EXPENSES 98,422.

MANAGEMENT AND GENERAL EXPENSES 31,080.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 129,502.

RECRUITMENT:

PROGRAM SERVICE EXPENSES 4,342,470.

MANAGEMENT AND GENERAL EXPENSES 1,371,306.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 5,713,776.

REFERRALS:

PROGRAM SERVICE EXPENSES 106.

MANAGEMENT AND GENERAL EXPENSES 33.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 139.

PROFESSIONAL PHYSICIAN SERVICES:

PROGRAM SERVICE EXPENSES 37,270,812.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 37,270,812.

FOOD SERVICE:



Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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PROGRAM SERVICE EXPENSES	4,355,461.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,355,461.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	236,552,002.

## FORM 990, PART IX, LINE 6: COMPENSATION OF DISQUALIFIED PERSONS

THE AMOUNTS REPORTED HERE INCLUDE AMOUNTS ATTRIBUTABLE TO DISQUALIFIED PERSONS (DQPS) AS DEFINED IN THE INSTRUCTIONS, BUT NOW ALSO INCLUDE AMOUNTS ATTRIBUTABLE TO INDIVIDUALS WHO MAY NOT DEFINITELY BE CONSIDERED DQPS UNDER THE 4958 RULES. WE HAVE OPTED TO TAKE A MORE EXPANSIVE APPROACH AS TO WHO MAY BE CONSIDERED A DQP AND REPORT THEM HERE AS WELL.

## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CONTRIBUTIONS	-69,867.
JOC DIVESTITURE	90,606,272.
DERIVATIVES/SWAP	2,983,448.
AFFILIATE TRANSFER	82,151,945.
INVESTMENT ADJUSTMENT	81,161.
FASB/ACCOUNTING CHANGES	1,076,020.
NEW HANOVER ACQUISITION	1,485,206,987.
RETURN OF CAPITAL	3,040,592.
CAPITAL CONTRIBUTION	-16,570,564.
PARTNERSHIPS	-1,539,966.
TOTAL TO FORM 990, PART XI, LINE 9	1,646,966,028.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2021**

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
PRESBYTERIAN SAMEDAY SURGERY CENTER AT BALLANTYNE, LLC - 20-3135052, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	6,348,997.	4,486,866.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
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
BRUNSWICK COMMUNITY HOSPITAL, LLC - 20-4278130, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	135,216,715.	101,139,230.	NOVANT HEALTH COASTAL REGION, LLC
PRESBYTERIAN BREAST CENTER, LLC - 26-0069792 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	8,744,695.	1,107,771.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC

**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	HEALTHCARE	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	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 7	BRUNSWICK COMMUNITY HOSPITAL, LLC	X	
CAROLINA MEDICORP ENTERPRISES, INC. - 58-1466368, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	NOVANT MEDICAL GROUP, INC.	X	
COMMUNITY GENERAL HOSPITAL FOUNDATION, INC. - 56-1828629, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	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) 2021

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
NOVANT HEALTH MINT HILL MEDICAL CENTER, LLC - 26-0599536, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	104,559,901.	121,051,600.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
NOVANT ASSET MANAGEMENT, LLC - 26-0705491 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	ASSET MGMT	NORTH CAROLINA	511,251.	214,307.	NOVANT HEALTH, INC.
PRESBYTERIAN SAMEDAY SURGERY AT HUNTERSVILLE, LLC - 26-2422926, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	12,518,210.	6,761,757.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
NOVANT PROPERTIES, LLC - 26-3378448 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	20,691,147.	109,935,734.	NOVANT HEALTH, INC.
CALL-A-NURSE, LLC - 43-1965884 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NMG SOUTHPARK SERVICES, LLC - 45-0600400 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	2,218,930.	405,513.	NMG SERVICES, LLC
NMG SERVICES, LLC - 56-2098809 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	2,072,579.	4,480,484.	NOVANT HEALTH, INC.
PROVIDENCE ROAD LAND PARTNERS, LLC - 56-2264109, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	865,621.	37,173,581.	NOVANT HEALTH, INC.
PRESBYTERIAN IMAGING CENTERS, LLC - 72-1568954, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	8,476,995.	5,688,807.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
NOVANT HEALTH-PRINCE WILLIAM ASSET CO. - 81-0887677, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	ASSET HOLDING COMPANY	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 CASUALTY, LLC - 81-2938127 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INSURANCE	NORTH CAROLINA	218.	26,959.	NOVANT HEALTH, INC.
NOVANT HEALTH PROVIDER INSURANCE PROTECTED CELL, LLC - 81-2946353, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INSURANCE	NORTH CAROLINA	13,961,695.	32,547,381.	NOVANT HEALTH, INC.
NOVANT HEALTH BRUNSWICK ENDOSCOPY CENTER, LLC - 82-0831203, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	1,217,218.	2,908,625.	BRUNSWICK COMMUNITY HOSPITAL, LLC
NOVANT HEALTH REALTY HOLDINGS, LLC - 82-2238790, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	0.	14,014,380.	NOVANT HEALTH, INC.
NH DIGITAL HOLDINGS, LLC - 84-2860028 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NH DIGITAL DEVICES, LLC - 84-2879176 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	391,866.	1,591,433.	NH DIGITAL HOLDINGS, LLC
NH DIGITAL HEALTH SERVICES, LLC - 84-3930503 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	2,484,316.	570,921.	NH DIGITAL HOLDINGS, LLC
NOVANT HEALTH INSURANCE PROTECTED CELL, LLC - 84-4044388, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INSURANCE	NORTH CAROLINA	17,570,427.	21,302,717.	NOVANT HEALTH, INC.
NH-CL CLINICS, LLC - 84-4067176 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	3,658,505.	4,161,220.	NMG SERVICES, LLC
NH CORPORATE HEALTH, 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 NEW HANOVER REGIONAL MEDICAL CENTER, LLC - 85-3777599, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	1,197,476,193.	1,766,649,393.	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 BALLANTYNE MEDICAL CENTER, LLC - 86-0305323, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
NOVANT HEALTH CLINICAL RESEARCH, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	CLINICAL RESEARCH	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NOVANT HEALTH MEDICAL GROUP COASTAL REGION, LLC - 86-1441258, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	99,051,788.	119,461,548.	NOVANT HEALTH COASTAL REGION, LLC
NOVANT HEALTH INCLUSION STRATEGIES, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	CONSULTING	NORTH CAROLINA	40,333.	0.	NOVANT HEALTH, INC.
NH INNOVATION CLINICS, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	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.	0.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
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

**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 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 MOBILE IMAGING, LLC - 20-2935595, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
TORRENCE STREET PARTNERS, LLC - 56-2217412 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	PROVIDENCE ROAD LAND PARTNERS, LLC
STEELE CREEK DEVELOPMENT, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NORTH CAROLINA	0.	0.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, 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 TRIAD REGION, LLC - 56-2120973 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HOLDING COMPANY	NORTH CAROLINA	0.	0.	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
NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC - 56-0636250, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	117,754,625.	50,068,492.	NOVANT HEALTH TRIAD REGION, LLC
PHYSICIAN QUALITY PARTNERS, LLC - 46-2849013 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	2,323,709.	2,081,644.	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, LLC
NEW HANOVER HEALTH, LLC - 84-2418891 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	3,207,770.	365,540.	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, 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 WILMINGTON ENDOSCOPY CENTER, LLC - 86-2943847, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	1,899,847.	1,443,490.	NOVANT HEALTH MEDICAL GROUP COASTAL REGION, LLC
ATLANTIC SURGICENTER, LLC - 20-0714432 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, LLC
NH RESOURCE AGENCY, LLC - 87-3338778 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
QUALITY PROFESSIONAL INSURANCE PROTECTED CELL, LLC - 86-1633218, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	471,806.	2,360,647.	NOVANT HEALTH, INC.
THE NOVANT HEALTH, INC. TRUST 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	TRUST	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.

**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	HEALTHCARE	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	
FOUNDATION HEALTH SYSTEMS CORP. - 56-1373175 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	NOVANT HEALTH, INC.	X	
MEDICAL PARK HOSPITAL, INC. - 56-1340424 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH TRIAD REGION, LLC	X	
NOVANT MEDICAL GROUP, INC. - 58-1728803 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NMG SERVICES, LLC	X	
PERSONAL CARE SERVICES - 54-1291284 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 10	PRINCE WILLIAM HEALTH SYSTEM	X	
PRESBYTERIAN HOSPITAL FOUNDATION - 58-1413074, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 7	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC	X	
PRESBYTERIAN MEDICAL CARE CORPORATION - 56-1376368, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC	X	
PRINCE WILLIAM HEALTH SYSTEM - 54-1278944 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 12C, III-FI	NOVANT HEALTH UVA HEALTH SYSTEM	X	
PRINCE WILLIAM HOSPITAL - 54-0696355 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 3	PRINCE WILLIAM HEALTH SYSTEM	X	
PWHS FOUNDATION - 54-1307595 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 7	PRINCE WILLIAM HEALTH SYSTEM	X	
ROWAN HEALTH SERVICES CORPORATION - 56-1424814, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 12C, III-FI	NOVANT HEALTH, INC.	X	



**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
ROWAN REGIONAL MEDICAL CENTER AUXILIARY - 23-7022472, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	ROWAN REGIONAL MEDICAL CENTER, INC.	X	
ROWAN REGIONAL MEDICAL CENTER FOUNDATION, INC. - 56-1424818, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 7	ROWAN REGIONAL MEDICAL CENTER, INC.	X	
ROWAN REGIONAL MEDICAL CENTER, INC. - 56-0547479, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	ROWAN HEALTH SERVICES CORPORATION	X	
SELF INSURANCE FUND - NOVANT HEALTH, INC. - 58-1867242, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	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	
CULPEPER MEMORIAL HOSPITAL, INC. - 54-0622371, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 3	NOVANT HEALTH UVA HEALTH SYSTEM	X	
NOVANT HEALTH UVA HEALTH SYSTEM - 81-0868533 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 12A, I	NOVANT HEALTH, INC.	X	
CAROLINA HEALTHCARE ASSOCIATES, INC. - 56-2049697, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER,	X	
NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION - 56-1752396, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 12A, I	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER,	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	
NEW HANOVER HOME CARE, INC - 35-2379154 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	PENDER MEMORIAL HOSPITAL, INC.	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	
ENDOSCOPY CENTER OF LAKE NORMAN, LLC - 20-5112015, 13808 PROFESSIONAL CENTER DRIVE, HUNTERSVILLE, NC	HEALTHCARE	NC	PRESBYTERIAN AMBULATORY HOLDINGS, LLC (NOVANT	RELATED				X	N/A	X		51.00%
PLAZA CENTER, LLC - 20-0050290, 1315 SOUTH MAIN STREET, WINSTON-SALEM, NC 27103	RENTAL REAL ESTATE	NC	NOVANT HEALTH, INC.	INVESTMENT				X	N/A	X		60.00%
CORELIFE NORTH CAROLINA, LLC - 84-4003877, 2085 FRONTIS PLAZA BLVD, WINSTON-SALEM, NC 27103	HEALTHCARE	NC	NOVANT HEALTH, INC.	RELATED				X	N/A	X		50.50%
NOVANT HEALTH-GOHEALTH URGENT CARE, LLC - 36-4908373, 5555 GLENRIDGE CONNECTOR, SUITE 700, ATLANTA, GA 30342	HEALTHCARE	NC	NOVANT HEALTH, INC.	RELATED				X	N/A	X		50.10%

**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	ADMIN SERVICES	NC	NOVANT HEALTH, INC.	C CORP	321,864.	8,754,043.	100%	X	
CHOICEHEALTH, INC. - 56-1896065 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	MANAGED CARE	NC	NOVANT HEALTH, INC.	C CORP	24,795,492.	24,945,781.	100%	X	
COMMUNICARE, INC. - 56-1952950 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	RENTAL REAL ESTATE	NC	NOVANT HEALTH THOMASVILLE MEDICAL	C CORP	323.	981,182.	100%	X	
KERNERSVILLE MEDICAL CENTER PARK OWNERS' ASSOCIATION - 47-1511401, 2085 FRONTIS PLAZA BLVD., WINSTON SALEM, NC 27103	RENTAL REAL ESTATE	NC	NOVANT HEALTH, INC.	C CORP	0.	1,178,463.	100%	X	
MEDQUEST, INC. & SUBSIDIARIES - 22-3860764 3480 PRESTON RIDGE RD., STE 600 ALPHARETTA, GA 30005	DIAGNOSTIC IMAGING	DE	NOVANT HEALTH, INC.	C CORP	71,745,982.	71,087,923.	100%	X	

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NOVANT HEALTH TRINOVA INSURANCE PROTECTED CELL, INC. - 81-2963143, 2085 FRONTIS PLAZA BLVD., WINSTON SALEM, NC 27103	INSURANCE	NC	NOVANT HEALTH, INC.	C CORP	3,592.	0.	100%	X	
SALEM DIAGNOSTICS, INC. - 56-1513621 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	HEALTH RELATED	NC	SALEM HEALTH SERVICES, INC.	C CORP	0.	0.	100%	X	
SALEM HEALTH SERVICES, INC. - 56-1342654 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	HEALTH RELATED	NC	NOVANT HEALTH TRIAD REGION, LLC	C CORP	0.	762,418.	100%	X	
THE PARK AT MONROE PROPERTY OWNERS ASSOCIATION, INC. - 46-3910256, 2085 FRONTIS PLAZA BLVD., WINSTON SALEM, NC 27103	RENTAL REAL ESTATE	NC	NOVANT HEALTH, INC.	C CORP	123,516.	137,348.	100%	X	

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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....	X	
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	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	142,709.	FMV
(2) MEDQUEST ROWAN REGIONAL MEDICAL CENTER FOUNDATION,	A	2,626,650.	COST
(3) INC.	B	2,640,000.	COST
(4) PRESBYTERIAN HOSPITAL FOUNDATION COMMUNITY GENERAL HOSPITAL FOUNDATION,	C	20,426,070.	COST
(5) INC.	C	326,724.	COST
(6) MEDQUEST	D	38,000,000.	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)NOVANT HEALTH UVA HEALTH SYSTEM	Q	1,749,532.	COST
(8)NOVANT MEDICAL GROUP, INC.	Q	179,564,324.	COST
(9)PERSONAL CARE SERVICES	Q	721,250.	COST
(10)PRESBYTERIAN HOSPITAL FOUNDATION	Q	2,093,045.	COST
(11)PRINCE WILLIAM HEALTH SYSTEM	Q	3,825,214.	COST
(12)PRINCE WILLIAM HOSPITAL	Q	73,683,698.	COST
(13)PWHS FOUNDATION	Q	93,631.	COST
(14)ROWAN HEALTH SERVICES CORP.	Q	666,806.	COST
(15)ROWAN REGIONAL MEDICAL CENTER FOUNDATION, INC.	Q	3,182,756.	COST
(16)ROWAN REGIONAL MEDICAL CENTER, INC.	Q	97,261,262.	COST
(17)PRESBYTERIAN MEDICAL CARE CORP.	Q	86,874,145.	COST
(18)MEDQUEST	Q	12,917,357.	COST
(19)MEDICAL PARK HOSPITAL	Q	32,406,732.	COST
(20)AUXILIARY OF FORSYTH MEMORIAL HOSPITAL	Q	490,490.	COST
(21)CAROLINA MEDICORP ENTERPRISES, INC.	Q	18,103,624.	COST
(22)CHOICEHEALTH, INC.	Q	2,936,609.	COST
(23)COMMUNITY GENERAL HOSPITAL FOUNDATION, INC.	Q	89,144.	COST
(24)FORSYTH MEMORIAL HOSPITAL, INC.	Q	558,307,250.	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) FOUNDATION HEALTH SYSTEMS CORP.	Q	4,961,114.	COST
(8) FORSYTH MEDICAL CENTER FOUNDATION	Q	929,639.	COST
(9) THE PRESBYTERIAN HOSPITAL BRUNSWICK NOVANT MEDICAL CENTER	Q	583,024,087.	COST
(10) FOUNDATION	R	144,763.	COST
(11) SELF INSURANCE FUND - NOVANT HEALTH, INC.	S	10,000,000.	COST
(12) FORSYTH COMMUNITY PCC, LLC COMMUNITY GENERAL HOSPITAL FOUNDATION,	Q	760,681.	COST
(13) INC.	R	90,342.	COST
(14) SALEM HEALTH SERVICES, INC.	Q	70,889.	COST
(15) NOVANT HEALTH TRINOVA INSURANCE PROTECTED CELL, INC	F	3,040,238.	COST
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

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

**Part VII** Supplemental Information

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

COMMUNITY GENERAL HOSPITAL FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC

NAME OF RELATED ORGANIZATION:

CAROLINA HEALTHCARE ASSOCIATES, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, LLC

NAME OF RELATED ORGANIZATION:

NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION

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



**Part VII** Supplemental Information

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

HUNTERSVILLE, NC 28078

DIRECT CONTROLLING ENTITY: PRESBYTERIAN AMBULATORY HOLDINGS, LLC (NOVANT HEALTH, INC.)

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

# **Novant Health, Inc. and Affiliates**

**Consolidated Financial Statements and  
Supplemental Information  
December 31, 2021 and 2020**

**Novant Health, Inc. and Affiliates**  
**Index**  
**December 31, 2021 and 2020**

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	<b>Page(s)</b>
<b>Report of Independent Auditors</b> .....	1–2
<b>Consolidated Financial Statements</b>	
Balance Sheets .....	3
Statements of Operations and Changes in Net Assets .....	4
Statements of Cash Flows .....	5–6
Notes to Consolidated Financial Statements.....	7–50
<b>Report of Independent Auditors on Supplementary Information</b> .....	51
Schedule of Cost of Community Benefit Programs.....	52
Consolidating Supplemental Schedules.....	53–56
Notes to Consolidating Supplemental Schedules.....	57–58



## **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, 2021 and 2020, 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, 2021 and 2020 and the results of its operations 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 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 financial statements are available to be issued.

### ***Auditors’ Responsibilities for the Audit of the Consolidated Financial Statements***

Our objectives are to obtain reasonable assurance about whether the 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 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 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.

*Pricewaterhouse Coopers LLP*

March 28, 2022

**Novant Health, Inc. and Affiliates**  
**Consolidated Balance Sheets**  
**December 31, 2021 and 2020**

<i>(in thousands of dollars)</i>	<b>2021</b>	<b>2020</b>
<b>Assets</b>		
Current assets		
Cash and cash equivalents	\$ 795,602	\$ 711,822
Accounts receivable, net	896,263	670,736
Short-term investments	411,440	330,742
Current portion of assets limited as to use	40,627	42,674
Receivable for settlement with third-party payors	16,315	25,109
Other current assets	343,152	259,254
Total current assets	2,503,399	2,040,337
Assets limited as to use	299,263	234,676
Long-term investments	3,514,345	2,984,671
Property and equipment, net	2,883,230	2,400,069
Right-of-use assets, net	520,111	493,354
Intangible assets and goodwill, net	854,249	310,047
Investments in affiliates	53,954	54,954
Deferred tax asset	3,980	5,317
Other assets	135,879	128,253
Total assets	\$ 10,768,410	\$ 8,651,678
<b>Liabilities and Net Assets</b>		
Current liabilities		
Current portion of long-term debt	\$ 54,637	\$ 54,848
Short-term borrowings	124,518	149,592
Accounts payable	312,751	277,310
Accrued liabilities	810,460	682,673
Current portion of operating lease liabilities	106,774	88,796
Estimated third-party payor settlements	80,207	87,982
Total current liabilities	1,489,347	1,341,201
Long-term debt, net of current portion	2,610,282	1,275,987
Deferred tax liability	5,201	5,194
Operating lease liabilities, net of current portion	429,628	418,011
Derivative financial instruments	39,260	51,803
Employee benefits and other liabilities	466,152	589,583
Total liabilities	5,039,870	3,681,779
Commitments and contingencies		
Net assets		
Without donor restrictions - attributable to Novant Health	5,630,943	4,805,811
Without donor restrictions - noncontrolling interests	6,675	79,252
Total net assets without donor restrictions	5,637,618	4,885,063
With donor restrictions	90,922	84,836
Total net assets	5,728,540	4,969,899
Total liabilities and net assets	\$ 10,768,410	\$ 8,651,678

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, 2021 and 2020**

<i>(in thousands of dollars)</i>	<b>2021</b>	<b>2020</b>
<b>Operating revenues and other support</b>		
Net patient service revenues	\$ 6,811,318	\$ 5,052,794
Other revenue	584,828	629,981
Total operating revenues and other support	<u>7,396,146</u>	<u>5,682,775</u>
<b>Operating expenses</b>		
Salaries and employee benefits	3,924,166	3,083,108
Supplies and other	2,685,642	2,073,090
Depreciation and amortization expense	339,633	260,051
Interest expense	77,696	78,022
Total operating expenses	<u>7,027,137</u>	<u>5,494,271</u>
Operating income	369,009	188,504
<b>Non-operating income (expense)</b>		
Investment income	452,815	201,823
Loss on extinguishment of debt	(4,456)	(6,208)
Income tax expense	(4,793)	(505)
Other net periodic pension costs	(576)	(1,459)
Excess of revenues over expenses	<u>\$ 811,999</u>	<u>\$ 382,155</u>
<b>Other changes in net assets without donor restrictions</b>		
Deconsolidation of Novant Health UVA Health System	(60,185)	-
Change in funded status of defined benefit plans	1,206	(878)
Amortization of deferred loss on derivative financial instruments	2,984	3,180
Other changes in net assets without donor restrictions	(3,449)	(1,184)
Increase in net assets without donor restrictions	<u>752,555</u>	<u>383,273</u>
<b>Net assets with donor restrictions</b>		
Assumption of net assets with donor restrictions from acquisition	20,364	-
Deconsolidation of Novant Health UVA Health System	(3,749)	-
Contributions and investment income	31,722	11,740
Net assets released from restrictions for operations	(42,251)	(11,636)
Increase in net assets with donor restrictions	<u>6,086</u>	<u>104</u>
Increase in total net assets	758,641	383,377
Net assets, beginning of period	<u>4,969,899</u>	<u>4,586,522</u>
Net assets, end of period	<u>\$ 5,728,540</u>	<u>\$ 4,969,899</u>

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, 2021 and 2020**

*(in thousands of dollars)*

	<b>2021</b>	<b>2020</b>
<b>Cash flows from operating activities</b>		
Increase in net assets	\$ 758,641	\$ 383,377
Adjustments to reconcile changes in net assets to net cash provided by operating activities		
Depreciation, amortization and accretion	340,303	259,735
Loss (gain) on sale of consolidated entities	29,682	(6,500)
Change in net assets due to sale of consolidated affiliate	63,934	-
Loss on extinguishment of debt	4,456	6,208
Actuarial loss on pension and postretirement benefits	1,162	1,253
Change in funded status of defined benefit plans	(1,206)	878
Share of earnings in affiliates, net of distributions	12,153	17,196
Net realized and unrealized gains on assets limited as to use and investments	(401,591)	(164,305)
Change in fair value of interest rate swaps	(12,543)	7,906
Contributions restricted for capital	(11,743)	(1,468)
Changes in operating assets and liabilities, net of assets acquired and liabilities assumed		
Accounts receivable	(147,043)	(92,662)
Accounts payable and accrued liabilities	(10,076)	178,105
Medicare advanced (repayments) payments	(70,228)	373,718
Long-term liabilities	89,462	54,624
Other current assets	(15,578)	(28,406)
Third-party payor settlements	(1,712)	42,742
Deferred taxes, net	1,344	1,300
Other assets and liabilities, net	(18,105)	(10,514)
Net cash provided by operating activities	<u>611,312</u>	<u>1,023,187</u>
<b>Cash flows from investing activities</b>		
Capital expenditures	(288,021)	(372,021)
Proceeds from sales of long-term investments	1,603,097	1,910,189
Purchase of long-term investments	(1,571,345)	(2,278,671)
Proceeds from sales of short-term investments	543,419	341,485
Purchase of short-term investments	(627,104)	(477,778)
Proceeds from sale of property and equipment	17,800	2,821
Proceeds from sale of consolidated entities, net of cash disposed	115,905	8,500
Acquisition of business, net of cash acquired	(1,509,769)	-
Investments in unconsolidated affiliates	(11,631)	(2,759)
Other investing activities	(1,663)	(1,145)
Net cash used in investing activities	<u>(1,729,312)</u>	<u>(869,379)</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, 2021 and 2020**

*(in thousands of dollars)*

	<b>2021</b>	<b>2020</b>
<b>Cash flows from financing activities</b>		
Principal payments on long-term debt	(16,151)	(288,136)
Proceeds from long-term debt	1,491,682	264,165
(Payments on) proceeds from repurchase agreements, net	(25,000)	61,124
Proceeds from sale of accounts receivable	28,408	32,109
Contributions from consolidated affiliate	54,544	-
Extinguishment of bonds	(145,228)	-
Proceeds from revolving credit facility	1,600,000	675,000
Payments on revolving credit facility	(1,600,000)	(675,000)
Other financing activities	8,533	4,559
	<u>1,396,788</u>	<u>73,821</u>
Net cash provided by financing activities	1,396,788	73,821
Net increase in cash, cash equivalents and restricted cash	278,788	227,629
<b>Cash, cash equivalents and restricted cash</b>		
Beginning of year	<u>861,678</u>	<u>634,049</u>
End of year	<u>\$ 1,140,466</u>	<u>\$ 861,678</u>

	<b>2021</b>	<b>2020</b>
<b>Supplemental disclosure of cash flow information</b>		
Interest paid	\$ 82,960	\$ 74,806
Income taxes paid	5,203	2,945
<b>Supplemental disclosure of noncash financing and investing activities</b>		
Property and equipment financed through current liabilities	49,719	37,090

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:

	<b>2021</b>	<b>2020</b>
Cash and cash equivalents	\$ 795,602	\$ 711,822
Restricted cash included in assets limited as to use:		
Bond proceeds	9,989	18,180
Nonqualified plans	8,967	10,791
Transition stabilization escrow (footnote 4)	62,757	-
Other	13,045	12,152
Cash and cash equivalents included in long-term investments	<u>250,106</u>	<u>108,733</u>
Total cash, cash equivalents and restricted cash shown in the consolidated statements of cash flows	<u>\$ 1,140,466</u>	<u>\$ 861,678</u>

The accompanying notes are an integral part of these consolidated financial statements.

# Novant Health, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### December 31, 2021 and 2020

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(in thousands of dollars)

#### 1. Reporting Entity

Novant Health, Inc. (“Novant Health” or the “Company”) is a nonprofit, integrated health care network of physician clinics, outpatient facilities and hospitals that serves patients and communities in North Carolina, South Carolina and Georgia. The Novant Health network consists of over 2,300 physicians and over 35,000 team members at more than 800 locations, including 14 medical centers and hundreds of outpatient facilities and physician clinics. Headquartered in Winston-Salem, North Carolina, Novant Health is committed to making healthcare remarkable for patients and communities, serving more than 6 million patients annually. Novant Health and its affiliates serve their communities with programs including health education, home health care, prenatal clinics, community clinics and immunization services.

#### 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 all affiliates controlled by Novant Health. 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. More information can be found in Note 9, *Fair Value Measurements*.

##### 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.

# Novant Health, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### December 31, 2021 and 2020

---

*(in thousands of dollars)*

#### **Restricted Cash**

Novant Health holds cash that is restricted by the Company to purchase investments, pay participants in the Company's nonqualified plan, make payments related to the transition stabilization fund and fund expenditures with proceeds of the Series 2019 A bonds. Restricted cash balances were \$344,864 and \$149,856 as of December 31, 2021 and 2020, 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 and historical experience. 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 inventories (which primarily consist of hospital and medical supplies and pharmaceuticals), prepaid expenses and other receivables. Inventory 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.

# Novant Health, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### December 31, 2021 and 2020

---

*(in thousands of dollars)*

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 partnerships, limited liability companies (“LLC’s”) 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 permitted 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, 2021 and 2020, the Company held \$30,233 and \$12,362, 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.

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 primarily include assets held by trustees, the 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, 2021 and 2020

---

*(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:

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.

Under the terms of the 1984 deed in which the Forsyth County Board of County Commissioners conveyed the assets of Forsyth Memorial Hospital (the “Hospital”) to Novant Health, Novant Health is required to operate the Hospital as a community general hospital open to the general public, and if Novant Health is dissolved, a successor nonprofit corporation approved by the Forsyth County Board of County Commissioners must carry out the terms and conditions of this conveyance. If these terms are not met, all ownership rights to the Hospital shall revert to the County, including the buildings and land together with the personal property and equipment associated with the Hospital with a net book value of approximately \$286,220 at December 31, 2021.

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. 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

### December 31, 2021 and 2020

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*(in thousands of dollars)*

Following is a summary of the estimated useful lives used in computing amortization:

Business relationships	26 years
Corporate trade name	29 years

On an annual basis, Novant Health tests goodwill and indefinite-lived assets for impairment. Novant has elected to evaluate goodwill triggering events at the end of each 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. GAAP prescribes a two-step process for testing for goodwill impairments after applying the qualitative assessment. 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 potential for impairment of goodwill exists. The goodwill impairment is determined by allocating the current fair value of the reporting unit among the assets and liabilities based on a purchase price allocation methodology as if the reporting unit was being acquired in a business combination. The fair value of the goodwill is implied from this allocation and compared to the carrying value with an impairment loss recognized if the carrying value is greater than the implied fair value.

#### **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.

#### **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 vacation days at varying rates depending on years of service. Vacation time accumulates up to certain limits, at which time no additional vacation hours can be earned. Provided this hourly limit is not met, employees can continue to accumulate vacation hours and time can be carried over to future years. Accrued vacation time is included in accrued liabilities on the Company's consolidated balance sheets.

# Novant Health, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### December 31, 2021 and 2020

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*(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 annually in the fourth quarter. The remaining components of pension and postretirement healthcare expense, primarily service and interest costs and the expected return on plan assets, are recorded on a quarterly basis.

#### **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.

# Novant Health, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### December 31, 2021 and 2020

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*(in thousands of dollars)*

#### **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, loss on extinguishment of debt, income tax expense and other net periodic pension costs.

Novant Health receives supplemental Medicaid payments from the state of North Carolina through a federally approved disproportionate share program ("Medicaid DSH"). During 2012, the federal government approved an amendment to the Medicaid DSH plan. This amendment, referred to as the Medicaid Gap Assessment Program ("GAP"), provides a new funding model whereby hospitals are assessed an amount based on a percentage of their costs and are then paid supplemental amounts in an effort to reduce Medicaid losses. Novant Health records GAP payments received as net patient service revenue and GAP assessments paid 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 2021, Novant Health received \$154,925 and paid \$70,659 for GAP. During 2020, Novant Health received \$186,180 and paid \$81,360 for GAP. On July 1, 2021, the state of North Carolina implemented a Medicaid Managed Care program. As part of this initiative, Medicaid recipients began receiving Medicaid services through newly established Medicaid Managed Care health plans. This program also included changes to the way providers are reimbursed for inpatient Medicaid services provided to patients. Hospitals began receiving hospital-specific base rates for inpatient services and GAP payments were eliminated. Hospitals throughout the state of North Carolina, including Novant Health hospitals, continue to pay an assessment in order to help fund this program. Novant Health paid \$40,566 in Medicaid Managed Care assessments in 2021.

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 the deconsolidation of Novant Health UVA Health System, 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 revenue from provider relief funds, earnings from investments in affiliates accounted for using the equity method of accounting, retail pharmacy revenue, revenue from management services agreements, revenue from pay-for-performance contracts, gains (losses) on sales 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.



# Novant Health, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### December 31, 2021 and 2020

---

*(in thousands of dollars)*

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.

#### **Reclassifications**

Certain balances in the prior fiscal year have been reclassified to conform to the presentation adopted in the current fiscal year.

### **3. COVID-19 Pandemic**

In December 2019, a novel strain of coronavirus, known as COVID-19, was first detected. The virus spread worldwide and on March 11, 2020, the World Health Organization designated the COVID-19 outbreak as a global pandemic. The spread of COVID-19 and the ensuing response of federal, state and local authorities resulted in a reduction in our patient volumes and also adversely impacted net patient service revenues as well as total operating expenses. Novant Health began experiencing improvement in patient volumes in June 2020 as restrictions were eased and elective surgeries and procedures were able to resume. During the year ended December 31, 2021, the COVID pandemic, and specifically the spread of the Delta and Omicron variants, continued to negatively impact patient volumes and operating expenses. Federal, state and local authorities have taken several actions designed to assist healthcare providers in providing care to COVID-19 and other patients to mitigate the adverse economic impact of the COVID-19 pandemic.

In response to the effect of COVID-19 on Novant Health's operating results and in accordance with the provisions of FASB ASC 350 Intangibles— Goodwill and Other and FASB ASC 360 Property, Plant and Equipment, the Company considered its long-lived and intangible assets for indicators of impairment. While COVID-19 has adversely impacted Novant Health's operating results, this impact was mitigated by the actions undertaken by Federal, state and local authorities, and the Company does not believe that the effects were significant enough to indicate impairment as of and for the years ended December 31, 2021 and 2020. As described above, patient volumes rebounded after the initial wave of the pandemic and the Company anticipates returning to pre-pandemic levels following the most recent waves. Novant Health will continue to assess potential indicators of impairment in all future periods.

# Novant Health, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### December 31, 2021 and 2020

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*(in thousands of dollars)*

#### **CARES Act Funding**

In response to COVID-19, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed into law on March 27, 2020. The CARES Act provides relief funds to hospitals and other healthcare providers on the front lines of the COVID-19 response. These funds are to be used to support healthcare related expenses or lost revenues attributable to COVID-19. During 2021 and 2020, Novant Health received \$21,151 and \$240,224 of CARES Act funding. For the years ended December 31, 2021 and 2020, \$30,385 and \$205,924 were recognized as other operating revenue in the consolidated statements of operations and changes in net assets. As of December 31, 2021 and 2020, \$21,117 and \$34,300, respectively, are included in estimated third-party payor settlements on the consolidated balance sheets and may be recorded as revenue in future periods or refunded, subject to certain terms and conditions and ongoing regulatory clarifications.

#### **Medicare Accelerated and Advanced Payment Program**

In April 2020, the Company requested funds under the Centers for Medicare and Medicaid Services' Accelerated and Advanced Payment ("MAP") Program designed to increase cash flow to Medicare providers and suppliers impacted by COVID-19. The MAP program allows eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. Novant Health received \$373,718 of MAP payments during 2020, with repayment to occur based upon the terms and conditions of the program. Repayment of these funds began in April 2021 and will continue through the earlier of February 2023 or whenever all funds are repaid. At December 31, 2021 funds of \$266,028 have not been repaid. This liability is included in accrued liabilities and employee benefits and other liabilities on the consolidated balance sheets as of December 31, 2021 and 2020.

#### **Employer Payroll Tax Deferrals**

Under the provisions of the CARES Act, in 2020, employers were allowed to defer payment of the employer share of the Social Security tax they otherwise are responsible for submitting to the federal government with respect to their employees. Employers generally are responsible for paying a 6.2 percent tax on employee wages. The provision required that the deferred employment tax be paid over the following two years, with half of the amount required to be paid by December 31, 2021, and the other half by December 31, 2022. The Company had \$35,989 and \$71,978 of payroll tax deferrals in accrued liabilities and employee benefits and other liabilities on the consolidated balance sheets as of December 31, 2021 and 2020, respectively.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

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*(in thousands of dollars)*

**4. Organizational Changes**

**Sale of Ownership Interest in Novant Health UVA Health System**

On May 18, 2021, Novant Health entered into an agreement to withdraw as a member of the Novant Health UVA Health System (the "JOC"). Closing of the transactions contemplated in the Withdrawal Agreement occurred on July 1, 2021, at which time Novant Health ceased to be a member of the JOC. During 2021 and 2020, the JOC contributed \$237,773 and \$450,800 in operating revenues and other support and \$5,656 and \$3,439 in operating income. Novant Health received \$237,810, of which \$54,544 related to debt defeasance and \$183,266 was in exchange for the sale. The sale resulted in a loss of \$29,682 which is included in other revenue in the consolidated statements of operations and changes in net assets for the year ended December 31, 2021.

**Acquisition of New Hanover Regional Medical Center**

On February 1, 2021, a wholly owned subsidiary of Novant Health, Inc. purchased substantially all of the assets of New Hanover Regional Medical Center ("NHRMC") located in Wilmington, NC as well as certain assets of New Hanover County used by New Hanover Regional Medical Center in the delivery of health care services. The purchase also includes ownership interest or board control of the subsidiaries of New Hanover Regional Medical Center, most significantly, its physician practices which provide patient care at 55 locations. NHRMC includes 800 licensed beds and is the primary referral hospital in the region, with specialty centers in cardiac, cancer, obstetrics, trauma, vascular surgery, intensive care, rehabilitation and psychiatry. The total purchase price paid for the acquisition was \$1,557,094. In order to finance the transaction, on January 29, 2021, Novant Health amended its Revolving Credit Agreement to increase the borrowing limit to \$1,600,000 and extend the maturity date to July 29, 2022. On April 8, 2021, Novant Health issued \$1,500,000 of taxable fixed rate bonds and subsequently used the proceeds of these bonds to pay down \$1,493,000 of the outstanding balance on the Revolving Credit Agreement.

The Company recognized the fair value of NHRMC and its subsidiaries in its consolidated balance sheet and included its operations in its consolidated statement of operations and changes in net assets beginning February 1, 2021. Accounting guidance requires that the purchase price be allocated to the assets acquired and liabilities assumed.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

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(in thousands of dollars)

Below is the impact of acquired assets and assumed liabilities as of February 1, 2021:

Cash and cash equivalents	\$	47,325
Accounts receivable		168,723
Other current assets		86,008
Assets limited as to use		200,000
Long-term investments		21,444
Property and equipment		783,790
Right-of-use assets		54,419
Goodwill (included in intangible assets and goodwill)		481,130
Corporate trade name (included in intangible assets and goodwill)		93,000
Certificate of need (included in intangible assets and goodwill)		15,000
Investments in affiliates		2,836
Other assets		9
Total assets acquired	<u>\$</u>	<u>1,953,684</u>
Accounts payable		69,982
Accrued liabilities		40,949
Current portion of operating lease liabilities		13,610
Estimated third-party payor settlements		7,317
Operating lease liabilities, net of current portion		40,855
Employee benefits and other liabilities		203,513
Total liabilities assumed	<u>\$</u>	<u>376,226</u>
Net assets with donor restrictions assumed	<u>\$</u>	<u>20,364</u>
Total consideration	<u>\$</u>	<u>1,557,094</u>

The transaction included the creation of a \$200,000 transition stabilization fund, funded by New Hanover County to provide for payment of certain wind down expenses of NHRMC. As these expenses relate to the activities and liabilities excluded from the purchase, the assets are shown as assets limited as to use and are offset by a liability included in accrued liabilities and employee benefits and other liabilities on the consolidated balance sheet as of December 31, 2021.

NHRMC contributed \$1,390,932 of operating revenues and other support and \$(29,999) of operating loss for the year ended December 31, 2021.

The following table provides certain unaudited pro forma information for Novant Health, Inc. as if the NHRMC acquisition had occurred at the beginning of the year ended December 31, 2020:

	<b>Year Ended December 31</b>	
	<u>2021</u>	<u>2020</u>
Operating revenues and other support	\$ 7,511,920	\$ 7,094,843
Operating income	348,817	288,012

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

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*(in thousands of dollars)*

**5. 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.

# **Novant Health, Inc. and Affiliates**

## **Notes to Consolidated Financial Statements**

### **December 31, 2021 and 2020**

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*(in thousands of dollars)*

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 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 2021 and 2020.

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, 2021 and 2020, additional revenue of \$22,700 and \$25,900, respectively, was recognized due to changes in estimates of implicit price concessions, discounts and contractual adjustments for performance obligations satisfied in prior years.

Subsequent changes that are determined to be the results of an adverse change in the patient's ability to pay are recorded as bad debt expense. Bad debt expense is reported as a component of supplies and other in the consolidated statements of operations and changes in net assets and was not significant for the years ended December 31, 2021 and 2020.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

---

*(in thousands of dollars)*

The composition of net patient service revenues by payor and type of service is as follows:

	<b>December 31, 2021</b>		
	<b>Acute Care Facilities</b>	<b>Outpatient Locations</b>	<b>Total</b>
Medicare	\$ 1,657,504	\$ 572,878	\$ 2,230,382
Medicaid	575,198	115,475	690,673
Managed care	2,447,157	1,144,611	3,591,768
Other	192,804	46,970	239,774
Self-pay	23,771	34,950	58,721
<b>Total</b>	<b>\$ 4,896,434</b>	<b>\$ 1,914,884</b>	<b>\$ 6,811,318</b>

	<b>December 31, 2020</b>		
	<b>Acute Care Facilities</b>	<b>Outpatient Locations</b>	<b>Total</b>
Medicare	\$ 1,089,219	\$ 440,236	\$ 1,529,455
Medicaid	392,724	86,309	479,033
Managed care	1,882,339	962,752	2,845,091
Other	112,754	37,764	150,518
Self-pay	23,425	25,272	48,697
<b>Total</b>	<b>\$ 3,500,461</b>	<b>\$ 1,552,333</b>	<b>\$ 5,052,794</b>

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, 2021, the factored notes and the related liabilities were \$49,435 and \$61,813, respectively. As of December 31, 2020, the factored notes and the related liabilities were \$54,001 and \$67,548, respectively.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

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(in thousands of dollars)

**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:

	<b>2021</b>	<b>2020</b>
Pharmacy revenue	\$ 310,195	\$ 207,202
Pay-for-performance contracts	67,531	54,364
Provider relief funds	30,385	240,224
Management services agreements	12,087	1,190
(Loss) gain on sale of consolidated entities	(29,682)	6,500
Equity in earnings of affiliates	(4,062)	17,685
Rental income	9,955	11,106
Other miscellaneous revenues	188,419	91,710
	<u>\$ 584,828</u>	<u>\$ 629,981</u>

**6. Charity Care and Community Benefit**

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 \$192,780 and \$179,072 for the years ended December 31, 2021 and 2020, 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 \$12,678 and \$3,596 for the years ended December 31, 2021 and 2020, respectively.

**7. Other Current Assets**

Other current assets consist of the following at December 31:

	<b>2021</b>	<b>2020</b>
Inventory	\$ 159,792	\$ 118,718
Prepays	78,237	54,157
Other receivables	105,123	86,379
	<u>\$ 343,152</u>	<u>\$ 259,254</u>



**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

---

(in thousands of dollars)

**8. 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 the following at December 31:

	<b>2021</b>	<b>2020</b>
Certificates of deposit	\$ 10,623	\$ 10,619
Fixed income - corporate and other	-	10,967
Fixed income - government securities	<u>400,817</u>	<u>309,156</u>
	<u>\$ 411,440</u>	<u>\$ 330,742</u>

**Assets Limited as to Use**

The designation of assets limited as to use at December 31 is as follows:

	<u><b>2021</b></u>		<u><b>2020</b></u>	
	<u><b>Current Portion</b></u>	<u><b>Long-Term Portion</b></u>	<u><b>Current Portion</b></u>	<u><b>Long-Term Portion</b></u>
Under general and professional liability funding arrangement held by trustee	\$ 9,111	\$ 6,477	\$ 12,645	\$ 22,140
Transition stabilization fund	8,000	54,757	-	-
Held by bond trustee	9,989	-	18,180	-
Designated by board to service benefit plans	<u>13,527</u>	<u>238,029</u>	<u>11,849</u>	<u>212,536</u>
	<u>\$ 40,627</u>	<u>\$ 299,263</u>	<u>\$ 42,674</u>	<u>\$ 234,676</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.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

(in thousands of dollars)

**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

	<b>December 31, 2021</b>			
	<b>At Fair Value</b>	<b>On Equity Method</b>	<b>At NAV</b>	<b>Total</b>
Cash and cash equivalents	\$ 250,106	\$ -	\$ -	\$ 250,106
U.S. equities	162,840	-	549,615	712,455
International equities	7,520	-	468,586	476,106
Fixed income - government securities	577,741	-	-	577,741
Fixed income - corporate and other	28,153	86,122	-	114,275
Hedge funds	-	473,291	-	473,291
Private equity	-	309,150	-	309,150
Emerging markets	1,523	-	208,621	210,144
Real estate and other	139,715	251,362	-	391,077
	<u>\$ 1,167,598</u>	<u>\$ 1,119,925</u>	<u>\$ 1,226,822</u>	<u>\$ 3,514,345</u>

	<b>December 31, 2020</b>			
	<b>At Fair Value</b>	<b>On Equity Method</b>	<b>At NAV</b>	<b>Total</b>
Cash and cash equivalents	\$ 108,733	\$ -	\$ -	\$ 108,733
U.S. equities	124,134	-	582,987	707,121
International equities	17,878	-	413,327	431,205
Fixed income - government securities	574,936	-	-	574,936
Fixed income - corporate and other	5,448	94,326	-	99,774
Hedge funds	-	422,110	-	422,110
Private equity	-	152,126	-	152,126
Emerging markets	33,370	-	199,253	232,623
Real estate and other	57,469	198,574	-	256,043
	<u>\$ 921,968</u>	<u>\$ 867,136</u>	<u>\$ 1,195,567</u>	<u>\$ 2,984,671</u>

Long-term investments carried at net asset value ("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 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, 2021 and 2020 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.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

---

*(in thousands of dollars)*

The Company's investments in hedge funds include funds structured as limited partnerships, 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 13.5% and 14.1% of total long-term investments held at December 31, 2021 and 2020, 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, 2021 and 2020, Novant Health had future commitments of \$350,903 and \$343,566, 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:

	<b>2021</b>	<b>2020</b>
<b>Income</b>		
Interest and dividend income	\$ 51,224	\$ 37,518
Net realized gains	322,620	37,347
Net unrealized gains	<u>78,971</u>	<u>126,958</u>
	<u>\$ 452,815</u>	<u>\$ 201,823</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 \$7,636 and \$7,629 for the years ended December 31, 2021 and 2020, respectively.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

---

(in thousands of dollars)

**Liquidity and Availability**

As of December 31, 2021 and 2020, Novant Health has working capital of \$1,014,052 and \$699,136, respectively.

Financial assets at year-end:	2021	2020
Cash and cash equivalents	\$ 795,602	\$ 711,822
Accounts receivable, net	896,263	670,736
Short-term investments	411,440	330,742
Assets limited as to use	339,890	277,350
Receivable for settlement with third-party payors	16,315	25,109
Other current assets	105,123	86,379
Long-term investments	3,514,345	2,984,671
Other assets	47,136	37,665
Total financial assets	\$ 6,126,114	\$ 5,124,474
Less amounts not available:		
Long-term investments with liquidity horizons greater than one year	696,697	459,562
Assets limited as to use	339,890	277,350
Donor restricted funds	90,922	84,836
Financial assets not available to be used within one year	\$ 1,127,509	\$ 821,748
Financial assets available to meet general expenditures within one year	\$ 4,998,605	\$ 4,302,726

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 \$300,000 line of credit, as discussed in Note 16, *Long-Term Debt*. As of December 31, 2021, \$300,000 was available on the line of credit. As of December 31, 2021, the Company was in compliance with financial covenants as discussed in Note 16, *Long-Term Debt*.

# Novant Health, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### December 31, 2021 and 2020

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*(in thousands of dollars)*

#### 9. 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 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.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

---

*(in thousands of dollars)*

As of December 31, 2021 and 2020, 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.

**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.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

(in thousands of dollars)

The following table summarizes fair value measurements, by level, at December 31, 2021 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			Total
	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	
<b>Assets</b>				
Short-term investments:				
Certificates of deposit	\$ -	\$ 10,623	\$ -	\$ 10,623
Fixed income - government securities	-	400,817	-	400,817
Total short-term investments	-	411,440	-	411,440
Assets limited as to use:				
Cash and cash equivalents	94,758	-	-	94,758
U.S. equities	211,620	-	-	211,620
International equities	7,153	-	-	7,153
Fixed income - government securities	11,093	10,462	-	21,555
Fixed income - corporate and other	131	4,673	-	4,804
Total assets limited as to use	324,755	15,135	-	339,890
Long-term investments:				
Cash and cash equivalents	250,106	-	-	250,106
U.S. equities	132,607	-	30,233	162,840
International equities	7,520	-	-	7,520
Fixed income - government securities	975	576,766	-	577,741
Fixed income - corporate and other	28,000	153	-	28,153
Emerging markets	1,523	-	-	1,523
Other exchange traded funds	139,715	-	-	139,715
Total long-term investments	560,446	576,919	30,233	1,167,598
Total assets at fair value	\$ 885,201	\$ 1,003,494	\$ 30,233	\$ 1,918,928
<b>Liabilities</b>				
Accrued liabilities	\$ 13,527	\$ -	\$ -	\$ 13,527
Derivative financial instruments	-	39,260	-	39,260
Deferred compensation liabilities	234,257	-	-	234,257
Total liabilities at fair value	\$ 247,784	\$ 39,260	\$ -	\$ 287,044

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

(in thousands of dollars)

The following table summarizes fair value measurements, by level, at December 31, 2020 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			Total
	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	
<b>Assets</b>				
Short-term investments:				
Certificates of deposit	\$ -	\$ 10,619	\$ -	\$ 10,619
Fixed income - corporate and other	-	10,967	-	10,967
Fixed income - government securities	-	309,156	-	309,156
Total short-term investments	-	330,742	-	330,742
Assets limited as to use:				
Cash and cash equivalents	41,123	-	-	41,123
U.S. equities	176,795	-	-	176,795
International equities	6,306	-	-	6,306
Fixed income - government securities	18,474	22,701	-	41,175
Fixed income - corporate and other	564	11,387	-	11,951
Total assets limited as to use	243,262	34,088	-	277,350
Long-term investments:				
Cash and cash equivalents	108,733	-	-	108,733
U.S. equities	111,772	-	12,362	124,134
International equities	17,878	-	-	17,878
Fixed income - government securities	-	574,936	-	574,936
Fixed income - corporate and other	5,243	205	-	5,448
Emerging markets	33,370	-	-	33,370
Other exchange traded funds	57,469	-	-	57,469
Total long-term investments	334,465	575,141	12,362	921,968
Total assets at fair value	\$ 577,727	\$ 939,971	\$ 12,362	\$ 1,530,060
<b>Liabilities</b>				
Accrued liabilities	\$ 11,654	\$ -	\$ -	\$ 11,654
Derivative financial instruments	-	51,803	-	51,803
Deferred compensation liabilities	198,519	-	-	198,519
Total liabilities at fair value	\$ 210,173	\$ 51,803	\$ -	\$ 261,976



**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

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(in thousands of dollars)

The table below sets forth a summary of the changes in the fair value of the Level 3 investment for the years ended December 31, 2021 and 2020:

	<b>U.S. Equities</b>
Balance at December 31, 2020	\$ 12,362
New investments	16,501
Distribution received	(2,027)
Unrealized gain	<u>3,397</u>
Balance at December 31, 2021	<u>\$ 30,233</u>
Balance at December 31, 2019	\$ -
Transfer in of Level 3 investment	9,650
Unrealized gain	<u>2,712</u>
Balance at December 31, 2020	<u>\$ 12,362</u>

During 2021, there were no transfers between levels. During 2020, the Company transferred \$9,650 from investments in affiliates to long-term investments as it was determined that the investment was to be held for the long-term and our primary objective is capital appreciation of the preferred stock.

**10. Property and Equipment**

Property and equipment consists of the following at December 31:

	<b>2021</b>	<b>2020</b>
Land and land improvements	\$ 413,167	\$ 409,302
Leasehold improvements	571,760	267,520
Buildings and building improvements	2,599,209	2,388,551
Equipment	1,899,791	2,101,953
Software	620,015	539,339
Construction-in-progress	<u>186,120</u>	<u>155,046</u>
	6,290,062	5,861,711
Less: Accumulated depreciation	<u>(3,406,832)</u>	<u>(3,461,642)</u>
	<u>\$ 2,883,230</u>	<u>\$ 2,400,069</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 2021 or 2020.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

(in thousands of dollars)

Depreciation expense for the years ended December 31, 2021 and 2020 was \$333,471 and \$257,293, respectively. Construction contracts of approximately \$592,588 exist for the construction of new hospitals and facilities, expansion of existing hospitals and facility renovations. At December 31, 2021, the remaining commitment on these contracts was \$371,107.

**11. 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:

Component of Lease Balances	Classification in Consolidated Balance Sheets	2021	2020
<b>Assets:</b>			
Operating lease assets		\$ 512,989	\$ 486,099
Finance lease assets		7,122	7,255
Total leased assets		<u>\$ 520,111</u>	<u>\$ 493,354</u>
<b>Liabilities:</b>			
Operating lease liabilities			
Current		\$ 106,774	\$ 88,796
Long-term		<u>429,628</u>	<u>418,011</u>
Total operating lease liabilities		536,402	506,807
Finance lease liabilities			
Current	Current portion of long-term debt	1,248	857
Long-term	Long-term debt, net of current portion	<u>6,317</u>	<u>6,467</u>
Total finance lease liabilities		<u>7,565</u>	<u>7,324</u>
Total lease liabilities		<u>\$ 543,967</u>	<u>\$ 514,131</u>

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 ("short-term leases") are not recorded in the consolidated balance sheets.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

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(in thousands of dollars)

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 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 our 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.

The following table presents certain information related to lease expense for finance and operating leases for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Operating leases <sup>(1)</sup>	\$ 125,226	\$ 106,690
Variable lease expense <sup>(1)</sup>	12,402	11,735
Finance lease expense:		
Amortization of leased assets	539	492
Interest on lease liabilities	40	47
	<u>\$ 138,207</u>	<u>\$ 118,964</u>

<sup>(1)</sup> 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:

	<u>2021</u>	<u>2020</u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows for operating leases	\$ 121,228	\$ 102,015
Operating cash flows for finance leases	506	441
Financing cash flows for finance leases	40	47

The Company entered into agreements to obtain right-of-use assets that created lease liabilities which resulted in noncash operating activities of \$67,454 and \$59,384 and noncash financing and investing activities of \$0 and \$7,288 for the years ended December 31, 2021 and 2020, respectively.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

---

(in thousands of dollars)

Future maturities of lease liabilities at December 31, 2021 are presented in the following table:

	<u>Operating Leases</u>	<u>Finance Leases</u>	<u>Total</u>
2022	\$ 117,766	\$ 1,275	\$ 119,041
2023	104,433	1,288	105,721
2024	87,905	1,298	89,203
2025	72,169	896	73,065
2026	59,746	777	60,523
Thereafter	141,019	2,174	143,193
Total lease payments	583,038	7,708	590,746
Less: Imputed interest	(46,636)	(143)	(46,779)
Total lease obligations	536,402	7,565	543,967
Less: Current obligations	(106,774)	(1,248)	(108,022)
Long-term lease obligations	\$ 429,628	\$ 6,317	\$ 435,945

At December 31, 2021, the weighted average remaining lease term for operating leases is 6.7 years and the weighted average discount rate is 2.4%. For finance leases, the weighted average remaining lease term is 6.6 years and the weighted average discount rate is 5.1%.

Novant Health is also a lessor and sublessor of real estate under operating leases. At December 31, 2021 and 2020, \$12,506 and \$12,283, respectively, of deferred rent was recorded in the consolidated balance sheets as a component of other assets. Lease income for the periods ended December 31, 2021 and 2020 was \$9,955 and \$11,106, 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.

At December 31, 2021 and 2020, land and buildings with a net book value of \$12,718 and \$14,888, respectively, were leased to various unrelated health care organizations, with terms ranging from six months to five years. These assets are included in property and equipment, net on the consolidated balance sheets.

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 64 years with no options to extend.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

(in thousands of dollars)

The future undiscounted cash flows to be received from these leases are as follows:

<b>Years Ending December 31</b>	
2022	\$ 5,475
2023	3,484
2024	3,155
2025	2,690
2026	2,415
Thereafter	<u>118,930</u>
	<u>\$ 136,149</u>

**12. Intangible Assets and Goodwill**

Intangible assets consist of the following at December 31:

	<u>Gross</u> <u>Intangible</u>	<u>Accumulated</u> <u>Amortization</u>	<u>Net</u> <u>Intangible</u>
<b>Balance at December 31, 2021</b>			
Unamortized intangible assets			
Certificates of need	\$ 73,688	\$ -	\$ 73,688
Total unamortized intangible assets	<u>73,688</u>	<u>-</u>	<u>73,688</u>
Amortized intangible assets			
Business relationships	44,299	(23,757)	20,542
Corporate trade name and other intangibles	<u>109,753</u>	<u>(10,139)</u>	<u>99,614</u>
Total amortized intangible assets	<u>154,052</u>	<u>(33,896)</u>	<u>120,156</u>
Total intangible assets	<u>\$ 227,740</u>	<u>\$ (33,896)</u>	<u>\$ 193,844</u>
<b>Balance at December 31, 2020</b>			
Unamortized intangible assets			
Certificates of need	\$ 67,311	\$ -	\$ 67,311
Total unamortized intangible assets	<u>67,311</u>	<u>-</u>	<u>67,311</u>
Amortized intangible assets			
Business relationships	44,299	(22,009)	22,290
Corporate trade name and other intangibles	<u>25,161</u>	<u>(8,150)</u>	<u>17,011</u>
Total amortized intangible assets	<u>69,460</u>	<u>(30,159)</u>	<u>39,301</u>
Total intangible assets	<u>\$ 136,771</u>	<u>\$ (30,159)</u>	<u>\$ 106,612</u>

Amortization expense related to intangible assets was \$5,540 and \$2,728 for the periods ended December 31, 2021 and 2020, respectively. Estimated annual amortization expense for intangible assets for the year 2021 is \$5,599 per year for 2022 through 2026.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

---

*(in thousands of dollars)*

The following table summarizes the changes in the carrying amount of goodwill for the years ended December 31:

	<b>2021</b>	<b>2020</b>
<b>As of January 1</b>		
Goodwill, net of accumulated amortization	\$ 235,585	\$ 241,596
Accumulated impairment losses	<u>(32,150)</u>	<u>(37,563)</u>
	203,435	204,033
Additions	481,129	-
Disposals	<u>(24,159)</u>	<u>(598)</u>
	<u>660,405</u>	<u>203,435</u>
<b>As of the end of the period</b>		
Goodwill, net of accumulated amortization	692,555	235,585
Accumulated impairment losses	<u>(32,150)</u>	<u>(32,150)</u>
	<u>\$ 660,405</u>	<u>\$ 203,435</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. No impairment charges to amortizable intangible assets were recorded as a result of this review in 2021 or 2020. 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.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

(in thousands of dollars)

**13. Investments in Affiliates**

Novant Health has noncontrolling interests in 23 healthcare related entities. The Company's ownership interests in the entities range from 8.0% to 51.0%. These investments are accounted for using either the equity method or a measurement alternative.

A summary of investments, ownership percentages, investment amounts and the Company's share of earnings for the years ended December 31, 2021 and 2020 is as follows:

Investee	% Ownership		Investment Balance		Share of Earnings of Investee	
	2021	2020	2021	2020	2021	2020
Advanced Services	23%	23%	\$ 4,319	\$ 5,253	\$ 1,403	\$ 10,697
Radiation Oncology Centers of the Carolinas LLC	50%	50%	16,265	15,981	2,860	3,014
Novant Health Rehabilitation Hospital	50%	50%	18,104	15,626	2,478	2,210
Providence Plaza LLC	30%	30%	4,692	4,636	325	280
Other	Various	Various	10,574	13,458	(11,128)	1,484
			<u>\$ 53,954</u>	<u>\$ 54,954</u>	<u>\$ (4,062)</u>	<u>\$ 17,685</u>

The following table presents summarized financial information related to investments in the above noncontrolled entities as of December 31:

	2021	2020
Assets	\$ 199,941	\$ 194,936
Liabilities	94,462	106,797
Equity	105,479	88,139
Total revenue	95,516	141,066
Total expenses	96,136	82,328
Net income	(620)	58,738
Novant Health's share of net income	(4,062)	17,685

**14. Other Assets**

Other assets consist of the following at December 31:

	2021	2020
Notes receivable and other	\$ 71,135	\$ 70,764
Cash surrender value of insurance policies	37,011	32,681
Deferred rent income	12,507	12,283
Pledges receivable	10,125	4,984
Reinsurance receivables	5,101	7,541
	<u>\$ 135,879</u>	<u>\$ 128,253</u>

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

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*(in thousands of dollars)*

**15. Accrued Liabilities**

Accrued liabilities consist of the following at December 31:

	<b>2021</b>	<b>2020</b>
Accrued compensation	\$ 371,861	\$ 335,863
Medicare advanced payments, current portion	224,835	173,385
Payroll taxes and withholdings	44,138	39,754
Interest	13,224	6,562
Postretirement benefit liability	1,292	1,267
Other accrued liabilities	105,420	80,650
Self-insurance		
Employee medical claims liability	34,688	27,472
Malpractice and workers' compensation liability, current portion	15,002	17,720
	<u>\$ 810,460</u>	<u>\$ 682,673</u>

**16. Long-Term Debt**

Following is a summary of long-term debt at December 31:

	<b>2021</b>	<b>2020</b>
Tax-exempt revenue bonds	\$ 625,300	\$ 775,575
Taxable revenue bonds	<u>1,750,000</u>	<u>250,000</u>
Total bonds	2,375,300	1,025,575
Taxable term loan	264,165	264,165
Finance lease obligations and other notes payable	<u>16,236</u>	<u>19,648</u>
	2,655,701	1,309,388
Unamortized premium or discount, net	22,686	27,622
Unamortized debt issuance costs, net	<u>(13,468)</u>	<u>(6,175)</u>
	2,664,919	1,330,835
Less: Current maturities	<u>(54,637)</u>	<u>(54,848)</u>
	<u>\$ 2,610,282</u>	<u>\$ 1,275,987</u>



**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

---

*(in thousands of dollars)*

**Tax-Exempt Revenue Bonds**

Novant Health has tax-exempt financing agreements through conduit issuers. These bonds are comprised of the following at December 31:

	<b>2021</b>	<b>2020</b>
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	119,210	120,135
Series 2013 B 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	-	136,360
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	64,105	77,095
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>\$ 625,300</u>	<u>\$ 775,575</u>

In 2003, Novant Health entered into a new Master Trust Indenture (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.

# Novant Health, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### December 31, 2021 and 2020

---

*(in thousands of dollars)*

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 comply with certain covenants, including the maintenance of a minimum debt service coverage ratio and a minimum number of days cash on hand. As of December 31, 2021 and 2020, Novant Health is in compliance with these bond 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 expires April 1, 2025. 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, 2021 and 2020.

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 have a term of seven years and will expire in December 2024.

In July 2021, the Series 2013 B bonds were defeased with cash in conjunction with Novant Health's withdrawal from Novant Health UVA Health System. The bonds were defeased until they are callable on November 1, 2022. The transaction resulted in a loss of \$4,456 including the write off of \$4,436 in unamortized bond premiums and \$796 in unamortized issuance costs.

#### **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 with principal payments due annually beginning in 2023 through the maturity date of April 1, 2030. The proceeds were used to call the Series 2010 A bonds and repay them at face value on November 1, 2020.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

---

*(in thousands of dollars)*

**Other Long-Term Debt**

Other long-term debt consists of a promissory note related to the redemption of a membership interest and various loans and notes on buildings and finance leases, bearing interest at rates ranging from 0.81% to 12.15%. Scheduled maturities of all long-term debt are as follows:

**Years Ending December 31**

2022	\$	17,810
2023		24,017
2024		19,959
2025		17,948
2026		18,577
Thereafter		<u>2,557,390</u>
	\$	<u>2,655,701</u>

Novant Health capitalized \$1,765 and \$5,437 of interest in 2021 and 2020, respectively.

**Revolving Credit Facility**

In April 2020, Novant Health entered into a \$950,000 Revolving Credit Agreement. Effective January 29, 2021, the Senior Revolving Credit agreement was amended to increase the borrowing limit to \$1,600,000 and extend the maturity date to July 29, 2022. The full available amount was borrowed to fund the acquisition of New Hanover Regional Medical Center's assets. The proceeds of the issuance of the Series 2021 A Bonds were used to pay down \$1,493,000 of the outstanding balance. The remaining balance was paid with cash. In April 2021, the available balance was reduced to \$300,000. Borrowings bear interest at variable rates. At December 31, 2021, \$300,000 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.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

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*(in thousands of dollars)*

**17. Short-Term Borrowings**

Short-term borrowings consist primarily of securities repurchase transactions. Securities repurchase transactions are conducted by the Company under a standardized securities industry master agreement, amended to suit the specificities of each respective counter-party. These agreements generally provide detail as to the nature of the transaction, including provisions for payment netting, established parameters concerning the ownership and custody of the collateral securities, including the right to substitute collateral during the term of the agreement, and provide for remedies in the event of default by either party. The Company's securities repurchase agreements are accounted for as a secured borrowing and are reported in the consolidated balance sheets as short-term borrowings. The Company posts collateral in the form of U.S. treasury, agency securities and treasury inflation protected securities and receives an amount ranging from 94% to 98% of the fair value of the securities to be repurchased during January 2022 at interest rates ranging from 0.25% to 3.00%. At December 31, 2021 and 2020, the fair value amounts outstanding were \$124,518 and \$149,592, respectively. The interest rate on the outstanding balances at December 31, 2021 is 0.14%. The maturity dates of the agreements are under four weeks.

**18. 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 are based on an aggregate notional amount of \$64,105. Novant Health receives a variable rate which is tied to 68% of LIBOR, and pays a fixed rate of 3.679% and 3.621% for the \$46,300 and \$17,805 notional amounts, respectively. The swaps have been designated as cash flow hedges and are carried on the consolidated balance sheets at fair value. In the fourth quarter of 2018, the hedging relationship ceased to be highly effective and hedge accounting was discontinued.

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 LIBOR 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:

	<b>2021</b>	<b>2020</b>
Change in fair value of non-hedged interest rate swaps	\$ 12,543	\$ (7,906)
Amortization of deferred loss	(2,984)	(3,180)
	<u>\$ 9,559</u>	<u>\$ (11,086)</u>

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

---

*(in thousands of dollars)*

**19. Employee Benefits and Other Liabilities**

Employee benefits and other liabilities consist of the following at December 31:

	<b>2021</b>	<b>2020</b>
Deferred compensation liabilities	\$ 234,257	\$ 198,519
Employee benefits and other	67,470	119,796
Transition stabilization fund	54,757	-
Medicare advanced payments, net of current portion	41,193	200,333
Self-insurance malpractice and workers' compensation, net of current portion	42,515	44,139
Deferred gains	4,276	3,451
Postretirement benefit liability, net of current portion	19,459	20,955
Pension liability, net of current portion	2,225	2,390
	<u>\$ 466,152</u>	<u>\$ 589,583</u>

**20. Income Taxes**

The provision for federal and state income taxes is as follows:

	<b>2021</b>	<b>2020</b>
<b>Current tax expense (benefit)</b>		
Federal	\$ 2,957	\$ (892)
State	550	97
	<u>3,507</u>	<u>(795)</u>
<b>Deferred tax expense (benefit)</b>		
Federal	1,209	1,422
State	77	(122)
	<u>1,286</u>	<u>1,300</u>
	<u>\$ 4,793</u>	<u>\$ 505</u>

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

---

*(in thousands of dollars)*

The components of deferred taxes are as follows:

	<b>2021</b>	<b>2020</b>
<b>Deferred tax assets</b>		
Loss carryforwards	\$ 15,370	\$ 16,493
Deferred charge for intercompany transfer	4,074	5,329
Allowance for doubtful accounts	715	954
Accrued expenses	3,332	3,748
Future deductions- operating leases	3,092	3,360
Total deferred tax assets	<u>26,583</u>	<u>29,884</u>
<b>Deferred tax liabilities</b>		
Intangible assets	(5,873)	(5,840)
Property and equipment	(85)	(564)
Right-of-use assets	(3,032)	(3,295)
Other	-	(1,087)
Total deferred tax liabilities	<u>(8,990)</u>	<u>(10,786)</u>
Valuation allowance	<u>(18,814)</u>	<u>(18,975)</u>
Net deferred tax (liability) asset	<u>\$ (1,221)</u>	<u>\$ 123</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 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.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

---

*(in thousands of dollars)*

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, 2021 and 2020, management has determined that based on all available evidence, a valuation allowance of \$18,814 and \$18,975, respectively, is appropriate.

As of December 31, 2021, the Company had approximately \$74,009 of federal and \$50,135 of state loss carryforwards available to reduce taxable income. \$62,324 of the loss carryforwards expire through 2039 and the remainder do not expire. In addition, at December 31, 2021, the Company had approximately \$9,868 of federal and \$614 of state 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:

	<b>2021</b>	<b>2020</b>
Federal taxes	\$ 4,166	\$ 530
State income taxes	<u>627</u>	<u>(25)</u>
	<u>\$ 4,793</u>	<u>\$ 505</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, 2021 and 2020.

**21. 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, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

(in thousands of dollars)

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, 2021 and 2020 was \$20,751 and \$22,222, respectively. The expense associated with these plans totaled \$(503) for 2021 and \$1,439 for 2020. The discount rate used in determining the benefit obligation ranged between 2.10% and 2.65% for 2021 and 1.70% and 2.35% for 2020. The health care costs increase trend rate used was 6.25% in 2021 and 6.75% in 2020. The health care cost increase trend rate is projected to gradually decline to 4.50% by 2027.

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 \$110,294 and \$87,444 in 2021 and 2020, respectively.

Certain Novant Health consolidated affiliates 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 affiliates contribute predetermined amounts for each full-time and part-time employee, which is allocated to the various benefit options in accordance with the participant's election. Affiliate contributions to these plans were approximately \$300,391 in 2021 and \$282,126 in 2020.

**22. 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:

	<u>Total</u>	<u>Controlling Interest</u>	<u>Noncontrolling Interests</u>
<b>Balance at January 1, 2020</b>	\$ 4,501,790	\$ 4,420,971	\$ 80,819
Excess (deficit) of revenues over expenses	382,155	382,401	(246)
Change in funded status of defined benefit plans	(878)	(878)	-
Amortization of deferred loss on derivative financial instruments	3,180	3,180	-
Other changes in net assets without donor restrictions	<u>(1,184)</u>	<u>137</u>	<u>(1,321)</u>
<b>Balance at December 31, 2020</b>	4,885,063	4,805,811	79,252
Excess of revenues over expenses	811,999	811,409	590
Deconsolidation of Novant Health UVA Health System	(60,185)	582	(60,767)
Change in funded status of defined benefit plans	1,206	1,206	-
Amortization of deferred loss on derivative financial instruments	2,984	2,984	-
Other changes in net assets without donor restrictions	<u>(3,449)</u>	<u>8,951</u>	<u>(12,400)</u>
<b>Balance at December 31, 2021</b>	<u>\$ 5,637,618</u>	<u>\$ 5,630,943</u>	<u>\$ 6,675</u>



**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

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*(in thousands of dollars)*

**23. Net Assets with Donor Restrictions**

Donor restricted net assets are available for the following purposes as of December 31:

	<b>2021</b>	<b>2020</b>
Buildings and equipment	\$ 19,278	\$ 41,777
Clinical care, research and academic	50,992	27,651
Charity care	7,965	6,841
Other	12,687	8,567
	<u>\$ 90,922</u>	<u>\$ 84,836</u>

**24. 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, 2021 and 2020, undiscounted professional and general liability loss reserves of \$57,517 and \$61,859, respectively, are included in current liabilities and employee benefits and other liabilities on the consolidated balance sheets. Expenses related to these plans amounted to \$26,060 and \$19,181 in 2021 and 2020, respectively.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

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*(in thousands of dollars)*

**25. 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, 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 care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

At December 31, 2021, the Company had guarantees for payment of the indebtedness and lease agreements of certain equity method investees. The maximum potential amount of future payments under these agreements was approximately \$26,292. These guarantees extend until October 2026 based on the payment schedule of the underlying agreements. At December 31, 2021, approximately \$675 has been recorded in the consolidated balance sheet for the Company's obligations under these guarantees.

**26. Concentrations of Credit Risk**

Novant Health provides services primarily to the residents of various counties within North Carolina, South Carolina and Virginia 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:

	<b>2021</b>	<b>2020</b>
Medicare	27.2%	28.8%
Medicaid	8.9%	4.7%
Other third-party payors	59.8%	62.3%
Patients	4.1%	4.2%
	<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.

**Novant Health, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2021 and 2020**

(in thousands of dollars)

**27. 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. Expenses relating to providing these services are as follows:

	<b>December 31, 2021</b>			
	<b>Health Care Services</b>		<b>Support Services</b>	
	<b>Acute Care Facilities</b>	<b>Outpatient Locations</b>	<b>General &amp; Administrative</b>	<b>Total</b>
Salaries and employee benefits	\$ 2,011,252	\$ 1,584,897	\$ 328,017	\$ 3,924,166
Supplies and other	1,781,874	664,654	239,114	2,685,642
Depreciation and amortization expense	206,522	51,345	81,766	339,633
Interest expense	60,841	7,748	9,107	77,696
Other non-operating expenses	(228)	1,884	8,169	9,825
<b>Total expenses</b>	<b>\$ 4,060,261</b>	<b>\$ 2,310,528</b>	<b>\$ 666,173</b>	<b>\$ 7,036,962</b>

	<b>December 31, 2020</b>			
	<b>Health Care Services</b>		<b>Support Services</b>	
	<b>Acute Care Facilities</b>	<b>Outpatient Locations</b>	<b>General &amp; Administrative</b>	<b>Total</b>
Salaries and employee benefits	\$ 1,414,131	\$ 1,333,086	\$ 335,891	\$ 3,083,108
Supplies and other	1,332,862	595,005	145,223	2,073,090
Depreciation and amortization expense	147,261	46,507	66,283	260,051
Interest expense	62,744	8,390	6,888	78,022
Other non-operating expenses	(42)	2,349	5,865	8,172
<b>Total expenses</b>	<b>\$ 2,956,956</b>	<b>\$ 1,985,337</b>	<b>\$ 560,150</b>	<b>\$ 5,502,443</b>

# Novant Health, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### December 31, 2021 and 2020

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(in thousands of dollars)

#### 28. Subsequent Events

The Company evaluated subsequent events and transactions for potential recognition or disclosure in the consolidated financial statements through March 28, 2022, the day the consolidated financial statements were issued.

#### 29. Significant Recent Accounting Pronouncements

In January 2017, the FASB issued ASU 2017-04, *Simplifying the Test for Goodwill Impairment*. The new guidance eliminates the requirement to calculate the implied fair value of goodwill (i.e., Step 2 of the current goodwill impairment test) to measure a goodwill impairment charge. Instead, entities will record an impairment charge based on the excess of a reporting unit's carrying amount over its fair value (i.e., measure the charge based on the current Step 1). This guidance is effective for Novant Health on January 1, 2022. The adoption of this guidance would only impact Novant Health's consolidated financial statements in situations where there is impairment of a reporting unit.

In August 2018, the FASB issued ASU 2018-15, *Intangibles – Goodwill and Other – Internal-Use Software (Subtopic 350-40), Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement that is a Service Contract*. This guidance aligns the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software (and hosting arrangements that include an internal-use software license). The guidance also requires that the capitalized costs be expensed over the term of the hosting arrangement and that the expense and cash flows of the capitalized expense be presented in the same place on the statements of operations and statements of cash flows, respectively. Similarly, the capitalized costs are required to be presented on the balance sheets in the same line item that a prepayment of the fees of the associated hosting arrangement would be presented. This guidance was effective for Novant Health on January 1, 2020 and is being applied prospectively to all implementation costs incurred after the date of adoption. Implementation of this guidance did not have a significant impact on the consolidated financial statements of Novant Health.

In May 2019, the FASB issued ASU 2019-06, *Intangibles - Goodwill and Other (Topic 350), Business Combinations (Topic 805), and Not-for-Profit Entities (Topics 958)*. This guidance extends certain private company alternatives to not-for-profit entities, allowing the amortization of goodwill on a straight-line basis over ten years or less. If this accounting alternative is elected, an accounting policy election must also be made to test goodwill at either the entity level or the reporting unit level. Goodwill is required to be tested for impairment when a triggering event occurs that indicates that the fair value of the entity may be below its carrying amount. An election is also allowed on a prospective basis to subsume into goodwill and amortize customer-related intangible assets that are not capable of being sold or licensed independently and all noncompete agreements. If this election is adopted, the election to amortize goodwill must also be adopted. Novant Health has not elected these alternatives at this time.

# Novant Health, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### December 31, 2021 and 2020

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(in thousands of dollars)

In March 2020, the FASB issued ASU 2020-04, *Reference Rate Reform (Topic 848)* and has subsequently issued supplemental and/or clarifying ASUs (collectively "ASC 848"). This guidance provides relief from the application of certain guidance during the transition to alternative reference rates. Optional expedients are provided for contract modification that replace a reference rate affected by reference rate reform and related contemporaneous modifications. Exceptions are provided for changes to the critical terms of a hedging relationship due to reference rate reform. Expedients are provided for cash flow hedging relationships and fair value hedging relationships. These provisions are available until December 31, 2022. Novant Health is currently evaluating the effect of reference rate reform on its contracts, but the availability of these expedients and exceptions is expected to reduce the impact of reference rate reform on the consolidated financial statements of Novant Health.

In March 2021, the FASB issued ASU 2021-03, *Intangibles - Goodwill and Other (Topic 350): Accounting Alternative for Evaluating Triggering Events*. The amendments in this update provide private companies and not-for-profit entities with an accounting alternative to perform the goodwill impairment triggering event evaluation as required in Subtopic 350-20 as of the end of the reporting period, whether the reporting period is an interim or annual period. An entity that elects this alternative is not required to monitor for goodwill impairment triggering events during the reporting period but, instead, should evaluate the facts and circumstances as of the end of each reporting period to determine whether a triggering event exists and, if so, whether it is more likely than not that goodwill is impaired. An entity that does not elect the accounting alternative for amortizing goodwill and that performs its annual impairment test as of a date other than the annual reporting date should perform a triggering event evaluation only as of the end of the reporting period. Novant Health adopted this guidance via election effective October 1, 2021. Adoption of this guidance did not have a significant impact on the consolidated financial statements of Novant Health.

In October 2021, the FASB issued ASU 2021-08, *Business Combinations (Topic 805): Accounting for Contract Assets and Contract Liabilities from Contracts with Customers*. The guidance requires entities engaged in a business combination to recognize and measure contract assets acquired and contract liabilities assumed in accordance with ASC 606, *Revenue from Contracts with Customers*, rather than at fair value on the acquisition date. This guidance is effective for Novant Health on January 1, 2023 and early adoption is permitted. This guidance is not expected to have a significant impact on the consolidated financial statements of Novant Health.

## **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 its affiliates as of and for the year ended December 31, 2021 and our report thereon appears on pages 1 and 2 of this document 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, 2021 and the supplemental schedule of cost of community benefit programs for the year ended December 31, 2021 appearing on pages 52 – 58 (collectively referred to herein as the “information”) are presented for purposes of additional analysis and is not a required part of the consolidated financial statements nor is it intended to present the financial position, results of operation and cash flows of the individual entities. The 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 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. In our opinion, the information, excluding the schedule of costs of community benefit programs information marked “unaudited,” is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The schedule of costs of community benefit programs information marked “unaudited” has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements, accordingly, we do not express an opinion or provide any assurance on it.

*PricewaterhouseCoopers LLP*

March 28, 2022

**Novant Health, Inc. and Affiliates**  
**Schedule of Cost of Community Benefit Programs (unaudited)**  
**December 31, 2021**

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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:

	<b>2021</b>
Traditional charity care	\$ 192,780
Unpaid cost of Medicare	727,846
Unpaid cost of Medicaid	111,485
Community benefit programs	<u>91,614</u>
	<u>\$ 1,123,725</u>

As discussed in Note 2 in the accompanying consolidated financial statements, Novant Health received supplemental Medicaid payments during 2021. These amounts are included in the community benefit amount for 2021.



**Novant Health, Inc. and Affiliates**  
**Consolidating Balance Sheet**  
**December 31, 2021**

<i>(in thousands of dollars)</i>	<b>Combined Group</b>	<b>Unrestricted Affiliates</b>	<b>Eliminations</b>	<b>Total</b>
<b>Assets</b>				
<b>Current assets</b>				
Cash and cash equivalents	\$ 573,852	\$ 221,750	\$ -	\$ 795,602
Accounts receivable, net	815,295	80,968	-	896,263
Short-term investments	411,280	160	-	411,440
Current portion of assets limited as to use	31,516	9,111	-	40,627
Receivable for settlement with third-party payors	15,084	1,231	-	16,315
Other current assets	334,336	45,832	(37,016)	343,152
Total current assets	2,181,363	359,052	(37,016)	2,503,399
<b>Assets limited as to use</b>				
Long-term investments	282,918	16,345	-	299,263
Property and equipment, net	3,158,635	355,710	-	3,514,345
Operating lease right-of-use assets, net	2,543,474	339,756	-	2,883,230
Intangible assets and goodwill, net	532,017	60,736	(72,642)	520,111
Investments in affiliates	626,991	227,258	-	854,249
Deferred tax asset	1,655,952	24,862	(1,626,860)	53,954
Other assets	-	3,980	-	3,980
Other assets	117,760	19,445	(1,326)	135,879
Total assets	\$ 11,099,110	\$ 1,407,144	\$ (1,737,844)	\$ 10,768,410
<b>Liabilities and Net Assets</b>				
<b>Current liabilities</b>				
Current portion of long-term debt	\$ 53,992	\$ 645	\$ -	\$ 54,637
Short-term borrowings	124,300	218	-	124,518
Accounts payable	298,262	22,107	(7,618)	312,751
Accrued liabilities	717,849	108,701	(16,090)	810,460
Operating lease liabilities	101,350	13,918	(8,494)	106,774
Estimated third-party payor settlements	72,611	7,596	-	80,207
Due to (from) related organizations	(368,471)	368,471	-	-
Total current liabilities	999,893	521,656	(32,202)	1,489,347
Long-term debt, net of current portion	2,601,877	8,405	-	2,610,282
Deferred tax liability	-	5,201	-	5,201
Operating lease liabilities, net of current portion	447,208	47,953	(65,533)	429,628
Derivative financial instruments	39,260	-	-	39,260
Employee benefits and other liabilities	450,447	15,705	-	466,152
Total liabilities	4,538,685	598,920	(97,735)	5,039,870
<b>Net assets</b>				
Without donor restrictions - attributable to Novant Health	6,560,425	710,627	(1,640,109)	5,630,943
Without donor restrictions - noncontrolling interests	-	6,675	-	6,675
Total net assets without donor restrictions	6,560,425	717,302	(1,640,109)	5,637,618
With donor restrictions	-	90,922	-	90,922
Total net assets	6,560,425	808,224	(1,640,109)	5,728,540
Total liabilities and net assets	\$ 11,099,110	\$ 1,407,144	\$ (1,737,844)	\$ 10,768,410

See accompanying notes to consolidating supplemental schedules.

**Novant Health, Inc.**  
**Consolidating Statement of Operations**  
**Year Ended December 31, 2021**

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<i>(in thousands of dollars)</i>	<b>Combined Group</b>	<b>Unrestricted Affiliates</b>	<b>Eliminations</b>	<b>Total</b>
<b>Operating revenues</b>				
Net patient service revenues	\$ 5,943,241	\$ 868,077	-	\$ 6,811,318
Other revenue	<u>386,313</u>	<u>303,457</u>	<u>(104,942)</u>	<u>584,828</u>
Total operating revenues	<u>6,329,554</u>	<u>1,171,534</u>	<u>(104,942)</u>	<u>7,396,146</u>
<b>Operating expenses</b>				
Salaries and employee benefits	3,406,578	522,656	(5,068)	3,924,166
Supplies and other	2,222,262	552,353	(88,973)	2,685,642
Depreciation and amortization expense	283,559	56,074	-	339,633
Interest expense	<u>62,821</u>	<u>14,875</u>	<u>-</u>	<u>77,696</u>
Total operating expenses	<u>5,975,220</u>	<u>1,145,958</u>	<u>(94,041)</u>	<u>7,027,137</u>
Operating income (loss)	354,334	25,576	(10,901)	369,009
<b>Non-operating income (expense)</b>				
Investment income	406,024	46,791	-	452,815
Loss on extinguishment of debt	-	(4,456)	-	(4,456)
Income tax expense	(2,951)	(1,842)	-	(4,793)
Other net periodic pension costs	<u>(561)</u>	<u>(15)</u>	<u>-</u>	<u>(576)</u>
Excess (deficit) of revenues over expenses	<u>\$ 756,846</u>	<u>\$ 66,054</u>	<u>\$ (10,901)</u>	<u>\$ 811,999</u>

See accompanying notes to consolidating supplemental schedules.

**Novant Health, Inc.**  
**Combined Group Combining Balance Sheet**  
**December 31, 2021**

<i>(in thousands of dollars)</i>	<b>Obligated Group</b>	<b>Restricted Affiliates</b>	<b>Eliminations</b>	<b>Combined Group Total</b>
<b>Assets</b>				
Current assets				
Cash and cash equivalents	\$ 499,027	\$ 74,825	\$ -	\$ 573,852
Accounts receivable, net of allowance for doubtful accounts	560,776	254,519	-	815,295
Short-term investments	411,280	-	-	411,280
Current portion of assets limited as to use	23,516	8,000	-	31,516
Receivable for settlement with third-party payors	8,779	6,305	-	15,084
Other current assets	199,450	134,886	-	334,336
Total current assets	1,702,828	478,535	-	2,181,363
Assets limited as to use	228,161	54,757	-	282,918
Long-term investments	3,158,635	-	-	3,158,635
Property and equipment, net	1,405,719	1,137,755	-	2,543,474
Operating lease right-of-use assets, net	244,443	287,574	-	532,017
Intangible assets and goodwill, net	49,242	577,749	-	626,991
Investments in affiliates	1,742,441	164	(86,653)	1,655,952
Other assets	99,417	18,343	-	117,760
Total assets	<u>\$ 8,630,886</u>	<u>\$ 2,554,877</u>	<u>\$ (86,653)</u>	<u>\$ 11,099,110</u>
<b>Liabilities and Net Assets</b>				
Current liabilities				
Current portion of long-term debt	\$ 52,969	\$ 1,023	\$ -	\$ 53,992
Short-term borrowings	124,300	-	-	124,300
Accounts payable	207,207	91,055	-	298,262
Accrued liabilities	479,171	238,678	-	717,849
Operating lease liabilities	41,461	59,889	-	101,350
Estimated third-party payor settlements	45,071	27,540	-	72,611
Due to (from) related organizations	(638,279)	269,808	-	(368,471)
Total current liabilities	311,900	687,993	-	999,893
Long-term debt, net of current portion	2,596,033	5,844	-	2,601,877
Derivative financial instruments	39,260	-	-	39,260
Operating lease liabilities, net of current portion	212,742	234,466	-	447,208
Employee benefits and other liabilities	360,197	90,250	-	450,447
Total liabilities	3,520,132	1,018,553	-	4,538,685
Net assets				
Without donor restrictions - attributable to Novant Health	5,110,754	1,536,324	(86,653)	6,560,425
Total net assets	<u>5,110,754</u>	<u>1,536,324</u>	<u>(86,653)</u>	<u>6,560,425</u>
Total liabilities and net assets	<u>\$ 8,630,886</u>	<u>\$ 2,554,877</u>	<u>\$ (86,653)</u>	<u>\$ 11,099,110</u>

See accompanying notes to consolidating supplemental schedules.

**Novant Health, Inc.**  
**Combined Group Combining Statement of Operations**  
**December 31, 2021**

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<i>(in thousands of dollars)</i>	<b>Obligated Group</b>	<b>Restricted Affiliates</b>	<b>Eliminations</b>	<b>Combined Group Total</b>
<b>Operating revenues</b>				
Net patient service revenues	\$ 3,084,772	\$ 2,858,469	\$ -	\$ 5,943,241
Other revenue	<u>196,584</u>	<u>208,877</u>	<u>(19,148)</u>	<u>386,313</u>
Total operating revenues	<u>3,281,356</u>	<u>3,067,346</u>	<u>(19,148)</u>	<u>6,329,554</u>
<b>Operating expenses</b>				
Salaries and employee benefits	1,641,780	1,764,798	-	3,406,578
Supplies and other	1,170,478	1,070,932	(19,148)	2,222,262
Depreciation and amortization expense	146,718	136,841	-	283,559
Interest expense	<u>32,317</u>	<u>30,504</u>	<u>-</u>	<u>62,821</u>
Total operating expenses	2,991,293	3,003,075	(19,148)	5,975,220
Operating income	290,063	64,271	-	354,334
<b>Non-operating income (expense)</b>				
Investment income	405,719	305	-	406,024
Income tax expense	(2,951)	-	-	(2,951)
Other net periodic pension costs	<u>(400)</u>	<u>(161)</u>	<u>-</u>	<u>(561)</u>
Excess of revenues over expenses	<u>\$ 692,431</u>	<u>\$ 64,415</u>	<u>\$ -</u>	<u>\$ 756,846</u>

See accompanying notes to consolidating supplemental schedules.

**Novant Health, Inc.**  
**Notes to Consolidating or Combining Supplemental Schedules**  
**December 31, 2021**

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**1. Consolidated Financial Statements Reporting Entity**

Novant Health, Inc. (“Novant Health” or the “Company”) is a nonprofit, integrated health care network of physician clinics, outpatient facilities and hospitals that serves patients and communities in North Carolina, South Carolina and Georgia. The Novant Health network consists of over 2,300 physicians and over 35,000 team members at more than 800 locations, including 14 medical centers and hundreds of outpatient facilities and physician clinics. Headquartered in Winston-Salem, North Carolina, Novant Health is committed to making healthcare remarkable for patients and communities, serving more than 6 million patients annually. Novant Health and its affiliates serve their communities with programs including health education, home health care, prenatal clinics, community clinics and immunization services.

**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 16 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.**  
**Notes to Consolidating or Combining Supplemental Schedules**  
**December 31, 2021**

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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 eleven of its affiliates as Restricted Affiliates. Six of these Restricted Affiliates, Medical Park Hospital, Inc. d/b/a Novant Health Medical Park Hospital, Novant Health Thomasville Medical Center, Presbyterian Medical Care Corp. d/b/a Novant Health Matthews Medical Center, Brunswick Community Hospital d/b/a Novant Health Brunswick Medical Center, Mint Hill Medical Center, LLC d/b/a Novant Health Mint Hill Medical Center, and Novant Health New Hanover Regional Medical Center, LLC, operate, or maintain a significant investment in, hospitals. The other five Restricted Affiliates, Carolina Mediacorp Enterprises, Inc., Forsyth Medical Group, LLC, Foundation Health Systems Corp., Novant Medical Group, Inc. f/k/a Presbyterian Regional Healthcare Corp. and Salem Health Services, Inc., 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.