

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NOVANT HEALTH, INC.		D Employer identification number 56-1376950
	Doing business as		E Telephone number 336-277-2411
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,541,591,313.
	2085 FRONTIS PLAZA BLVD		H(a) 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 WINSTON SALEM, NC 27103		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: CARL ARMATO SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.NOVANTHEALTH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1997	M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	20684
	6 Total number of volunteers (estimate if necessary)	6	1234
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,886,595.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	1,433,055.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,461,643.	16,063,978.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3032648679.	3848829368.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	84,450,053.	98,101,676.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,266,408.	52,838,928.
		3193826783.	4015833950.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,052,281.	20,250,380.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1415366337.	1713379180.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1783127172.	2168981522.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3217545790.	3902611082.	
19 Revenue less expenses. Subtract line 18 from line 12	-23,719,007.	113,222,868.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8958963272.	9596623033.
	22 Net assets or fund balances. Subtract line 21 from line 20	6868103836.	5873989880.
	2090859436.	3722633153.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ALICE POPE, EVP & CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	AERRIAL M. ORR		11/12/24		P01598400
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	ERNST & YOUNG U.S. LLP	34-656596		404-874-8300	
	Firm's address				
	55 IVAN ALLEN JR. BLVD., SUITE 1000		ATLANTA, GA 30308		

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Part I - Identification

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

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

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

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

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

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

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

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

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

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 170,309,785. including grants of \$ 18,727,009.) (Revenue \$ 967,182,368.) 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 1,800 PHYSICIANS AND OVER 35,000 TEAM MEMBERS WHO MAKE HEALTHCARE REMARKABLE AT MORE THAN 800 LOCATIONS, INCLUDING 15 MEDICAL CENTERS AND HUNDREDS OF OUTPATIENT FACILITIES AND PHYSICIAN CLINICS. HEADQUARTERED IN WINSTON-SALEM, NC, NOVANT HEALTH IS COMMITTED TO MAKING HEALTHCARE REMARKABLE FOR PATIENTS AND COMMUNITIES.

4b (Code:) (Expenses \$ 2,748,780,563. including grants of \$ 1,523,371.) (Revenue \$ 2,872,104,024.) NOVANT HEALTH OPERATES SEVERAL HOSPITALS WHICH EXIST TO PROMOTE THE HEALTH OF THE INHABITANTS OF THEIR RESPECTIVE COMMUNITIES, REGARDLESS OF THE PATIENT'S ABILITY TO PAY. DURING 2023, THE HOSPITALS HAD 1,537 LICENSED BEDS. THERE WERE 393,335 PATIENT DAYS, WITH AN AVERAGE LENGTH OF STAY OF 7 DAYS, AND AN AVERAGE DAILY CENSUS OF 1,084. THERE WERE 71,817 DISCHARGES, 973,329 OUTPATIENT ENCOUNTERS, 75,152 SURGERIES, AND 328,931 EMERGENCY DEPARTMENT VISITS.

4c (Code:) (Expenses \$ 20,826,975. including grants of \$) (Revenue \$ 27,185,029.) NOVANT HEALTH OPERATES SEVERAL SURGERY CENTERS WHICH SERVE THE COMMUNITY BY PROVIDING ACCESS TO MUCH NEEDED HEALTHCARE SERVICES, REGARDLESS OF THE PATIENT'S ABILITY TO PAY. DURING 2023, THERE WERE 989 OUTPATIENT ENCOUNTERS AND 16,770 SURGERIES.

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

4e Total program service expenses 2,939,917,323.

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 A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 number, Yes, No. Rows 1a-1c regarding Form 1096 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, gross 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included on line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); 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.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
WENDI STOCKSTILL - 336-277-2411
2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARL ARMATO TRUSTEE, PRES/CEO NH	50.00 0.20	X		X				5,820,530.	0.	1206191.
(2) JEFFERY LINDSAY EVP (TO 12/5/23)	50.00 0.00				X			2,741,030.	0.	44,793.
(3) FRED HARGETT EVP/CFO (TO 9/6/23)	50.00 0.20			X				2,400,670.	0.	50,705.
(4) JOHN GIZDIC EVP	50.00 0.00				X			1,943,766.	0.	262,728.
(5) JESSE CURETON EVP (TO 4/27/23)	50.00 0.00				X			2,087,912.	0.	32,405.
(6) DENISE MIHAL EVP	50.00 0.20				X			1,921,892.	0.	41,300.
(7) PAMELA OLIVER MD EVP	50.00 0.20				X			1,687,459.	0.	231,967.
(8) TIMOTHY CHASE MD OBSTETRICIAN/GYNECOLOGIST	45.00 0.00					X		1,796,002.	0.	57,276.
(9) FRANK EMORY JR EVP	50.00 0.20				X			1,800,483.	0.	52,450.
(10) ANGELA YOCHER EVP (TO 3/28/23)	50.00 0.00				X			1,641,828.	0.	32,330.
(11) ERIC ESKIOGLU MD FMR KE (11/30/22)	0.00 0.00						X	1,599,799.	0.	35,616.
(12) BRYAN EDWARDS MD SYS PHYS EXEC	45.00 0.00					X		1,338,214.	0.	173,173.
(13) JAMES DEAN SWINDLE EVP	50.00 0.00				X			1,407,268.	0.	29,420.
(14) CARMEN CANALES SVP/CH PPL & BLNG OFF	45.00 0.00					X		1,281,111.	0.	39,919.
(15) SWALEH BAHAMADI MD ONCOLOGIST	45.00 0.00					X		1,219,009.	0.	59,868.
(16) KIMBERLY HENDERSON EVP	50.00 0.00				X			1,085,117.	0.	155,975.
(17) JACK RAMAGE MD GASTROENTEROLOGIST	45.00 0.00					X		1,132,198.	0.	59,868.

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) SHELBOURN STEVENS FMR KE (12/31/21)	50.00 0.20						X	1,097,495.	0.	30,138.
(19) ONYEKA NCHEGE SVP	50.00 0.00				X			947,408.	0.	160,064.
(20) KATHRYN LANGFORD FMR KE (12/31/21)	50.00 0.00						X	973,558.	0.	117,446.
(21) SCOTT MYERS FMR KE (12/31/21)	50.00 0.20						X	946,449.	0.	115,625.
(22) CHERE GREGORY MD FMR KE (12/31/21)	50.00 0.00						X	927,893.	0.	128,572.
(23) GEOFFREY GARDNER CFO (FR 9/6/23)	50.00 0.20			X				909,106.	0.	128,749.
(24) THOMAS JENIKE MD FMR KE (12/31/21)	50.00 0.00						X	886,276.	0.	138,412.
(25) LAURIE WHALIN FMR KE (12/31/21)	50.00 0.00						X	747,749.	0.	35,166.
(26) JONATHAN APPLEBAUM FMR KE (12/31/21)	50.00 0.00						X	546,513.	0.	44,731.
1b Subtotal								40,886,735.	0.	346,488.
c Total from continuation sheets to Part VII, Section A								1,364,991.	0.	88,863.
d Total (add lines 1b and 1c)								42,251,726.	0.	355,375.

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 3,233

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
VANNOY CONSTRUCTION PO BOX 635, JEFFERSON, NC 28640	CONSTRUCTION SERVICES	66,461,452.
AYA HEALTHCARE INC DEPT #3519 PO BOX 123519, DALLAS, TX 75312	STAFFING SERVICES	43,773,043.
CROTHALL HEALTH CARE INC 1500 LIBERTY RIDGE DR STE, WAYNE, PA 19087	FACILITY SERVICES	40,143,642.
MCKINSEY & COMPANY PO BOX 7247-7255, PHILADELPHIA, PA 19170	CONSULTING SERVICES	28,610,000.
GRANT THORNTON LLP 33562 TREASURY CENTER, CHICAGO, IL 60694	CONSULTING SERVICES	21,922,610.

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 429

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) ALLISON GREAR FMR KE (12/31/21)	50.00 0.00						X	518,105.	0.	33,869.
(28) TANYA BLACKMON FMR KE (3/21/2022)	0.00 0.00						X	477,570.	0.	11,140.
(29) WAYNE MORGAN FMR KE (6/30/21)	50.00 0.00						X	368,211.	0.	43,854.
(30) THOMAS NEILL TRUSTEE (TO 12/31/23)	0.20 0.00	X						415.	0.	0.
(31) DEBORAH ALLY TRUSTEE	0.20 0.00	X						395.	0.	0.
(32) JOIA JOHNSON TRUSTEE (TO 12/31/23)	0.20 0.00	X						295.	0.	0.
(33) ALVARO DE MOLINA TRUSTEE	0.20 0.00	X						0.	0.	0.
(34) BEVERLY MOOSE MD TRUSTEE	0.20 0.00	X						0.	0.	0.
(35) BRANDON ADCOCK TRUSTEE	0.20 0.00	X						0.	0.	0.
(36) BRIAN ECKEL TRUSTEE	0.20 0.00	X						0.	0.	0.
(37) CHRISTINE KATZIFF TRUSTEE, VICE CHAIR (FR 11/13/23)	0.20 0.00	X		X				0.	0.	0.
(38) CHRISTOPHER DUGGINS MD TRUSTEE (FR 1/1/23)	0.20 0.00	X						0.	0.	0.
(39) DAVID KING TRUSTEE	0.20 0.00	X						0.	0.	0.
(40) DAVID PLYLER TRUSTEE (TO 12/31/23)	0.20 0.00	X						0.	0.	0.
(41) ELWOOD ROBINSON PHD TRUSTEE	0.20 0.00	X						0.	0.	0.
(42) IAN MCDONALD TRUSTEE	0.20 0.00	X						0.	0.	0.
(43) JAMES AMOS SECR/TREAS	0.20 0.00	X		X				0.	0.	0.
(44) JASON THOMPSON TRUSTEE	0.20 0.00	X						0.	0.	0.
(45) LAURA SCHULTE CHAIR (FR 1/1/23)	0.20 0.00	X		X				0.	0.	0.
(46) ROBERT BARR MD TRUSTEE	0.20 0.20	X						0.	0.	0.
Total to Part VII, Section A, line 1c								1,364,991.		88,863.

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	5,718,066.				
	e Government grants (contributions)	1e	6,793,544.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,552,368.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			16,063,978.			
Program Service Revenue	2 a NET PATIENT REVENUE	Business Code					
		622110	2833091334.	2833091334			
	b CORPORATE SUPPORT	551114	581445590.	581445590.			
	c PHARMACY	622110	310540082.	310540082.			
	d AFFILIATED RENTAL	531120	25,549,176.	25405967.	143,209.		
	e SELF-INSURED INSURANCE PREMIUMS	524126	23,796,339.	23796339.			
	f All other program service revenue	621111	74,406,847.	74008945.	397,902.		
g Total. Add lines 2a-2f			3848829368.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		53,363,802.		-3868807.	57232609.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	6,074,911.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	6,074,911.				
	d Net rental income or (loss)			6,074,911.			6074911.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	547,702,107.	22210518.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	508,186,737.	16988014.			
	c Gain or (loss)	7c	39,515,370.	5222504.			
	d Net gain or (loss)			44,737,874.			44737874.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		38,221.				
b Less: direct expenses	8b	8,554.					
c Net income or (loss) from fundraising events			29,667.			29,667.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		870,015.				
b Less: cost of goods sold	10b	574,058.					
c Net income or (loss) from sales of inventory			295,957.			295,957.	
Miscellaneous Revenue	11 a ADMINISTRATION	Business Code					
		551114	25,075,138.	16860847.	8214291.		
	b CAFETERIA MEALS	722514	9,229,756.			9229756.	
	c TRANSITION SERVICES REVENUE	900099	8,274,487.			8274487.	
	d All other revenue	900099	3,859,012.	781,206.		3077806.	
e Total. Add lines 11a-11d			46,438,393.				
12 Total revenue. See instructions			4015833950.	3865930310	4886595.	128953067	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,281,486.	19,281,486.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	968,894.	968,894.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	28,823,546.		28,823,546.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	10,728,081.		10,728,081.	
7 Other salaries and wages	131,754,504.	100,133,423.	316,210,813.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,797,307.	66,725,953.	21,071,354.	
9 Other employee benefits	210,530,806.	160,003,413.	50,527,393.	
10 Payroll taxes	57,954,393.	44,045,340.	13,909,053.	
11 Fees for services (nonemployees):				
a Management				
b Legal	23,151,396.		23,151,396.	
c Accounting	2,574,811.		2,574,811.	
d Lobbying	83,159.	83,159.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,034,443.		3,034,443.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	415,494,057.	263,446,204.	152,047,853.	
12 Advertising and promotion	24,900,804.	22,778,181.	2,122,623.	
13 Office expenses	29,214,905.	21,375,046.	7,839,859.	
14 Information technology	87,938,960.	78,985,895.	8,953,065.	
15 Royalties				
16 Occupancy	93,357,898.	72,704,191.	20,653,707.	
17 Travel	4,339,652.	3,329,386.	1,010,266.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,164,357.	1,644,911.	519,446.	
20 Interest	48,583,502.	48,576,513.	6,989.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	209,570,999.	117,494,838.	92,076,161.	
23 Insurance	58,414,337.	38,730,942.	19,683,395.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PHARMACEUTICALS	425,731,783.	425,731,783.		
b MEDICAL SUPPLIES	331,075,259.	329,078,207.	1,997,052.	
c CONTRACT LABOR	223,158,328.	105,662,608.	117,495,720.	
d UBI TAXES	4,725,890.		4,725,890.	
e All other expenses	181,466,982.	117,936,139.	63,530,843.	
25 Total functional expenses. Add lines 1 through 24e	390,261,108.	293,991,732.	962,693,759.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	344,022,485.	1	276,365,145.
	2 Savings and temporary cash investments	441,389,134.	2	341,508,947.
	3 Pledges and grants receivable, net		3	858,064.
	4 Accounts receivable, net	477,994,645.	4	569,441,530.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	1,320,000.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	8,520,133.	7	14,344,320.
	8 Inventories for sale or use	90,438,725.	8	113,727,244.
	9 Prepaid expenses and deferred charges	70,517,464.	9	72,366,755.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4509459101.		
	b Less: accumulated depreciation	10b 2333809162.		
	11 Investments - publicly traded securities	1933680626.	10c	2175649939.
	12 Investments - other securities. See Part IV, line 11	2626883125.	11	2591658787.
	13 Investments - program-related. See Part IV, line 11	2072984813.	12	2567651315.
	14 Intangible assets	4,193,046.	13	3,918,358.
	15 Other assets. See Part IV, line 11	596,207,473.	14	603,981,349.
16 Total assets. Add lines 1 through 15 (must equal line 33)	292,131,603.	15	263,831,280.	
	8958963272.	16	9596623033.	
Liabilities	17 Accounts payable and accrued expenses	582,274,098.	17	667,359,376.
	18 Grants payable		18	
	19 Deferred revenue	20,272,203.	19	19,658,383.
	20 Tax-exempt bond liabilities	634,321,086.	20	617,037,909.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2014616250.	23	2013376250.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3616620199.	25	2556557962.
	26 Total liabilities. Add lines 17 through 25	6868103836.	26	5873989880.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2090574011.	27	3722348361.
	28 Net assets with donor restrictions	285,425.	28	284,792.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2090859436.	32	3722633153.
	33 Total liabilities and net assets/fund balances	8958963272.	33	9596623033.

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	4,015,833,950.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,902,611,082.
3	Revenue less expenses. Subtract line 2 from line 1	3	113,222,868.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,090,859,436.
5	Net unrealized gains (losses) on investments	5	198,660,649.
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	1,319,890,200.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,722,633,153.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

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

Schedule B (Form 990) (2023)

Name of organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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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>2,887,534.</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>270,262.</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>50,000.</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>43,027.</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>20,524.</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>432,806.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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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>2,013,914.</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>424,222.</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>28,172.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>35,188.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>5,058.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>26,881.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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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
13	<hr/> <hr/> <hr/>	\$ <u>3,032,846.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

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 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 NOVANT HEALTH, INC.	Employer identification number 56-1376950
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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) 2023

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

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		178,922.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		359,809.
j Total. Add lines 1c through 1i			538,731.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE 1A

THERE IS LIMITED ENGAGEMENT OF THE BOARD.

LINE 1B

THERE ARE SEVEN FULL TIME STAFF POSITIONS IN 2023 AND MINIMAL TIME OF

Part IV Supplemental Information *(continued)*

SENIOR LEADERS.

LINE 1G

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

LINE 1I

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	285,425.				
b Contributions	284,792.	299,276.			
c Net investment earnings, gains, and losses		-13,851.			
d Grants or scholarships					
e Other expenditures for facilities and programs	285,425.				
f Administrative expenses					
g End of year balance	284,792.	285,425.			

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 100 %
 - c Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		277,986,973.		277,986,973.
b Buildings		207,153,775.815	275,392.	125,626,236.5.
c Leasehold improvements		91,818,048.	56,754,997.	35,063,051.
d Equipment		113,505,314.7.	831,688,092.	303,365,055.
e Other		933,063,176.	630,090,681.	302,972,495.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				217,564,993.9.

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	739,202,543.	END-OF-YEAR MARKET VALUE
(B) INVESTMENTS IN AFFILIATES	1828448772.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2567651315.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	121,297.
(2) OTHER LIABILITIES	145,757,152.
(3) DUE TO AFFILIATES	1778159182.
(4) NON-QUALIFIED BENEFIT PLANS	237,150,698.
(5) LOAN GUARANTEES	67,602,615.
(6) PATIENT REFUNDS	24,076,512.
(7) OPERATING LEASE	211,792,355.
(8) THIRD PARTY PAYMENT PAYABLE	46,398,151.
(9) LINE OF CREDIT	45,500,000.
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2556557962.

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.

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:

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

PART X, LINE 2: LIABILITY UNDER FIN 48 (ASC 740) FOOTNOTE

THE AUDIT FOR NOVANT HEALTH AND ITS AFFILIATES IS PREPARED ON A CONSOLIDATED BASIS. THE COMPANY IS REQUIRED TO EVALUATE UNCERTAIN TAX POSITIONS. THIS EVALUATION INCLUDES A QUANTIFICATION OF TAX RISK IN AREAS SUCH AS UNRELATED BUSINESS TAXABLE INCOME AND THE TAXATION OF OUR FOR-PROFIT SUBSIDIARIES. THIS EVALUATION DID NOT HAVE A MATERIAL EFFECT ON THE COMPANY'S CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

NOVANT HEALTH, INC.

Employer identification number

56-1376950

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		570,396,324.
EUROPE	0	0	INVESTMENTS		55,410,114.
NORTH AMERICA	0	0	INVESTMENTS		29,840,702.
3 a Subtotal	0	0			655,647,140.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			655,647,140.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

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.

Lined area for supplemental information.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

NOVANT HEALTH, INC.

Employer identification number

56-1376950

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FIRST UNIFORM (event type)	FLEET FEET (event type)	2 (total number)		
Revenue	1	Gross receipts	21,666.	8,689.	7,866.	38,221.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	21,666.	8,689.	7,866.	38,221.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	6,557.	0.	1,997.	8,554.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				8,554.
11	Net income summary. Subtract line 10 from line 3, column (d)				29,667.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information *(continued)*

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 20a.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			111584803		111584803	2.86%
b Medicaid (from Worksheet 3, column a)			434024923	451065901	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)			5086102.	4140948.	945,154.	.02%
d Total. Financial Assistance and Means-Tested Government Programs			550695828	455206849	112529957	2.88%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3945326.		3945326.	.10%
f Health professions education (from Worksheet 5)			19487871.	3945052.	15542819.	.40%
g Subsidized health services (from Worksheet 6)			86206018.	53357419.	32848599.	.84%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			16763650.		16763650.	.43%
j Total. Other Benefits			126402865	57302471.	69100394.	1.77%
k Total. Add lines 7d and 7j			677098693	512509320	181630351	4.65%

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			851.		851.	.00%
2 Economic development			30,256.		30,256.	.00%
3 Community support			218,297.		218,297.	.01%
4 Environmental improvements			2,945.		2,945.	.00%
5 Leadership development and training for community members						
6 Coalition building			3,755.		3,755.	.00%
7 Community health improvement advocacy						
8 Workforce development			123,554.		123,554.	.00%
9 Other			40,000.		40,000.	.00%
10 Total			419,658.		419,658.	.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	2 140,160,028.	
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)	5 506,939,553.
6 Enter Medicare allowable costs of care relating to payments on line 5	6 530,761,518.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -23,821,965.
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 DIAGNOSTIC IMAGING PARTNERS, LLC	HEALTHCARE	50.00%	.00%	50.00%
2 ENDOSCOPY CENTER OF LAKE NORMAN, LLC	HEALTHCARE	51.00%	.00%	49.00%
3 MATTHEWS SURGERY CENTER, LLC	HEALTHCARE	50.00%	.00%	50.00%
4 PORTER'S NECK IMAGING, LLC	HEALTHCARE	50.00%	.00%	50.00%
5 SOUTH ATLANTIC RADIOLOGY ONCOLOGY, LLC	HEALTHCARE	50.00%	.00%	50.00%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 8

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

	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 NH BRUNSWICK MEDICAL CENTER 240 HOSPITAL DRIVE NE BOLIVIA, NC 28422 WWW.NOVANTHEALTH.ORG H0250	X	X					X			
2 NH MINT HILL MEDICAL CENTER 8201 HEALTHCARE LOOP CHARLOTTE, NC 28215 WWW.NOVANTHEALTH.ORG H0290	X	X					X			
3 NH THOMASVILLE MEDICAL CENTER 207 OLD LEXINGTON ROAD THOMASVILLE, NC 27360 WWW.NOVANTHEALTH.ORG H0112	X	X					X			
4 NH NEW HANOVER REGIONAL MEDICAL CENTER 2131 S. 17TH STREET WILMINGTON, NC 28401 WWW.NOVANTHEALTH.ORG H0221	X	X					X			
5 NH ROWAN MEDICAL CENTER 612 MOCKSVILLE AVENUE SALISBURY, NC 28144 WWW.NOVANTHEALTH.ORG H0040	X	X					X			
6 NH MEDICAL PARK HOSPITAL 1950 SOUTH HAWTHORNE ROAD WINSTON SALEM, NC 27103 WWW.NOVANTHEALTH.ORG H0229	X	X								
7 NH MATTHEWS MEDICAL CENTER 1500 MATTHEWS TOWNSHIP PARKWAY MATTHEWS, NC 28105 WWW.NOVANTHEALTH.ORG H0270	X	X					X			
8 NH BALLANTYNE MEDICAL CENTER 10905 PROVIDENCE ROAD WEST CHARLOTTE, NC 28277 WWW.NOVANTHEALTH.ORG H0292	X	X					X			

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
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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>22</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:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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			
<p>22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:</p> <p>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</p> <p>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</p> <p>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</p> <p>d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>						
<p>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</p> <p>If "Yes," explain in Section C.</p>		23	X			
<p>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</p> <p>If "Yes," explain in Section C.</p>		24	X			

Schedule H (Form 990) 2023

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
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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>23</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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>23</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:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: NH MINT HILL MEDICAL CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written 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
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a <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		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: NH 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
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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 22</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:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a <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		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: NH 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
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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>22</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:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: NH 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
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a <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		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: NH ROWAN MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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 22</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 ROWAN MEDICAL CENTER

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

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: NH ROWAN MEDICAL CENTER

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>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)</p> <p>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>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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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 ROWAN MEDICAL CENTER

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a <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		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: NH MEDICAL PARK HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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>22</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 MEDICAL PARK HOSPITAL

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

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: NH MEDICAL PARK HOSPITAL

	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 MEDICAL PARK HOSPITAL

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a <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		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: NH MATTHEWS MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 7

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: NH MATTHEWS MEDICAL CENTER

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

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: NH MATTHEWS 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 MATTHEWS MEDICAL CENTER

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a <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		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: NH BALLANTYNE MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: NH BALLANTYNE MEDICAL CENTER

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

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: NH BALLANTYNE MEDICAL CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written 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 BALLANTYNE MEDICAL CENTER

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a <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		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

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Part V Facility Information *(continued)*

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

NH BRUNSWICK MEDICAL CENTER:

PART V, SECTION B, LINE 3E:

VARIOUS SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED THROUGH PRIMARY AND SECONDARY DATA IN THE NEEDS ASSESSMENT. ONCE THE HEALTH NEEDS WERE IDENTIFIED, SURVEYS AND COMMUNITY MEETINGS WERE CONDUCTED IN WHICH THE VARIOUS COMMUNITY STAKEHOLDERS RANKED THE HEALTH ISSUES BASED ON AVAILABLE DATA INCLUDING SEVERITY OF NEED AND MAGNITUDE OF IMPACT. THE INFORMATION GATHERED WAS THEN MATRIXED AND SCORED IN ORDER TO RANK THE FOCUS AREAS AND PRIORITIZE THE IDENTIFIED HEALTH NEEDS, BASED ON CAREFUL CONSIDERATION OF ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND SUPPORTING DATA ARE THEN REVIEWED AND DELIBERATED UPON FURTHER BY THE BOARD BEFORE FINAL APPROVAL. AN IMPLEMENTATION PLAN WAS CREATED FOR THE PRIORITIZED HEALTH NEEDS AND PROGRESS TOWARD MEETING IMPLEMENTATION PLAN GOALS IS ASSESSED REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT LIFE CYCLE. COMMUNITY PARTNERS WHO ARE CURRENTLY SERVING COMMUNITY NEEDS 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:

VARIOUS SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED THROUGH PRIMARY AND SECONDARY DATA IN THE NEEDS ASSESSMENT. ONCE THE HEALTH NEEDS WERE IDENTIFIED, SURVEYS AND COMMUNITY MEETINGS WERE

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.

CONDUCTED IN WHICH THE VARIOUS COMMUNITY STAKEHOLDERS RANKED THE HEALTH ISSUES BASED ON AVAILABLE DATA INCLUDING SEVERITY OF NEED AND MAGNITUDE OF IMPACT. THE INFORMATION GATHERED WAS THEN MATRIXED AND SCORED IN ORDER TO RANK THE FOCUS AREAS AND PRIORITIZE THE IDENTIFIED HEALTH NEEDS, BASED ON CAREFUL CONSIDERATION OF ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND SUPPORTING DATA ARE THEN REVIEWED AND DELIBERATED UPON FURTHER BY THE BOARD BEFORE FINAL APPROVAL. AN IMPLEMENTATION PLAN WAS CREATED FOR THE PRIORITIZED HEALTH NEEDS AND PROGRESS TOWARD MEETING IMPLEMENTATION PLAN GOALS IS ASSESSED REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT LIFE CYCLE. COMMUNITY PARTNERS WHO ARE CURRENTLY SERVING COMMUNITY NEEDS 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:

VARIOUS SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED THROUGH PRIMARY AND SECONDARY DATA IN THE NEEDS ASSESSMENT. ONCE THE HEALTH NEEDS WERE IDENTIFIED, SURVEYS AND COMMUNITY MEETINGS WERE CONDUCTED IN WHICH THE VARIOUS COMMUNITY STAKEHOLDERS RANKED THE HEALTH ISSUES BASED ON AVAILABLE DATA INCLUDING SEVERITY OF NEED AND MAGNITUDE OF IMPACT. THE INFORMATION GATHERED WAS THEN MATRIXED AND SCORED IN ORDER TO RANK THE FOCUS AREAS AND PRIORITIZE THE IDENTIFIED HEALTH NEEDS, BASED ON CAREFUL CONSIDERATION OF ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND SUPPORTING DATA ARE THEN REVIEWED AND DELIBERATED UPON FURTHER BY 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.

BOARD BEFORE FINAL APPROVAL. AN IMPLEMENTATION PLAN WAS CREATED FOR THE
PRIORITIZED HEALTH NEEDS AND PROGRESS TOWARD MEETING IMPLEMENTATION PLAN
GOALS IS ASSESSED REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS
ASSESSMENT LIFE CYCLE. COMMUNITY PARTNERS WHO ARE CURRENTLY SERVING
COMMUNITY NEEDS 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, SECTION B, LINE 3E:

VARIOUS SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED
THROUGH PRIMARY AND SECONDARY DATA IN THE NEEDS ASSESSMENT. ONCE THE
HEALTH NEEDS WERE IDENTIFIED, SURVEYS AND COMMUNITY MEETINGS WERE
CONDUCTED IN WHICH THE VARIOUS COMMUNITY STAKEHOLDERS RANKED THE HEALTH
ISSUES BASED ON AVAILABLE DATA INCLUDING SEVERITY OF NEED AND MAGNITUDE OF
IMPACT. THE INFORMATION GATHERED WAS THEN MATRIXED AND SCORED IN ORDER TO
RANK THE FOCUS AREAS AND PRIORITIZE THE IDENTIFIED HEALTH NEEDS, BASED ON
CAREFUL CONSIDERATION OF ESTIMATED FEASIBILITY AND EFFECTIVENESS OF
POSSIBLE INTERVENTIONS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND
SUPPORTING DATA ARE THEN REVIEWED AND DELIBERATED UPON FURTHER BY THE
BOARD BEFORE FINAL APPROVAL. AN IMPLEMENTATION PLAN WAS CREATED FOR THE
PRIORITIZED HEALTH NEEDS AND PROGRESS TOWARD MEETING IMPLEMENTATION PLAN
GOALS IS ASSESSED REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS
ASSESSMENT LIFE CYCLE. COMMUNITY PARTNERS WHO ARE CURRENTLY SERVING
COMMUNITY NEEDS ARE IDENTIFIED AS POTENTIAL PARTNERS FOR COLLABORATION ON
THOSE IDENTIFIED NEEDS THAT ARE NOT PART OF THE IMPLEMENTATION PLAN.

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 ROWAN MEDICAL CENTER:

PART V, SECTION B, LINE 3E:

VARIOUS SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED THROUGH PRIMARY AND SECONDARY DATA IN THE NEEDS ASSESSMENT. ONCE THE HEALTH NEEDS WERE IDENTIFIED, SURVEYS AND COMMUNITY MEETINGS WERE CONDUCTED IN WHICH THE VARIOUS COMMUNITY STAKEHOLDERS RANKED THE HEALTH ISSUES BASED ON AVAILABLE DATA INCLUDING SEVERITY OF NEED AND MAGNITUDE OF IMPACT. THE INFORMATION GATHERED WAS THEN MATRIXED AND SCORED IN ORDER TO RANK THE FOCUS AREAS AND PRIORITIZE THE IDENTIFIED HEALTH NEEDS, BASED ON CAREFUL CONSIDERATION OF ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND SUPPORTING DATA ARE THEN REVIEWED AND DELIBERATED UPON FURTHER BY THE BOARD BEFORE FINAL APPROVAL. AN IMPLEMENTATION PLAN WAS CREATED FOR THE PRIORITIZED HEALTH NEEDS AND PROGRESS TOWARD MEETING IMPLEMENTATION PLAN GOALS IS ASSESSED REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT LIFE CYCLE. COMMUNITY PARTNERS WHO ARE CURRENTLY SERVING COMMUNITY NEEDS ARE IDENTIFIED AS POTENTIAL PARTNERS FOR COLLABORATION ON THOSE IDENTIFIED NEEDS THAT ARE NOT PART OF THE IMPLEMENTATION PLAN.

NH MEDICAL PARK HOSPITAL

PART V, SECTION B, LINE 3E:

VARIOUS SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED THROUGH PRIMARY AND SECONDARY DATA IN THE NEEDS ASSESSMENT. ONCE THE HEALTH NEEDS WERE IDENTIFIED, SURVEYS AND COMMUNITY MEETINGS WERE CONDUCTED IN WHICH THE VARIOUS COMMUNITY STAKEHOLDERS RANKED THE HEALTH

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.

ISSUES BASED ON AVAILABLE DATA INCLUDING SEVERITY OF NEED AND MAGNITUDE OF IMPACT. THE INFORMATION GATHERED WAS THEN MATRIXED AND SCORED IN ORDER TO RANK THE FOCUS AREAS AND PRIORITIZE THE IDENTIFIED HEALTH NEEDS, BASED ON CAREFUL CONSIDERATION OF ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND SUPPORTING DATA ARE THEN REVIEWED AND DELIBERATED UPON FURTHER BY THE BOARD BEFORE FINAL APPROVAL. AN IMPLEMENTATION PLAN WAS CREATED FOR THE PRIORITIZED HEALTH NEEDS AND PROGRESS TOWARD MEETING IMPLEMENTATION PLAN GOALS IS ASSESSED REGULARLY THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT LIFE CYCLE. COMMUNITY PARTNERS WHO ARE CURRENTLY SERVING COMMUNITY NEEDS ARE IDENTIFIED AS POTENTIAL PARTNERS FOR COLLABORATION ON THOSE IDENTIFIED NEEDS THAT ARE NOT PART OF THE IMPLEMENTATION PLAN.

NH MATTHEWS MEDICAL CENTER

PART V, SECTION B, LINE 3E:

VARIOUS SOCIAL, BEHAVIORAL, AND CLINICAL HEALTH NEEDS WERE IDENTIFIED THROUGH PRIMARY AND SECONDARY DATA IN THE NEEDS ASSESSMENT. ONCE THE HEALTH NEEDS WERE IDENTIFIED, SURVEYS AND COMMUNITY MEETINGS WERE CONDUCTED IN WHICH THE VARIOUS COMMUNITY STAKEHOLDERS RANKED THE HEALTH ISSUES BASED ON AVAILABLE DATA INCLUDING SEVERITY OF NEED AND MAGNITUDE OF IMPACT. THE INFORMATION GATHERED WAS THEN MATRIXED AND SCORED IN ORDER TO RANK THE FOCUS AREAS AND PRIORITIZE THE IDENTIFIED HEALTH NEEDS, BASED ON CAREFUL CONSIDERATION OF ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. THE PRIORITIZED IDENTIFIED HEALTH NEEDS AND SUPPORTING DATA ARE THEN REVIEWED AND DELIBERATED UPON FURTHER BY THE BOARD BEFORE FINAL APPROVAL. AN IMPLEMENTATION PLAN WAS CREATED FOR 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.

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

NOVANT HEALTH BRUNSWICK MEDICAL CENTER, IN COLLABORATION WITH BRUNSWICK
COUNTY HEALTH SERVICES, AND KULIK STRATEGIC ADVISERS, INC., CONDUCTED A

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.

COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. THE CHNA PROCESS INCLUDED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION, USING THE HEALTH OPINION SURVEY AND VARIOUS LOCAL, STATE, AND FEDERAL DATA SOURCES, PRIMARILY THE US CENSUS BUREAU. THE COMMUNITY HEALTH OPINION SURVEY WAS DISTRIBUTED TO COUNTY RESIDENTS FROM JUNE 2022 THROUGH SEPTEMBER 2022 THROUGH EXTENSIVE OUTREACH EFFORTS, INCLUDING SOCIAL MEDIA POSTS ON THE BRUNSWICK COUNTY WEBSITE, THE STATESMAN-PILOT NEWSPAPER, FLYERS RECRUITMENT, AND ON-SITE SURVEY COLLECTION AT COMMUNITY-BASED ORGANIZATIONS THROUGHOUT THE COUNTY. ADDITIONAL STRATEGIC EFFORTS WERE MADE TO CONDUCT FOCUS GROUPS INVOLVING COUNTY RESIDENTS AND KEY INFORMANT INTERVIEWS WITH ORGANIZATIONS AND INDIVIDUALS SERVING/REPRESENTING THEIR INTERESTS. MANY COMMUNITY PARTNERS WERE INSTRUMENTAL IN THIS CHNA PROCESS, INCLUDING BUT NOT LIMITED TO: TOWN OF ST. JAMES, SHRINER AND MASON'S, COASTAL HORIZONS, CHRISTIAN RECOVERY CENTERS INC., CLERGY COMMUNITY-SUA COMMISSION, BRUNSWICK COUNTY SOCIAL SERVICES, CEDAR GROVE COMMUNITY CENTER, CITIZEN AT LARGE SOUTHPORT AREA, BRUNSWICK SENIOR RESOURCES, SENIOR RESOURCES, BRUNSWICK COUNTY, BRUNSWICK SMART START, TOWN OF SHALLOTTE, BRUNSWICK COUNTY HEALTH SERVICES, NEW HOPE CLINIC, CAPE FEAR COUNCIL OF GOVERNMENT, NORTH CAROLINA COOPERATIVE EXTENSION, NORTH CAROLINA PROJECT LEAD, BRUNSWICK COUNTY SCHOOLS, TOWN OF LELAND, BRUNSWICK TRANSIT SYSTEM, INC., BRUNSWICK COUNTY PARKS & RECREATION, COMMWELL HEALTH, 4-H EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM (EFNEP), NAACP BRUNSWICK COUNTY, TRILLIUM, THE NEIGHBORHOOD CONNECTIONS TEAM, VILLAGE OF BALD HEAD ISLAND, TOWN OF NAVASSA, NORTH BRUNSWICK CHAMBER OF COMMERCE, NAACP HEALTHIER TOGETHER REGIONAL, BRUNSWICK COUNTY SCHOOLS, BRUNSWICK WELLNESS COALITION, CITY OF SOUTHPORT, TOWN OF OAK ISLAND, DOSHER MEMORIAL HOSPITAL, TOWN OF CASWELL BEACH, NOVANT HEALTH BRUNSWICK MEDICAL CENTER,

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.

SOUTHPORT OAK ISLAND CHAMBER OF COMMERCE, BRUNSWICK COMMUNITY COLLEGE, CAPE FEAR COLLECTIVE, BRUNSWICK COUNTY COOPERATIVE EXTENSION, TOWN OF SHALLOTTE, BRUNSWICK HOUSING OPPORTUNITIES, BRUNSWICK FAMILY ASSISTANCE, BRUNSWICK COUNTY CHAMBER OF COMMERCE, BRUNSWICK SENIOR RESOURCES, NORTH BRUNSWICK CHAMBER OF COMMERCE, SOUTHPORT LIONS CLUB, KIWANIS-BRUNSWICK COUNTY, AND SOUTHPORT-OAK ISLAND KIWANIS. THESE COMMUNITY PARTNERS SERVE VARIOUS COMMUNITIES, REPRESENTING THE INTERESTS OF MANY COUNTY RESIDENTS, INCLUDING INDIVIDUALS WITH SUBSTANCE USE DISORDER DIAGNOSES, INDIVIDUALS WITH JUSTICE SYSTEM INTERACTIONS, CHILDREN FROM LOW-INCOME FAMILIES, LGBTQ+ COMMUNITY MEMBERS, CHILDREN EXPERIENCING ABUSE, PEOPLE OF COLOR, HOMELESS AND HOUSING-INSECURE INDIVIDUALS, FOOD-INSECURE INDIVIDUALS, INDIVIDUALS IN NEED OF COUNTY SOCIAL SERVICES AND LOW-INCOME SENIORS. ADDITIONALLY, THESE COMMUNITY PARTNERS SERVE INDIVIDUALS SPANNING ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGES, GENDER, AND GENDER IDENTITY DEMOGRAPHICS WITH GEOGRAPHIC, PAYOR, OR FINANCIAL BARRIERS ACCESSING CARE.

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

NH MINT HILL MEDICAL CENTER:
PART V, SECTION B, LINE 5:
WHILE CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"), NOVANT HEALTH HOSPITAL FACILITIES SOLICITED INPUT FROM AND CONSULTED WITH A VARIETY OF COMMUNITY MEMBERS AND REPRESENTATIVES INCLUDING, BUT NOT LIMITED TO, REPRESENTATIVES OF CITY AND COUNTY GOVERNMENT, COUNTY HEALTH

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.

DEPARTMENTS, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES/UNIVERSITIES, COMMUNITY COALITIONS AND OTHER SOCIAL SERVICE AGENCIES. INPUT WAS GATHERED THROUGH A COMMUNITY SURVEY (DISTRIBUTED THROUGH A VARIETY OF PARTNERS, METHODS, AND CHANNELS), COMMUNITY MEETINGS AND/OR FOCUS GROUPS, AND STAKEHOLDER'S INTERVIEWS. INPUT WAS ALSO SOLICITED THROUGH WRITTEN COMMENTS THROUGHOUT THE SURVEY PERIOD UNTIL THE FINAL COMMUNITY PRIORITY SETTING MEETING(S) AND/OR SURVEY. THE SCOPE OF EXPERTISE WAS BROAD AND INCLUDED REPRESENTATIVES OF PUBLIC HEALTH, MINORITY POPULATIONS, HEALTH DISPARITIES, AND SOCIAL SERVICES. DATA DERIVED FROM THESE EXERCISES IS BOTH QUANTITATIVE AND QUALITATIVE IN SCOPE.

NOVANT HEALTH MINT HILL MEDICAL CENTER, IN PARTNERSHIP WITH THE MECKLENBURG COUNTY PUBLIC HEALTH DEPARTMENT, ATRIUM HEALTH, AND ONE CHARLOTTE HEALTH ALLIANCE, CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2023. THE CHNA PROCESS INCLUDED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION, USING THE HEALTH OPINION SURVEY, AND VARIOUS LOCAL, STATE, AND FEDERAL DATA SOURCES, PRIMARILY THE US CENSUS BUREAU. THE HEALTH OPINION SURVEY WAS DISTRIBUTED TO MECKLENBURG COUNTY RESIDENTS FROM APRIL 2022 TO JULY 2022 THROUGH EXTENSIVE OUTREACH EFFORTS, USING SCANNED QR CODES, EMAIL LISTSERVS AND PRINTED PAPER COPIES. THE SURVEY LINK WAS POSTED ON THE COUNTY WEBSITE, COUNTY FACEBOOK AND TWITTER PAGES, THE BOARD OF COUNTY COMMISSIONERS NEWSLETTER AND EMPLOYEE NEWSLETTERS FOR THE COUNTY. IN ADDITION, COMMUNITY-BASED ORGANIZATIONS, SUCH AS MECKLENBURG INTERFAITH NETWORK, INTERNATIONAL HOUSE, SENIOR CENTERS AND THE ASSOCIATION FOR THE BLIND WERE INSTRUMENTAL IN HELPING WITH SURVEY RECRUITMENT AND DISTRIBUTION. THE SURVEY WAS AVAILABLE IN

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.

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

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

NH THOMASVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 5:

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

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.

THROUGH A VARIETY OF PARTNERS, METHODS, AND CHANNELS), COMMUNITY MEETINGS AND/OR FOCUS GROUPS, AND STAKEHOLDER'S INTERVIEWS. INPUT WAS ALSO SOLICITED THROUGH WRITTEN COMMENTS THROUGHOUT THE SURVEY PERIOD UNTIL THE FINAL COMMUNITY PRIORITY SETTING MEETING(S) AND/OR SURVEY. THE SCOPE OF EXPERTISE WAS BROAD AND INCLUDED REPRESENTATIVES OF PUBLIC HEALTH, MINORITY POPULATIONS, HEALTH DISPARITIES, AND SOCIAL SERVICES. DATA DERIVED FROM THESE EXERCISES IS BOTH QUANTITATIVE AND QUALITATIVE IN SCOPE.

NOVANT HEALTH THOMASVILLE MEDICAL CENTER, IN PARTNERSHIP WITH THE DAVIDSON COUNTY HEALTH DEPARTMENT AND ATRIUM HEALTH WAKE FOREST BAPTIST LEXINGTON MEDICAL CENTER, CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. THE CHNA PROCESS INCLUDED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION. THE SECONDARY DATA WAS COLLECTED FROM VARIOUS LOCAL, STATE, AND NATIONAL SOURCES. THE COMMUNITY HEALTH NEEDS SURVEY WAS DISTRIBUTED TO COUNTY RESIDENTS FROM SEPTEMBER 2021 TO OCTOBER 2021 THROUGH EXTENSIVE OUTREACH EFFORTS, INCLUDING MASS PROMOTION OF THE SURVEY ON VARIOUS SOCIAL MEDIA PLATFORMS AND ORGANIZATIONAL WEBSITES. VARIOUS ORGANIZATIONS, COMMUNITY GROUPS AND RESIDENTS ACROSS DAVIDSON COUNTY PARTICIPATED IN THE CHNA PROCESS. MANY COMMUNITY PARTNERS WERE INVOLVED IN THIS CHNA PROCESS, INCLUDING BUT NOT LIMITED TO: ATRIUM HEALTH WAKE FOREST BAPTIST LEXINGTON MEDICAL CENTER, AND DAVIDSON COUNTY HEALTH DEPARTMENT. THESE PARTNERS SERVE A VARIETY OF INDIVIDUALS SPANNING ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGES, AND GENDER IDENTITY DEMOGRAPHICS.

SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE

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.

MOST RECENT CHNAS LOCATED AT

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

NH NEW HANOVER REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 5:

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

NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, IN PARTNERSHIP WITH NEW HANOVER COUNTY HEALTH AND HUMAN SERVICES, CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. THIS CHNA PROCESS INVOLVED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION, INCLUDING THE COMMUNITY HEALTH OPINION SURVEY, AND VARIOUS LOCAL, STATE, AND FEDERAL DATA SOURCES. THE COMMUNITY HEALTH SURVEY WAS MADE AVAILABLE TO COUNTY

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.

RESIDENTS FROM MAY 2022 TO JULY 2022. ADDITIONALLY, COMMUNITY MEMBERS WERE INVITED TO PARTICIPATE IN COMMUNITY CONVERSATIONS TO SHARE THEIR EXPERIENCES OF LIVING IN NEW HANOVER COUNTY, AND TO VOTE ON A SET OF PRIORITIES FOR THE CHNA CYCLE BASED ON THE INFORMATION GATHERED DURING THE CHNA PROCESS. COMMUNITY PARTNERS INVOLVED IN THIS CHNA PROCESS, INCLUDED BUT NOT LIMITED TO: NEW HANOVER COUNTY HEALTH AND HUMAN SERVICES, MED NORTH HEALTH, LATINO ALLIANCE, NHC SENIOR RESOURCE CENTER, CAROUSEL CENTER, CAPE FEAR HEALTHNET, NHC EMERGENCY MANAGEMENT, NHC VETERAN SERVICES, FOOD BANK OF CENC @ WILMINGTON, PORT CITY UNITED, WILMINGTON TREATMENT CENTER, WILMINGTON HEALTH, WILMINGTON CITY COUNCIL, COASTAL CAROLINAS HEALTH ALLIANCE, CAPE FEAR COLLECTIVE, LIBERTY HEALTHCARE, COASTAL HORIZONS CENTER, TRILLIUM HEALTH RESOURCES, NEW HANOVER DISASTER COALITION, YMCA OF SOUTHEASTERN NC, WILMINGTON POLICE DEPARTMENT, UNCW LATINO ALLIANCE, LEADING INTO NEW COMMUNITIES, INC., VOYAGE OF WILMINGTON, NEW HANOVER COMMUNITY ENDOWMENT, CAPE FEAR COALITION, THE HARRELSON CENTER, LIBERTY HEALTHCARE, CITY OF WILMINGTON, CAPE FEAR CLINIC, NHC SCHOOLS, GOOD SHEPHERD CENTER, SMART START OF NEW HANOVER COUNTY, WILMINGTON CHAMBER OF COMMERCE, UNIVERSITY OF NORTH CAROLINA WILMINGTON, COMMUNITY RELATIONS ADVISORY COMMITTEE, COMMUNITIES IN SCHOOLS OF CAPE FEAR, NC COOPERATIVE EXTENSION, TOWN OF CAROLINA BEACH, WAVE TRANSIT, NC COOPERATIVE EXTENSION, NHRMC-SOUTHEAST AREA HEALTH EDUCATION CENTER, CENTRO HISPANO, NOURISHNC, NHC RESILIENCY TASK FORCE, UNITED WAY OF THE CAPE FEAR AREA, YWCA OF THE LOWER CAPE FEAR, HOUSING AUTHORITY OF THE CITY OF WILMINGTON, AND COASTAL CAROLINAS HEALTH ALLIANCE. THESE COMMUNITY PARTNERS SERVE VARIOUS COMMUNITIES, REPRESENTING THE INTERESTS OF MANY COUNTY RESIDENTS, INCLUDING INDIVIDUALS WITH SUBSTANCE USE DISORDER DIAGNOSES, INDIVIDUALS WITH JUSTICE SYSTEM INTERACTIONS, CHILDREN FROM

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.

LOW-INCOME FAMILIES, LGBTQ+ COMMUNITY MEMBERS, CHILDREN EXPERIENCING ABUSE, HOMELESS AND HOUSING-INSECURE INDIVIDUALS, FOOD-INSECURE INDIVIDUALS, INDIVIDUALS IN NEED OF COUNTY SOCIAL SERVICES, LOW-INCOME SENIORS, INDIVIDUALS WITH ADVERSE CHILDHOOD EXPERIENCES, AND HISPANIC/LATIN AMERICAN INDIVIDUALS. ADDITIONALLY, THESE COMMUNITY PARTNERS SERVE INDIVIDUALS SPANNING ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGES, AND GENDER IDENTITY DEMOGRAPHICS WITH GEOGRAPHIC, PAYOR, OR FINANCIAL BARRIERS ACCESSING CARE.

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

NH ROWAN MEDICAL CENTER:

PART V, SECTION B, LINE 5:

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

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.

MINORITY POPULATIONS, HEALTH DISPARITIES, AND SOCIAL SERVICES. DATA

DERIVED FROM THESE EXERCISES IS BOTH QUANTITATIVE AND QUALITATIVE IN SCOPE.

NOVANT HEALTH ROWAN MEDICAL CENTER, IN PARTNERSHIP WITH ROWAN COUNTY HEALTH DEPARTMENT (RCHD) AND HEALTHY ROWAN, CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. THIS CHNA PROCESS INCLUDED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION, USING THE HEALTH OPINION SURVEY, AND VARIOUS LOCAL, STATE, AND FEDERAL SOURCES. THE COMMUNITY HEALTH OPINION SURVEY WAS AVAILABLE IN BOTH ENGLISH AND SPANISH LANGUAGE FOR ALL RESIDENTS OF ROWAN COUNTY FROM AUGUST 2021 THROUGH NOVEMBER 2021, VIA SCANNED QR CODES, WEBLINK AND PAPER COPIES. THE SURVEY WAS ALSO DISTRIBUTED THROUGHOUT THE COUNTY AT VARIOUS SITES AND COMMUNITY EVENTS. THE STEERING COMMITTEE, COMMUNITY AGENCIES AND COMMUNITY REPRESENTATIVES WERE ALSO INSTRUMENTAL IN INFORMING ACTIVITIES PLANNING AND SURVEY DISSEMINATION THROUGHOUT THE CHNA PROCESS. SOME COMMUNITY PARTNERS INVOLVED IN THIS CHNA PROCESS, INCLUDED BUT NOT LIMITED TO: BREAD RIOT, CABARRUS-ROWAN COMMUNITY HEALTH CENTERS, CAPSTONE RECOVERY, CATAWBA COLLEGE, CENTER FOR PREVENTION SERVICES, CITY OF SALISBURY, CITY OF SALISBURY PARKS AND RECREATION, COMMUNITIES IN SCHOOLS, COMMUNITY CARE CLINIC OF ROWAN COUNTY, DARI CALDWELL CONSULTING, GREGOREK & ASSOCIATES REALTY, GIRLS ON THE RUN, HORIZONS UNLIMITED, MAIN STREET MARKETPLACE AND MEETING PLACE, MEALS ON WHEELS, NC CARES360, NORTH CAROLINA STATE UNIVERSITY COOPERATIVE EXTENSION, NOVANT HEALTH ROWAN MEDICAL CENTER, ONE LOVE COMMUNITY PROGRAM, PREVENT CHILD ABUSE ROWAN, ROWAN-CABARRUS COMMUNITY COLLEGE, ROWAN-CABARRUS YMCA, ROWAN COUNTY CHAMBER OF COMMERCE, ROWAN COUNTY GOVERNMENT, ROWAN COUNTY HEALTH DEPARTMENT, ROWAN COUNTY

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.

DEPARTMENT OF SOCIAL SERVICES, ROWAN COUNTY UNITED WAY, ROWAN DAYMARK RECOVERY, ROWAN HELPING MINISTRIES, ROWAN-SALISBURY FARMER'S MARKET, ROWAN-SALISBURY SCHOOL SYSTEM, RUFTY-HOMES SENIOR CENTER, SALISBURY HOUSING AUTHORITY, SALISBURY POLICE DEPARTMENT, SALISBURY-ROWAN COMMUNITY ACTION AGENCY, SALISBURY-ROWAN RUNNERS CLUB, SALISBURY VA MEDICAL CENTER, SMART START ROWAN, ST. JOHN'S LUTHERAN CHURCH, TRINITY OAKS, VAYA HEALTH, AND YOUTH SUBSTANCE USE PREVENTION ROWAN. THESE COMMUNITY PARTNERS SERVE A VARIETY OF INDIVIDUALS SPANNING ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGE, GENDER IDENTITY DEMOGRAPHICS WITH GEOGRAPHIC, PAYOR, OR FINANCIAL BARRIERS ACCESSING CARE. ADDITIONALLY, THESE COMMUNITY PARTNERS SERVE VARIOUS COMMUNITIES, REPRESENTING THE INTERESTS OF MANY COUNTY RESIDENTS, INCLUDING INDIVIDUALS WITH SUBSTANCE USE DISORDER DIAGNOSES, INDIVIDUALS WITH JUSTICE SYSTEM INTERACTIONS, CHILDREN FROM LOW-INCOME FAMILIES, LGBTQ+ COMMUNITY MEMBERS, CHILDREN EXPERIENCING ABUSE, HOMELESS AND HOUSING-INSECURE INDIVIDUALS, FOOD-INSECURE INDIVIDUALS, INDIVIDUALS IN NEED OF COUNTY SOCIAL SERVICES, AND LOW-INCOME SENIORS.

SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE MOST RECENT CHNAS LOCATED AT

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

NH MEDICAL PARK HOSPITAL:

PART V, SECTION B, LINE 5:

WHILE CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"), NOVANT HEALTH HOSPITAL FACILITIES SOLICITED INPUT FROM AND CONSULTED WITH A VARIETY OF COMMUNITY MEMBERS AND REPRESENTATIVES INCLUDING, BUT NOT

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.

LIMITED TO, REPRESENTATIVES OF CITY AND COUNTY GOVERNMENT, COUNTY HEALTH DEPARTMENTS, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES/UNIVERSITIES, COMMUNITY COALITIONS AND OTHER SOCIAL SERVICE AGENCIES. INPUT WAS GATHERED THROUGH A COMMUNITY SURVEY (DISTRIBUTED THROUGH A VARIETY OF PARTNERS, METHODS, AND CHANNELS), COMMUNITY MEETINGS AND/OR FOCUS GROUPS, AND STAKEHOLDER'S INTERVIEWS. INPUT WAS ALSO SOLICITED THROUGH WRITTEN COMMENTS THROUGHOUT THE SURVEY PERIOD UNTIL THE FINAL COMMUNITY PRIORITY SETTING MEETING(S) AND/OR SURVEY. THE SCOPE OF EXPERTISE WAS BROAD AND INCLUDED REPRESENTATIVES OF PUBLIC HEALTH, MINORITY POPULATIONS, HEALTH DISPARITIES, AND SOCIAL SERVICES. DATA DERIVED FROM THESE EXERCISES IS BOTH QUANTITATIVE AND QUALITATIVE IN SCOPE.

NOVANT HEALTH MEDICAL PARK HOSPITAL, IN PARTNERSHIP WITH THE FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH, AND FORSYTH COUNTY COMMUNITY PARTNERS, CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. THIS CHNA PROCESS INCLUDED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION, USING THE COMMUNITY HEALTH OPINION SURVEY, AND VARIOUS LOCAL, STATE AND FEDERAL SOURCES, PRIMARILY THE US CENSUS BUREAU. THE CHNA SURVEY WAS DISTRIBUTED FROM JULY 2021 TO OCTOBER 2021 TO MORE THAN 300 NON-PROFIT COMMUNITY PARTNER AGENCIES AND AT REDUCED COST COMMUNITY CLINICS THROUGHOUT FORSYTH COUNTY. THE SURVEY WAS AVAILABLE IN BOTH SPANISH AND ENGLISH. FROM NOVEMBER 2021 TO FEBRUARY 2022, VIRTUAL COMMUNITY MEETINGS WERE CONDUCTED WITH COMMUNITY PARTNERS WITH PARTICIPATION FROM KEY COMMUNITY STAKEHOLDERS ON THE STEERING COMMITTEE, INCLUDING BUT NOT LIMITED TO: FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH, FORSYTH COUNTY SHERIFF'S OFFICE, UNION BAPTIST CHURCH, WINSTON-SALEM/FORSYTH COUNTY

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.

SCHOOLS, FORSYTH COUNTY EMERGENCY MEDICAL SERVICES, AND THE FORSYTH REGIONAL OPIOID & SUBSTANCE USE TEAM. THESE COMMUNITY PARTNERS SERVE VARIOUS COMMUNITIES, REPRESENTING THE INTERESTS OF MANY COUNTY RESIDENTS, INCLUDING MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY INDIVIDUALS, INDIVIDUALS WITH SUBSTANCE USE DISORDER DIAGNOSES, INDIVIDUALS WHO HAVE HAD INTERACTIONS WITH THE JUSTICE SYSTEM, AND INDIVIDUALS WITH GEOGRAPHIC OR FINANCIAL BARRIERS WITH ACCESSING PRIMARY CARE. ADDITIONAL COMMUNITY PARTNERS INVOLVED IN THE CHNA PROCESS ALSO SERVE INDIVIDUALS SPANNING ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGES, AND GENDER IDENTITY DEMOGRAPHICS.

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

NH MATTHEWS MEDICAL CENTER:
PART V, SECTION B, LINE 5:
WHILE CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"), NOVANT HEALTH HOSPITAL FACILITIES SOLICITED INPUT FROM AND CONSULTED WITH A VARIETY OF COMMUNITY MEMBERS AND REPRESENTATIVES INCLUDING, BUT NOT LIMITED TO, REPRESENTATIVES OF CITY AND COUNTY GOVERNMENT, COUNTY HEALTH DEPARTMENTS, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES/UNIVERSITIES, COMMUNITY COALITIONS AND OTHER SOCIAL SERVICE AGENCIES. INPUT WAS GATHERED THROUGH A COMMUNITY SURVEY (DISTRIBUTED THROUGH A VARIETY OF PARTNERS, METHODS, AND CHANNELS), COMMUNITY MEETINGS AND/OR FOCUS GROUPS, AND STAKEHOLDER'S INTERVIEWS. INPUT WAS ALSO SOLICITED THROUGH WRITTEN COMMENTS THROUGHOUT THE SURVEY PERIOD UNTIL THE

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.

FINAL COMMUNITY PRIORITY SETTING MEETING(S) AND/OR SURVEY. THE SCOPE OF EXPERTISE WAS BROAD AND INCLUDED REPRESENTATIVES OF PUBLIC HEALTH, MINORITY POPULATIONS, HEALTH DISPARITIES, AND SOCIAL SERVICES. DATA DERIVED FROM THESE EXERCISES IS BOTH QUANTITATIVE AND QUALITATIVE IN SCOPE.

NOVANT HEALTH MATTHEWS MEDICAL CENTER, IN PARTNERSHIP WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT, UNION COUNTY HEALTH DEPARTMENT, AND OTHER COMMUNITY PARTNERS, CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. THE CHNA PROCESS INVOLVED EXTENSIVE PRIMARY AND SECONDARY DATA COLLECTION, INCLUDING THE COMMUNITY HEALTH OPINION SURVEY, FOCUS GROUPS, AND VARIOUS LOCAL, STATE, AND FEDERAL DATA SOURCES. THE COMMUNITY HEALTH SURVEY WAS MADE AVAILABLE TO UNION COUNTY RESIDENTS FROM JANUARY 2022 TO APRIL 2022, AND TO MECKLENBURG COUNTY RESIDENTS FROM APRIL 2022 TO JULY 2022. THE SURVEY WAS AVAILABLE IN BOTH SPANISH AND ENGLISH. MANY FOCUS GROUP SESSIONS WERE HELD BETWEEN JANUARY 2022 AND APRIL 2022 CONSISTING OF A WIDE ARRAY OF COUNTY RESIDENTS VARYING IN DEMOGRAPHICS AND LOCATION, INCLUDED HOMELESS SHELTER RESIDENTS, LATINO COMMUNITY MEMBERS, A TEEN HEALTH SERVICES COALITION, THE AFRICAN AMERICAN FAITH COMMUNITY, AND OTHERS. MANY COMMUNITY PARTNERS WERE INSTRUMENTAL IN THIS CHNA PROCESS, INCLUDING BUT NOT LIMITED TO: ATRIUM HEALTH UNION, ATRIUM HEALTH PINEVILLE, ATRIUM HEALTH UNIVERSITY CITY, CAROLINAS CONTINUECARE HOSPITAL AT PINEVILLE, CAROLINAS MEDICAL CENTER/CENTER FOR MENTAL HEALTH, AND CAROLINAS REHABILITATION. THESE COMMUNITY PARTNERS SERVE VARIOUS COMMUNITIES, REPRESENTING THE INTERESTS OF MANY COUNTY RESIDENTS, INCLUDING INDIVIDUALS WHOSE COMMUNITIES ARE KNOWN TO HAVE DISPROPORTIONATELY HIGH HEALTH AND SOCIAL NEEDS, LOW HOUSEHOLD INCOME,

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.

LOWER LIFE EXPECTANCY, AND OFTEN CONSIST OF MAJORITY PERSONS OF COLOR.

ALSO, THESE PARTNERS SERVE A VARIETY OF INDIVIDUALS ACROSS DIVERSE RACES, ETHNICITIES, AGES, SEXUAL ORIENTATIONS, PREFERRED LANGUAGES, AND GENDER IDENTITY DEMOGRAPHICS.

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

NH MINT HILL MEDICAL CENTER:

PART V, SECTION B, LINE 6A:

ATRIUM HEALTH

NH THOMASVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 6A:

ATRIUM HEALTH WAKE FOREST BAPTIST LEXINGTON MEDICAL CENTER

NH BRUNSWICK MEDICAL CENTER:

PART V, SECTION B, LINE 6B:

BRUNSWICK COUNTY HEALTH DEPARTMENT

KULIK STRATEGIC ADVISERS

NH MINT HILL MEDICAL CENTER:

PART V, SECTION B, LINE 6B:

MECKLENBURG COUNTY PUBLIC HEALTH DEPARTMENT

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.

ONE CHARLOTTE HEALTH ALLIANCE

NH THOMASVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 6B:

DAVIDSON COUNTY HEALTH DEPARTMENT

NH NEW HANOVER REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 6B:

NEW HANOVER COUNTY HEALTH AND HUMAN SERVICES

NH ROWAN MEDICAL CENTER:

PART V, SECTION B, LINE 6B:

ROWAN COUNTY HEALTH DEPARTMENT

HEALTHY ROWAN

NH MEDICAL PARK HOSPITAL:

PART V, SECTION B, LINE 6B:

FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH

NH MATTHEWS MEDICAL CENTER:

PART V, SECTION B, LINE 6B:

MECKLENBURG COUNTY HEALTH DEPARTMENT

UNION COUNTY HEALTH DEPARTMENT

NH BRUNSWICK 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 7B

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

NH BRUNSWICK MEDICAL CENTER

PART V, SECTION B, LINE 10A

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

NH MINT HILL MEDICAL CENTER

PART V, SECTION B, LINE 7B

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

NH MINT HILL MEDICAL CENTER

PART V, SECTION B, LINE 10A

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

NH THOMASVILLE MEDICAL CENTER

PART V, SECTION B, LINE 7B

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

NH THOMASVILLE MEDICAL CENTER

PART V, SECTION B, LINE 10A

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

NH 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 7B

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

NH NEW HANOVER REGIONAL MEDICAL CENTER

PART V, SECTION B, LINE 10A

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

NH ROWAN MEDICAL CENTER

PART V, SECTION B, LINE 7B

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

NH ROWAN MEDICAL CENTER

PART V, SECTION B, LINE 10A

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

NH MEDICAL PARK HOSPITAL

PART V, SECTION B, LINE 7B

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

NH MEDICAL PARK HOSPITAL

PART V, SECTION B, LINE 10A

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

NH MATTHEWS 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 7B

HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS/

NH MATTHEWS MEDICAL CENTER

PART V, SECTION B, LINE 10A

HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS/

NH BALLANTYNE MEDICAL CENTER:

PART V, SECTION B, LINE 2:

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

NH BRUNSWICK MEDICAL CENTER:

PART V, SECTION B, LINE 11:

THE FACILITIES' CHNAS IDENTIFIED MULTIPLE NEEDS FOR THE COMMUNITY SERVED. THE NEEDS IDENTIFIED WERE REVIEWED AND PRIORITIZED BY THE CHNA RESOURCE GROUP AND SUBSEQUENTLY BY EACH FACILITY'S BOARD. THEY EVALUATED EACH DOCUMENTED NEED AND ITS INTERSECTION WITH THE ORGANIZATION'S VISION, COMMITMENTS, KEY STRENGTHS AND AVAILABLE RESOURCES BEFORE FURTHER PRIORITIZING THE HEALTH NEEDS AND AGREEING UPON THE TOP HEALTH PRIORITIES TO BE ADDRESSED. WHERE POSSIBLE, THE FACILITIES LEVERAGED THE SYSTEM'S STRENGTHS AND RESOURCES TO BEST ADDRESS THOSE NEEDS THAT ARE HIGHEST IN PRIORITY BASED ON SCOPE, SEVERITY, HEALTH DISPARITIES ASSOCIATED WITH THE NEED, AND THE ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. EACH FACILITY HAS ADOPTED AND EXECUTED AN IMPLEMENTATION

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.

STRATEGY THAT ADDRESSES THE PRIORITIZED COMMUNITY HEALTH NEEDS FROM THE CHNAS. THE IMPLEMENTATION STRATEGIES OUTLINE THE PLAN THAT THE HOSPITAL FACILITIES UNDERTAKE TO MEET THOSE HEALTH NEEDS IN EACH COMMUNITY SERVED. CERTAIN NEEDS THAT WERE IDENTIFIED BY THE CHNA HAVE NOT BEEN ADDRESSED. CERTAIN OF THE NEEDS NOT ADDRESSED FALL OUTSIDE THE SCOPE OF TRADITIONAL HEALTHCARE (E.G., DENTAL WORK). OTHER NEEDS ARE ADDRESSED BY COLLABORATIVE WORK AND HAVE OTHER RESOURCES IN THE COMMUNITY THAT CAN MORE APPROPRIATELY MEET THESE NEEDS BASED ON SCOPE OF SERVICES AND EXPERTISE.

NOVANT HEALTH BRUNSWICK MEDICAL CENTER CONDUCTED A COMPREHENSIVE CHNA THAT WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. RESULTS FROM THIS CHNA PROCESS HELPED IDENTIFY THE FOLLOWING HEALTH NEEDS IN BRUNSWICK COUNTY: ACCESS TO HEALTHCARE, MENTAL HEALTH, CHRONIC DISEASE PREVENTION, DENTAL HEALTH, ELDER CARE OPTIONS, RESPITE FOR CAREGIVERS, FAMILY PLANNING, PREGNANCY & INFANT WELLNESS, CHILD OBESITY & PHYSICAL ACTIVITY. AFTER THOROUGH EVALUATION, THE FOLLOWING TOP THREE SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED AS PRIORITY AREAS FOR NOVANT HEALTH BRUNSWICK MEDICAL CENTER: CHRONIC DISEASE (FOCUS ON HYPERTENSION & DIABETES), MENTAL HEALTH & SUBSTANCE USE, AND FOOD INSECURITY. NOVANT HEALTH HAS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE PRIORITIZED AREAS OF NEED AND IS COMMITTED TO IMPROVING THE COMMUNITY'S HEALTH.

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

NH MINT HILL 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 11:

THE FACILITIES' CHNAS IDENTIFIED MULTIPLE NEEDS FOR THE COMMUNITY SERVED.

THE NEEDS IDENTIFIED WERE REVIEWED AND PRIORITIZED BY THE CHNA RESOURCE

GROUP AND SUBSEQUENTLY BY EACH FACILITY'S BOARD. THEY EVALUATED EACH

DOCUMENTED NEED AND ITS INTERSECTION WITH THE ORGANIZATION'S VISION,

COMMITMENTS, KEY STRENGTHS AND AVAILABLE RESOURCES BEFORE FURTHER

PRIORITIZING THE HEALTH NEEDS AND AGREEING UPON THE TOP HEALTH PRIORITIES

TO BE ADDRESSED. WHERE POSSIBLE, THE FACILITIES LEVERAGED THE SYSTEM'S

STRENGTHS AND RESOURCES TO BEST ADDRESS THOSE NEEDS THAT ARE HIGHEST IN

PRIORITY BASED ON SCOPE, SEVERITY, HEALTH DISPARITIES ASSOCIATED WITH THE

NEED, AND THE ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE

INTERVENTIONS. EACH FACILITY HAS ADOPTED AND EXECUTED AN IMPLEMENTATION

STRATEGY THAT ADDRESSES THE PRIORITIZED COMMUNITY HEALTH NEEDS FROM THE

CHNAS. THE IMPLEMENTATION STRATEGIES OUTLINE THE PLAN THAT THE HOSPITAL

FACILITIES UNDERTAKE TO MEET THOSE HEALTH NEEDS IN EACH COMMUNITY SERVED.

CERTAIN NEEDS THAT WERE IDENTIFIED BY THE CHNA HAVE NOT BEEN ADDRESSED.

CERTAIN OF THE NEEDS NOT ADDRESSED FALL OUTSIDE THE SCOPE OF TRADITIONAL

HEALTHCARE (E.G., DENTAL WORK). OTHER NEEDS ARE ADDRESSED BY COLLABORATIVE

WORK AND HAVE OTHER RESOURCES IN THE COMMUNITY THAT CAN MORE APPROPRIATELY

MEET THESE NEEDS BASED ON SCOPE OF SERVICES AND EXPERTISE.

NOVANT HEALTH MINT HILL MEDICAL CENTER CONDUCTED A COMPREHENSIVE CHNA THAT

WAS APPROVED BY THE BOARD OF TRUSTEES IN 2023. RESULTS FROM THIS CHNA

PROCESS HELPED IDENTIFY THE FOLLOWING SIGNIFICANT HEALTH NEEDS IN

MECKLENBURG COUNTY: ACCESS TO CARE, CHRONIC DISEASE PREVENTION, EMERGING

HEALTH ISSUES & PUBLIC HEALTH THREATS (E.G., COVID), HEALTHY ENVIRONMENT

(SAFE AIR, WATER, COMMUNITY, RECREATION), HEALTHY PREGNANCY, HIV & OTHER

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.

STIS, INJURY PREVENTION, MENTAL HEALTH, SUBSTANCE USE DISORDER AND VIOLENCE PREVENTION. AFTER THOROUGH EVALUATION, THE FOLLOWING TOP FOUR SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED AS PRIORITY AREAS FOR NOVANT HEALTH MINT HILL MEDICAL CENTER: MENTAL HEALTH, ACCESS TO CARE, CHRONIC DISEASE, AND VIOLENCE PREVENTION. NOVANT HEALTH HAS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE PRIORITIZED AREAS OF NEED AND IS COMMITTED TO IMPROVING THE COMMUNITY'S HEALTH.

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

NH THOMASVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 11:

THE FACILITIES' CHNAS IDENTIFIED MULTIPLE NEEDS FOR THE COMMUNITY SERVED. THE NEEDS IDENTIFIED WERE REVIEWED AND PRIORITIZED BY THE CHNA RESOURCE GROUP AND SUBSEQUENTLY BY EACH FACILITY'S BOARD. THEY EVALUATED EACH DOCUMENTED NEED AND ITS INTERSECTION WITH THE ORGANIZATION'S VISION, COMMITMENTS, KEY STRENGTHS AND AVAILABLE RESOURCES BEFORE FURTHER PRIORITIZING THE HEALTH NEEDS AND AGREEING UPON THE TOP HEALTH PRIORITIES TO BE ADDRESSED. WHERE POSSIBLE, THE FACILITIES LEVERAGED THE SYSTEM'S STRENGTHS AND RESOURCES TO BEST ADDRESS THOSE NEEDS THAT ARE HIGHEST IN PRIORITY BASED ON SCOPE, SEVERITY, HEALTH DISPARITIES ASSOCIATED WITH THE NEED, AND THE ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. EACH FACILITY HAS ADOPTED AND EXECUTED AN IMPLEMENTATION STRATEGY THAT ADDRESSES THE PRIORITIZED COMMUNITY HEALTH NEEDS FROM THE CHNAS. THE IMPLEMENTATION STRATEGIES OUTLINE THE PLAN THAT THE HOSPITAL

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.

FACILITIES UNDERTAKE TO MEET THOSE HEALTH NEEDS IN EACH COMMUNITY SERVED.

CERTAIN NEEDS THAT WERE IDENTIFIED BY THE CHNA HAVE NOT BEEN ADDRESSED.

CERTAIN OF THE NEEDS NOT ADDRESSED FALL OUTSIDE THE SCOPE OF TRADITIONAL HEALTHCARE (E.G., DENTAL WORK). OTHER NEEDS ARE ADDRESSED BY COLLABORATIVE WORK AND HAVE OTHER RESOURCES IN THE COMMUNITY THAT CAN MORE APPROPRIATELY MEET THESE NEEDS BASED ON SCOPE OF SERVICES AND EXPERTISE.

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

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

NH NEW HANOVER REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 11:

THE FACILITIES' CHNAS IDENTIFIED MULTIPLE NEEDS FOR THE COMMUNITY SERVED.

THE NEEDS IDENTIFIED WERE REVIEWED AND PRIORITIZED BY THE CHNA RESOURCE

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.

GROUP AND SUBSEQUENTLY BY EACH FACILITY'S BOARD. THEY EVALUATED EACH DOCUMENTED NEED AND ITS INTERSECTION WITH THE ORGANIZATION'S VISION, COMMITMENTS, KEY STRENGTHS AND AVAILABLE RESOURCES BEFORE FURTHER PRIORITIZING THE HEALTH NEEDS AND AGREEING UPON THE TOP HEALTH PRIORITIES TO BE ADDRESSED. WHERE POSSIBLE, THE FACILITIES LEVERAGED THE SYSTEM'S STRENGTHS AND RESOURCES TO BEST ADDRESS THOSE NEEDS THAT ARE HIGHEST IN PRIORITY BASED ON SCOPE, SEVERITY, HEALTH DISPARITIES ASSOCIATED WITH THE NEED, AND THE ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. EACH FACILITY HAS ADOPTED AND EXECUTED AN IMPLEMENTATION STRATEGY THAT ADDRESSES THE PRIORITIZED COMMUNITY HEALTH NEEDS FROM THE CHNAS. THE IMPLEMENTATION STRATEGIES OUTLINE THE PLAN THAT THE HOSPITAL FACILITIES UNDERTAKE TO MEET THOSE HEALTH NEEDS IN EACH COMMUNITY SERVED. CERTAIN NEEDS THAT WERE IDENTIFIED BY THE CHNA HAVE NOT BEEN ADDRESSED. CERTAIN OF THE NEEDS NOT ADDRESSED FALL OUTSIDE THE SCOPE OF TRADITIONAL HEALTHCARE (E.G., DENTAL WORK). OTHER NEEDS ARE ADDRESSED BY COLLABORATIVE WORK AND HAVE OTHER RESOURCES IN THE COMMUNITY THAT CAN MORE APPROPRIATELY MEET THESE NEEDS BASED ON SCOPE OF SERVICES AND EXPERTISE.

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

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.

HANOVER REGIONAL MEDICAL CENTER: MENTAL HEALTH & SUBSTANCE USE, ACCESS TO CARE, AND FOOD INSECURITY. NOVANT HEALTH HAS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE PRIORITIZED AREAS OF NEED AND IS COMMITTED TO IMPROVING THE COMMUNITY'S HEALTH.

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

NH ROWAN MEDICAL CENTER:

PART V, SECTION B, LINE 11:

THE FACILITIES' CHNAS IDENTIFIED MULTIPLE NEEDS FOR THE COMMUNITY SERVED. THE NEEDS IDENTIFIED WERE REVIEWED AND PRIORITIZED BY THE CHNA RESOURCE GROUP AND SUBSEQUENTLY BY EACH FACILITY'S BOARD. THEY EVALUATED EACH DOCUMENTED NEED AND ITS INTERSECTION WITH THE ORGANIZATION'S VISION, COMMITMENTS, KEY STRENGTHS AND AVAILABLE RESOURCES BEFORE FURTHER PRIORITIZING THE HEALTH NEEDS AND AGREEING UPON THE TOP HEALTH PRIORITIES TO BE ADDRESSED. WHERE POSSIBLE, THE FACILITIES LEVERAGED THE SYSTEM'S STRENGTHS AND RESOURCES TO BEST ADDRESS THOSE NEEDS THAT ARE HIGHEST IN PRIORITY BASED ON SCOPE, SEVERITY, HEALTH DISPARITIES ASSOCIATED WITH THE NEED, AND THE ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS. EACH FACILITY HAS ADOPTED AND EXECUTED AN IMPLEMENTATION STRATEGY THAT ADDRESSES THE PRIORITIZED COMMUNITY HEALTH NEEDS FROM THE CHNAS. THE IMPLEMENTATION STRATEGIES OUTLINE THE PLAN THAT THE HOSPITAL FACILITIES UNDERTAKE TO MEET THOSE HEALTH NEEDS IN EACH COMMUNITY SERVED. CERTAIN NEEDS THAT WERE IDENTIFIED BY THE CHNA HAVE NOT BEEN ADDRESSED.

CERTAIN OF THE NEEDS NOT ADDRESSED FALL OUTSIDE THE SCOPE OF TRADITIONAL

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.

HEALTHCARE (E.G., DENTAL WORK). OTHER NEEDS ARE ADDRESSED BY COLLABORATIVE WORK AND HAVE OTHER RESOURCES IN THE COMMUNITY THAT CAN MORE APPROPRIATELY MEET THESE NEEDS BASED ON SCOPE OF SERVICES AND EXPERTISE.

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

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

NH MEDICAL PARK HOSPITAL:
PART V, SECTION B, LINE 11:
THE FACILITIES' CHNAS IDENTIFIED MULTIPLE NEEDS FOR THE COMMUNITY SERVED. THE NEEDS IDENTIFIED WERE REVIEWED AND PRIORITIZED BY THE CHNA RESOURCE GROUP AND SUBSEQUENTLY BY EACH FACILITY'S BOARD. THEY EVALUATED EACH DOCUMENTED NEED AND ITS INTERSECTION WITH THE ORGANIZATION'S VISION,

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.

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

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

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.

SPECIFIC REFERENCES AND OTHER SUPPORTING INFORMATION CAN BE FOUND IN THE

MOST RECENT FACILITY CHNAS LOCATED AT

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

NH MATTHEWS MEDICAL CENTER:

PART V, SECTION B, LINE 11:

THE FACILITIES' CHNAS IDENTIFIED MULTIPLE NEEDS FOR THE COMMUNITY SERVED.

THE NEEDS IDENTIFIED WERE REVIEWED AND PRIORITIZED BY THE CHNA RESOURCE

GROUP AND SUBSEQUENTLY BY EACH FACILITY'S BOARD. THEY EVALUATED EACH

DOCUMENTED NEED AND ITS INTERSECTION WITH THE ORGANIZATION'S VISION,

COMMITMENTS, KEY STRENGTHS AND AVAILABLE RESOURCES BEFORE FURTHER

PRIORITIZING THE HEALTH NEEDS AND AGREEING UPON THE TOP HEALTH PRIORITIES

TO BE ADDRESSED. WHERE POSSIBLE, THE FACILITIES LEVERAGED THE SYSTEM'S

STRENGTHS AND RESOURCES TO BEST ADDRESS THOSE NEEDS THAT ARE HIGHEST IN

PRIORITY BASED ON SCOPE, SEVERITY, HEALTH DISPARITIES ASSOCIATED WITH THE

NEED, AND THE ESTIMATED FEASIBILITY AND EFFECTIVENESS OF POSSIBLE

INTERVENTIONS. EACH FACILITY HAS ADOPTED AND EXECUTED AN IMPLEMENTATION

STRATEGY THAT ADDRESSES THE PRIORITIZED COMMUNITY HEALTH NEEDS FROM THE

CHNAS. THE IMPLEMENTATION STRATEGIES OUTLINE THE PLAN THAT THE HOSPITAL

FACILITIES UNDERTAKE TO MEET THOSE HEALTH NEEDS IN EACH COMMUNITY SERVED.

CERTAIN NEEDS THAT WERE IDENTIFIED BY THE CHNA HAVE NOT BEEN ADDRESSED.

CERTAIN OF THE NEEDS NOT ADDRESSED FALL OUTSIDE THE SCOPE OF TRADITIONAL

HEALTHCARE (E.G., DENTAL WORK). OTHER NEEDS ARE ADDRESSED BY COLLABORATIVE

WORK AND HAVE OTHER RESOURCES IN THE COMMUNITY THAT CAN MORE APPROPRIATELY

MEET THESE NEEDS BASED ON SCOPE OF SERVICES AND EXPERTISE.

NOVANT HEALTH MATTHEWS MEDICAL CENTER CONDUCTED A COMPREHENSIVE CHNA THAT

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.

WAS APPROVED BY THE BOARD OF TRUSTEES IN 2022. RESULTS FROM THIS CHNA PROCESS HELPED IDENTIFY THE FOLLOWING SIGNIFICANT HEALTH NEEDS IN MECKLENBURG COUNTY: ACCESS TO CARE, CHRONIC DISEASE PREVENTION, EMERGING HEALTH ISSUES & PUBLIC HEALTH THREATS (E.G., COVID), HEALTHY ENVIRONMENT (SAFE AIR, WATER, COMMUNITY, RECREATION), HEALTHY PREGNANCY, HIV & OTHER STIS, INJURY PREVENTION, MENTAL HEALTH, SUBSTANCE USE DISORDER, AND VIOLENCE PREVENTION. THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN UNION COUNTY: ACCESS TO CARE, CHRONIC DISEASE PREVENTION, HEALTHY ENVIRONMENT (SAFE AIR, WATER, COMMUNITY, RECREATION), MENTAL HEALTH, SUBSTANCE USE DISORDER, VIOLENCE PREVENTION / COMMUNITY SAFETY, AFFORDABLE HOUSING, LACK OF PUBLIC TRANSPORTATION, FOOD INSECURITY, AND HEALTHY EATING/NUTRITION. AFTER THOROUGH EVALUATION, THE FOLLOWING TOP FOUR SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED AS PRIORITY AREAS FOR NOVANT HEALTH MATTHEWS MEDICAL CENTER: MENTAL HEALTH, ACCESS TO CARE, CHRONIC DISEASE, AND VIOLENCE PREVENTION. NOVANT HEALTH HAS DEVELOPED STRATEGIC IMPLEMENTATION PLANS TO ADDRESS THESE PRIORITIZED AREAS OF NEED AND IS COMMITTED TO IMPROVING THE COMMUNITY'S HEALTH.

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

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

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.

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/FOR-PATIENTS/BILLING--INSURANCE/FINANCIAL-ASSISTANCE/

NH BRUNSWICK MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/DOCUMENTS-PDFS/FAA_APP_ENGLISH.PDF

NH BRUNSWICK MEDICAL CENTER

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

HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/DOCUMENTS-PDFS/NOVANT-HEALTH-ACUTE-PLS-ENGLISH.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

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.

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/FOR-PATIENTS/BILLING--INSURANCE/FINANCIAL-ASSISTANCE/

NH MINT HILL MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/DOCUMENTS-PDFS/FAA_APP_ENGLISH.PDF

NH MINT HILL MEDICAL CENTER

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

HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/DOCUMENTS-PDFS/NOVANT-HEALTH-ACUTE-PLS-ENGLISH.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

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.

CHARITY CARE.

NH THOMASVILLE MEDICAL CENTER:

PART V, LINE 16A, FAP WEBSITE:

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

NH THOMASVILLE MEDICAL CENTER:

PART V, LINE 16B, FAP APPLICATION:

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

NH THOMASVILLE MEDICAL CENTER:

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

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

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 NEW HANOVER REGIONAL MEDICAL CENTER:

PART V, LINE 16A, FAP WEBSITE:

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

NH NEW HANOVER REGIONAL MEDICAL CENTER:

PART V, LINE 16B, FAP APPLICATION:

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

NH NEW HANOVER REGIONAL MEDICAL CENTER:

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

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

NH ROWAN 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 ROWAN MEDICAL CENTER:

PART V, LINE 16A, FAP WEBSITE:

Part V Facility Information (continued)

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

HTTPS://WWW.NOVANTHEALTH.ORG/FOR-PATIENTS/BILLING--INSURANCE/FINANCIAL-ASSI
STANCE/

NH ROWAN MEDICAL CENTER:

PART V, LINE 16B, FAP APPLICATION:

HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/D
OCUMENTS-PDFS/FAA_APP_ENGLISH.PDF

NH ROWAN MEDICAL CENTER:

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

HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/D
OCUMENTS-PDFS/NOVANT-HEALTH-ACUTE-PLS-ENGLISH.PDF

NH MEDICAL PARK HOSPITAL:

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 MEDICAL PARK HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

HTTPS://WWW.NOVANTHEALTH.ORG/FOR-PATIENTS/BILLING--INSURANCE/FINANCIAL-ASSI
STANCE/

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 MEDICAL PARK HOSPITAL

PART V, LINE 16B, FAP APPLICATION:

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

NH MEDICAL PARK HOSPITAL

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

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

NH MATTHEWS 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 MATTHEWS MEDICAL CENTER:

PART V, LINE 16A, FAP WEBSITE:

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

PART V, LINE 16B, FAP APPLICATION:

Part V Facility Information (continued)

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

HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/D
OCUMENTS-PDFS/FAA_APP_ENGLISH.PDF

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

HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/D
OCUMENTS-PDFS/NOVANT-HEALTH-ACUTE-PLS-ENGLISH.PDF

NH BALLANTYNE 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 BALLANTYNE MEDICAL CENTER

PART V, LINE 16A, FAP WEBSITE:

HTTPS://WWW.NOVANTHEALTH.ORG/FOR-PATIENTS/BILLING--INSURANCE/FINANCIAL-ASSI
STANCE/

NH BALLANTYNE MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.NOVANTHEALTH.ORG/GLOBALASSETS/BUTTONS-AND-DOCUMENTS-CTASLINKS/D
OCUMENTS-PDFS/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.

NH BALLANTYNE MEDICAL CENTER

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

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

Multiple horizontal lines for additional facility information.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 110

Name and address	Type of facility (describe)
1 CORELIFE NOVANT HEALTH - ARDMORE 2810 MAPLEWOOD AVE WINSTON-SALEM, NC 27103-4138	PHYSICIAN CLINIC
2 CORELIFE NOVANT HEALTH - BALLANTYNE 15015 LANCASTER HWY, STE 200 CHARLOTTE, NC 28277-2010	PHYSICIAN CLINIC
3 CORELIFE NOVANT HEALTH - HEWITT 18 OAK BRANCH DR, STE C GREENSBORO, NC 27407-2444	PHYSICIAN CLINIC
4 CORELIFE NOVANT HEALTH - HIGHLAND OA 730 HIGHLAND OAKS DR WINSTON-SALEM, NC 27103-7154	PHYSICIAN CLINIC
5 CORELIFE NOVANT HEALTH - HUNTERS VILL 9930 KINCEY AVE, STE 130 HUNTERSVILLE, NC 28078-6541	PHYSICIAN CLINIC
6 CORELIFE NOVANT HEALTH - KERNERS VILL 500 PINEVIEW DR, STE 205 KERNERSVILLE, NC 27284-3814	PHYSICIAN CLINIC
7 CORELIFE NOVANT HEALTH - MATTHEWS 855 SAM NEWELL RD, STE 204 MATTHEWS, NC 28105-7594	PHYSICIAN CLINIC
8 CORELIFE NOVANT HEALTH - PINEVILLE 9101 PINEVILLE-MATTHEWS RD, STE C4 PINEVILLE, NC 28134-8840	PHYSICIAN CLINIC
9 CORELIFE NOVANT HEALTH - SALISBURY 501 N MAIN ST SALISBURY, NC 28144-4303	PHYSICIAN CLINIC
10 CORELIFE NOVANT HEALTH - THOMASVILLE 6329 UNITY ST, STE A THOMASVILLE, NC 27360-7186	PHYSICIAN CLINIC

Schedule H (Form 990) 2023

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? 110

Name and address	Type of facility (describe)
11 CORELIFE NOVANT HEALTH - VILLAGE POI 6371 JESSIE LN CLEMMONS, NC 27012-9887	PHYSICIAN CLINIC
12 MATTHEWS WELLNESS CENTER 1401 MATTHEWS TOWNSHIP PKWY, STE 314 MATTHEWS, NC 28205-5403	PHYSICIAN CLINIC
13 NEW HANOVER MEDICAL GROUP - JACKSONV 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	PHYSICIAN CLINIC
14 NEW HANOVER REGIONAL MEDICAL CENTER 505 EAST SATCHWELL BURGAW, NC 28425-5131	PHYSICIAN CLINIC
15 NHRMC CARE TEAM 801 S WALKER ST BURGAW, NC 28425-5001	PHYSICIAN CLINIC
16 NHRMC PHYSICIAN SPECIALISTS - MAXILL 2259 S 17TH ST WILMINGTON, NC 28401-7542	AMBULATORY SURGERY CENTER
17 NHRMC WOUND CARE CLINIC 2221 S 17TH ST WILMINGTON, NC 28401-7542	PHYSICIAN CLINIC
18 NH BALLANTYNE OUTPATIENT SURGERY 14215 BALLANTYNE CORPORATE PL, STE 2 CHARLOTTE, NC 28277-3873	AMBULATORY SURGERY CENTER
19 NH BREAST CENTER 1701 AMHERST PLACE CHARLOTTE, NC 28204	PHYSICIAN CLINIC
20 NH BREAST IMAGING CENTER LANGTREE 106 LANGTREE VILLAGE DR., SUITE 201 MOORESVILLE, NC 28117	IMAGING CENTER

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Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 110

Name and address	Type of facility (describe)
21 NH BRUNSWICK ENDOSCOPY 13 MEDICAL CAMPUS DRIVE, SUITE 101 SUPPLY, NC 28462	ENDOSCOPY CENTER
22 NH BRUNSWICK FOREST MEDICAL PLAZA 1333 SOUTH DICKINSON DRIVE LELAND, NC 28451	PHYSICIAN CLINIC
23 NH CANCER INSTITUTE - BRUNSWICK FORE 1333 S DICKINSON DR, STE 200 LELAND, NC 28451-6430	CANCER CENTER
24 NH CANCER INSTITUTE - CAROLINA SHORE 75 EMERSON BAY RD SW, STE 104 CAROLINA SHORES, NC 28467-2498	CANCER CENTER
25 NH CANCER INSTITUTE DOCTORS CIRCLE 1415 MEDICAL CENTER DRIVE WILMINGTON, NC 28401	CANCER CENTER
26 NH CANCER INSTITUTE - FORSYTH (MEDIC 1010 BETHESDA CT WINSTON-SALEM, NC 27103-3019	CANCER CENTER
27 NH CANCER INSTITUTE - FORSYTH (SYMPT 1010 BETHESDA CT WINSTON-SALEM, NC 27103-3019	CANCER CENTER
28 NH CANCER INSTITUTE - GREENSBORO (BR 3515 W MARKET ST, STE 300 GREENSBORO, NC 27403-4442	AMBULATORY SURGERY CENTER
29 NH CANCER INSTITUTE - GREENSBORO (ME 3515 W MARKET ST, STE 300 GREENSBORO, NC 27403-4442	CANCER CENTER
30 NH CANCER INSTITUTE - JACKSONVILLE (2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	CANCER CENTER

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Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 110

Name and address	Type of facility (describe)
31 NH CANCER INSTITUTE - KERNERSVILLE 1710 KERNERSVILLE MEDICAL PKWY, STE KERNERSVILLE, NC 27284-7156	CANCER CENTER
32 NH CANCER INSTITUTE - ROWAN 631 MOCKSVILLE AVE, STE 1020 SALISBURY, NC 28144-2731	CANCER CENTER
33 NH CANCER INSTITUTE - STATESVILLE 276 OLD MOCKSVILLE RD, STE 800 STATESVILLE, NC 28625-1952	CANCER CENTER
34 NH CANCER INSTITUTE - THOMASVILLE 1213 LEXINGTON AVE, STE B THOMASVILLE, NC 27360-3416	CANCER CENTER
35 NH COASTAL OB/GYN - SHIPYARD 2150 SHIPYARD BLVD WILMINGTON, NC 28403-8052	PHYSICIAN CLINIC
36 NH COASTAL OB/GYN & MIDWIFERY - NEW 2221 S 17TH ST WILMINGTON, NC 28401-7542	PHYSICIAN CLINIC
37 NH DIGITAL CARE GROUP 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103-5614	PHYSICIAN CLINIC
38 NH DIGITAL CARE GROUP - VIRGINIA 405 E LABURNUM AVE, STE 3 RICHMOND, VA 23222-2120	PHYSICIAN CLINIC
39 NH FAMILY MEDICINE ROCKY POINT 7910 US HWY 117 S, UNIT 120 ROCKY POINT, NC 28457-7409	PHYSICIAN CLINIC
40 NH FAMILY MEDICINE WILMINGTON 2523 DELANEY AVE WILMINGTON, NC 28403-6003	PHYSICIAN CLINIC

Schedule H (Form 990) 2023

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? 110

Name and address	Type of facility (describe)
41 NH FAMILY MEDICINE WRIGHTSVILLE BEAC 1721 ALLENS LN, STE 100 WILMINGTON, NC 28403-3662	PHYSICIAN CLINIC
42 NH GASTROENTEROLOGY - BRUNSWICK FORE 1333 S DICKINSON DR, UNIT 230 LELAND, NC 28451-6434	PHYSICIAN CLINIC
43 NH GASTROENTEROLOGY - OGDEN 7420 MARKET ST WILMINGTON, NC 28411-9453	PHYSICIAN CLINIC
44 NH GASTROENTEROLOGY - WILMINGTON 1520 PHYSICIANS DR WILMINGTON, NC 28401-7356	PHYSICIAN CLINIC
45 NH GENERAL SURGERY - JACKSONVILLE (C 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	AMBULATORY SURGERY CENTER
46 NH GENERAL SURGERY - NEW HANOVER (CO 2221 S 17TH ST WILMINGTON, NC 28401-7542	AMBULATORY SURGERY CENTER
47 NH GENERAL SURGERY - NEW HANOVER (GE 1725 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403-5645	AMBULATORY SURGERY CENTER
48 NH GENERAL SURGERY & BARIATRICS - WI 1726 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403-5344	AMBULATORY SURGERY CENTER
49 NH GLEN MEADE OB/GYN - AUTUMN HALL 510 CAROLINA BAY DR, STE 100 WILMINGTON, NC 28403-2046	PHYSICIAN CLINIC
50 NH GLEN MEADE OB/GYN - BRUNSWICK FOR 1333 S DICKINSON DR, UNIT 230 LELAND, NC 28451-6434	PHYSICIAN CLINIC

Schedule H (Form 990) 2023

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? 110

Name and address	Type of facility (describe)
51 NH GLEN MEADE OB/GYN - WILMINGTON 1809 GLEN MEADE RD WILMINGTON, NC 28403-6022	PHYSICIAN CLINIC
52 NH HEART & VASCULAR INSTITUTE - BOLI 257 HOSPITAL DR NE, STE 201 BOLIVIA, NC 28422-8411	PHYSICIAN CLINIC
53 NH HEART & VASCULAR INSTITUTE - JACK 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	PHYSICIAN CLINIC
54 NH HEART & VASCULAR INSTITUTE - SOUT 3009 MEDICAL PLAZA LN SOUTHPORT, NC 28461-5194	PHYSICIAN CLINIC
55 NH HEART & VASCULAR INSTITUTE - WHIT 800 JEFFERSON ST, STE 112 WHITEVILLE, NC 28472-3702	PHYSICIAN CLINIC
56 NH HEART & VASCULAR INSTITUTE - WILM 1912 TRADD CT WILMINGTON, NC 28401-6637	AMBULATORY SURGERY CENTER
57 NH HEART & VASCULAR INSTITUTE - WILM 1500 PHYSICIANS DR WILMINGTON, NC 28401-7356	PHYSICIAN CLINIC
58 NH HEART & VASCULAR INSTITUTE - WILM 1415 PHYSICIANS DR WILMINGTON, NC 28401-7338	PHYSICIAN CLINIC
59 NH HOSPICE 1229 STATESVILLE BLVD. SALISBURY, NC 28144-2234	HOME HEALTH
60 NH IMAGING BALLANTYNE 14215 BALLANTYNE CORPORATE PL, STE 1 CHARLOTTE, NC 28277-3671	IMAGING CENTER

Schedule H (Form 990) 2023

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? 110

Name and address	Type of facility (describe)
61 NH IMAGING MILITARY CUTOFF 1135 MILITARY CUTOFF RD WILMINGTON, NC 28405	IMAGING CENTER
62 NH IMAGING SOUTH BRUNSWICK 75 EMERSON BAY RD. SW CAROLINA SHORES, NC 28467-2498	IMAGING CENTER
63 NH IMAGING STEELE CREEK 13557 STEELECROFT PARKWAY, SUITE 110 CHARLOTTE, NC 28278-5002	IMAGING CENTER
64 NH INFECTIOUS DISEASE SPECIALISTS - 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	PHYSICIAN CLINIC
65 NH INFECTIOUS DISEASE SPECIALISTS - 706 N THOMPSON ST WHITEVILLE, NC 28472-3428	PHYSICIAN CLINIC
66 NH INFECTIOUS DISEASE SPECIALISTS - 1725 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403-5345	PHYSICIAN CLINIC
67 NH INFUSION - CLEMMONS 7144 VILLAGE MEDICAL CIR CLEMMONS, NC 27012-8004	PHYSICIAN CLINIC
68 NH INFUSION - KERNERSVILLE 1471 JAG BRANCH BLVD, STE 105 KERNERSVILLE, NC 27284-6963	PHYSICIAN CLINIC
69 NH INTERNAL MEDICINE WILMINGTON 1725 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403-5345	PHYSICIAN CLINIC
70 NH JULIAN ROAD OUTPATIENT SURGERY 522 CORPORATE CIRCLE SALISBURY, NC 28147-8074	AMBULATORY SURGERY CENTER

Schedule H (Form 990) 2023

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? 110

Name and address	Type of facility (describe)
71 NH MATERNAL-FETAL MEDICINE - CHARLOT 1718 E 4TH ST, STE 404 CHARLOTTE, NC 28204-3193	PHYSICIAN CLINIC
72 NH MATERNAL-FETAL MEDICINE - CORNELI 19475 OLD JETTON RD, STE 101 CORNELIUS, NC 28031-6591	PHYSICIAN CLINIC
73 NH MATERNAL-FETAL MEDICINE - MATTHEW 1450 MATTHEWS TOWNSHIP PKWY, STE 410 MATTHEWS, NC 28105-5336	PHYSICIAN CLINIC
74 NH MATERNAL-FETAL MEDICINE - SHIPYAR 2150 SHIPYARD BLVD WILMINGTON, NC 28403-8052	PHYSICIAN CLINIC
75 NH MAXILLOFACIAL SURGERY - JACKSONVI 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	AMBULATORY SURGERY CENTER
76 NH MAXILLOFACIAL SURGERY - WILMINGTO 1725 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403-5345	AMBULATORY SURGERY CENTER
77 NH NEUROLOGY - BRUNSWICK FOREST 1333 S DICKINSON DR, UNIT 230 LELAND, NC 28451-6434	PHYSICIAN CLINIC
78 NH NEUROLOGY - DOCTORS CIRCLE (BUILD 1515 DOCTORS CIR, BLDG A WILMINGTON, NC 28401-7403	PHYSICIAN CLINIC
79 NH NEUROLOGY - DOCTORS CIRCLE (BUILD 1509 DOCTORS CIR, BLDG C WILMINGTON, NC 28401-7403	PHYSICIAN CLINIC
80 NH NEW HANOVER MEDICAL PLAZA 2243 S. 17TH STREET WILMINGTON, NC 28401	PHYSICIAN CLINIC

Schedule H (Form 990) 2023

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? 110

Name and address	Type of facility (describe)
81 NH NEW HANOVER ORTHOPEDIC HOSPITAL 5301 WRIGHTSVILLE AVENUE WILMINGTON, NC 28403	PHYSICIAN CLINIC
82 NH NEW HANOVER PRIMARY CARE - AUTUMN 510 CAROLINA BAY DR, STE 110 WILMINGTON, NC 28403-2046	PHYSICIAN CLINIC
83 NH NEW HANOVER PRIMARY CARE - BRUNSW 1333 S DICKINSON DR, UNIT 140 LELAND, NC 28451-6434	PHYSICIAN CLINIC
84 NH NEW HANOVER PRIMARY CARE - MYRTLE 5145 S COLLEGE RD WILMINGTON, NC 28412-2207	PHYSICIAN CLINIC
85 NH NEW HANOVER PRIMARY CARE - OGDEN 7420 MARKET ST WILMINGTON, NC 28411-9453	PHYSICIAN CLINIC
86 NH NEW HANOVER PRIMARY CARE - WILMIN 1960 S 16TH ST WILMINGTON, NC 28401-6676	PHYSICIAN CLINIC
87 NH NUNNELEE PEDIATRIC MULTISPECIALTY 510 CAROLINA BAY DR, STE 200 WILMINGTON, NC 28403-2046	PHYSICIAN CLINIC
88 NH OB/GYN URGENT CARE - CARMEL 6331 CARMEL RD, STE 102 CHARLOTTE, NC 28226-8246	PHYSICIAN CLINIC
89 NH PAIN MANAGEMENT AND FLUROSCOPY 145 KIMEL PARK DRIVE WINSTON SALEM, NC 27103	PHYSICIAN CLINIC
90 NH PULMONARY & SLEEP MEDICINE - SHAL 512 VILLAGE RD, STE 101 SHALLOTTE, NC 28470-3420	PHYSICIAN CLINIC

Schedule H (Form 990) 2023

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? 110

Name and address	Type of facility (describe)
91 NH PULMONARY MEDICINE - BRUNSWICK FO 1333 S DICKINSON DR, UNIT 230 LELAND, NC 28451-6434	PHYSICIAN CLINIC
92 NH PULMONARY MEDICINE - WILMINGTON 1090 MEDICAL CENTER DR WILMINGTON, NC 28401-7353	PHYSICIAN CLINIC
93 NH PULMONARY MEDICINE - WILMINGTON M 1415 PHYSICIANS DR WILMINGTON, NC 28401-7338	PHYSICIAN CLINIC
94 NH REHABILITATION CENTER 13557 STEELECROFT PARKWAY, SUITE 140 CHARLOTTE, NC 28278-0057	PHYSICIAN CLINIC
95 NH REHABILITATION CENTER 1450 MATTHEWS TOWNSHIP PKWY, STE 150 MATTHEWS, NC 28105	PHYSICIAN CLINIC
96 NH REHABILITATION CENTER - MARKET ST 2710 MARKET ST WILMINGTON, NC 28403-1218	PHYSICIAN CLINIC
97 NH REHABILITATION CENTER - OLEANDER 5220 OLEANDER DRIVE WILMINGTON, NC 28401	PHYSICIAN CLINIC
98 NH REHABILITATION CENTER - SHIPYARD 2800 ASHTON DRIVE, SUITE B WILMINGTON, NC 28412	PHYSICIAN CLINIC
99 NH RHEUMATOLOGY - BRUNSWICK FOREST 1333 S DICKINSON DR, STE 230 LELAND, NC 28451-6434	PHYSICIAN CLINIC
100 NH RHEUMATOLOGY - DOCTORS CIRCLE 1509 DOCTORS CIR, BLDG C WILMINGTON, NC 28401-7403	PHYSICIAN CLINIC

Schedule H (Form 990) 2023

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? 110

Name and address	Type of facility (describe)
101 NH RHEUMATOLOGY & ARTHRITIS - WESTBR 1551 WESTBROOK PLAZA DR, STE 200 WINSTON-SALEM, NC 27103-1355	PHYSICIAN CLINIC
102 NH SCOTTS HILL OUTPATIENT SURGERY CE 9104 MARKET STREET WILMINGTON, NC 28411	AMBULATORY SURGERY CENTER
103 NH UNC CHILDREN'S - BRUNSWICK 20 MEDICAL CAMPUS DR NW, STE 205 SUPPLY, NC 28462-4094	PHYSICIAN CLINIC
104 NH UNC CHILDREN'S - JACKSONVILLE 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	PHYSICIAN CLINIC
105 NH UROLOGY - BRUNSWICK FOREST 1333 S DICKINSON DR, UNIT 230 LELAND, NC 28451-6430	PHYSICIAN CLINIC
106 NH UROLOGY - JACKSONVILLE 2000 BRABHAM AVE JACKSONVILLE, NC 28546-0201	PHYSICIAN CLINIC
107 NH UROLOGY - SOUTHPORT 3009 MEDICAL PLAZA LN SOUTHPORT, NC 28461-5194	PHYSICIAN CLINIC
108 NH UROLOGY - WILMINGTON 1814 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403-5350	PHYSICIAN CLINIC
109 NH WILMINGTON ENDOSCOPY CENTER 1520 PHYSICIANS DRIVE, SUITE A WILMINGTON, NC 28401	ENDOSCOPY CENTER
110 NH WOUND CARE - NEW HANOVER 2259 S 17TH ST WILMINGTON, NC 28401-7542	PHYSICIAN CLINIC

Schedule H (Form 990) 2023

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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

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 FINANCIAL ASSISTANCE (I.E., CHARITY CARE) AND CERTAIN OTHER COMMUNITY BENEFITS AMOUNTS ARE CALCULATED USING A REPORTING ENTITY SPECIFIC COST-TO-CHARGE RATIO ("CCR") BASED ON FORM 990, SCHEDULE H, INSTRUCTIONS, WORKSHEET 2.

PART I, LN 7 COL(F):

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

PART I, LINE 4:

NOVANT HEALTH HAS A CATASTROPHIC SETTLEMENT POLICY WHICH IS SEPARATE FROM THE FINANCIAL ASSISTANCE POLICY. THE PURPOSE OF THIS POLICY IS TO IDENTIFY CIRCUMSTANCES IN WHICH NOVANT HEALTH AFFILIATES MAY WORK WITH PATIENTS TO MEET THEIR FINANCIAL OBLIGATIONS WHEN THEY HAVE LARGE OUT-OF POCKET EXPENSES RELATED TO A VISIT THAT IS NOT COVERED BY FINANCIAL ASSISTANCE.

PART II, COMMUNITY BUILDING ACTIVITIES:

THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES ADDRESS THE UNDERLYING CAUSES OF HEALTH PROBLEMS AND IMPACT THE HEALTH OF OUR COMMUNITY THROUGH PARTNERSHIPS WITH LOCAL AGENCIES DEDICATED TO IMPROVING THE LIVES OF ALL INDIVIDUALS. WE PROVIDE FINANCIAL SUPPORT AND OTHER RESOURCES TO ORGANIZATIONS SUCH AS LOCAL YMCA'S, UNITED WAY PARTNER AGENCIES, CHAMBERS OF COMMERCE, PARKS AND RECREATION DEPARTMENTS, AND OTHER LOCAL COMMUNITY ORGANIZATIONS, ASSISTING WITH COMMUNITY AND COUNTY COALITIONS, AND PROVIDING EDUCATION SEMINARS AND TRAINING FOR COMMUNITY MEMBERS AND

Part VI Supplemental Information (Continuation)

GROUPS. THROUGH THESE PARTNERSHIPS AND OUTREACH METHODS WE ARE ABLE TO SUCCESSFULLY BRIDGE THE GAP OF NEED FOR RESOURCES BEYOND TRADITIONAL HEALTHCARE SERVICES WITHIN THE COMMUNITIES WE SERVE.

PART III, LINE 2:

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

PART III, LINE 4:

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

MANAGED CARE MEDICARE REVENUES, COSTS, OR RELATED SHORTFALL. THE TOTAL REVENUES REPORTED AS RECEIVED FROM MEDICARE IN LINE 5 OF SECTION B ARE ONLY REPRESENTATIVE OF MEDICARE FEE FOR SERVICE PAYMENTS RECEIVED. THE ALLOWABLE COSTS ON LINE 6 ARE SIGNIFICANTLY LOWER THAN THE ACTUAL EXPENDITURES. AS SUCH, THE SHORTFALL IS UNDERESTIMATED.

EVERY HOSPITAL TREATS MEDICARE PATIENTS. SOME HOSPITALS ARE LOCATED IN HIGH MEDICARE POPULATION AREAS; OTHERS PROVIDE SERVICES DISPROPORTIONATELY USED BY MEDICARE PATIENTS. MEDICARE RATES AND NUMBERS OF MEDICARE PATIENTS ARE NOT NEGOTIATED. AS REIMBURSEMENT RATES DECLINE RELATIVE TO COSTS OF CARE, HOSPITALS CONTINUE TO SERVE THE MEDICARE POPULATION. WITHOUT THIS SERVICE THESE PATIENTS WOULD BECOME AN OBLIGATION ON THE GOVERNMENT. ANY UNREIMBURSED COSTS OF THIS CARE ARE A COMMUNITY BENEFIT PROVIDED BY THE HOSPITAL TO THE COMMUNITY AND GOVERNMENT.

PART III, LINE 9B:

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

PART VI, LINE 2: NEEDS ASSESSMENT

THE ORGANIZATION IS PART OF NOVANT HEALTH, AN INTEGRATED NON-PROFIT HEALTHCARE SYSTEM, NOVANT EMPLOYS A COMMUNITY ENGAGEMENT DEPARTMENT THAT FACILITATES COMMUNITY BENEFIT ACROSS THE SYSTEM. THE COMMUNITY ENGAGEMENT

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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. THE COMMUNITY ENGAGEMENT DEPARTMENT WORKS WITH EACH HOSPITAL FACILITY TO IDENTIFY ORGANIZATIONS AND RESOURCES WITHIN THEIR RESPECTIVE COMMUNITIES THAT PARTICIPATE IN ALLEVIATING SIGNIFICANT COMMUNITY HEALTH NEEDS. THESE ORGANIZATIONS AND RESOURCES INCLUDE PUBLIC HEALTH DEPARTMENTS, LOCAL COMMUNITY COALITIONS AND CLINICS REPRESENTING THE MEDICALLY UNDERSERVED, UNITED WAY, YMCAS, LOCAL UNIVERSITIES, AND MORE. COMMUNITY HEALTH ASSESSMENTS PREPARED BY OTHER ORGANIZATIONS ARE USED IN COMBINATION WITH INTERNAL HOSPITAL DATA AND INFORMATION COLLECTED FROM LOCAL AGENCIES TO PREPARE THE CHNAS FOR HOSPITAL FACILITIES. THROUGH DATA COLLECTION AND COMMUNITY PARTNERSHIPS, NOVANT HEALTH IS ABLE TO ASSESS UNMET NEEDS AND WORK TO DIRECTLY SUPPORT PARTNERS IN ADDRESSING THOSE NEEDS WITHIN ITS COMMUNITIES SERVED. ORGANIZATIONAL PARTNERSHIPS ESTABLISHED BY THE COMMUNITY ENGAGEMENT DEPARTMENT ARE OFTEN LEVERAGED TO ADDRESS NEEDS THAT WERE IDENTIFIED IN THE CHNAS, BUT WERE NOT PRIORITIZED BY THE FACILITY IMPLEMENTATION PLAN. IN ADDITION TO ADDRESSING HEALTH NEEDS IDENTIFIED THROUGH THE CHNA PROCESS, EACH HOSPITAL FACILITY RESPONDS TO REQUESTS FOR SPECIFIC COMMUNITY BENEFIT ACTIVITIES OR PROGRAMS FROM PUBLIC AGENCIES AND/OR COMMUNITY GROUPS.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE
 NOVANT HEALTH IS COMMITTED TO PROVIDING OUTSTANDING HEALTHCARE TO ALL MEMBERS OF THE COMMUNITIES SERVED, REGARDLESS OF THEIR ABILITY TO PAY. ITS FINANCIAL COUNSELING TEAMS ARE CONSTANTLY WORKING WITH THE PATIENTS WITHIN COMMUNITIES SERVED TO UNDERSTAND PATIENT NEEDS AND ENSURE THAT THEIR

Part VI Supplemental Information (Continuation)

POLICIES AND PROCESSES ADDRESS THESE NEEDS. NOVANT HEALTH ALSO MAINTAINS CONTRACTS WITH MEDICAID ELIGIBILITY VENDORS. THESE TEAMS OFFER ADDITIONAL SUPPORT IN PROCESSING AND ASSESSING HOW THE HEALTHCARE SYSTEM SERVES THE FINANCIAL NEEDS OF ITS PATIENTS.

BASED ON THE ASSESSMENTS OF COMMUNITIES SERVED, NOVANT HEALTH & AFFILIATES DEVELOPED FINANCIAL ASSISTANCE POLICIES AND PROGRAMS THAT ADDRESS THE FINANCIAL NEEDS OF ITS PATIENTS. THE HEALTHCARE SYSTEM PRIDES ITSELF ON THE TRANSPARENCY OF ITS FINANCIAL ASSISTANCE POLICY AND PROGRAMS, AND THE EDUCATION OFFERED TO PATIENTS REGARDING FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE PROGRAMS ARE DOCUMENTED ON THE NOVANT HEALTH WEBSITE, ALONG WITH CONTACT INFORMATION FOR ITS FINANCIAL COUNSELORS. ADDITIONALLY, FINANCIAL ASSISTANCE PROGRAMS ARE DOCUMENTED ON PATIENT FLYERS THROUGHOUT THE SYSTEM'S HOSPITAL FACILITIES, OUTPATIENT CENTERS, AND PHYSICIAN OFFICES. THE SYSTEM'S PATIENT ACCESS SPECIALISTS, FINANCIAL COUNSELORS AND BUSINESS OFFICE TEAMS WORK WITH ALL ELIGIBLE PATIENTS TO EDUCATE THEM ON THE VARIOUS OPTIONS AVAILABLE VIA FINANCIAL ASSISTANCE PROGRAMS OR GOVERNMENT SPONSORED CARE. THESE PATIENT FACING TEAM MEMBERS ALSO REFERENCE THE FINANCIAL ASSISTANCE POLICY IN ALL CONVERSATIONS RELATED TO PATIENTS BILLS. FINALLY, NOVANT HEALTH WORKS WITH LOCAL AREA FREE HEALTH CLINICS AND OTHER CHARITABLE ORGANIZATIONS TO PROVIDE CONTINUATION OF CARE FOR PATIENTS IN THE COMMUNITIES SERVED.

IN ADDITION TO FINANCIAL COUNSELING PROCESSES USED TO IDENTIFY CHARITY CARE PATIENTS, NOVANT HEALTH'S COLLECTIONS PROCESS WITHIN OUR BUSINESS OFFICES HELPS IDENTIFY PATIENTS WHO ARE ALREADY ELIGIBLE FOR CHARITY OR WHO MAY BE ELIGIBLE BASED ON THEIR STATUS WITHIN THE FEDERAL POVERTY GUIDELINES ("FPG"). THE SYSTEM UTILIZES PREVIOUSLY SUBMITTED PATIENT

Part VI Supplemental Information (Continuation)

DOCUMENTATION AND CREDIT AGENCY REPORTED FPG FOR FINANCIAL ASSISTANCE DETERMINATIONS. SUPPORTING DOCUMENTS ARE VALID 6 MONTHS FROM THE DATE OF SUBMISSION.

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

PART VI, LINE 4: COMMUNITY INFORMATION

THE NOVANT HEALTH, INC. FORM 990 INCLUDES THE OPERATIONS OF EIGHT HOSPITALS: BRUNSWICK COMMUNITY HOSPITAL, LLC DBA NOVANT HEALTH BRUNSWICK MEDICAL CENTER, NOVANT HEALTH MINT HILL MEDICAL CENTER, LLC, NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC, NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, LLC, NOVANT HEALTH ROWAN MEDICAL CENTER, LLC, MEDICAL PARK HOSPITAL, LLC DBA NOVANT HEALTH MEDICAL PARK HOSPITAL, NOVANT HEALTH MATTHEWS MEDICAL CENTER, LLC AND NOVANT HEALTH BALLANTYNE MEDICAL CENTER, LLC.

NOVANT HEALTH BRUNSWICK MEDICAL CENTER

THE PRIMARY SERVICE AREA IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE HOSPITAL'S IN-PATIENT POPULATION.

THE PRIMARY SERVICE AREA AND DEFINED COMMUNITY IS BRUNSWICK COUNTY, WHICH INCLUDES THE COUNTY SEAT OF BOLIVIA.

Part VI Supplemental Information (Continuation)

THE PRIMARY SERVICE AREA (PSA) INCLUDES THE CITIES OF BOLIVIA, LELAND, SHALLOTTE, SOUTHPORT, SUPPLY, CALABASH, OAK ISLAND, AND OCEAN ISLE BEACH, WHICH ARE ALL LOCATED IN BRUNSWICK COUNTY. 77% OF PATIENTS RESIDE IN THE PSA OF BRUNSWICK COUNTY AND 90% OF PATIENTS RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF BRUNSWICK COUNTY. MOST PATIENTS RESIDE IN BRUNSWICK COUNTY, IT REPRESENTS THE HIGHEST POPULATION OF POTENTIALLY UNDERSERVED, LOW-INCOME, AND MINORITY INDIVIDUALS.

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

BRUNSWICK COUNTY HAS A POPULATION OF 144,215 (IN 2020) COMPARED TO THE TOTAL NORTH CAROLINA POPULATION OF 10,551,162.

81.4% OF THE POPULATION OF BRUNSWICK COUNTY IS WHITE AND 9.4% IS BLACK/AFRICAN AMERICAN.

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

Part VI Supplemental Information (Continuation)

11.1% OF THE BRUNSWICK COUNTY ADULT POPULATION IS IN POVERTY.

13.7% OF THE POPULATION IS FOOD INSECURE.

THE MEDIAN ANNUAL INCOME IS \$59,673.

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

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

J. ARTHUR DOSHER MEMORIAL HOSPITAL IS THE OTHER HOSPITAL SERVING THIS PRIMARY SERVICE AREA. THIS HOSPITAL IS NOT AFFILIATED WITH NOVANT HEALTH.

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

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

NOVANT HEALTH MINT HILL MEDICAL CENTER, LLC

THE PRIMARY SERVICE AREA IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE HOSPITAL'S IN-PATIENT POPULATION.

Part VI Supplemental Information (Continuation)

THE PRIMARY SERVICE AREA (PSA) INCLUDES THE CITY OF CHARLOTTE AND THE TOWNS OF MIDLAND AND MATTHEWS IN MECKLENBURG COUNTY, THE TOWNS OF INDIAN TRAIL AND MONROE IN UNION COUNTY, AND THE TOWN OF CONCORD IN CABARRUS COUNTY. 89% OF THE PATIENTS IN THE PRIMARY SERVICE AREA RESIDE IN MECKLENBURG COUNTY.

MECKLENBURG COUNTY CONTAINS SEVEN MUNICIPALITIES INCLUDING THE CITY OF CHARLOTTE, AND THE TOWNS OF CORNELIUS, DAVIDSON, HUNTERSVILLE, MATTHEWS, MINT HILL AND PINEVILLE.

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

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

NONWHITE MINORITIES CURRENTLY MAKE UP OVER ONE-HALF (53.6%) OF THE RACIAL DEMOGRAPHIC IN MECKLENBURG COUNTY. 46.4% OF THE POPULATION IS WHITE, 32.9% IS BLACK/AFRICAN AMERICAN, 13.6% IS HISPANIC, AND 6.4% IS ASIAN.

Part VI Supplemental Information (Continuation)

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

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

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

THERE ARE FIVE OTHER HOSPITALS SERVING THIS PRIMARY SERVICE AREA: ATRIUM HEALTH PINEVILLE, ATRIUM HEALTH UNIVERSITY CITY, CAROLINAS CONTINUECARE HOSPITAL AT PINEVILLE, CAROLINAS MEDICAL CENTER/CENTER FOR MENTAL HEALTH, AND CAROLINAS REHABILITATION. THESE HOSPITALS ARE NOT AFFILIATED WITH NOVANT HEALTH.

Part VI Supplemental Information (Continuation)

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

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

PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH

THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSES BY:

- 1. ADOPTING A FINANCIAL ASSISTANCE POLICY;
- 2. REMAINING CERTIFIED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TO PROVIDE SERVICES TO ALL BENEFICIARIES OF MEDICARE, MEDICAID, AND OTHER GOVERNMENT PAYMENT PROGRAMS, AND PROVIDING SERVICES IN A NONDISCRIMINATORY MANNER TO SUCH BENEFICIARIES;
- 3. OPERATING A FULL-TIME EMERGENCY ROOM WHICH IS OPEN TO AND ACCEPTS ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY;
- 4. MAINTAINING AN OPEN MEDICAL STAFF, SUBJECT TO EXCLUSIVE CONTRACTS FOR HOSPITAL-BASED SERVICES SUCH AS ANESTHESIOLOGY, RADIOLOGY, PATHOLOGY, HOSPITALIST, AND EMERGENCY DEPARTMENT SERVICES, TO THE EXTENT AN EXCLUSIVE CONTRACT FOR THOSE SERVICES IS REQUIRED TO OBTAIN PROPER STAFFING COVERAGE OR TO PERMIT A MORE EFFICIENT DELIVERY OF THOSE SERVICES WITHIN HOSPITAL FACILITIES;
- 5. MAINTAINING A GOVERNING BOARD CONSISTING PRIMARILY OF A BROAD CROSS-SECTION OF LEADERS IN THE COMMUNITY;

Part VI Supplemental Information (Continuation)

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

7. PROVIDING HEALTH EDUCATION LECTURES AND WORKSHOPS;

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

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

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

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

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

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

14. GENERALLY PROMOTING THE HEALTH, WELLNESS, AND WELFARE OF COMMUNITIES

Part VI Supplemental Information (Continuation)

SERVED BY PROVIDING QUALITY HEALTHCARE SERVICES AT REASONABLE COST.

PART VI, LINE 6: AFFILIATED HEALTH CARE SYSTEM

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

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

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

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

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

Part VI Supplemental Information (Continuation)

SOUTH CAROLINA, AND SIX HOSPITAL FOUNDATIONS WHICH SUPPORT AND ENHANCE THE ACTIVITIES IN THOSE HOSPITALS' COMMUNITIES. FURTHER, NOVANT HEALTH INCLUDES AMBULATORY SURGERY CENTERS, IMAGING CENTERS, REHABILITATION CENTERS, AND OTHER OUTPATIENT FACILITIES; ALL DEDICATED TO PROMOTING THE HEALTH OF THEIR RESPECTIVE COMMUNITIES.

SCHEDULE H PART VI LINE 4 COMMUNITY INFORMATION (CONTINUED)

NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC

THE PRIMARY SERVICE AREA IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE HOSPITAL'S IN-PATIENT POPULATION.

THERE ARE THREE COUNTIES IN THE NOVANT HEALTH THOMASVILLE MEDICAL CENTER PRIMARY SERVICE AREA (PSA): DAVIDSON, GUILFORD, AND RANDOLPH COUNTIES. 69% OF PATIENTS RESIDE IN THE PSA OF DAVIDSON COUNTY, WHILE 71% OF PATIENTS RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF DAVIDSON COUNTY. MOST PATIENTS RESIDE IN DAVIDSON COUNTY AND IT REPRESENTS THE HIGHEST POPULATION OF POTENTIALLY UNDERSERVED, LOW-INCOME, AND MINORITY INDIVIDUALS FROM THE PRIMARY SERVICE AREA.

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

Part VI Supplemental Information (Continuation)

CHILDHOOD EDUCATION, AND FOOD INSECURITY.

DAVIDSON COUNTY INCLUDES THOMASVILLE, THE MOST POPULATED CITY, AND LEXINGTON, THE COUNTY SEAT. IT HAS A POPULATION OF 170,637 COMPARED TO THE TOTAL NORTH CAROLINA POPULATION OF 10,551,162.

IN DAVIDSON COUNTY:

- 84.8% OF THE POPULATION IS WHITE, 10.4% IS BLACK/AFRICAN AMERICAN, AND 8% IS HISPANIC

- THE MEDIAN HOUSEHOLD INCOME IS \$50,454

- THE POVERTY RATE IS 12%

- THE LEADING CAUSES OF DEATH ARE CANCER AND HEART DISEASE

- 12.7% OF THE POPULATION UNDER AGE 65 DOES NOT HAVE HEALTH INSURANCE

- 13.2% OF DAVIDSON COUNTY'S POPULATION IS SPENDING MORE THAN 30% OF ITS INCOME ON RENT ALONE

- OVERALL UNEMPLOYMENT RATES ARE AT 6.1%

LEXINGTON MEDICAL CENTER IS THE OTHER HOSPITAL SERVING THIS PRIMARY SERVICE AREA. THIS HOSPITAL IS NOT AFFILIATED WITH NOVANT HEALTH.

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

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

NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER

Part VI Supplemental Information (Continuation)

THE PRIMARY SERVICE AREA IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE HOSPITAL'S IN-PATIENT POPULATION.

THERE ARE 4 COUNTIES IN THE PRIMARY SERVICE AREA (PSA): BRUNSWICK, NEW HANOVER, ONSLOW, AND PENDER COUNTIES. 45.5% OF PATIENTS RESIDE IN THE PSA OF NEW HANOVER COUNTY AND 46.2% OF PATIENTS RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF NEW HANOVER COUNTY. THE PSA DOES NOT INCLUDE MORE THAN 13% OF THE TOTAL IN-PATIENT POPULATION FROM ANY OTHER COUNTY. MOST PATIENTS RESIDE IN NEW HANOVER COUNTY AND IT REPRESENTS THE HIGHEST POPULATION OF POTENTIALLY UNDERSERVED, LOW-INCOME AND MINORITY INDIVIDUALS.

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

IN NEW HANOVER COUNTY:

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

Part VI Supplemental Information (Continuation)

- THE UNEMPLOYMENT RATE IS 5%
- 11% OF THE POPULATION IS FACING FOOD HARDSHIP
- 17.4% OF THE POPULATION IS FACING HOUSING HARDSHIP

THERE ARE NO OTHER HOSPITALS SERVING THIS PRIMARY SERVICE AREA.

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

NOVANT HEALTH ROWAN MEDICAL CENTER, LLC

THE PRIMARY SERVICE AREA IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE HOSPITAL'S IN-PATIENT POPULATION.

THERE ARE FOUR COUNTIES IN THE NOVANT HEALTH ROWAN MEDICAL CENTER PRIMARY SERVICE AREA (PSA): CABARRUS, DAVIDSON, DAVIE, AND ROWAN COUNTIES. 71% OF PATIENTS RESIDE IN THE PSA OF ROWAN COUNTY AND 76% OF PATIENTS RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF ROWAN COUNTY. MOST PATIENTS RESIDE IN ROWAN COUNTY AND IT REPRESENTS THE HIGHEST POPULATION OF POTENTIALLY UNDERSERVED, LOW-INCOME AND MINORITY INDIVIDUALS FROM THE PRIMARY SERVICE AREA.

ACCORDING TO THE VIZIENT VULNERABILITY INDEX RELEASED IN JANUARY 2022, PATIENTS ADMITTED TO ROWAN MEDICAL CENTER EXPERIENCE THE MOST PROFOUND SOCIAL RISKS IF THEY LIVE IN ZIP CODES 27292, 28144, AND 28159. THESE ZIP CODES EXPERIENCE DISPROPORTIONATELY HIGH SOCIAL RISKS WHEN COMPARED

Part VI Supplemental Information (Continuation)

TO THEIR COUNTERPART NEIGHBORHOODS. AREAS OF PARTICULAR CONCERN INCLUDE ACCESS TO HEALTHCARE, POVERTY, ACCESS TO EARLY CHILDHOOD EDUCATION, AND FOOD INSECURITY.

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

IN ROWAN COUNTY:

- 78.9% OF THE POPULATION IS WHITE, 17.1% IS BLACK/AFRICAN AMERICAN, AND 10.1% IS HISPANIC

- 12.7% OF THE POPULATION UNDER AGE 65 DO NOT HAVE HEALTH INSURANCE

- THE MEDIAN INCOME IS \$51,054

- THE POVERTY RATE IS 14.4%

- THE LEADING CAUSES OF DEATH ARE CANCER AND HEART DISEASE

- 31% OF THE POPULATION IS FACING FOOD HARDSHIP

- THE DEMOGRAPHIC GROUPS FACING THE MOST SIGNIFICANT HOUSING HARDSHIP ARE HISPANIC AND BLACK POPULATIONS. MOST NOTABLY, 28% OF ROWAN COUNTY'S BLACK POPULATION FACES HOUSING HARDSHIP.

THERE ARE NO OTHER HOSPITALS SERVING THIS PRIMARY SERVICE AREA.

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

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

NOVANT HEALTH MEDICAL PARK HOSPITAL

Part VI Supplemental Information (Continuation)

THE PRIMARY SERVICE AREA IS DEFINED BY THE ZIP CODES THAT REPRESENT AT LEAST 75% OF THE HOSPITAL'S IN-PATIENT POPULATION.

THERE ARE 10 COUNTIES IN THE NOVANT HEALTH MEDICAL PARK HOSPITAL PRIMARY SERVICE AREA (PSA): DAVIDSON, DAVIE, FORSYTH, GALAX CITY, GUILFORD, IREDELL, STOKES, SURRY, WILKES AND YADKIN COUNTIES. 44% OF PATIENTS RESIDE IN THE PSA OF FORSYTH COUNTY AND 44% OF PATIENTS ALSO RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF FORSYTH COUNTY.

THE PSA DOES NOT INCLUDE MORE THAN 7% OF THE TOTAL IN-PATIENT POPULATION FROM ANY OTHER COUNTY. MOST PATIENTS RESIDE IN FORSYTH COUNTY, AND IT REPRESENTS THE HIGHEST POPULATION OF POTENTIALLY UNDERSERVED, LOW-INCOME AND MINORITY INDIVIDUALS FROM THE PRIMARY SERVICE AREA.

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

FORSYTH COUNTY INCLUDES WINSTON SALEM, THE MOST POPULATED CITY, AND THE COUNTY SEAT. IT HAS A POPULATION OF 385,523 COMPARED TO THE TOTAL NORTH CAROLINA POPULATION OF 10,551,162.

IN FORSYTH COUNTY:

Part VI Supplemental Information (Continuation)

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

- THE MEDIAN HOUSEHOLD INCOME IS \$53,583

- THE POVERTY RATE IS 13%

- THE LEADING CAUSES OF DEATH ARE CANCER AND HEART DISEASE

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

- 18% OF THE POPULATION IS FACING FOOD HARDSHIP

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

WAKE FOREST BAPTIST HEALTH IS THE OTHER HOSPITAL SERVING THIS PRIMARY
SERVICE AREA. THIS HOSPITAL IS NOT AFFILIATED WITH NOVANT HEALTH.

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

SCHEDULE H PART VI LINE 4 COMMUNITY INFORMATION (CONTINUED)

NOVANT HEALTH MATTHEWS MEDICAL CENTER, LLC

THE PRIMARY SERVICE AREA IS DEFINED BY THE ZIP CODES THAT REPRESENT AT
LEAST 75% OF THE HOSPITAL'S IN-PATIENT POPULATION.

THE PRIMARY SERVICE AREA (PSA) INCLUDES MECKLENBURG, UNION AND
LANCASTER COUNTIES. 47% OF PATIENTS IN THE PSA RESIDE IN UNION COUNTY,

Part VI Supplemental Information (Continuation)

AND 50% OF PATIENTS IN THE PSA RESIDE IN MECKLENBURG COUNTY. 38% OF PATIENTS OVERALL RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF UNION COUNTY AND 45.5% OF PATIENTS OVERALL RESIDE IN THE PRIMARY AND SECONDARY SERVICE AREAS OF MECKLENBURG COUNTY.

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

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

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

IN MECKLENBURG COUNTY:

- 56.6% OF THE POPULATION IS WHITE, 33.3% IS BLACK/AFRICAN AMERICAN, 14.1% IS HISPANIC, AND 6.5% IS ASIAN
- 12.2% OF THE POPULATION UNDER 65 DOES NOT HAVE HEALTH INSURANCE
- THE MEDIAN INCOME IS \$69,240

Part VI Supplemental Information (Continuation)

- THE POVERTY RATE IS 11%
- THE LEADING CAUSES OF DEATH ARE CANCER AND HEART DISEASE
- THE UNEMPLOYMENT RATE IS 4.8%
- FOOD HARDSHIP IS AT 94.5% IN ZIP CODE 28208, 76.4% IN ZIP CODE 28217, AND 72.6% IN ZIP CODE 28216 COMPARED TO 7% IN ZIP CODE 28277

IN UNION COUNTY:

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

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

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

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 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 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNC HEALTH FOUNDATION, INC. 123 W, FRANKLIN ST., STE 510 CHAPEL HILL, NC 27516	56-6057494	501(C)(3)	15,913,500.	0.			COMMUNITY OUTREACH
ROWAN REGIONAL MEDICAL CENTER FOUNDATION, INC. - 2085 FRONTIS PLAZA BLVD - WINSTON-SALEM, NC 27103	56-1424818	501(C)(3)	1,650,714.	0.			COMMUNITY OUTREACH
WINSTON-SALEM FOUNDATION 751 WEST FOURTH STREET, SUITE 200 WINSTON-SALEM, NC 27101	56-6037615	501(C)(3)	320,000.	0.			COMMUNITY OUTREACH
AMERICAN HEART ASSOCIATION, INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	71,100.	0.			COMMUNITY OUTREACH
CAPE FEAR HABITAT FOR HUMANITY HOUSE BUILD - 3310 FREDRICKSON RD. - WILMINGTON, NC 28401	56-1555858	501(C)(3)	60,000.	0.			COMMUNITY OUTREACH
SECOND HARVEST FOOD BANK OF NORTHWEST NC INC - 3655 REED STREET - WINSTON-SALEM, NC 27107	58-1457912	501(C)(3)	54,135.	0.			COMMUNITY OUTREACH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **61.**
- 3 Enter total number of other organizations listed in the line 1 table **8.**

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

Schedule I (Form 990) 2023

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
WINGATE UNIVERSITY PO BOX 159 WINGATE, NC 28174	56-6049935	501(C)(3)	50,000.	0.			COMMUNITY OUTREACH
WILLIE STARGELL FOUNDATION, INC 1213 CULBRETH DRIVE WILMINGTON, NC 28405	20-1131483	501(C)(3)	40,000.	0.			COMMUNITY OUTREACH
MINT HILL EVENTS, INC. 4430 MINT HILL VILLAGE LANE MINT HILL, NC 28227	46-4593964	501(C)(3)	35,000.	0.			COMMUNITY OUTREACH
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)(3)	30,000.	0.			COMMUNITY OUTREACH
MATTHEWS ALIVE INC. PO BOX 2578 MATTHEWS, NC 28106	56-1906522	501(C)(3)	27,000.	0.			COMMUNITY OUTREACH
CHARLOTTE CENTER CITY PARTNERS 200 SOUTH TRYON STREET, STE 1600 CHARLOTTE, NC 28202	56-1247787	501(C)(4)	26,500.	0.			COMMUNITY OUTREACH
FAMILY SERVICES OF DAVIDSON COUNTY PO BOX 607 LEXINGTON, NC 27293	58-1591597	501(C)(3)	26,500.	0.			COMMUNITY OUTREACH
BRUNSWICK COUNTY CHAMBER OF COMMERCE - 114 WALL STREET - SHALLOTTE, NC 28459	56-1181498	501(C)(6)	25,000.	0.			COMMUNITY OUTREACH
ROWAN HELPING MINISTRIES PO BOX 4026 SALISBURY, NC 28145	56-1544532	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
NORTH CAROLINA PERFORMING ARTS CENTER AT CHARLOTTE FOUNDATION - 130 NORTH TRYON STREET - CHARLOTTE, NC 28202	58-1791724	501(C)(3)	25,000.	0.			COMMUNITY OUTREACH
PARTNERS IN LEARNING CHILD DEVELOPMENT AND FAMILY RESOURCE CENTER - 2386 ROBIN RD - SALISBURY, NC 28144	56-2116380	501(C)(3)	21,850.	0.			COMMUNITY OUTREACH
MEALS ON WHEELS OF ROWAN, INC. PO BOX 1914 SALISBURY, NC 28145	56-1152417	501(C)(3)	21,000.	0.			COMMUNITY OUTREACH
BALLANTYNE BALL 12245 CHESLEY DRIVE CHARLOTTE, NC 28277	46-4646481	501(C)(3)	20,500.	0.			COMMUNITY OUTREACH
SERVANTS HEART OF MINT HILL, INC. 9229-N LAWYERS ROAD MINT HILL, NC 28227	81-2637735	501(C)(3)	20,000.	0.			COMMUNITY OUTREACH
TERRIE HESS CHILD ADVOCACY CENTER 130 WOODSON STREET SALISBURY, NC 28144	56-2200514	501(C)(3)	20,000.	0.			COMMUNITY OUTREACH
TOM A FINCH COMMUNITY YMCA INC 1010 MENDENHALL STREET THOMASVILLE, NC 27360	56-1004370	501(C)(3)	18,750.	0.			COMMUNITY OUTREACH
PROMISE YOUTH DEVELOPMENT 15115 DURMAST COURT MINT HILL, NC 28277	81-1096615	501(C)(3)	17,500.	0.			COMMUNITY OUTREACH
COMMUNITIES IN SCHOOLS OF THOMASVILLE, INC. - 400 TURNER STREET - THOMASVILLE, NC 27360	56-1838845	501(C)(3)	16,500.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROWAN COUNTY CHAMBER OF COMMERCE 204 EAST INNES ST SALISBURY, NC 28144	56-0387470	501(C)(6)	15,000.	0.			COMMUNITY OUTREACH
ROWAN COUNTY YOUTH SERVICES BUREAU, INC. - PO BOX 4217 - SALISBURY, NC 28145	56-1428841	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH
WILMINGTON CHAMBER OF COMMERCE 1 ESTELLE LEE PL WILMINGTON, NC 28401	56-0457260	501(C)(6)	14,250.	0.			COMMUNITY OUTREACH
UNION COUNTY CHAMBER OF COMMERCE 903 SKYWAY DR MONROE, NC 28111	56-0325566	501(C)(6)	14,000.	0.			COMMUNITY OUTREACH
LEXINGTON HOUSING COMMUNITY DEVELOPMENT CORPORATION - PO BOX 933 - LEXINGTON, NC 27293	56-1998627	501(C)(3)	13,500.	0.			COMMUNITY OUTREACH
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	13,500.	0.			COMMUNITY OUTREACH
MATTHEWS CHAMBER OF COMMERCE PO BOX 601 MATTHEWS, NC 28106	58-1404808	501(C)(6)	13,295.	0.			COMMUNITY OUTREACH
MINT HILL CHAMBER OF COMMERCE PO BOX 23223 MINT HILL, NC 28227	20-8311079	501(C)(6)	13,000.	0.			COMMUNITY OUTREACH
THE SALVATION ARMY 7361 AIRLINE HIGHWAY BATON ROUGE, LA 70805	58-0660607	501(C)(3)	13,000.	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
BLUE RIBBON COMMISSION PREVENTION OF YOUTH VIOLENCE - PO BOX 591 - WILMINGTON, NC 28402	35-2454819	501(C)(3)	13,000.	0.			COMMUNITY OUTREACH
COMMUNITIES IN SCHOOLS OF BRUNSWICK COUNTY, INC. - PO BOX 10087 - SOUTHPORT, NC 28461	56-1921263	501(C)(3)	12,500.	0.			COMMUNITY OUTREACH
ROWAN-CABARRUS COMMUNITY COLLEGE FOUNDATION, INC. - PO BOX 1595 - SALISBURY, NC 28145	56-1731864	501(C)(3)	11,200.	0.			COMMUNITY OUTREACH
THE LIFE CENTER OF DAVIDSON COUNTY, INC. - 601 WEST CENTER STREET - LEXINGTON, NC 27292	58-1781761	501(C)(3)	11,000.	0.			COMMUNITY OUTREACH
TOWN OF MATTHEWS 100 MCDOWELL STREET MATTHEWS, NC 28105	56-6001283	GOVERNMENT	10,500.	0.			COMMUNITY OUTREACH
AMERICAN CANCER SOCIETY INC. 250 WILLIAMS STREET NW, SUITE 400 ATLANTA, GA 30303	13-1788491	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
GIRLS ON THE RUN OF THE GREATER PIEDMONT - PO BOX 5063 - MOORESVILLE, NC 28117	27-0897053	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
MAIN STREET MISSION OF CHINA GROVE, INC. - 306 SOUTH MAIN STREET - CHINA GROVE, NC 28023	37-1446891	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
MATTHEWS ATHLETIC & RECREATION ASSOCIATION - P.O. BOX 1023 - MATTHEWS, NC 28106	23-7033586	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTHEWS HELP CENTER PO BOX 91 MATTHEWS, NC 28106	58-1408738	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
THE GREAT 100 INC PO BOX 4875 GREENSBORO, NC 27404	56-1705456	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
CAPE FEAR HEALTHNET INC. 1601 DOCTORS CIR. WILMINGTON, NC 28401	26-2469988	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
NEW HOPE CLINIC, INC. 201 W BOILING SPRING ROAD SOUTHPORT, NC 28461	31-1614379	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
SALISBURY ACADEMY 2210 JAKE ALEXANDER BLVD N SALISBURY, NC 28147	56-1826817	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
ROWAN GROWTH PARTNERS 204 E. INNES STREET, SUITE 220 SALISBURY, NC 28144	87-0713114	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
DAVIDSON MEDICAL MINISTRIES CLINIC, INC. - PO BOX 584 / 420 N. SALISBURY ST. - LEXINGTON, NC 27293	56-1746266	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
CANCER SERVICES OF DAVIDSON COUNTY, INC. - 25 WEST 6TH AVENUE - LEXINGTON, NC 27292	56-1974878	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
WILMINGTON AREA REBUILDING MINISTRY INC. - 909 MARKET STREET - WILMINGTON, NC 28401	56-2076795	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWER CAPE FEAR LIFECARE 1414 PHYSICIANS DRIVE WILMINGTON, NC 28401	56-1216682	501(C)(3)	9,900.	0.			COMMUNITY OUTREACH
ROAD RUNNERS CLUB OF AMERICA PO BOX 1825 SALISBURY, NC 28145	34-2022851	501(C)(3)	9,000.	0.			COMMUNITY OUTREACH
STEPUP WILMINGTON 621 N 4TH ST WILMINGTON, NC 28401	54-2074778	501(C)(3)	8,500.	0.			COMMUNITY OUTREACH
ROWAN CABARRUS YMCA PO BOX 1575 SALISBURY, NC 28145	58-1574620	501(C)(3)	8,000.	0.			COMMUNITY OUTREACH
FAMILY CRISIS COUNCIL OF ROWAN, INC. - PO BOX 50 - SPENCER, NC 28159	56-1209870	501(C)(3)	8,000.	0.			COMMUNITY OUTREACH
EAST CAROLINA UNIVERSITY MEDICAL & HEALTH SCIENCES FOUNDATION INC. - 2200 SOUTH CHARLES BOULEVARD, SUITE 1500 - GREENVILLE, NC 27858	23-7138921	501(C)(3)	7,500.	0.			COMMUNITY OUTREACH
GENESIS BLOCK FOUNDATION INC. 226 N FRONT STREET SUITE 165 WILMINGTON, NC 28401	85-2618849	501(C)(3)	7,500.	0.			COMMUNITY OUTREACH
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE - P.O. BOX 687 - CULPEPER, VA 22701	54-1480050	501(C)(3)	7,500.	0.			COMMUNITY OUTREACH
THOMASVILLE COMMUNITY MINISTRY INC PO BOX 1841 THOMASVILLE, NC 27361	56-1877251	501(C)(3)	7,000.	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
COMMUNITY CARE CLINIC OF ROWAN COUNTY, INC. - 315 MOCKSVILLE AVE, STE G - SALISBURY, NC 28144	56-1964773	501(C)(3)	6,500.	0.			COMMUNITY OUTREACH
YWCA OF THE LOWER CAPE FEAR INC. 2815 S COLLEGE RD WILMINGTON, NC 28412	56-0556766	501(C)(3)	6,500.	0.			COMMUNITY OUTREACH
DOWNTOWN SALISBURY, INC. 217 S MAIN STREET SALISBURY, NC 28144	56-1432420	501(C)(3)	6,000.	0.			COMMUNITY OUTREACH
SOUTH CHARLOTTE PARTNERS INC 9935-D REA ROAD BOX 272 CHARLOTTE, NC 28277	82-4659024	501(C)(4)	6,000.	0.			COMMUNITY OUTREACH
MATTHEWS FREE MEDICAL CLINIC 196 S TRADE STREET MATTHEWS, NC 28105	51-0468874	501(C)(3)	5,600.	0.			COMMUNITY OUTREACH
BRIGHT BLESSINGS 1150 CREWS ROAD MATTHEWS, NC 28105	35-2324487	501(C)(3)	5,500.	0.			COMMUNITY OUTREACH
100 BLACK MEN OF COASTAL CAROLINA 3600 SOUTH COLLEGE ROAD WILMINGTON, NC 28412	26-2105444	501(C)(3)	5,500.	0.			COMMUNITY OUTREACH
CITY OF SALISBURY 132 N MAIN ST SALISBURY, NC 28144	56-6000237	GOVERNMENT	5,500.	0.			COMMUNITY OUTREACH
BRUNSWICK COUNTY COMMUNITY COLLEGE FOUNDATION INC. - PO BOX 30 - SUPPLY, NC 28462	58-1493463	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEDICATION FOR INDIGENT PATIENTS	210	0.	52,395.	FMV	MEDICATION FOR INDIGENT PATIENTS
PATIENT ASSISTANCE	24	2,504.	0.		
PATIENT TRANSPORTATION	3103	0.	612,295.	FMV	PATIENT TRANSPORTATION FOR INDIGENT PATIENTS
SCHOLARSHIPS	9	282,500.	0.		
ZOLL LIFE VEST	6	0.	19,200.	FMV	ZOLL LIFE VESTS

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 GRANTEES 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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

NOVANT HEALTH, INC.

Employer identification number

56-1376950

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CARL ARMATO TRUSTEE, PRES/CEO NH	(i)	2,316,664.	2,052,150.	1,451,716.	1,169,800.	36,391.	7,026,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEFFERY LINDSAY EVP (TO 12/5/23)	(i)	1,250,069.	1,189,373.	301,588.	19,800.	24,993.	2,785,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRED HARGETT EVP/CFO (TO 9/6/23)	(i)	886,648.	1,074,292.	439,730.	19,800.	30,905.	2,451,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN GIZDIC EVP	(i)	1,005,515.	858,449.	79,802.	228,334.	34,394.	2,206,494.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSE CURETON EVP (TO 4/27/23)	(i)	220,728.	883,202.	983,982.	6,991.	25,414.	2,120,317.	378,124.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DENISE MIHAL EVP	(i)	856,282.	842,945.	222,665.	19,800.	21,500.	1,963,192.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PAMELA OLIVER MD EVP	(i)	803,939.	705,890.	177,630.	197,000.	34,967.	1,919,426.	106,800.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TIMOTHY CHASE MD OBSTETRICIAN/GYNECOLOGIST	(i)	728,100.	1,038,225.	29,677.	19,800.	37,476.	1,853,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) FRANK EMORY JR EVP	(i)	803,363.	775,564.	221,556.	19,800.	32,650.	1,852,933.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANGELA YOCHEM EVP (TO 3/28/23)	(i)	200,761.	693,457.	747,610.	8,588.	23,742.	1,674,158.	109,200.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ERIC ESKIOGLU MD FMR KE (11/30/22)	(i)	0.	626,977.	972,822.	0.	35,616.	1,635,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BRYAN EDWARDS MD SYS PHYS EXEC	(i)	719,126.	472,614.	146,474.	131,388.	41,785.	1,511,387.	83,585.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JAMES DEAN SWINDLE EVP	(i)	813,794.	442,283.	151,191.	0.	29,420.	1,436,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CARMEN CANALES SVP/CH PPL & BLNG OFF	(i)	420,131.	568,620.	292,360.	14,546.	25,373.	1,321,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SWALEH BAHAMADI MD ONCOLOGIST	(i)	768,887.	445,512.	4,610.	19,800.	40,068.	1,278,877.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KIMBERLY HENDERSON EVP	(i)	620,747.	346,188.	118,182.	125,670.	30,305.	1,241,092.	57,617.
	(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) JACK RAMAGE MD GASTROENTEROLOGIST	(i)	931,325.	171,197.	29,676.	19,800.	40,068.	1,192,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SHELBOURN STEVENS FMR KE (12/31/21)	(i)	306,242.	475,126.	316,127.	18,144.	11,994.	1,127,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) ONYEKA NCHEGE SVP	(i)	610,106.	313,416.	23,886.	117,300.	42,764.	1,107,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) KATHRYN LANGFORD FMR KE (12/31/21)	(i)	489,378.	359,992.	124,188.	97,408.	20,038.	1,091,004.	66,079.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) SCOTT MYERS FMR KE (12/31/21)	(i)	474,683.	349,472.	122,294.	95,228.	20,397.	1,062,074.	65,108.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) CHERE GREGORY MD FMR KE (12/31/21)	(i)	484,489.	347,140.	96,264.	93,493.	35,079.	1,056,465.	64,404.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) GEOFFREY GARDNER CFO (FR 9/6/23)	(i)	496,309.	343,441.	69,356.	98,858.	29,891.	1,037,855.	25,993.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) THOMAS JENIKE MD FMR KE (12/31/21)	(i)	433,019.	331,169.	122,088.	90,302.	48,110.	1,024,688.	63,899.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) LAURIE WHALIN FMR KE (12/31/21)	(i)	451,902.	257,550.	38,297.	19,800.	15,366.	782,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) JONATHAN APPLEBAUM FMR KE (12/31/21)	(i)	294,757.	210,843.	40,913.	19,277.	25,454.	591,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) ALLISON GREEAR FMR KE (12/31/21)	(i)	277,624.	200,897.	39,584.	18,211.	15,658.	551,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) TANYA BLACKMON FMR KE (3/21/2022)	(i)	0.	0.	477,570.	0.	11,140.	488,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) WAYNE MORGAN FMR KE (6/30/21)	(i)	273,622.	64,125.	30,464.	17,679.	26,175.	412,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

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

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

TANYA BLACKMON \$468,469

CARMEN CANALES \$253,800

JESSE CURETON \$435,458

ERIC ESKIOGLU MD \$948,234

SHELBOURN STEVENS \$284,834

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.

ANGELA YOCHER \$586,357

NONQUALIFIED

JESSE CURETON \$378,124

BRYAN EDWARDS MD \$102,488

GEOFFREY GARDNER \$25,993

CHERE GREGORY MD \$73,730

KIMBERLY HENDERSON \$66,932

THOMAS JENIKE MD \$74,229

KATHRYN LANGFORD \$79,061

SCOTT MYERS \$75,251

PAMELA OLIVER MD \$126,079

ANGELA YOCHER \$126,854

EQUITY-BASED

NONE

PART I, LINE 4A - SEVERANCE PLAN:

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.

ELIGIBLE EXECUTIVES MAY RECEIVE SEVERANCE PAY THAT IS BASED ON ANNUAL COMPENSATION FOR A SPECIFIED PERIOD OF TIME. THE SEVERANCE PAY WOULD BE PAID ONLY IN THE EVENT OF CERTAIN TYPES OF EMPLOYMENT TERMINATION, AND IS FURTHER CONTINGENT ON THE SATISFACTION OF OTHER CONDITIONS SUCH AS COMPLIANCE WITH A NON-COMPETITION COVENANT. ANY CURRENT YEAR PAYMENTS HAVE BEEN INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII AND IN COLUMN (B)(III) OF SCHEDULE J.

THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE NOVANT HEALTH BOARD REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS SEVERANCE PLAN.

PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS:

THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") IS INTENDED TO SUPPORT RETENTION OF KEY EXECUTIVES, AND TO OFFER COMPETITIVE TOTAL COMPENSATION. GENERALLY, ANNUAL CONTRIBUTIONS TO THE PLAN OR PAYMENTS TO PARTICIPANTS WILL BE BASED ON A PERCENTAGE OF THE PARTICIPANT'S BASE SALARY AS OF JANUARY 1ST OF THE PREVIOUS PLAN YEAR AND ARE REPORTED IN COLUMN (C) OF SCHEDULE J. PRIOR TO MAKING THE CONTRIBUTIONS OR

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.

PAYMENTS, THE NOVANT HEALTH COMPENSATION AND LEADERSHIP COMMITTEE ("COMMITTEE") WILL APPROVE THE AMOUNTS AS TO REASONABLENESS, WHEN COMBINED WITH ALL OTHER ANNUAL COMPENSATION. A 3 YEAR CLASS-YEAR VESTING PERIOD WILL APPLY UP TO AGE 62, WHEN ALL MONEY WOULD BE VESTED AND PAID OUT TO THE PARTICIPANT. OTHERWISE, VESTING WILL OCCUR ON JANUARY 1ST OF EACH YEAR FOR THE APPROPRIATE CLASS-YEAR VESTING PERIOD. THE COMMITTEE REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS SERP.

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

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902U91	12/08/04	135000000.	SEE PART VI		X		X		X
B NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DMK4	12/21/17	113235000.	SEE PART VI		X		X		X
C NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DRK9	05/07/13	161286657.	SEE PART VI		X		X		X
D NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DWM9	07/11/19	327568106.	SEE PART VI		X		X		X

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired			76,585,000.		38,580,000.					
2 Amount of bonds legally defeased										
3 Total proceeds of issue	135,000,000.		113,235,000.		161,291,650.		328,178,016.			
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	1,124,250.				1,248,186.		2,574,347.			
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds					2,877,684.		12,060,650.			
10 Capital expenditures from proceeds	133,875,750.				98,928,658.		197,285,615.			
11 Other spent proceeds			113,235,000.		58,237,121.		122,313,525.			
12 Other unspent proceeds										
13 Year of substantial completion	2007		2017		2014		2020			
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X		X		X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X				X	
16 Has the final allocation of proceeds been made?	X		X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

Schedule K (Form 990) 2023

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

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X	X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		X

Part 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, LINE 2C, COLUMN B: DATE OF LAST REBATE COMPUTATION NOVEMBER 30, 2022

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.

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

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

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

FORM 990, SCHEDULE K, PART 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.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) CARL ARMATO	PRESIDENT	LIFE INS		X	2,200,000.	1,320,000.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$1,320,000.						

Total \$1,320,000.

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TYLER ARMATO	FAMILY MEMBER OF CA	80,098.	COMPENSATIO		X
(2) CHANEL PENNINGTON	FAMILY MEMBER OF JE	102,255.	COMPENSATIO		X
(3) JOHN ARMATO	FAMILY MEMBER OF CA	110,535.	COMPENSATIO		X
(4) ASPEN BLACKMON	FAMILY MEMBER OF TA	149,138.	COMPENSATIO		X
(5) FRANK EMORY	FAMILY MEMBER OF FR	120,184.	COMPENSATIO		X
(6) WILLIAM CARTER GREEAR	FAMILY MEMBER OF AL	148,463.	COMPENSATIO		X
(7) LAURA WOOD MYERS	FAMILY MEMBER OF SC	111,284.	COMPENSATIO		X
(8) MICHAEL FULP	FAMILY MEMBER OF SH	75,280.	COMPENSATIO		X
(9)					
(10)					

Part V Supplemental Information

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

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

(A) NAME OF PERSON: CARL ARMATO

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT & CEO

(C) PURPOSE OF LOAN: LIFE INSURANCE BENEFIT

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

(A) NAME OF PERSON: TYLER ARMATO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CARL ARMATO, OFFICER

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

(A) NAME OF PERSON: CHANEL PENNINGTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JESSE CURETON, KEY EMPLOYEE

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

(A) NAME OF PERSON: JOHN ARMATO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

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

FAMILY MEMBER OF CARL ARMATO, OFFICER

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

(A) NAME OF PERSON: ASPEN BLACKMON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF TANYA BLACKMON, FORMER KEY EMPLOYEE

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

(A) NAME OF PERSON: FRANK EMORY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF FRANK EMORY JR., KEY EMPLOYEE

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

(A) NAME OF PERSON: WILLIAM CARTER GREEAR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF ALLISON GREEAR, FORMER KEY EMPLOYEE

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

(A) NAME OF PERSON: LAURA WOOD MYERS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF SCOTT MYERS, FORMER KEY EMPLOYEE

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

(A) NAME OF PERSON: MICHAEL FULP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF SHELBOURN STEVENS, FORMER KEY EMPLOYEE

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

ORGANIZATION TO THE INTERESTED PERSON.

Multiple horizontal lines for providing additional 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 for the latest information.

OMB No. 1545-0047

2023

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 IS A NON-PROFIT INTEGRATED HEALTHCARE SYSTEM OF 15

MEDICAL CENTERS WITH MORE THAN 35,000 EMPLOYEES AND 1,800 PHYSICIANS IN

OVER 800 LOCATIONS, AS WELL AS NUMEROUS OUTPATIENT SURGERY CENTERS,

MEDICAL PLAZAS, REHABILITATION PROGRAMS, DIAGNOSTIC IMAGING CENTERS AND

COMMUNITY HEALTH OUTREACH PROGRAMS. HEADQUARTERED IN WINSTON-SALEM,

NORTH CAROLINA, NOVANT HEALTH'S TEAM MEMBERS AND PHYSICIAN PARTNERS

CARE FOR PATIENTS AND COMMUNITIES IN NORTH CAROLINA, SOUTH CAROLINA AND

GEORGIA. NOVANT HEALTH, INC. IS THE PARENT ORGANIZATION OF NOVANT

HEALTH AND EXISTS TO OPERATE MULTIPLE HOSPITAL FACILITIES AND PROVIDE

CENTRALIZED ADMINISTRATIVE SUPPORT TO THE HEALTHCARE SYSTEM THROUGH

STRATEGIC PLANNING AND THE COORDINATION OF SYSTEM-WIDE ACTIVITIES.

THE NOVANT HEALTH INTEGRATED HEALTHCARE SYSTEM OPERATES IN ORDER TO

CARRY OUT ITS CHARITABLE MISSION OF IMPROVING THE HEALTH OF COMMUNITIES

IT SERVES AND MAKING HEALTHCARE REMARKABLE FOR PATIENTS. NOVANT HEALTH

ACCOMPLISHES THAT MISSION BY PROVIDING AND SUPPORTING EXCELLENT

HEALTHCARE FACILITIES AND PHYSICIAN PRACTICES AND BY MAKING A

COMMITMENT TO COMMUNITY OUTREACH/SERVICE THROUGH THE PROVISION OF

COMMUNITY BENEFIT PROGRAMS. BY BRINGING TOGETHER WORLD-CLASS TECHNOLOGY

AND CLINICIANS TO PROVIDE QUALITY CARE, NOVANT HEALTH IS COMMITTED TO

CREATING A HEALTHCARE EXPERIENCE THAT IS SIMPLER, MORE CONVENIENT, AND

MORE AFFORDABLE SO PATIENTS CAN FOCUS ON GETTING BETTER AND STAYING

HEALTHY. IN 2023, NOVANT HEALTH PROVIDED NEARLY 7 MILLION PATIENT

VISITS AND OVER \$1.5 BILLION OF COMMUNITY BENEFIT EXPENDITURES

SYSTEM-WIDE.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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IN ADDITION TO PROVIDING A HIGH QUALITY, COMPREHENSIVE CATALOG OF HEALTHCARE SERVICES, NOVANT HEALTH OFFERS A ROBUST PATIENT FINANCIAL ASSISTANCE PROGRAM, WORKING WITH ITS PATIENTS TO ASSIST WITH ESTABLISHING REASONABLE PAYMENT PLANS, DISCOUNTING PATIENT BILLS, AND PROVIDING FREE CARE FOR THOSE THAT QUALIFY UNDER ITS FINANCIAL ASSISTANCE POLICY.

COMMUNITY OUTREACH

COMMUNITY OUTREACH IS A CRITICAL COMPONENT TO THE MISSION OF NOVANT HEALTH. THE HEALTHCARE SYSTEM PROVIDES HUNDREDS OF PROGRAMS THAT SERVE PATIENTS, NEIGHBORS, AND SOME OF THE COMMUNITIES' MOST VULNERABLE CITIZENS. NOVANT ALSO PROVIDES FINANCIAL ASSISTANCE (I.E., CHARITY CARE) FOR ITS QUALIFIED UNINSURED PATIENTS, CATASTROPHIC SETTLEMENTS AND LONG TERM PAYMENT PLANS TO MEDICALLY INDIGENT PATIENTS, SERVICES TO PATIENTS WITH MEDICARE, MEDICAID, AND OTHER GOVERNMENT MEDICAL PROGRAM COVERAGE (REIMBURSED AT LESS THAN COST), COMMUNITY HEALTH EDUCATION, SUPPORT GROUPS, SUBSIDIZED OUTREACH SERVICES, AND COMMUNITY EVENTS/SCREENINGS. IN ADDITION, NOVANT PARTICIPATES IN MEDICAL RESEARCH, AS WELL AS ACADEMIC HEALTH PROGRAMS AND PARTNERSHIPS WITH A DIVERSE GROUP OF ORGANIZATIONS TO PROVIDE OTHER COMMUNITY INITIATIVES.

NOVANT HEALTH IS ALSO COMMITTED TO SUPPORTING THE COMMUNITIES IT SERVES THROUGH CHARITABLE CONTRIBUTIONS TO COMMUNITY-BASED PROGRAMS THAT IMPROVE HEALTH EQUITY AND UPWARD MOBILITY FOR THOSE WHO NEED IT MOST. TOWARD THAT GOAL, NOVANT INVESTS IN COMMUNITY-BASED PROGRAMS THAT ALIGN WITH ITS TWO INVESTMENT PRIORITIES OF DEVELOPING HEALTHY COMMUNITIES AND EXPANDING OPPORTUNITIES FOR HEALTHCARE EDUCATION.

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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THE ANNUAL NOVANT HEALTH COMMUNITY IMPACT REPORT, AVAILABLE AT [HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS/](https://www.novanthealth.org/about/community/community-health-needs/), INCLUDES QUALITATIVE AND QUANTITATIVE INFORMATION REGARDING THE HEALTHCARE SYSTEM'S COMMUNITY BENEFIT EFFORTS AND ACHIEVEMENTS. FOR 2023, NOVANT HEALTH'S SYSTEM-WIDE COMMUNITY BENEFIT EXPENDITURES TOTALED APPROXIMATELY \$1.61 BILLION, INCLUDING \$225 MILLION OF FINANCIAL ASSISTANCE. NUMERICAL DATA IN THE REPORT IS NOT BASED UPON FORM 990 SCHEDULE H INSTRUCTIONS BUT RATHER IN ACCORDANCE WITH NORTH CAROLINA HEALTHCARE ASSOCIATION COMMUNITY BENEFIT REPORTING GUIDELINES. THEREFORE, THE NOVANT HEALTH COMMUNITY IMPACT REPORT SHOULD NOT BE RELIED UPON AS EQUIVALENT AS EQUIVALENT TO FORM 990 SCHEDULE H COMMUNITY BENEFIT OR COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY BENEFIT IMPLEMENTATION STRATEGY RESULTS.

GREATER WINSTON SALEM REGION:

NOVANT HEALTH FORSYTH MEDICAL CENTER HOSTED A VARIETY OF COMMUNITY BUILDING ACTIVITIES, INCLUDING WINSTON-SALEM HEALTHCARE DAY, SENIOR ACADEMY DAY DROPOUT PREVENTION PROGRAM, LEADERSHIP WINSTON-SALEM MENTORSHIP AND BRIDGES TO HEALTHCARE INTERN SUPPORT.

NOVANT HEALTH CLEMMONS MEDICAL CENTER PROVIDED SPORTS PHYSICALS TO STUDENTS FOR PARTICIPATION IN SCHOOL-BASED SPORTS.

NOVANT HEALTH KERNERSVILLE MEDICAL CENTER PROVIDED HEALTH EDUCATION TO THE COMMUNITY THROUGH A WELLNESS WEBINAR, HEALTHY LIVING EXPO, HEART HEALTH PROGRAMS AND AN "ASK AN EDUCATOR" EVENT.

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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NOVANT HEALTH THOMASVILLE MEDICAL CENTER HOSTED MANY CLASSES, INCLUDING INFANT CPR, A HISPANIC BIRTHING CLASS, A RESILIENCY CLASS FOR MOTHERS, AND BREASTFEEDING SUPPORT THROUGH ITS BABY CAF.

NOVANT HEALTH MEDICAL PARK HOSPITAL PROVIDED FREE ACCESS TO THE MYCOMMUNITY PLATFORM, WHICH ENABLED COMMUNITY MEMBERS TO SEARCH FOR FREE OR REDUCED COST RESOURCES LOCATED WITHIN THE COMMUNITY BY COVERING THE ANNUAL FEES FOR THIS PLATFORM THAT COMMUNITY MEMBERS WOULD HAVE OTHERWISE HAD TO PAY.

GREATER CHARLOTTE REGION:

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER PROVIDED SUPPORT GROUPS AND EDUCATIONAL PROGRAMS ON A VARIETY OF TOPICS, INCLUDING CANCER PREVENTION, ANTI-BULLYING/BULLYING PREVENTION, ADVERSE CHILDHOOD EXPERIENCES, ABUSE AND TRAUMA, HUMAN TRAFFICKING, IMPAIRED DRIVING PREVENTION, PEDESTRIAN SAFETY, BIKE HELMET SAFETY AND BACK TO SCHOOL SAFETY.

NOVANT HEALTH HUNTERSVILLE MEDICAL CENTER HOSTED BLOOD DRIVES AND SCREENING CLINICS FOR BLOOD PRESSURE AND HYPERTENSION.

NOVANT HEALTH MINT HILL MEDICAL CENTER HOSTED A HYGIENE SUPPLY DRIVE AND BABY HYGIENE PACKING EVENT, AS WELL AS CPR/FIRST AID CLASSES AND IMMUNIZATION CLINICS.

NOVANT HEALTH MATTHEWS MEDICAL CENTER HELD SUPPORT GROUPS FOR DIABETES, INJURY AND PARKINSON'S SUPPORT. THE FACILITY ALSO HELD CLASSES FOR PARKINSON'S EXERCISE, WEIGHT MANAGEMENT PROGRAMS AND OBESITY AND

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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CONDUCTED A HEALTHCARE EDUCATION SPEAKER SERIES AT THE LEVINE SENIOR CENTER IN MATTHEWS WITH MDS AND APPS. TOPICS INCLUDED VASCULAR HEALTH, SKIN HEALTH, FALL PREVENTION AND MOBILITY. THE MEDICAL CENTER ALSO HOSTED BLOOD DRIVES IN PARTNERSHIP WITH THE AMERICAN RED CROSS AND ONE BLOOD.

NOVANT HEALTH ROWAN MEDICAL CENTER SUPPORTED THE COMMUNITY THROUGH RESOURCES, SCREENINGS/CLINICS, HEALTH EDUCATION INITIATIVES AND CLASSES, IN-KIND DONATIONS, SOCIAL AND ENVIRONMENTAL IMPROVEMENT ACTIVITIES, AND COMMUNITY BUILDING EFFORTS.

COASTAL REGION:

NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER PROVIDES EDUCATION AROUND MATERNAL AND INFANT HEALTH ON TOPICS INCLUDING MEDICATION SAFETY DURING PREGNANCY, MATERNAL HEALTH WARNING SIGNS AND THE FOURTH TRIMESTER.

NOVANT HEALTH PENDER MEDICAL CENTER PROVIDES EDUCATION AROUND DIABETES, NEWBORN AND INFANT CARE, FALL PREVENTION AND SENIOR HEALTH.

NOVANT HEALTH BRUNSWICK MEDICAL CENTER PROVIDED DIABETES, CHOLESTEROL, AND BLOOD PRESSURE SCREENINGS IN VARIOUS LOCATIONS IN BRUNSWICK COUNTY AND PROVIDED EDUCATION EXPLAINING WHAT THE "NUMBERS" MEAN. THE FACILITY ALSO HOSTED A COMMUNITY BABY SHOWER THAT PROVIDED NEEDED ITEMS FOR NEW MOMS AND BABIES ALONG WITH INFORMATION ABOUT AVAILABLE RESOURCES IN THE COMMUNITY, AND HOSTED A BLOOD DRIVE THROUGH THE AMERICAN RED CROSS, AS WELL AS A FOOD DRIVE FOR THE LOCAL FOOD BANK AND COLLEGE.

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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NOVANT HEALTH MICHAEL JORDAN FAMILY MEDICAL CLINICS - NOVANT HEALTH CURRENTLY OPERATES NOVANT HEALTH MICHAEL JORDAN FAMILY CLINIC IN CHARLOTTE, NC, AND BROKE GROUND ON A NEW CLINIC IN WILMINGTON, NC IN THE PRIOR TAX YEAR. THIS NEW CLINIC WILL OPEN IN 2024. THESE CLINICS BRING COMPREHENSIVE PRIMARY CARE, INCLUDING BEHAVIORAL AND SOCIAL SUPPORT SERVICES, TO THEIR RESPECTIVE AREAS' MOST VULNERABLE COMMUNITIES AND HELP NOVANT HEALTH BRING THE SAME INTEGRATED HEALTHCARE MODEL TO MORE RURAL-ADJACENT COMMUNITIES, OFFERING MUCH-NEEDED SERVICES TO THOSE WHO ARE UNINSURED OR UNDERINSURED.

FORM 990, PI, L1: CONTINUED

NEW TECHNOLOGY & SERVICES

NOVANT HEALTH MATTHEWS MEDICAL CENTER WAS AWARDED A CERTIFICATE OF NEED TO ADD A SECOND MRI DURING 2023. A MOBILE MRI WAS BROUGHT ON-SITE WHILE CONSTRUCTION IS PLANNED AND EXECUTED.

NOVANT HEALTH MINT HILL MEDICAL CENTER BROKE GROUND ON AN EMERGENCY DEPARTMENT EXPANSION AND ADDED A SECOND CT SCANNER TO ITS IMAGING DEPARTMENT IN JULY 2023. OUTPATIENT PHYSICAL THERAPY SERVICES WERE ADDED TO ITS ONSITE MEDICAL CLINIC IN DECEMBER 2023.

NOVANT HEALTH BALLANTYNE MEDICAL CENTER OPENED IN JUNE 2023. THE \$154 MILLION, 36-BED COMMUNITY HOSPITAL IS STRATEGICALLY POSITIONED TO PROVIDE HEALTH CARE SERVICES TO THE RAPIDLY GROWING SUBURBAN POPULATION IN AND AROUND SOUTHERN MECKLENBURG COUNTY. THE NEW MEDICAL CENTER PROVIDES PATIENTS WITH CONVENIENT AND NEIGHBORHOOD-LIKE ACCESS TO EMERGENCY AND INPATIENT SERVICES, DIAGNOSTIC AND SURGICAL CARE,

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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MATERNITY CARE, AS WELL AS A VARIETY OF ON-SITE SPECIALTY CARE SERVICES, INCLUDING WOMEN'S HEALTH, ORTHOPEDICS AND CANCER.

NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER OPENED A NEW NEUROSCIENCE INSTITUTE IN FEBRUARY 2023. THE INSTITUTE PROVIDES THE LATEST IN STROKE, BRAIN, SPINE AND NEUROLOGICAL CARE FOR PATIENTS FROM SEVEN COUNTIES NEW HANOVER, BLADEN, BRUNSWICK, CARTERET, ONSLOW, PENDER AND SAMPSON.

NOVANT HEALTH ROWAN MEDICAL CENTER ADDED A NEW DAVINCI ROBOT TO ASSIST WITH GENERAL SURGERY AND UROLOGY PROCEDURES, AND A NEW ENDOSCOPY SUITE WAS OPENED IN AUGUST 2023.

NOVANT HEALTH BRUNSWICK MEDICAL CENTER OPENED A NEW 34,000-SQUARE-FOOT MEDICAL OFFICE BUILDING IN JUNE 2023 IN BOLIVIA TO SERVE THE RAPIDLY GROWING POPULATION OF THE COUNTY. THE TWO-STORY BUILDING PROVIDES SPACE FOR HEART AND VASCULAR SERVICES, INCLUDING CARDIAC REHAB, FAMILY MEDICINE, UROLOGY, SURGICAL CARE AND AN INFUSION CENTER.

NOVANT HEALTH PULMONARY MEDICINE - THOMASVILLE, WHICH OPENED IN MARCH 2023, IS CONVENIENTLY LOCATED ON THE NOVANT HEALTH THOMASVILLE MEDICAL CENTER CAMPUS. THE NEW OUTPATIENT CLINIC IS DESIGNED TO OFFER DIAGNOSTIC AND TREATMENT SERVICES FOR PATIENTS, CLOSE TO HOME. PATIENTS IN AND AROUND DAVIDSON COUNTY NOW HAVE INCREASED ACCESS TO SEE A LUNG SPECIALIST FOR ASTHMA, EMPHYSEMA OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).

CORELIFE NOVANT HEALTH OPENED A NEW CLINIC IN THE CHARLOTTE AREA

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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(MATTHEWS) IN OCTOBER 2023. THE INITIATIVE REPRESENTS THE LATEST PARTNERSHIP EFFORT BETWEEN CORELIFE HEALTHCARE AND NOVANT HEALTH, UNITING THEIR EXPERTISE TO OFFER A HOLISTIC APPROACH TO HEALTHCARE, FOCUSING ON OBESITY AND ITS RELATED CHRONIC CONDITIONS.

IN SEPTEMBER 2023, NOVANT HEALTH, IN PARTNERSHIP WITH THE AMERICAN HEART ASSOCIATION, ANNOUNCED A THREE-YEAR HEALTH EQUITY INITIATIVE TO REDUCE HEART DISEASE AND STROKE RISK FACTORS BY IMPROVING BLOOD PRESSURE AND NUTRITION SECURITY IN COMMUNITIES SPANNING THE CHARLOTTE, PIEDMONT, TRIAD AND CAPE FEAR REGIONS.

IN AUGUST 2023, NOVANT HEALTH BECAME THE FIRST HEALTH SYSTEM IN NORTH CAROLINA TO OFFER EXPANDED TWO-WAY TEXT MESSAGING CAPABILITIES FOR PATIENTS THROUGH ITS ELECTRONIC HEALTH RECORD, EPIC. NOVANT HEALTH PATIENTS IN THE CHARLOTTE AND WINSTON-SALEM AREAS MAY OPT-IN TO RECEIVE TEXT MESSAGES, ALLOWING THEM TO RECEIVE UPDATES AND TAKE ACTION ON ITEMS RELATED TO VISITS, THEIR MYCHART ACCOUNT, BILLING NOTIFICATIONS, PRESCRIPTION REMINDERS AND MORE.

NOVANT HEALTH PARTNERED WITH NEUROFLOW, A BEHAVIORAL HEALTH INFRASTRUCTURE COMPANY, BEGINNING IN JULY 2023 TO SUPPORT MENTAL WELL-BEING FOR PATIENTS AND NOVANT HEALTH TEAM MEMBERS. USING NEUROFLOW'S MOBILE TECHNOLOGY, NOVANT HEALTH PATIENTS DIAGNOSED WITH DEPRESSION WILL HAVE 24/7 ACCESS TO EVIDENCE-BASED DIGITAL MENTAL HEALTH RESOURCES AND SUPPORT.

NOVANT HEALTH ANNOUNCED IN 2023 ITS THREE-TIERED STRATEGY TO ADDRESS DISPARITIES IN MATERNAL AND INFANT HEALTH TO COMBAT AN APPALLING TREND

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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THAT SHOWS MOMS IN THE UNITED STATES DYING AT THE HIGHEST RATE IN THE DEVELOPED WORLD. THIS STRATEGY INCLUDES 1.) IMPROVING ACCESS TO EARLY AND ADEQUATE PRENATAL CARE; 2.) RECOGNIZING AND ADDRESSING DEFICITS IN SOCIAL DETERMINANTS OF HEALTH; AND 3.) MITIGATING UNCONSCIOUS BIAS THROUGH PROACTIVE EDUCATION AND TRAINING.

NOVANT HEALTH ALSO LAUNCHED NOVANT HEALTH NOURISHES IN JANUARY 2023. NOVANT HEALTH NOURISHES IS A CAMPAIGN DESIGNED TO ADDRESS FOOD INSECURITY, IN PARTNERSHIP WITH THE NOVANT HEALTH FOUNDATION. BUILDING ON A VARIETY OF INITIATIVES AIMED AT TACKLING FOOD INSECURITY, NOVANT HEALTH NOURISHES PROVIDES COMMUNITY MEMBERS THE OPPORTUNITY TO ENSURE NO NEIGHBOR GOES HUNGRY BY HELPING TO FUND NOVANT HEALTH'S EMERGENCY FOOD PACK PROGRAM.

ALL OF THE AFOREMENTIONED COMMUNITY-BASED PROGRAMS AND EDUCATIONAL INITIATIVES SUPPORT NOVANT HEALTH'S MISSION OF IMPROVING HEALTH THROUGH MEANINGFUL INVESTMENTS IN THE COMMUNITIES IT SERVES.

FORM 990, PART III, LINE 1: OUR CAUSE (FKA MISSION, VISION AND VALUES) IN THE SPIRIT OF KEEPING OUR FOCUS ON PATIENT-CENTERED, EQUITABLE AND COMPASSIONATE CARE WHILE ENSURING OUR ORGANIZATION IS SUSTAINABLE FOR FUTURE GENERATIONS, WE HAVE RESTATED OUR MISSION, VISION AND VALUES AND ARE NOW GUIDED BY OUR CAUSE.

OUR CAUSE
WE CREATE A HEALTHIER FUTURE AND BRING REMARKABLE EXPERIENCES TO LIFE.

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DISCOVER

WE CONSISTENTLY SEEK TO INNOVATE, COURAGEOUSLY TRANSFORM OURSELVES AND FIND NEW WAYS TO ADD VALUE FOR OUR PATIENTS, COMMUNITIES AND ONE ANOTHER.

EMPOWER

WE PROVIDE ONE ANOTHER, OUR PATIENTS, FAMILIES AND COMMUNITIES WITH THE RESOURCES AND ENVIRONMENT TO CREATE SHARED ACCOUNTABILITY AND ACTION.

THRIVE

WE DEMONSTRATE EQUITY, EMPATHY, SAFETY AND QUALITY TO HELP EACH OTHER, AND OUR COMMUNITIES GROW AND SUCCEED.

TOGETHER

WE WORK AS A TRUSTED TEAM WITH OUR UNIQUE PERSPECTIVES, LIFE EXPERIENCES AND EXPERTISE TO BRING REMARKABLE TO LIFE IN EVERY INTERACTION. WE ALL BELONG.

FORM 990, PART VI, SECTION A, LINE 2: FAMILY AND/OR BUSINESS RELATIONSHIPS

BUSINESS RELATIONSHIP

CARL ARMATO

JAMES DEAN SWINDLE

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

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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FORM 990

THE AUDIT AND COMPLIANCE COMMITTEE OF THE NOVANT HEALTH BOARD OF TRUSTEES ("THE COMMITTEE") HAS RESPONSIBILITY FOR OVERSEEING THE ORGANIZATION'S TAX MATTERS. THE BOARD OF TRUSTEES HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE COMMITTEE. THE COMMITTEE IS THE REVIEW BODY FOR ALL OF THE FORM 990S FILED FOR ORGANIZATIONS WITHIN THE NOVANT HEALTH SYSTEM. THE COMMITTEE IS PROVIDED A COPY OF FORM 990 AND MEETS TO ADDRESS ANY QUESTIONS AND SIGNIFICANT DISCLOSURES WITHIN THE FORM 990 PRIOR TO ITS FILING WITH THE IRS.

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

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

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH, INC. BOARD OF TRUSTEES, WHO COMPRISE THE COMPENSATION & LEADERSHIP COMMITTEE OF THE BOARD, REVIEW, APPROVE, AND OVERSEE ALL ASPECTS OF COMPENSATION AND BENEFITS FOR NOVANT HEALTH, INC.'S CEO. THE COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT AND USES THIRD PARTY COMPARABILITY DATA FOR FUNCTIONALLY SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS TO ENSURE THAT TOTAL COMPENSATION AND BENEFITS IS REASONABLE. THE COMMITTEE REVIEWS AND APPROVES CEO COMPENSATION AND BENEFITS ANNUALLY, CONSISTENT WITH THE WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY OF NOVANT HEALTH AND IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS.

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

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS DISCLOSURE
THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAINING ALL ORGANIZATIONS

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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IN THE NOVANT HEALTH SYSTEM ARE POSTED TO THE NOVANT HEALTH WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

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

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	44,807,600.
MANAGEMENT AND GENERAL EXPENSES	50,882,054.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	95,689,654.

TRANSCRIPTION SERVICES:

PROGRAM SERVICE EXPENSES	5,343.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,343.

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	134,539,172.
MANAGEMENT AND GENERAL EXPENSES	88,244,984.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	222,784,156.

COLLECTION SERVICE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	10,033,953.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,033,953.

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

PROGRAM SERVICE EXPENSES	128,812.
MANAGEMENT AND GENERAL EXPENSES	40,678.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	169,490.

RECRUITMENT:

PROGRAM SERVICE EXPENSES	8,479,025.
MANAGEMENT AND GENERAL EXPENSES	2,677,587.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,156,612.

REFERRALS:

PROGRAM SERVICE EXPENSES	533,892.
MANAGEMENT AND GENERAL EXPENSES	168,597.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	702,489.

PROFESSIONAL PHYSICIAN SERVICES:

PROGRAM SERVICE EXPENSES	58,125,517.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	58,125,517.

FOOD SERVICE:

PROGRAM SERVICE EXPENSES	16,826,843.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization NOVANT HEALTH, INC.	Employer identification number 56-1376950
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FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,826,843.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	415,494,057.

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	-2,518,544.
DERIVATIVES/SWAP	2,563,897.
AFFILIATE TRANSFER	1,333,344,656.
INVESTMENT ADJUSTMENT	-28,692.
FASB/ACCOUNTING CHANGES	-676,383.
CAPITAL CONTRIBUTION	-9,605,718.
NORFOLK PARTNERSHIP	-3,825,652.
PARTNERSHIPS	643,851.
ROUNDING	-7,215.
TOTAL TO FORM 990, PART XI, LINE 9	1,319,890,200.

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

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	6,750,411.	3,049,539.	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	153,299,173.	101,673,835.	NOVANT HEALTH COASTAL REGION, LLC
PRESBYTERIAN BREAST CENTER, LLC - 26-0069792 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	1,400,618.	19,369,375.	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	GIFT SHOP	NORTH CAROLINA	501(C)(3)	LINE 10	FORSYTH MEMORIAL HOSPITAL, INC.	X	
BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION - 27-4616751, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	BRUNSWICK COMMUNITY HOSPITAL, LLC	X	
CAROLINA HEALTHCARE ASSOCIATES, INC. - 56-2049697, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE STAFFING	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER,	X	
COMMUNITY GENERAL HOSPITAL FOUNDATION, INC. - 56-1828629, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	NOVANT HEALTH THOMASVILLE MEDICAL CENTER,	X	

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

Schedule R (Form 990) 2023

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	132,475,977.	111,102,157.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
NOVANT ASSET MANAGEMENT, LLC - 26-0705491 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	ASSET MGMT	NORTH CAROLINA	415,122.	38,356.	NOVANT HEALTH, INC.
PRESBYTERIAN SAMEDAY SURGERY CENTER AT HUNTERSVILLE, LLC - 26-2422926, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	13,861,297.	5,139,856.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
NOVANT PROPERTIES, LLC - 26-3378448 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	291,562.	99,902,993.	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	2,363,045.	511,409.	NMG SERVICES, LLC
NMG SERVICES, LLC - 56-2098809 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	2,039,900.	1,175,498.	NOVANT HEALTH, INC.
PROVIDENCE ROAD LAND PARTNERS, LLC - 56-2264109, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	943,463.	36,836,717.	NOVANT HEALTH, INC.
PRESBYTERIAN IMAGING CENTERS, LLC - 72-1568954, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	283,721.	9,670,448.	PRESBYTERIAN AMBULATORY HOLDINGS, LLC
NOVANT HEALTH CASUALTY, LLC - 81-2938127 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INSURANCE	NORTH CAROLINA	562.	28,946.	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 PROVIDER INSURANCE PROTECTED CELL, LLC - 81-2946353, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INSURANCE	NORTH CAROLINA	12,820,357.	48,536,650.	NOVANT HEALTH, INC.
NOVANT HEALTH BRUNSWICK ENDOSCOPY CENTER, LLC - 82-0831203, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	1,921,771.	2,030,715.	BRUNSWICK COMMUNITY HOSPITAL, LLC
NOVANT HEALTH REALTY HOLDINGS, LLC - 82-2238790, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	0.	13,472,832.	NOVANT HEALTH, INC.
NH DIGITAL HOLDINGS, LLC - 84-2860028 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HOLDING COMPANY	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NH DIGITAL DEVICES, LLC - 84-2879176 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	237,416.	1,063,661.	NH DIGITAL HOLDINGS, LLC
NH DIGITAL HEALTH SERVICES, LLC - 84-3930503 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	3,709,173.	3,385,297.	NH DIGITAL HOLDINGS, LLC
NOVANT HEALTH INSURANCE PROTECTED CELL, LLC - 84-4044388, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INSURANCE	NORTH CAROLINA	17,884,567.	37,340,007.	NOVANT HEALTH, INC.
NH-CL CLINICS, LLC - 84-4067176 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	10,865,003.	684,333.	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.
NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, LLC - 85-3777599, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	1,667,631,833.	1,829,355,691.	NOVANT HEALTH COASTAL REGION, LLC

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NOVANT HEALTH 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	27,655,743.	171,320,808.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
NOVANT HEALTH CLINICAL RESEARCH, LLC - 92-1098136, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	CLINICAL RESEARCH	NORTH CAROLINA	6,485,179.	7,687,411.	NOVANT HEALTH, INC.
NOVANT HEALTH MEDICAL GROUP COASTAL REGION, LLC - 86-1441258, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	182,805,490.	40,250,931.	NOVANT HEALTH COASTAL REGION, LLC
NOVANT HEALTH INCLUSION STRATEGIES, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	CONSULTING	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NOVANT HEALTH ENTERPRISES, LLC (FKA NOVANT HEALTH AFFILIATE I, LLC), 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HOLDING COMPANY	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
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

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 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	426,550,559.	103,305,620.	NOVANT HEALTH TRIAD REGION, LLC
PHYSICIAN QUALITY PARTNERS, LLC - 46-2849013 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	3,934,688.	3,222,997.	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	5,770,806.	657,507.	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER, LLC
NOVANT HEALTH WILMINGTON ENDOSCOPY CENTER, LLC - 86-2943847, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	4,651,551.	1,006,783.	NOVANT HEALTH MEDICAL GROUP COASTAL REGION, LLC

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NH RESOURCE AGENCY, LLC - 87-3338778 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE STAFFING	NORTH CAROLINA	0.	116,009.	NOVANT HEALTH, INC.
QUALITY PROFESSIONAL INSURANCE PROTECTED CELL, LLC - 86-1633218, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	1,362,508.	2,421,952.	NOVANT HEALTH, INC.
THE NOVANT HEALTH, INC. TRUST - 90-2059856 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	TRUST	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NOVANT HEALTH ASHEVILLE MEDICAL CENTER, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH, INC.
NOVANT HEALTH BRUNSWICK SURGERY CENTER, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	BRUNSWICK COMMUNITY HOSPITAL, LLC
NOVANT HEALTH ROWAN MEDICAL CENTER, LLC - 56-0547479, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	291,332,606.	184,338,410.	ROWAN HEALTH SERVICES, LLC
ROWAN HEALTH SERVICES, LLC - 56-1424814 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	165,647.	11,073,790.	NOVANT HEALTH, INC.
NOVANT HEALTH ACCOUNTABLE CARE ORGANIZATION I, LLC - 81-2697133, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	MANAGED CARE SVCS	NORTH CAROLINA	11,180,973.	7,753,111.	NMG SERVICES, LLC
NOVANT HEALTH MATTHEWS MEDICAL CENTER, LLC - 56-1376368, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	294,559,576.	209,102,614.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
MEDICAL PARK HOSPITAL, LLC - 56-1340424 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	92,751,036.	32,112,010.	NOVANT HEALTH TRIAD REGION, LLC

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NOVANT HEALTH PHARMACY SERVICES, LLC - 47-4615021, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	643,119.	NOVANT HEALTH ENTERPRISES, LLC
PLAZA CENTER, LLC - 20-0050290 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	REAL ESTATE	NORTH CAROLINA	0.	7,472,945.	NOVANT HEALTH, INC.
NMG HEALTH SERVICES, LLC - 88-4307716 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	5,024,942.	5,987,097.	NMG SERVICES, LLC
NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC - 93-3359880, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HOLDING COMPANY	NORTH CAROLINA	0.	81,329,058.	NOVANT HEALTH, INC.
EAST COOPER MEDICAL CENTER, LLC - 93-4555562 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	0.	0.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
SOUTH CAROLINA COASTAL MEDICAL CENTER, LLC - 93-4580630, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	0.	0.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
HILTON HEAD MEDICAL CENTER, LLC - 93-4604680 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	0.	0.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
EAST COOPER PHYSICIAN GROUP, LLC - 93-4624425, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	0.	0.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
HILTON HEAD REGIONAL PHYSICIAN GROUP, LLC - 93-4646081, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	SOUTH CAROLINA	0.	0.	NOVANT HEALTH SOUTH CAROLINA HOLDINGS, LLC
NOVANT HEALTH ENTERPRISES PHYSICIAN AFFILIATE, LLC, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH ENTERPRISES, 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
NHE AFFILIATE PRACTICE 1, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH ENTERPRISES, LLC
NHE AFFILIATE PRACTICE 2, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH ENTERPRISES, LLC
NHE AFFILIATE PRACTICE 3, LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH ENTERPRISES, LLC
NOVANT HEALTH LAKE NORMAN MEDICAL GROUP, LLC - 92-4010419, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NMG SERVICES, LLC
NOVANT HEALTH LAKE NORMAN MEDICAL CENTER, LLC - 92-3943339, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
NOVANT HEALTH DAVIS MEDICAL CENTER, LLC - 93-3913161, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	0.	0.	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC
FORSYTH MEDICAL GROUP, LLC - 31-1725913 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	76,798.	10,936,137.	NMG SERVICES, LLC

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
FORSYTH MEDICAL CENTER FOUNDATION - 56-2120959, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	FORSYTH MEMORIAL HOSPITAL, INC.	X	
FORSYTH MEMORIAL HOSPITAL, INC. - 56-0928089 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH TRIAD REGION, LLC	X	
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	
NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION, INC. - 56-1752396, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER,	X	
NHRMC HOME CARE - 35-2379154 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	PENDER MEMORIAL HOSPITAL, INC.	X	
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	
PENDER MEMORIAL HOSPITAL, INC. - 56-0653348 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER,	X	
PRESBYTERIAN HOSPITAL FOUNDATION - 58-1413074, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC	X	
ROWAN REGIONAL MEDICAL CENTER AUXILIARY - 23-7022472, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	GIFT SHOP	NORTH CAROLINA	501(C)(3)	LINE 10	NOVANT HEALTH ROWAN MEDICAL CENTER, LLC	X	
ROWAN REGIONAL MEDICAL CENTER FOUNDATION, INC. - 56-1424818, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	NOVANT HEALTH ROWAN MEDICAL CENTER, LLC	X	
SELF INSURANCE FUND - NOVANT HEALTH, INC. - 58-1867242, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INSURANCE	NORTH CAROLINA	501(C)(3)	LINE 12C, III-FI	NOVANT HEALTH, INC.	X	
THE PRESBYTERIAN HOSPITAL - 56-0554230 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CORELIFE NORTH CAROLINA, LLC - 84-4003877, 821 WEST BENFIELD RD STE 5, SEVERNA PARK, MD 21146	HEALTHCARE	NC	NOVANT HEALTH, INC.	RELATED	-1,700,296.	492,781.		X	N/A	X		50.50%
ENDOSCOPY CENTER OF LAKE NORMAN, LLC - 20-5112015, 13808 PROFESSIONAL CENTER DRIVE, HUNTERSVILLE, NC	HEALTHCARE	NC	PRESBYTERIAN AMBULATORY HOLDINGS, LLC (NOVANT	RELATED	583,731.	859,099.		X	N/A	X		51.00%
NOVANT HEALTH ROWAN ENDOSCOPY CENTER, LLC - 92-2912542, 78 CHURCH ST SE, CONCORD, NC 28025	HEALTHCARE	NC	NOVANT HEALTH ROWAN MEDICAL CENTER, LLC	RELATED	-10,268.	500,256.		X	N/A	X		51.00%
NOVANT HEALTH-GOHEALTH URGENT CARE, LLC - 36-4908373, 5555 GLENRIDGE CONNECTOR, SUITE 700, ATLANTA, GA 30342	HEALTHCARE	NC	NOVANT HEALTH, INC.	RELATED	-8,071,083.	18,898,691.		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	429,991.	9,161,740.	100%	X	
CHOICEHEALTH, INC. - 56-1896065 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	MANAGED CARE	NC	NOVANT HEALTH, INC.	C CORP	14,722,527.	15,707,847.	100%	X	
COMMUNICARE, INC. - 56-1952950 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	RENTAL REAL ESTATE	NC	NOVANT HEALTH THOMASVILLE MEDICAL	C CORP	0.	977,146.	100%	X	
KERNERSVILLE MEDICAL CENTER PARK OWNERS' ASSOCIATION - 47-1511401, 2085 FRONTIS PLAZA BLVD., WINSTON SALEM, NC 27103	REAL PROPERTY MGMT	NC	NOVANT HEALTH, INC.	C CORP	0.	1,174,924.	100%	X	
MEDQUEST, INC. & SUBSIDIARIES - 22-3860764 3480 PRESTON RIDGE RD., STE 600 ALPHARETTA, GA 30005	DIAGNOSTIC IMAGING	DE	NOVANT HEALTH, INC.	C CORP	40,046,395.	139,709,723.	100%	X	

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
SALEM DIAGNOSTICS, INC. - 56-1513621 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	INACTIVE	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	INACTIVE	NC	NOVANT HEALTH TRIAD REGION, LLC	C CORP	0.	279,565.	100%	X	
THE PARK AT MONROE PROPERTY OWNERS ASSOCIATION, INC. - 46-3910256, 2085 FRONTIS PLAZA BLVD., WINSTON SALEM, NC 27103	REAL PROPERTY MGMT	NC	NOVANT HEALTH, INC.	C CORP	123,606.	0.	100%	X	
NOVANT HEALTH AFFILIATE II, INC. - 93-4532877, 2085 FRONTIS PLAZA BLVD., WINSTON SALEM, NC 27103	INACTIVE	NC	NOVANT HEALTH, INC.	C CORP	0.	0.	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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s 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) MEDQUEST, INC.	A	49,400.	COST
(2) CHOICEHEALTH, INC.	A	143,209.	FMV
(3) FOUNDATION HEALTH SYSTEMS CORP.	A	470,000.	FMV
(4) FORSYTH MEMORIAL HOSPITAL, INC.	A	9,116,514.	FMV
(5) NOVANT MEDICAL GROUP, INC.	A	11,740,055.	FMV
(6) THE PRESBYTERIAN HOSPITAL	A	8,486,835.	FMV

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) ROWAN REGIONAL MEDICAL CENTER FOUNDATION, INC.	B	1,650,714.	COST
(8) FORSYTH MEDICAL CENTER FOUNDATION	C	432,806.	COST
(9) PRESBYTERIAN HOSPITAL FOUNDATION	C	270,262.	COST
(10) ROWAN REGIONAL MEDICAL CENTER FOUNDATION, INC.	C	2,887,534.	COST
(11) NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION, INC.	C	2,013,914.	COST
(12) NOVANT HEALTH-GOHEALTH URGENT CARE, LLC	D	1,298,060.	COST
(13) FORSYTH MEMORIAL HOSPITAL, INC.	K	1,980,242.	COST
(14) NOVANT MEDICAL GROUP, INC.	K	2,348,897.	COST
(15) THE PRESBYTERIAN HOSPITAL	K	198,946.	COST
(16) FOUNDATION HEALTH SYSTEMS CORP.	L	249,144.	COST
(17) FORSYTH MEMORIAL HOSPITAL, INC.	L	234,966,261.	COST
(18) NHRMC HOME CARE	L	1,354,465.	COST
(19) NOVANT MEDICAL GROUP, INC.	L	50,849,739.	COST
(20) PENDER MEMORIAL HOSPITAL, INC.	L	5,784,663.	COST
(21) THE PRESBYTERIAN HOSPITAL	L	262,019,408.	COST
(22) FORSYTH MEMORIAL HOSPITAL, INC.	M	9,894,944.	COST
(23) THE PRESBYTERIAN HOSPITAL	M	4,365,992.	COST
(24) AUXILIARY OF FORSYTH MEMORIAL HOSPITAL, INC.	Q	736,571.	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) COMMUNITY GENERAL HOSPITAL FOUNDATION, INC.	Q	68,786.	COST
(8) CHOICEHEALTH, INC.	Q	2,731,390.	COST
(9) FOUNDATION HEALTH SYSTEMS CORP.	Q	68,874,645.	COST
(10) FORSYTH MEDICAL CENTER FOUNDATION	Q	1,141,905.	COST
(11) FORSYTH MEMORIAL HOSPITAL, INC.	Q	652,002,153.	COST
(12) MEDQUEST, INC.	Q	14,336,409.	COST
(13) MATTHEWS SURGERY CENTER, LLC	Q	2,900,631.	COST
(14) NOVANT MEDICAL GROUP, INC.	Q	221,377,541.	COST
(15) PRESBYTERIAN HOSPITAL FOUNDATION	Q	1,749,433.	COST
(16) ROWAN REGIONAL MEDICAL CENTER FOUNDATION, INC.	Q	1,995,572.	COST
(17) THE PRESBYTERIAN HOSPITAL	Q	625,790,448.	COST
(18) ROWAN REGIONAL MEDICAL CENTER FOUNDATION, INC.	R	344,270.	COST
(19) BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION	R	97,386.	COST
(20) CHOICEHEALTH, INC.	R	1,000,000.	COST
(21) SELF-INSURANCE FUND NOVANT HEALTH, INC.	S	9,111,611.	COST
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CAROLINA HEALTHCARE ASSOCIATES, INC.

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

NAME OF RELATED ORGANIZATION:

COMMUNITY GENERAL HOSPITAL FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC

NAME OF RELATED ORGANIZATION:

NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION, INC.

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

NAME OF RELATED ORGANIZATION:

PENDER MEMORIAL HOSPITAL, INC.

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ENDOSCOPY CENTER OF LAKE NORMAN, LLC

EIN: 20-5112015

13808 PROFESSIONAL CENTER DRIVE

HUNTERSVILLE, NC 28078

Part VII Supplemental Information

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

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

Electronic Filing PDF Attachment

**Novant Health, Inc.
and Affiliates**

**Consolidated Financial Statements and
Supplemental Information
December 31, 2023 and 2022**

Novant Health, Inc. and Affiliates
Index
December 31, 2023 and 2022

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Report of Independent Auditors

To the Board of Trustees of Novant Health, Inc.

Opinion

We have audited the accompanying consolidated financial statements of Novant Health, Inc. and Affiliates (the “Company”), which comprise the consolidated balance sheets as of December 31, 2023 and 2022 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, 2023 and 2022, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company’s ability to continue as a going concern for one year after the date the consolidated financial statements are issued.

Auditors’ Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are

considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Pricewaterhouse Coopers LLP

Charlotte, North Carolina
March 29, 2024

Novant Health, Inc. and Affiliates
Consolidated Balance Sheets
December 31, 2023 and 2022

(in thousands of dollars)

	2023	2022
Assets		
Current assets		
Cash and cash equivalents	\$ 739,797	\$ 643,997
Accounts receivable, net	1,055,998	902,323
Short-term investments	11,080	234,253
Current portion of assets limited as to use	27,617	28,832
Receivable for settlement with third-party payors	12,650	13,985
Other current assets	513,058	645,001
Total current assets	<u>2,360,200</u>	<u>2,468,391</u>
Assets limited as to use	270,232	239,778
Long-term investments	3,387,889	3,029,968
Property and equipment, net	3,219,937	3,004,232
Right-of-use assets, net	462,557	477,247
Intangible assets and goodwill, net	621,916	645,420
Investments in affiliates	397,207	267,532
Deferred tax asset	3,570	2,658
Other assets	122,802	131,583
Total assets	<u>\$ 10,846,310</u>	<u>\$ 10,266,809</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt	\$ 79,065	\$ 61,219
Accounts payable	402,157	369,880
Accrued liabilities	729,416	762,340
Current portion of operating lease liabilities	106,085	106,950
Estimated third-party payor settlements	102,827	59,531
Total current liabilities	<u>1,419,550</u>	<u>1,359,920</u>
Long-term debt, net of current portion	2,588,423	2,589,153
Deferred tax liability	14,932	19,551
Operating lease liabilities, net of current portion	386,962	388,638
Derivative financial instruments	12,254	13,191
Employee benefits and other liabilities	442,017	382,721
Total liabilities	<u>4,864,138</u>	<u>4,753,174</u>
Commitments and contingencies		
Net assets		
Without donor restrictions - attributable to Novant Health	5,871,264	5,413,189
Without donor restrictions - noncontrolling interests	4,806	5,059
Total net assets without donor restrictions	<u>5,876,070</u>	<u>5,418,248</u>
With donor restrictions	106,102	95,387
Total net assets	<u>5,982,172</u>	<u>5,513,635</u>
Total liabilities and net assets	<u>\$ 10,846,310</u>	<u>\$ 10,266,809</u>

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

Novant Health, Inc. and Affiliates
Consolidated Statements of Operations and Changes in Net Assets
Years Ended December 31, 2023 and 2022

(in thousands of dollars)

	2023	2022
Total operating revenues, gains, and other support		
Net patient service revenues	\$ 7,415,779	\$ 6,652,892
Other revenue and gains	879,369	899,218
Total operating revenues, gains, and other support	<u>8,295,148</u>	<u>7,552,110</u>
Operating expenses		
Salaries and employee benefits	4,471,515	4,250,720
Supplies and other	3,258,361	2,773,908
Depreciation and amortization expense	330,517	330,308
Impairment charge	-	62,981
Interest expense	87,975	65,984
Total operating expenses	<u>8,148,368</u>	<u>7,483,901</u>
Operating income	146,780	68,209
Non-operating income (expense)		
Investment income (loss)	310,804	(251,112)
Income tax expense	(1,907)	(38,753)
Other net periodic pension benefits (costs)	5,168	(1,183)
Excess (deficit) of revenues over expenses	<u>\$ 460,845</u>	<u>\$ (222,839)</u>
Other changes in net assets without donor restrictions		
Change in funded status of defined benefit plans	(543)	4,664
Amortization of deferred loss on derivative financial instruments	2,564	2,778
Other changes in net assets without donor restrictions	(5,044)	(3,973)
Increase (decrease) in net assets without donor restrictions	<u>457,822</u>	<u>(219,370)</u>
Net assets with donor restrictions		
Contributions and investment income	21,980	14,777
Net assets released from restrictions for operations	(11,265)	(10,312)
Increase in net assets with donor restrictions	<u>10,715</u>	<u>4,465</u>
Increase (decrease) in total net assets	468,537	(214,905)
Net assets, beginning of period	<u>5,513,635</u>	<u>5,728,540</u>
Net assets, end of period	<u>\$ 5,982,172</u>	<u>\$ 5,513,635</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, 2023 and 2022

(in thousands of dollars)

	2023	2022
Cash flows from operating activities		
Increase (decrease) in total net assets	\$ 468,537	\$ (214,905)
Adjustments to reconcile changes in net assets to net cash provided by operating activities		
Depreciation, amortization and accretion	332,503	330,291
Gain on sale of consolidated entities	(14,085)	(241,452)
Impairment charge	-	62,981
Actuarial loss (gain) on pension and postretirement benefits	(598)	609
Change in funded status of defined benefit plans	543	(4,664)
Share of earnings (losses) in affiliates, net of distributions	(156)	8,336
Net realized and unrealized losses (gains) on assets limited as to use and investments	(259,908)	302,918
Change in fair value of interest rate swaps	(937)	(26,069)
Contributions restricted for capital	(2,135)	(1,585)
Changes in operating assets and liabilities, net of assets acquired and liabilities assumed		
Accounts receivable	(172,847)	(27,584)
Accounts payable and accrued liabilities	58,921	126,082
Medicare advanced repayments	(91,145)	(174,883)
Long-term liabilities	32,683	(53,630)
Other current assets	(97,500)	(64,401)
Third-party payor settlements	44,631	(18,346)
Deferred taxes, net	(5,531)	16,220
Other assets and liabilities, net	15,261	7,259
Net cash provided by operating activities	<u>308,237</u>	<u>27,177</u>
Cash flows from investing activities		
Capital expenditures	(520,858)	(466,327)
Proceeds from sales of long-term investments	1,451,632	1,811,190
Purchases of long-term investments	(1,662,899)	(1,701,165)
Proceeds from sales of short-term investments	724,287	760,857
Purchases of short-term investments	(493,175)	(581,223)
Proceeds from sale of property and equipment	22,273	3,405
Proceeds (payments) from sale of consolidated entities, net of cash disposed	250,061	(20,088)
Investments in unconsolidated affiliates	(92,019)	(3,366)
Other investing activities	(1,852)	(3,861)
Net cash used in investing activities	<u>(322,550)</u>	<u>(200,578)</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, 2023 and 2022

(in thousands of dollars)

	2023	2022
Cash flows from financing activities		
Principal payments on long-term debt	(24,740)	(17,971)
Payments on repurchase agreements, net	-	(124,300)
Proceeds from sale of accounts receivable	19,734	20,312
Proceeds from revolving credit facility	43,627	2,000
Other financing activities	(1,412)	3,077
	<u>37,209</u>	<u>(116,882)</u>
Net cash provided by (used in) financing activities	37,209	(116,882)
Net increase (decrease) in cash, cash equivalents and restricted cash	22,896	(290,283)
Cash, cash equivalents and restricted cash		
Beginning of period	850,183	1,140,466
End of period	<u>\$ 873,079</u>	<u>\$ 850,183</u>

	2023	2022
Supplemental disclosure of cash flow information		
Interest paid	\$ 93,161	\$ 92,781
Income taxes paid	31,577	1,873
Supplemental disclosure of noncash financing and investing activities		
Property and equipment financed through current liabilities	79,044	52,299
Investments in affiliates acquired in sale of business	-	218,548

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:

	2023	2022
Cash and cash equivalents	\$ 739,797	\$ 643,997
Restricted cash included in assets limited as to use:		
Nonqualified plans	11,025	9,357
Transition stabilization escrow	43,283	55,135
Bond proceeds	-	10
Other	16,269	10,484
Cash and cash equivalents included in long-term investments	<u>62,705</u>	<u>131,200</u>
Total cash, cash equivalents and restricted cash shown in the consolidated statements of cash flows	<u>\$ 873,079</u>	<u>\$ 850,183</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, 2023 and 2022

(in thousands of dollars)

1. Reporting Entity

Novant Health, Inc. (“Novant Health” or the “Company”) is a not-for-profit integrated system of 15 medical centers and more than 1,800 physicians in over 800 locations, as well as numerous outpatient surgery centers, medical plazas, rehabilitation programs, diagnostic imaging centers and community health outreach programs. Novant Health’s more than 35,000 team members and physician partners care for patients and communities in North Carolina, South Carolina and Georgia.

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 8, *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.

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 \$133,282 and \$206,186 as of December 31, 2023 and 2022, respectively, and are classified as current or long-term, consistent with the nature of their intended use based on the restrictions.

Novant Health, Inc. and Affiliates

Notes to Consolidated Financial Statements

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(in thousands of dollars)

Accounts Receivable

Accounts receivable consist primarily of amounts owed by various governmental agencies, insurance companies and patients. Novant Health manages these receivables by regularly reviewing the accounts and contracts and by recording appropriate price concessions. Amounts the Company receives for treatment of patients covered by governmental programs and third-party payors as well as directly from patients are subject to both explicit and implicit price concessions. The Company estimates these price concessions using contractual agreements, discount policies, historical experience as well as current and expected future economic conditions. Novant Health records price concessions in the period of service based on the analysis and consideration of these factors.

Leases

Novant Health leases property and equipment under finance and operating leases and determines if an arrangement is a lease at the inception of the contract. Right-of-use assets represent the Company's right to use the underlying assets for the lease term and lease liabilities represent the Company's obligation to make lease payments arising from the leases. For leases with terms greater than 12 months, the related right-of-use assets and liabilities are recorded at the present value of lease payments over the term. Many of the Company's leases include rental escalation clauses and renewal options that are factored into our determination of lease payments when appropriate. The Company uses its estimated incremental borrowing rate, which is derived from information available at the lease commencement date, in determining the present value of the lease payment.

Other Current Assets

Other current assets include supplies (which primarily consist of hospital and medical supplies and pharmaceuticals), prepaid expenses and other receivables. Supply costs are determined primarily using the average cost method and are stated at the lower of cost or net realizable value.

Investments

Debt investments are classified as trading securities. All debt investments are designated as trading at the time of acquisition. Unrealized gains and losses on debt and equity investments are included in excess (deficit) of revenues over expenses, unless the income or loss is restricted by donor or law. Long-term investments are classified as noncurrent assets as the Company does not expect to use these funds to meet its current liabilities.

Investments in equity and debt securities with readily determinable fair values are measured at fair value based on prices obtained on active markets or exchanges. The Company also invests in alternative and private equity investments through funds structured as limited 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 a practical expedient 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 (loss) in the consolidated statements of operations and changes in net assets. At December 31, 2023 and 2022, the Company held \$45,701 and \$36,239, respectively, of long-term investments that were accounted for at cost less impairment

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2023 and 2022

(in thousands of dollars)

with adjustments made for any observable price changes resulting from an orderly transaction for the identical or a similar investment of the same issuer.

The determination of any other-than-temporary impairment (“OTTI”) of the Company’s equity and debt investments is based upon periodic evaluations and assessments of known and inherent risks associated with the respective asset class. The Company updates its evaluations regularly and recognizes OTTI as conditions change and new information becomes available. OTTI is included in investment income (loss) in the combined statements of operations and changes in net assets. There was no OTTI for the years ended December 31, 2023 and 2022.

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, funds designated for wind down expenses related to an acquisition (transition stabilization fund), and assets designated for specific purposes by the Board of Trustees.

Derivatives

The Company selectively enters into interest rate protection agreements to mitigate changes in interest rates on variable rate borrowings. The notional amounts of such agreements are used to measure the interest to be paid or received and do not represent the amount of exposure to loss. None of these agreements are used for speculative or trading purposes.

Derivatives are recognized on the consolidated balance sheets at fair value. The accounting for changes in the fair value of a derivative instrument depends on whether it has been designated and qualifies as part of a hedging relationship and further, on the type of hedging relationship. The Company formally documents the hedging relationships at inception of the contract for derivative transactions, including identifying the hedge instruments and hedged items, as well as the risk management objectives and strategies for entering into the hedge transaction. At inception and on a quarterly basis thereafter, the Company assesses the effectiveness of derivatives used to hedge transactions. If a cash flow hedge is deemed highly effective, the change in fair value is recorded as a change in net assets without donor restrictions. The change in fair value of derivatives that do not qualify for hedge accounting is recognized in excess (deficit) of revenues over expenses.

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.

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
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(in thousands of dollars)

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

Land improvements	5–45 years
Buildings	30–40 years
Machinery and equipment	3–15 years
Software	3–10 years
Furniture and fixtures	7–14 years

Maintenance and repairs of property and equipment are expensed in the period incurred. Replacements or improvements that increase the estimated useful life of an asset are capitalized. The Company also capitalizes the cost of software developed for internal use. Assets that are sold, retired or otherwise disposed of are removed from the respective asset cost and accumulated depreciation accounts and any gain or loss is included in the results of operations.

Gifts of long-lived assets such as land, buildings or equipment are excluded from excess (deficit) of revenues over expenses and are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Goodwill and Other Intangible Assets

Goodwill represents the excess of the purchase price over the fair value of the net assets of acquired companies. Intangible assets generally represent the acquisition date fair value of certain rights or relationships obtained in such business acquisitions.

The Company considers certificates of need, which are required by certain states prior to the acquisition of high cost capital items, to be indefinite-lived intangible assets. During 2023, regulatory changes in states where the Company does business eliminated these requirements for certain types of equipment at dates in the future. As a result of these changes, these intangible assets now have estimated useful lives and are being amortized accordingly. The Company also has intangible assets with identifiable useful lives related to business acquisitions. These assets include business relationships and corporate trade names. In accordance with GAAP, the Company amortizes the cost of these intangible assets over their estimated useful lives.

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

Certificates of need	Based on state regulatory requirements
Business relationships	26 years
Corporate trade name	29 years

On October 1st each year, Novant Health tests goodwill and indefinite-lived assets for impairment. Novant has elected to evaluate goodwill triggering events at the end of each quarterly reporting period. If it is more likely than not that the indefinite-lived asset is impaired, additional testing for impairment is required.

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GAAP prescribes that impairment for indefinite-lived intangibles is evaluated by comparing the fair value of the asset with its carrying amount. If the carrying amount exceeds the fair value, an impairment loss is recognized as the amount of that excess.

Impairment tests are performed at the reporting unit level for units that have goodwill. If it is more likely than not that the fair value of the reporting unit exceeds the carrying value of the reporting unit, additional impairment testing is not required. If it is more likely than not that the carrying value of the reporting unit exceeds the fair value of the reporting unit, additional testing for impairment is required. The first step is to determine if the carrying value of the reporting unit with goodwill is less than the related fair value of the reporting unit. The fair value of the reporting unit is determined through use of discounted cash flow methods and/or market based multiples of earnings and sales methods. If the carrying value of the reporting unit is less than the fair value of the reporting unit, the goodwill is not considered impaired. If the carrying value is greater than the fair value, the goodwill is considered impaired and an impairment charge is recorded for the amount by which the carrying value exceeds the fair value of the reporting unit.

Investments in Affiliates

Investments in entities which Novant Health does not control, but in which it has a substantial ownership interest and can exercise significant influence, are accounted for using the equity method. Investments for which the Company does not have the ability to exercise significant influence are accounted for at fair value or, if fair value is not readily determinable, at cost less impairment with adjustments made for any observable price changes resulting from an orderly transaction for the identical or a similar investment of the same issuer. Distributions from affiliates are shown as operating cash flows on the Company's consolidated statements of cash flows.

Other Assets

Other assets consist of notes and pledges receivable, reinsurance receivables, deferred rent income and the cash surrender value of insurance policies.

Compensated Absences

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

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.

Novant Health, Inc. and Affiliates

Notes to Consolidated Financial Statements

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(in thousands of dollars)

The accounting guidance related to employers' accounting for defined benefit pension and other postretirement plans requires recognition in the consolidated balance sheets of the funded status of these plans. The Company uses mark-to-market accounting and immediately recognizes changes in the fair value of plan assets and actuarial gains or losses in operating results.

Self-Insurance Reserves

The Company is self-insured for certain employee health benefit options, workers' compensation and malpractice. These costs are accounted for on an accrual basis to include estimates of future payments for claims incurred.

Net Assets

Net assets without donor restrictions include undesignated amounts as well as amounts designated by the board for a specific purpose. Net assets with donor restrictions are held by related foundations and consist primarily of amounts contributed to foundations by donors with purpose restrictions. The Company also has net assets with donor restrictions that are perpetual in nature. Earnings on these assets are available for use as specified by the donors.

Contributions Received

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or the condition is met. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is met, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions, which is included in other operating revenue. Donor-restricted contributions whose restrictions are met within the same year as received are reported as net assets without donor restrictions in the accompanying consolidated financial statements.

Statement of Operations

All activities of Novant Health deemed by management to be ongoing, major and central to the provision of healthcare services are reported as operating revenues and expenses. Other activities are deemed to be non-operating and include investment income (loss), income tax expense and other net periodic pension costs.

Novant Health hospitals receives supplemental Medicaid payments from the state of North Carolina through a federally approved directed payment program which was approved during 2023. This program provides a funding model whereby hospitals are assessed an amount based on a percentage of their costs and are then paid supplemental amounts in an effort to reduce Medicaid losses. Novant Health records payments received as net patient service revenue and 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 2023, Novant Health hospitals received \$330,268 and paid \$107,938. North Carolina hospitals also pay assessments to finance portions of North Carolina's Medicaid fee-for-service, general medical education and managed care program. Novant Health hospitals paid assessments of \$140,032 in 2023 and \$123,657 in 2022. The Medicaid program in the state of North Carolina was expanded on

Novant Health, Inc. and Affiliates

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December 31, 2023 and 2022

(in thousands of dollars)

December 1, 2023. This expansion increases Medicaid access for individuals and families meeting certain criteria. North Carolina hospitals also pay assessments to finance this program. Novant Health hospitals paid \$9,188 in Medicaid expansion assessments in 2023.

The consolidated statements of operations and changes in net assets include excess (deficit) of revenues over expenses. Changes in net assets without donor restrictions which are excluded from excess (deficit) of revenues over expenses include the change in funded status of defined benefit plans and amortization of deferred loss on derivative financial instruments that apply hedge accounting.

Other Revenue

Other revenue consists primarily of pharmacy revenue, revenue from pay-for-performance contracts, earnings from investments in affiliates accounted for using the equity method of accounting, revenue from management services agreements, net assets released from restriction, gain on sale of consolidated entities and rental income.

Income Taxes

Novant Health is classified as a nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code and is exempt from income taxes on revenue earned from its tax-exempt purposes. Novant Health also operates various for-profit subsidiaries which operate in service lines that are complementary to the Company's tax-exempt purpose. Income from activities that are determined by IRS regulations to be unrelated to the tax-exempt purposes as well as income from activities of for-profit subsidiaries of the Company are subject to federal and state taxation.

The Company provides for income taxes using the asset and liability method. This approach recognizes the amount of federal, state and local taxes payable or refundable for the current year, as well as deferred tax assets and liabilities for the future tax consequences of events recognized in the consolidated financial statements and income tax returns. Deferred income tax assets and liabilities are adjusted to recognize the effects of changes in tax laws or enacted tax rates in the period in which such laws or rates are enacted. A valuation allowance is required when it is more likely than not that some portion of the deferred tax assets will not be realized. Realization is dependent on generating sufficient future taxable income.

3. Organizational Changes

On December 31, 2022, the Company sold its economic interests in its North Carolina imaging operations as well as the business that provided management services of imaging operations to Novant Health and others. In exchange, Novant Health received a 50.1% ownership interest in Novant Health-Norfolk LLC and a 30% ownership interest in Norfolk Management Services LLC, and \$229,828 in cash proceeds. The newly formed entities own the economic interest in and oversee management of the imaging centers. The cash was received in January 2023 and is included in other current assets on the consolidated balance sheets as of December 31, 2022. The transaction resulted in a gain of \$241,452, which is included in other revenue on the consolidated statements of operations and changes in net assets for the year ended December 31, 2022. The transaction also resulted in an impairment charge of \$62,981 related to certain intangible assets which became impaired as of the date of the sale.

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On September 29, 2023, the Company sold its economic interest in additional North Carolina imaging operations to Novant Health-Norfolk LLC in exchange for \$20,233 in proceeds. The transaction resulted in a gain of \$14,085 which is included in other revenue on the consolidated statements of operations and changes in net assets for the year ended December 31, 2023.

On January 1, 2023, the Company purchased 49.0% ownership interest of an organization that offers products to Medicare beneficiaries in exchange for \$44,100. This investment is accounted for using the equity method and is included in investments in affiliates on the consolidated balance sheets.

On August 1, 2023, the Company purchased 30.0% ownership interest of an organization that owns all the membership interests of a health system in Conway, SC. The system includes 222 inpatient beds, outpatient facilities and more than 200 physicians. The ownership was purchased for \$37,500 in cash and a payable of \$37,500, due in equal installments on the first and second anniversary of the purchase. This investment is accounted for using the equity method and is included in investments in affiliates on the consolidated balance sheet.

4. Revenue Recognition and Accounts Receivable

Net Patient Service Revenue

Net patient service revenue is reported at the amount that reflects the consideration to which Novant Health expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs) and others. Generally, the Company bills the patient and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the Company. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. Novant Health believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in our hospitals receiving inpatient acute care services. The Company measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time is recognized when goods or services are provided and the Company does not believe it is required to provide additional goods or services to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Company has elected to apply the practical expedient provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amounts of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. These performance obligations are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

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(in thousands of dollars)

Novant Health determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with Novant Health's policies and/or implicit price concessions provided to uninsured patients. The Company determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Company determines its estimate of implicit price concessions based on historical collection experience as well as expectations about current and future economic conditions. Agreements with third-party payors typically provide for payments at amounts less than established charges. For services provided under Medicare and Medicaid programs, inpatient acute care services rendered to 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 2023 and 2022.

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, 2023 and 2022, additional revenue of \$6,800 and

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\$9,800, 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 expected credit losses. These are reported as a component of supplies and other in the consolidated statements of operations and changes in net assets and were not significant for the years ended December 31, 2023 and 2022.

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

	December 31, 2023		
	Acute Care Facilities	Outpatient Locations	Total
Medicare	\$ 1,775,882	\$ 631,736	\$ 2,407,618
Medicaid	845,240	129,268	974,508
Managed care	2,408,111	1,159,911	3,568,022
Other	378,428	36,633	415,061
Self-pay	22,865	27,705	50,570
Total	\$ 5,430,526	\$ 1,985,253	\$ 7,415,779

	December 31, 2022		
	Acute Care Facilities	Outpatient Locations	Total
Medicare	\$ 1,624,372	\$ 593,886	\$ 2,218,258
Medicaid	505,037	121,322	626,359
Managed care	2,245,043	1,161,802	3,406,845
Other	300,491	42,321	342,812
Self-pay	29,103	29,515	58,618
Total	\$ 4,704,046	\$ 1,948,846	\$ 6,652,892

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

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consolidated balance sheets. As of December 31, 2023, the factored notes and the related liabilities were \$43,371 and \$54,224, respectively. As of December 31, 2022, the factored notes and the related liabilities were \$45,588 and \$57,004, respectively.

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:

	2023	2022
Pharmacy revenue	\$ 532,143	\$ 381,243
Gain on sale of consolidated entities	14,085	241,452
Pay-for-performance contracts	94,987	76,680
Release of purchase escrow	37,500	-
Provider relief funds	-	31,099
Management services agreements	6,860	25,367
Equity in earnings of affiliates	18,162	2,252
Rental income	8,929	8,929
Other miscellaneous revenues	166,703	132,196
	<u>\$ 879,369</u>	<u>\$ 899,218</u>

5. 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 \$224,873 and \$212,556 for the years ended December 31, 2023 and 2022, respectively. Novant Health estimates the costs of providing traditional charity care using each facility’s estimated ratio of costs to charges. Funds received from gifts or grants to subsidize charity services provided were \$11,133 and \$12,006 for the years ended December 31, 2023 and 2022, respectively.

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6. Other Current Assets

Other current assets consist of the following at December 31:

	2023	2022
Supplies	\$ 179,253	\$ 164,948
Prepays	77,533	74,288
Receivable from sale of imaging centers	-	229,828
Other receivables	256,272	175,937
	<u>\$ 513,058</u>	<u>\$ 645,001</u>

7. Assets Limited as to Use and Investments

Short-Term Investments

Novant Health holds certain investments that are short-term in nature and have original maturity dates ranging from three to twelve months. Short-term investments consist of the following at December 31:

	2023	2022
Certificates of deposit	\$ 11,080	\$ 10,681
Fixed income - government securities	-	223,572
	<u>\$ 11,080</u>	<u>\$ 234,253</u>

Assets Limited as to Use

The designation of assets limited as to use is as follows:

	<u>2023</u>		<u>2022</u>	
	<u>Current Portion</u>	<u>Long-Term Portion</u>	<u>Current Portion</u>	<u>Long-Term Portion</u>
Under general and professional liability funding arrangement held by trustee	\$ 3,280	\$ 2,493	\$ 5,421	\$ 1,395
Transition stabilization fund	11,852	31,431	7,000	48,135
Held by bond trustee	-	-	10	-
Designated by Board to service benefit plans	12,485	236,308	16,401	190,248
	<u>\$ 27,617</u>	<u>\$ 270,232</u>	<u>\$ 28,832</u>	<u>\$ 239,778</u>

Assets limited as to use are invested primarily in cash and cash equivalents and corporate, U.S. government and U.S. agency debt obligations.

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Long-Term Investments

Investments are reported at either fair value, the equity method of accounting or at NAV as a practical expedient. The composition of long-term investments is as follows:

	December 31, 2023			
	At Fair Value	On Equity Method	At NAV	Total
Cash and cash equivalents	\$ 62,705	\$ -	\$ -	\$ 62,705
U.S. equities	470,903	-	475,311	946,214
International equities	176,932	-	228,432	405,364
Fixed income - government securities	703,675	-	-	703,675
Fixed income - corporate and other	24,678	109,614	-	134,292
Hedge funds	-	300,570	-	300,570
Private equity	-	460,446	-	460,446
Emerging markets	1,469	-	95,522	96,991
Real estate and other	67,188	210,444	-	277,632
	<u>\$ 1,507,550</u>	<u>\$ 1,081,074</u>	<u>\$ 799,265</u>	<u>\$ 3,387,889</u>

	December 31, 2022			
	At Fair Value	On Equity Method	At NAV	Total
Cash and cash equivalents	\$ 131,200	\$ -	\$ -	\$ 131,200
U.S. equities	340,236	-	381,772	722,008
International equities	129,369	-	223,698	353,067
Fixed income - government securities	604,190	-	-	604,190
Fixed income - corporate and other	23,015	113,334	-	136,349
Hedge funds	-	288,113	-	288,113
Private equity	-	386,877	-	386,877
Emerging markets	1,856	-	105,733	107,589
Real estate and other	105,170	195,405	-	300,575
	<u>\$ 1,335,036</u>	<u>\$ 983,729</u>	<u>\$ 711,203</u>	<u>\$ 3,029,968</u>

Long-term investments recorded on the equity method represent interests in Limited Liability Partnerships (LLP's) and Limited Liability Company's (LLC's) that do not trade in an active market. The agreements generally run for a number of years and require the Company to make capital contributions to the investments throughout the term of the partnership, up to the amount in the subscription agreement. The Company will generally receive distributions throughout the life of the investment, at the discretion of the investment manager and in accordance with the LLP or LLC agreements, with any final distribution made at the termination of the agreement. As of December 31, 2023, there are no LLP's or LLC's that are set to terminate within one year.

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Long-term investments carried at NAV represent interests in private investment companies that do not trade in an active market and may be redeemed or liquidated only after giving notice to the investment company, with notice periods ranging from daily to 120 days. The investments are held in U.S. and international equities and emerging markets. The Company has elected to value the investments using NAV as a practical expedient as reported by the investment company without adjustment, unless it is probable that the investment will be sold at a value significantly different than the reported NAV. At December 31, 2023 and 2022 we have not made any adjustments to the NAVs reported by the investment companies. The Company has the ability to redeem its interests at or within 120 days of the financial statement date.

The Company's investments in hedge funds include funds structured as 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 8.9% and 9.5% of total long-term investments held at December 31, 2023 and 2022, 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, 2023 and 2022, Novant Health had future commitments of \$358,387 and \$402,226, respectively, for which capital calls had not been exercised.

Investment income (loss) for assets limited as to use and investments is comprised of the following for the years ended December 31:

	2023	2022
Interest and dividend income	\$ 50,896	\$ 51,806
Net realized gains	43,248	32,775
Net unrealized gains (losses)	<u>216,660</u>	<u>(335,693)</u>
	<u>\$ 310,804</u>	<u>\$ (251,112)</u>

Investment income (loss) is shown net of related expenses on the consolidated statements of operations and changes in net assets. Investment related administrative expenses were \$5,271 and \$7,358 for the years ended December 31, 2023 and 2022, respectively.

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Liquidity and Availability

As of December 31, 2023 and 2022, Novant Health has working capital of \$940,650 and \$1,108,471, respectively.

Financial assets at year-end:	2023	2022
Cash and cash equivalents	\$ 739,797	\$ 643,997
Accounts receivable, net	1,055,998	902,323
Short-term investments	11,080	234,253
Assets limited as to use	297,849	268,610
Receivable for settlement with third-party payors	12,650	13,985
Other current assets	256,272	405,765
Long-term investments	3,387,889	3,029,968
Other assets	50,379	45,781
Total financial assets	\$ 5,811,914	\$ 5,544,682
Less amounts not available:		
Long-term investments with liquidity horizons greater than one year	837,670	806,625
Assets limited as to use	297,849	268,610
Donor restricted funds	106,102	95,387
Financial assets not available to be used within one year	\$ 1,241,621	\$ 1,170,622
Financial assets available to meet general expenditures within one year	\$ 4,570,293	\$ 4,374,060

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 line of credit, as discussed in Note 15, *Long-Term Debt*. As of December 31, 2023, \$204,500 was available on the line of credit. As of December 31, 2022, the Company was in compliance with financial covenants as discussed in Note 15, *Long-Term Debt*.

8. Fair Value Measurements

Novant Health categorizes, for disclosure purposes, assets and liabilities measured at fair value in the consolidated financial statements based upon whether the inputs used to determine their fair values are observable or unobservable. Observable inputs are inputs which are based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about pricing the asset or liability, based on the best information available in the circumstances.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an asset's or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement of the asset or liability. The

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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.

As of December 31, 2023 and 2022, 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.

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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.

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The following table summarizes fair value measurements, by level, at December 31, 2023 for all financial assets and liabilities measured at fair value on a recurring basis in the consolidated financial statements:

	Fair Value Measurements at Reporting Date Using			Total
	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	
Assets				
Short-term investments:				
Certificates of deposit	\$ -	\$ 11,080	\$ -	\$ 11,080
Fixed income - government securities	-	-	-	-
Total short-term investments	-	11,080	-	11,080
Assets limited as to use:				
Cash and cash equivalents	70,577	-	-	70,577
U.S. equities	204,365	-	-	204,365
International equities	7,830	-	-	7,830
Fixed income - government securities	15,077	-	-	15,077
Total assets limited as to use	297,849	-	-	297,849
Long-term investments:				
Cash and cash equivalents	62,705	-	-	62,705
U.S. equities	425,202	-	45,701	470,903
International equities	176,932	-	-	176,932
Fixed income - government securities	-	703,675	-	703,675
Fixed income - corporate and other	24,573	105	-	24,678
Emerging markets	1,469	-	-	1,469
Other exchange traded funds	67,188	-	-	67,188
Total long-term investments	758,069	703,780	45,701	1,507,550
Total assets at fair value	\$ 1,055,918	\$ 714,860	\$ 45,701	\$ 1,816,479
Liabilities				
Accrued liabilities	\$ 12,485	\$ -	\$ -	\$ 12,485
Derivative financial instruments	-	12,254	-	12,254
Deferred compensation liabilities	237,151	-	-	237,151
Total liabilities at fair value	\$ 249,636	\$ 12,254	\$ -	\$ 261,890

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The following table summarizes fair value measurements, by level, at December 31, 2022 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)	
Assets				
Short-term investments:				
Certificates of deposit	\$ -	\$ 10,681	\$ -	\$ 10,681
Fixed income - government securities	-	223,572	-	223,572
Total short-term investments	-	234,253	-	234,253
Assets limited as to use:				
Cash and cash equivalents	74,986	-	-	74,986
U.S. equities	171,944	-	-	171,944
International equities	5,757	-	-	5,757
Fixed income - government securities	9,183	5,190	-	14,373
Fixed income - corporate and other	-	1,550	-	1,550
Total assets limited as to use	261,870	6,740	-	268,610
Long-term investments:				
Cash and cash equivalents	131,200	-	-	131,200
U.S. equities	303,997	-	36,239	340,236
International equities	129,369	-	-	129,369
Fixed income - government securities	-	604,190	-	604,190
Fixed income - corporate and other	22,047	968	-	23,015
Emerging markets	1,856	-	-	1,856
Other exchange traded funds	105,170	-	-	105,170
Total long-term investments	693,639	605,158	36,239	1,335,036
Total assets at fair value	\$ 955,509	\$ 846,151	\$ 36,239	\$ 1,837,899
Liabilities				
Accrued liabilities	\$ 16,401	\$ -	\$ -	\$ 16,401
Derivative financial instruments	-	13,191	-	13,191
Deferred compensation liabilities	195,452	-	-	195,452
Total liabilities at fair value	\$ 211,853	\$ 13,191	\$ -	\$ 225,044

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The table below sets forth a summary of the changes in the fair value of the Level 3 investments for the years ended December 31, 2023 and 2022:

	U.S. Equities
Balance at December 31, 2022	\$ 36,239
New investments	9,000
Unrealized gain	462
Balance at December 31, 2023	<u>\$ 45,701</u>
Balance at December 31, 2021	\$ 30,233
New investments	2,679
Unrealized gain	3,327
Balance at December 31, 2022	<u>\$ 36,239</u>

During 2023 and 2022, there were no transfers between levels.

9. Property and Equipment

Property and equipment consists of the following at December 31:

	2023	2022
Land	\$ 304,004	\$ 305,747
Land improvements	127,065	128,355
Leasehold improvements	355,753	552,948
Buildings and building improvements	2,966,945	2,682,209
Equipment	2,172,738	1,873,427
Software	553,507	613,316
Construction-in-progress	517,518	395,381
	<u>6,997,530</u>	<u>6,551,383</u>
Less: Accumulated depreciation	<u>(3,777,593)</u>	<u>(3,547,151)</u>
	<u>\$ 3,219,937</u>	<u>\$ 3,004,232</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 2023 or 2022.

Depreciation expense for the years ended December 31, 2023 and 2022 was \$312,189 and \$324,787, respectively. At December 31, 2023, construction contracts of approximately \$916,914 exist for the construction of new hospitals and facilities, expansion of existing hospitals and facility renovations. At December 31, 2023, the remaining commitment on these contracts was \$545,047.

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10. Leases

Novant Health leases property and equipment under non-cancellable agreements. The following table presents the components of our right-of-use assets and liabilities related to leases and their classification as of December 31:

	<u>2023</u>	<u>2022</u>
Assets:		
Operating lease assets	\$ 456,876	\$ 469,914
Finance lease assets	5,681	7,333
Total leased assets	<u>\$ 462,557</u>	<u>\$ 477,247</u>
Liabilities:		
Operating lease liabilities		
Current	\$ 106,085	\$ 106,950
Long-term	386,962	388,638
Total operating lease liabilities	493,047	495,588
Finance lease liabilities		
Current ⁽¹⁾	1,394	1,578
Long-term ⁽²⁾	4,696	6,280
Total finance lease liabilities	<u>6,090</u>	<u>7,858</u>
Total lease liabilities	<u>\$ 499,137</u>	<u>\$ 503,446</u>

⁽¹⁾ Included in the current portion of long-term debt in the consolidated balance sheets.

⁽²⁾ Included in long-term debt, net of current portion in the consolidated balance sheets.

Novant Health's operating leases are primarily for real estate, including off-campus outpatient facilities, medical office buildings and corporate and other administrative offices, as well as medical and office equipment. Novant Health's finance leases consist of a real estate lease and several medical equipment leases. Real estate lease agreements typically have initial terms of five to ten years and equipment lease agreements typically have initial terms of three years. Leases with an initial term of 12 months or less are not recorded in the consolidated balance sheets.

Real estate leases may include one or more options to renew, with renewals that can extend the lease term from five to ten years. The exercise of lease renewal options is at the Company's sole discretion. In general, renewal options are not considered to be reasonably likely to be exercised, therefore, renewal options are generally not recognized as part of right-of-use assets and lease liabilities. Certain leases also include options to purchase the leased property. The useful lives of assets and leasehold improvements are limited by the expected lease term, unless there is a transfer of title or purchase option reasonably certain of exercise. The majority of medical equipment leases have terms of three

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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 the consolidated balance sheets. Lease agreements do not contain any material residual value guarantees, restrictions or covenants.

Novant Health has elected the practical expedient that allows lessees to choose to not separate lease and non-lease components by class of underlying asset and are applying this expedient to all asset classes except major movable equipment.

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

	2023	2022
Operating leases ⁽¹⁾	\$ 128,890	\$ 129,442
Variable lease expense ⁽¹⁾	13,219	12,451
Finance lease expense:		
Amortization of leased assets	1,578	1,393
Interest on lease liabilities	153	176
	<u>\$ 143,840</u>	<u>\$ 143,462</u>

⁽¹⁾ Expenses are included in supplies and other in the consolidated statements of operations and changes in net assets.

The following table presents supplemental cash flow information for the years ended December 31:

	2023	2022
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows for operating leases	\$ 127,380	\$ 127,355
Operating cash flows for finance leases	1,731	1,567
Financing cash flows for finance leases	153	176

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Future maturities of lease liabilities at December 31, 2023 are presented in the following table:

	<u>Operating Leases</u>	<u>Finance Leases</u>	<u>Total</u>
2024	\$ 116,883	\$ 1,731	\$ 118,614
2025	103,201	1,277	104,478
2026	89,237	1,145	90,382
2027	67,975	770	68,745
2028	54,146	602	54,748
Thereafter	<u>107,377</u>	<u>983</u>	<u>108,360</u>
Total lease payments	538,819	6,508	545,327
Less: Imputed interest	<u>(45,772)</u>	<u>(418)</u>	<u>(46,190)</u>
Total lease obligations	493,047	6,090	499,137
Less: Current obligations	<u>(106,085)</u>	<u>(1,394)</u>	<u>(107,479)</u>
Long-term lease obligations	<u>\$ 386,962</u>	<u>\$ 4,696</u>	<u>\$ 391,658</u>

At December 31, 2023 and 2022, the weighted average remaining lease term for operating leases is 6.0 and 6.2 years, respectively, and the weighted average discount rate is 2.7% and 2.5%, respectively. For finance leases, the weighted average remaining lease term for the years ended December 31, 2023 and 2022 is 5.0 and 5.7 years, respectively and the weighted average discount rate is 2.1% and 2.3%, respectively.

Novant Health is also a lessor and sublessor of real estate under operating leases. At December 31, 2023 and 2022, \$14,020 and \$13,160, respectively, of deferred rent was recorded in the consolidated balance sheets as a component of other assets. Lease income for the years ended December 31, 2023 and 2022 was \$8,929 and \$8,929, respectively, which is included in other revenue in the consolidated statements of operations and changes in net assets. Most of the Company's leases include operating expenses such as utilities and maintenance costs in rent charges. However, variable rent income is not material. The Company has elected the practical expedient that allows lessors to not separate lease and non-lease components by class of underlying asset for all asset classes. The combined component is accounted for under lease accounting guidance.

Although the Company leases and subleases a small amount of building space to non-affiliated medical practices, the significant leases consist of long-term ground leases classified as operating leases with remaining terms from 42 years with options to extend for the additional terms of five years each to 59 years with no options to extend.

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

Years Ending December 31	
2024	\$ 6,508
2025	6,035
2026	5,686
2027	5,490
2028	3,280
Thereafter	<u>116,864</u>
	<u>\$ 143,863</u>

11. Intangible Assets and Goodwill

Intangible assets consist of the following at December 31:

	<u>Gross Intangible</u>	<u>Accumulated Amortization</u>	<u>Net Intangible</u>
Balance at December 31, 2023			
Unamortized intangible assets			
Certificates of need	\$ 12,857	\$ -	\$ 12,857
Total unamortized intangible assets	<u>12,857</u>	<u>-</u>	<u>12,857</u>
Amortized intangible assets			
Business relationships	658	(327)	331
Certificates of need	21,961	(20,124)	1,837
Corporate trade name and other intangibles	96,556	(11,019)	85,537
Total amortized intangible assets	<u>119,175</u>	<u>(31,470)</u>	<u>87,705</u>
Total intangible assets	<u>\$ 132,032</u>	<u>\$ (31,470)</u>	<u>\$ 100,562</u>
Balance at December 31, 2022			
Unamortized intangible assets			
Certificates of need	\$ 34,818	\$ -	\$ 34,818
Total unamortized intangible assets	<u>34,818</u>	<u>-</u>	<u>34,818</u>
Amortized intangible assets			
Business relationships	658	(293)	365
Corporate trade name and other intangibles	96,556	(7,673)	88,883
Total amortized intangible assets	<u>97,214</u>	<u>(7,966)</u>	<u>89,248</u>
Total intangible assets	<u>\$ 132,032</u>	<u>\$ (7,966)</u>	<u>\$ 124,066</u>

Amortization expense related to intangible assets was \$23,504 and \$5,632 for the years ended December 31, 2023 and 2022, respectively. Estimated annual amortization expense for intangible assets is \$4,796 and \$4,183 for 2024 and 2025, respectively, and is \$3,571 for 2026 through 2028. The weighted average amortization period for intangible assets is 25.7 years.

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

	2023	2022
As of January 1		
Goodwill, net of accumulated amortization	\$ 551,203	\$ 692,555
Accumulated impairment losses	<u>(29,849)</u>	<u>(32,150)</u>
	521,354	660,405
Disposals	<u>-</u>	<u>(139,051)</u>
	<u>521,354</u>	<u>521,354</u>
As of the end of the period		
Goodwill, net of accumulated amortization	551,203	551,203
Accumulated impairment losses	<u>(29,849)</u>	<u>(29,849)</u>
	<u>\$ 521,354</u>	<u>\$ 521,354</u>

Novant Health reviews long-lived assets for recoverability as required when events and changes in circumstances indicate that its carrying value may not be recoverable. The Company tests goodwill and indefinite-lived assets for impairment on an annual basis. Impairment tests presume stable or improving results at certain Novant Health reporting units which are based on the implementation of programs and initiatives that are designed to achieve projected results. If these projections are not met, or in the future negative trends occur which would impact our future outlook, further impairments of goodwill and other intangible assets may occur. Future restructuring of our markets that could potentially change our reporting units could also result in future impairments of goodwill.

At December 31, 2022, the change in the structure of Novant Health's involvement in its imaging business triggered an evaluation of impairment for certain reporting units. Based on the projected cash flow, certificate of need, business relationships and corporate trade name and other intangible assets were determined to be fully impaired and \$62,981 of impairment charges were recorded. No impairment charges to intangible assets were recorded as a result of our review in 2023.

12. Investments in Affiliates

Novant Health has noncontrolling interests in 24 healthcare related entities. The Company's ownership interests in the entities range from 10.0% to 51.0%. These investments are accounted for using either the equity method or a measurement alternative.

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A summary of investments, ownership percentages, investment amounts and the Company's share of earnings for the years ended December 31, 2023 and 2022 is as follows:

Investee	% Ownership		Investment Balance		Share of Earnings of Investee	
	2023	2022	2023	2022	2023	2022
Novant Health-Norfolk LLC	50%	50%	\$ 156,677	\$ 149,010	\$ 12,678	\$ -
Norfolk Management Services LLC	30%	30%	64,548	69,538	2,510	-
Conway Hospital Holdings LLC	30%	0%	81,329	-	6,329	-
HTA Holdings LLC	49%	0%	42,806	-	(1,294)	-
Novant Health Rehabilitation Hospital Radiation Oncology Centers of the Carolinas LLC	50%	50%	19,161	18,006	3,096	2,003
Advanced Services	50%	50%	15,908	16,227	1,846	2,632
Providence Plaza LLC	23%	23%	6,891	4,187	2,703	(132)
Other	30%	30%	4,784	4,721	352	327
	Various	Various	5,103	5,843	(10,058)	(2,578)
			<u>\$ 397,207</u>	<u>\$ 267,532</u>	<u>\$ 18,162</u>	<u>\$ 2,252</u>

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

	2023	2022
Assets	\$ 1,647,457	\$ 759,574
Liabilities	573,525	172,682
Equity	1,073,931	586,892
Total revenue	703,228	113,961
Total expenses	647,667	109,885
Net income	55,560	4,076
Novant Health's share of net income	18,162	2,252

13. Other Assets

Other assets consist of the following at December 31:

	2023	2022
Notes receivable and other	\$ 56,741	\$ 67,328
Cash surrender value of insurance policies	39,618	35,664
Deferred rent income	14,020	13,160
Pledges receivable	10,761	10,117
Reinsurance receivables	1,662	5,314
	<u>\$ 122,802</u>	<u>\$ 131,583</u>

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14. Accrued Liabilities

Accrued liabilities consist of the following at December 31:

	2023	2022
Accrued compensation	\$ 493,557	\$ 431,902
Medicare advanced payments, current portion	-	91,145
Payroll taxes and withholdings	16,945	10,986
Interest	13,559	13,499
Postretirement benefit liability	1,312	1,350
Other accrued liabilities	146,348	156,772
Self-insurance		
Employee medical claims liability	48,465	46,900
Malpractice and workers' compensation liability, current portion	9,230	9,786
	<u>\$ 729,416</u>	<u>\$ 762,340</u>

15. Long-Term Debt

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

	2023	2022
Tax-exempt revenue bonds	\$ 592,455	\$ 609,150
Taxable revenue bonds	<u>1,750,000</u>	<u>1,750,000</u>
Total bonds	2,342,455	2,359,150
Taxable term loan	262,795	264,165
Finance lease obligations and other notes payable	8,728	16,282
Borrowings on revolving credit facility	<u>45,500</u>	<u>2,000</u>
	2,659,478	2,641,597
Unamortized premium or discount, net	21,364	22,003
Unamortized debt issuance costs, net	<u>(13,354)</u>	<u>(13,228)</u>
	2,667,488	2,650,372
Less: Current maturities	<u>(79,065)</u>	<u>(61,219)</u>
	<u>\$ 2,588,423</u>	<u>\$ 2,589,153</u>

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Tax-Exempt Revenue Bonds

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

	2023	2022
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	113,820	116,575
Series 2008 A, B and C Variable Rate Demand Bonds, bearing interest at variable rates payable monthly and maturing through 2028; principal payments began in 2009	36,650	50,590
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>\$ 592,455</u>	<u>\$ 609,150</u>

In 2003, Novant Health entered into a new Master Trust Indenture that was amended in October 2021 (the "Agreement"). The Agreement authorizes the creation of a Combined Group, which consists of the members of the Obligated Group and the Restricted Affiliates. Novant Health and two of its affiliates that operate tertiary care hospitals, Novant Health Forsyth Medical Center and Novant Health Presbyterian Medical Center, are the members of the Obligated Group. The members of the Obligated Group are jointly and severally liable for the payment of all obligations under the Agreement. The Company's Restricted Affiliates, which include certain other subsidiaries of the Company, are not directly obligated to pay obligations under the Agreement, but the members of the Obligated Group have covenanted in the Agreement to cause the Restricted Affiliates to provide funds to the members of the Obligated Group to pay obligations under the Agreement. All bonds issued by Novant Health are collateralized by the Obligated Group.

The bond agreements provide for early redemption periods of the bonds prior to mandatory redemption, subject to a premium in certain circumstances, as defined in the agreements. In accordance with the bond indenture agreements, the bonds are general, unsecured obligations of Novant Health. The bond indentures require Novant Health to cause the Restricted Affiliates to comply with certain covenants, including the maintenance of a minimum debt service coverage ratio. As of December 31, 2023 and 2022, Novant Health is in compliance with these bond covenants.

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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, 2023 and 2022.

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. As a result, the Company has classified \$36,650 as current at December 31, 2023.

Taxable Revenue Bonds

In April 2013, Novant Health issued \$250,000 of taxable fixed rate bonds (the “2013 C Bonds”). The 2013 C Bonds bear interest at a rate of 4.37% and mature in 2043. Proceeds of the 2013 C Bonds were used for eligible purposes, including the refinancing of long-term debt.

In April 2021, Novant Health issued \$1,500,000 of taxable fixed rate bonds (the “2021 A Bonds”). The 2021 A Bonds bear interest at rates ranging from 2.67% to 3.32% and mature in 2036, 2051 and 2061. Proceeds of the 2021 A Bonds were used for eligible purposes, including the refinancing of long-term debt. The taxable revenue bonds are subject to the same covenant requirements that are included in the bond agreements for the tax-exempt revenue bonds.

Taxable Term Loan

In March 2020, Novant Health entered into an agreement to borrow \$264,165. The loan bears interest at a fixed rate of 1.89% with principal payments due annually beginning in 2023 through the maturity date of April 1, 2030.

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

2024	\$ 20,057
2025	63,618
2026	18,909
2027	19,914
2028	20,473
Thereafter	<u>2,516,507</u>
	<u>\$ 2,659,478</u>

Novant Health capitalized \$7,814 and \$3,451 of interest in 2023 and 2022, respectively.

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Revolving Credit Facility

On July 1, 2022, Novant Health entered into a \$250,000 Revolving Credit Agreement that matures July 1, 2025. Borrowings bear interest at variable rates. At December 31, 2023, the interest rate was 6.5 % and \$204,500 was available for borrowing.

Debt Issuance Costs

Unamortized debt issuance costs are presented in the consolidated balance sheets as a direct deduction from the carrying value of the associated debt. Debt issuance costs are amortized using the effective interest method over the life of the related debt agreements and instruments.

16. Interest Rate Swaps

As of August 18, 2008, concurrent with the 2008 bond issuance, Novant Health entered into two interest rate swap agreements to hedge the variable interest rates of the 2008 bonds. The swaps are based on an aggregate notional amount of \$50,590. 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 \$36,100 and \$14,490 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 hedge 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:

	2023	2022
Change in fair value of non-hedged interest rate swaps	\$ 937	\$ 26,069
Amortization of deferred loss	(2,564)	(2,778)
	<u>\$ (1,627)</u>	<u>\$ 23,291</u>

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17. Employee Benefits and Other Liabilities

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

	2023	2022
Deferred compensation liabilities	\$ 237,151	\$ 195,452
Employee benefits and other	90,242	62,117
Transition stabilization fund	31,431	48,135
Self-insurance malpractice and workers' compensation, net of current portion	47,620	39,746
Deferred gains	21,761	22,786
Postretirement benefit liability, net of current portion	13,812	14,485
	<u>\$ 442,017</u>	<u>\$ 382,721</u>

18. Income Taxes

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

	2023	2022
Current tax expense		
Federal	\$ 4,833	\$ 22,112
State	646	964
	<u>5,479</u>	<u>23,076</u>
Deferred tax expense (benefit)		
Federal	(2,688)	12,992
State	(884)	2,685
	<u>(3,572)</u>	<u>15,677</u>
	<u>\$ 1,907</u>	<u>\$ 38,753</u>

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The components of deferred taxes are as follows:

	2023	2022
Deferred tax assets		
Loss carryforwards	\$ 16,517	\$ 15,075
Deferred charge for intercompany transfer	1,418	2,851
Allowance for doubtful accounts	697	723
Accrued expenses	1,276	2,007
Future deductions- operating leases	1,661	1,665
Other	602	206
Total deferred tax assets	<u>22,171</u>	<u>22,527</u>
Deferred tax liabilities		
Intangible assets	(642)	(5,321)
Property and equipment	-	(4)
Right-of-use assets	(1,619)	(1,618)
Other	(14,856)	(14,349)
Total deferred tax liabilities	<u>(17,117)</u>	<u>(21,292)</u>
Valuation allowance	<u>(16,416)</u>	<u>(18,128)</u>
Net deferred tax liability	<u>\$ (11,362)</u>	<u>\$ (16,893)</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. 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, 2023 and 2022, management has determined that based on all available evidence, a valuation allowance of \$16,416 and \$18,128, respectively, is appropriate.

As of December 31, 2023, the Company had approximately \$68,255 of federal and \$28,435 of state loss carryforwards available to reduce taxable income. \$56,918 of the loss carryforwards expire through 2038 and the remainder do not expire. In addition, at December 31, 2023, the Company had approximately \$13,127 of federal contribution carryforwards available to reduce taxable income.

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Income tax expense (benefit) reported in the consolidated statements of operations and changes in net assets is shown below:

	2023	2022
Federal taxes	\$ 2,145	\$ 35,104
State income taxes	<u>(238)</u>	<u>3,649</u>
	<u>\$ 1,907</u>	<u>\$ 38,753</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, 2023 and 2022.

19. Employee Benefit Plans and Other Postretirement Benefit Plans

Certain Novant Health affiliates have supplemental retirement income plans covering highly compensated employees. These are nonqualified plans which are not subject to ERISA funding requirements. As such, Novant Health intends only to fund the plans in amounts equivalent to the plans' annual benefit payments. During 2013, the Company implemented a new supplemental retirement income plan that covers certain highly compensated employees. This plan acts as a defined contribution plan and annual funding requirements are determined under provisions of the plan. Some of these plans are nonqualified deferred compensation plans which provide certain individuals meeting specific criteria with the ability to defer compensation. The assets of these plans, along with the associated liabilities, are recorded as current and long-term assets limited as to use, accrued liabilities, and employee benefits and other liabilities on the consolidated balance sheets.

Novant Health also provides fixed dollar amounts for health care and life insurance benefits to certain retired employees. Covered employees may become eligible for these benefits if they meet minimum age and service requirements, and if they are eligible for retirement benefits. Novant Health has the right to modify or terminate these benefits. The unfunded obligation in the consolidated balance sheets at December 31, 2023 and 2022 was \$15,124 and \$15,835, respectively. The expense associated with these plans totaled \$181 for 2023 and \$3,846 for 2022. The discount rate used in determining the benefit obligation ranged between 4.50% and 4.70% for 2023 and 4.70% and 4.90% for 2022. The health care costs increase trend rate used was 6.25% in 2023 and 6.50% in 2022. 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 \$140,273 and \$115,294 in 2023 and 2022, respectively.

Eligible Novant Health employees participate in cafeteria plans which provide certain benefits, including basic medical and dental coverage, long-term disability benefits, reimbursement of supplemental dependent care expenses and group life insurance benefits. The Company contributes predetermined amounts for each eligible full-time and part-time employee, which is allocated to the

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various benefit options in accordance with the participant's election. The Company's contributions to these plans were \$327,590 in 2023 and \$319,123 in 2022.

20. Net Assets without Donor Restrictions

The following table reconciles the carrying amounts of the Company's controlling interest and the noncontrolling interests for net assets without donor restrictions:

	<u>Total</u>	<u>Controlling Interest</u>	<u>Noncontrolling Interests</u>
Balance at January 1, 2022	\$ 5,637,618	\$ 5,630,943	\$ 6,675
Excess (deficit) of revenues over expenses	(222,839)	(223,046)	207
Change in funded status of defined benefit plans	4,664	4,664	-
Amortization of deferred loss on derivative financial instruments	2,778	2,778	-
Other changes in net assets without donor restrictions	(3,973)	(2,150)	(1,823)
Balance at December 31, 2022	5,418,248	5,413,189	5,059
Excess of revenues over expenses	460,845	457,643	3,202
Change in funded status of defined benefit plans	(543)	(543)	-
Amortization of deferred loss on derivative financial instruments	2,564	2,564	-
Other changes in net assets without donor restrictions	(5,044)	(1,589)	(3,455)
Balance at December 31, 2023	\$ 5,876,070	\$ 5,871,264	\$ 4,806

21. Net Assets with Donor Restrictions

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

	2023	2022
Buildings and equipment	\$ 17,538	\$ 17,760
Clinical care, research and academic	66,963	54,847
Charity care	9,568	9,657
Other	12,033	13,123
	<u>\$ 106,102</u>	<u>\$ 95,387</u>

22. Professional and General Liability Insurance Coverage

Novant Health is self-insured for professional and general liability exposures up to certain limits. The Company has umbrella policies in place above those limits. The provision for estimated medical malpractice claims includes estimates of the ultimate costs for reported claims and claims incurred but not reported. Novant Health also participates in a self-insured program for workers' compensation and is self-insured for certain health benefits options. A portion of these self-insured professional liabilities is funded through a revocable trust fund operated by Novant Health. This fund was converted to claims-made status on January 1, 2020, and prior reported liabilities under this coverage were placed in run-off. Effective January 1, 2020, funding for self-insured professional liabilities are

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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, 2023 and 2022, undiscounted professional and general liability loss reserves of \$56,850 and \$49,532, respectively, are included in accrued liabilities and employee benefits and other liabilities on the consolidated balance sheets. Expenses related to these plans amounted to \$35,828 and \$22,203 in 2023 and 2022, respectively.

23. Commitments and Contingencies

The Company and its affiliates are presently involved in various personal injury, regulatory investigations, tort actions and other claims and assessments arising out of the normal course of business. The Company establishes separate legal reserves when such matters, other than those covered under the Company's self-insured programs, present loss contingencies that are both probable and estimable. Management believes that Novant Health has adequate legal defenses, self-insurance reserves and/or insurance coverage for these asserted claims, as well as any unasserted claims and does not believe these claims will have a material effect on the Company's operations or financial position. The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, protection of sensitive patient data, reimbursement for patient services and Medicare and Medicaid fraud and abuse. In recent years, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

24. Concentrations of Credit Risk

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

	2023	2022
Medicare	30.2%	29.2%
Medicaid	8.8%	9.5%
Other third-party payors	57.2%	57.4%
Patients	3.8%	3.9%
	<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, 2023 and 2022

(in thousands of dollars)

25. Functional Expenses

Novant Health provides general health care services to residents within its geographic region. Novant Health's financial statements report certain expense categories that are attributable to more than one health care service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, including depreciation, amortization and interest and other occupancy costs, are allocated to a function based on a square footage or units of service basis. Allocated health care services costs not allocated on a units of service basis are generally allocated based on revenue.

Expenses relating to providing these services are as follows:

	December 31, 2023			
	Health Care Services		Support Services	
	Acute Care Facilities	Outpatient Locations	General & Administrative	Total
Salaries and employee benefits	\$ 2,398,445	\$ 1,718,121	\$ 354,949	\$ 4,471,515
Supplies and other	2,076,815	814,796	366,750	3,258,361
Depreciation and amortization expense	225,728	55,994	48,795	330,517
Interest expense	66,756	5,718	15,501	87,975
Other non-operating expenses	-	2,567	694	3,261
Total expenses	\$ 4,767,744	\$ 2,597,196	\$ 786,689	\$ 8,151,629

	December 31, 2022			
	Health Care Services		Support Services	
	Acute Care Facilities	Outpatient Locations	General & Administrative	Total
Salaries and employee benefits	\$ 2,248,404	\$ 1,661,489	\$ 340,827	\$ 4,250,720
Supplies and other	1,783,748	705,784	284,376	2,773,908
Depreciation and amortization expense	209,783	109,708	73,798	393,289
Interest expense	51,780	6,677	7,527	65,984
Other non-operating expenses	(56)	(33,288)	(6,592)	(39,936)
Total expenses	\$ 4,293,659	\$ 2,450,370	\$ 699,936	\$ 7,443,965

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2023 and 2022

(in thousands of dollars)

26. Subsequent Events

On January 31, 2024, the Company purchased substantially all of the assets of three hospitals in South Carolina from Tenet Healthcare Corporation. The purchase included Coastal Carolina Hospital, Hilton Head Hospital and East Cooper Medical Center, as well as affiliated physician practices and other related hospital operations. The purchase price of approximately \$2,400,000 was partially financed with the proceeds of two short-term borrowings. The Company intends to issue long-term financing later in 2024. The purchase price allocation for this acquisition has not been finalized.

On March 1, 2024 the Company purchased ownership interests of 70% and 51% of two surgery centers in exchange for \$60,000 and \$5,241, respectively. The purchase price allocation for this acquisition has not been finalized.

27. Significant Recent Accounting Pronouncements

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 were initially available until December 31, 2022, but in late 2022 were extended to December 31, 2024. Novant Health elected to adopt ASC 848 on April 1, 2023 and used the exceptions when transitioning affected contracts to alternative reference rates.

Other Financial Information



Report of Independent Auditors

To the Board of Trustees of Novant Health, Inc.

We have audited the consolidated financial statements of Novant Health, Inc. and Affiliates (the "Company") as of and for the years ended December 31, 2023 and 2022, and have issued our report thereon dated March 29, 2024, 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, 2023 and the supplemental schedule of cost of community benefit programs for the year ended December 31, 2023 appearing on pages 45-51 (collectively referred to herein as the "information" are presented for purposes of additional analysis and are not a required part of the consolidated financial statements nor are they intended to present, and we do not express an opinion on the financial position, results of operations, changes in net assets and cash flows of the individual entities. The supplemental information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The supplemental information, excluding the schedule of cost of community benefit programs information marked "unaudited," has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. 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.

Pricewaterhouse Coopers LLP

Charlotte, North Carolina
March 29, 2024

Novant Health, Inc. and Affiliates
Schedule of Cost of Community Benefit Programs (unaudited)
December 31, 2023

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:

	2023
Traditional charity care	\$ 224,873
Unpaid cost of Medicare	1,114,765
Unpaid cost of Medicaid	125,779
Community benefit programs	146,726
	<u>\$ 1,612,143</u>

Novant Health, Inc. and Affiliates
Consolidating Balance Sheet
December 31, 2023

<i>(in thousands of dollars)</i>	Combined Group	Unrestricted Affiliates	Eliminations	Total
Assets				
Current assets				
Cash and cash equivalents	\$ 596,066	\$ 143,731	\$ -	\$ 739,797
Accounts receivable, net	967,693	88,305	-	1,055,998
Short-term investments	10,867	213	-	11,080
Current portion of assets limited as to use	24,337	3,280	-	27,617
Receivable for settlement with third-party payors	11,123	1,527	-	12,650
Other current assets	453,586	68,146	(8,674)	513,058
Total current assets	<u>2,063,672</u>	<u>305,202</u>	<u>(8,674)</u>	<u>2,360,200</u>
Assets limited as to use	262,689	7,543	-	270,232
Long-term investments	2,972,024	415,865	-	3,387,889
Property and equipment, net	2,742,247	477,690	-	3,219,937
Right-of-use assets, net	481,408	57,679	(76,530)	462,557
Intangible assets and goodwill, net	598,493	23,423	-	621,916
Investments in affiliates	1,723,082	302,265	(1,628,140)	397,207
Deferred tax asset	-	3,570	-	3,570
Other assets	108,566	16,809	(2,573)	122,802
Total assets	<u>\$ 10,952,181</u>	<u>\$ 1,610,046</u>	<u>\$ (1,715,917)</u>	<u>\$ 10,846,310</u>
Liabilities and Net Assets				
Current liabilities				
Current portion of long-term debt	\$ 78,998	\$ 67	\$ -	\$ 79,065
Accounts payable	350,733	60,098	(8,674)	402,157
Accrued liabilities	616,326	113,090	-	729,416
Current portion of operating lease liabilities	101,506	15,405	(10,826)	106,085
Estimated third-party payor settlements	98,189	4,638	-	102,827
Due to (from) related organizations	(450,500)	450,500	-	-
Total current liabilities	<u>795,252</u>	<u>643,798</u>	<u>(19,500)</u>	<u>1,419,550</u>
Long-term debt, net of current portion	2,586,125	2,298	-	2,588,423
Deferred tax liability	-	14,932	-	14,932
Operating lease liabilities, net of current portion	410,754	44,439	(68,231)	386,962
Derivative financial instruments	12,254	-	-	12,254
Employee benefits and other liabilities	396,858	45,159	-	442,017
Total liabilities	<u>4,201,243</u>	<u>750,626</u>	<u>(87,731)</u>	<u>4,864,138</u>
Net assets				
Without donor restrictions - attributable to Novant Health	6,750,653	748,797	(1,628,186)	5,871,264
Without donor restrictions - noncontrolling interests	-	4,806	-	4,806
Total net assets without donor restrictions	<u>6,750,653</u>	<u>753,603</u>	<u>(1,628,186)</u>	<u>5,876,070</u>
With donor restrictions	285	105,817	-	106,102
Total net assets	<u>6,750,938</u>	<u>859,420</u>	<u>(1,628,186)</u>	<u>5,982,172</u>
Total liabilities and net assets	<u>\$ 10,952,181</u>	<u>\$ 1,610,046</u>	<u>\$ (1,715,917)</u>	<u>\$ 10,846,310</u>

The accompanying notes are an integral part of this supplemental consolidating information.

Novant Health, Inc. and Affiliates
Consolidating Statement of Operations
December 31, 2023

<i>(in thousands of dollars)</i>	Combined Group	Unrestricted Affiliates	Eliminations	Total
Total operating revenues, gains, and other support				
Net patient service revenues	\$ 6,745,648	\$ 670,131	\$ -	\$ 7,415,779
Other revenue	780,590	162,425	(63,646)	879,369
Total operating revenues, gains, and other support	<u>7,526,238</u>	<u>832,556</u>	<u>(63,646)</u>	<u>8,295,148</u>
Operating expenses				
Salaries and employee benefits	4,019,104	455,810	(3,399)	4,471,515
Supplies and other	2,928,412	392,428	(62,479)	3,258,361
Depreciation and amortization expense	276,667	53,850	-	330,517
Interest expense	79,413	8,562	-	87,975
Total operating expenses	<u>7,303,596</u>	<u>910,650</u>	<u>(65,878)</u>	<u>8,148,368</u>
Operating income (loss)	222,642	(78,094)	2,232	146,780
Non-operating income (expense)				
Investment income	280,247	30,557	-	310,804
Income tax benefit (expense)	(4,725)	2,818	-	(1,907)
Other net periodic pension benefit (costs)	5,795	(627)	-	5,168
Excess (deficit) of revenues over expenses	<u>\$ 503,959</u>	<u>\$ (45,346)</u>	<u>\$ 2,232</u>	<u>\$ 460,845</u>

The accompanying notes are an integral part of this supplemental consolidation information.

Novant Health, Inc. and Affiliates
Combined Group Combining Balance Sheet
December 31, 2023

<i>(in thousands of dollars)</i>	Obligated Group	Restricted Affiliates	Eliminations	Combined Group Total
Assets				
Current assets				
Cash and cash equivalents	\$ 517,030	\$ 79,036	\$ -	\$ 596,066
Accounts receivable, net	461,995	505,698	-	967,693
Short-term investments	10,867	-	-	10,867
Current portion of assets limited as to use	12,485	11,852	-	24,337
Receivable for settlement with third-party payors	6,826	4,297	-	11,123
Other current assets	287,610	165,976	-	453,586
Total current assets	1,296,813	766,859	-	2,063,672
Assets limited as to use	231,258	31,431	-	262,689
Long-term investments	2,972,024	-	-	2,972,024
Property and equipment, net	1,534,548	1,207,699	-	2,742,247
Right-of-use assets, net	218,733	262,675	-	481,408
Intangible assets and goodwill, net	19,788	578,705	-	598,493
Investments in affiliates	1,810,919	(1,184)	(86,653)	1,723,082
Other assets	91,542	17,024	-	108,566
Total assets	<u>\$ 8,175,625</u>	<u>\$ 2,863,209</u>	<u>\$ (86,653)</u>	<u>\$10,952,181</u>
Liabilities and Net Assets				
Current liabilities				
Current portion of long-term debt	\$ 77,604	\$ 1,394	\$ -	\$ 78,998
Accounts payable	244,925	105,808	-	350,733
Accrued liabilities	334,432	281,894	-	616,326
Current portion of operating lease liabilities	39,357	62,149	-	101,506
Estimated third-party payor settlements	40,355	57,834	-	98,189
Due to (from) related organizations	(1,061,254)	610,754	-	(450,500)
Total current liabilities	(324,581)	1,119,833	-	795,252
Long-term debt, net of current portion	2,581,470	4,655	-	2,586,125
Operating lease liabilities, net of current portion	196,467	214,287	-	410,754
Derivative financial instruments	12,254	-	-	12,254
Employee benefits and other liabilities	344,197	52,661	-	396,858
Total liabilities	2,809,807	1,391,436	-	4,201,243
Net assets				
Without donor restrictions - attributable to Novant Health	5,365,818	1,471,488	(86,653)	6,750,653
Total net assets without donor restrictions	5,365,818	1,471,488	(86,653)	6,750,653
With donor restrictions	-	285	-	285
Total net assets	5,365,818	1,471,773	(86,653)	6,750,938
Total liabilities and net assets	<u>\$ 8,175,625</u>	<u>\$ 2,863,209</u>	<u>\$ (86,653)</u>	<u>\$10,952,181</u>

The accompanying notes are an integral part of this supplemental consolidating information.

Novant Health, Inc. and Affiliates
Combined Group Combining Statement of Operations
December 31, 2023

<i>(in thousands of dollars)</i>	Obligated Group	Restricted Affiliates	Eliminations	Combined Group Total
Total operating revenues, gains, and other support				
Net patient service revenues	\$ 3,249,895	\$ 3,495,753	\$ -	\$ 6,745,648
Other revenue	330,409	457,447	(7,266)	780,590
Total operating revenues, gains, and other support	<u>3,580,304</u>	<u>3,953,200</u>	<u>(7,266)</u>	<u>7,526,238</u>
Operating expenses				
Salaries and employee benefits	1,908,549	2,110,555	-	4,019,104
Supplies and other	1,302,596	1,633,082	(7,266)	2,928,412
Depreciation and amortization expense	140,490	136,177	-	276,667
Interest expense	46,888	32,525	-	79,413
Total operating expenses	<u>3,398,523</u>	<u>3,912,339</u>	<u>(7,266)</u>	<u>7,303,596</u>
Operating income	181,781	40,861	-	222,642
Non-operating income (expense)				
Investment income	280,245	2	-	280,247
Income tax expense	(4,725)	-	-	(4,725)
Other net periodic pension benefit (costs)	5,855	(60)	-	5,795
Excess of revenues over expenses	<u>\$ 463,156</u>	<u>\$ 40,803</u>	<u>\$ -</u>	<u>\$ 503,959</u>

The accompanying notes are an integral part of this supplemental consolidating information.

Novant Health, Inc. and Affiliates
Notes to Consolidating or Combining Supplemental Schedules
December 31, 2023

1. Reporting Entity

Novant Health, Inc. (“Novant Health” or the “Company”) is a not-for-profit integrated system of 15 medical centers and more than 1,800 physicians in over 800 locations, as well as numerous outpatient surgery centers, medical plazas, rehabilitation programs, diagnostic imaging centers and community health outreach programs. Novant Health’s more than 35,000 team members and physician partners care for patients and communities in North Carolina, South Carolina and Georgia.

2. Basis of Presentation and Summary of Significant Accounting Policies

Novant Health, Inc. Consolidating Balance Sheet and Consolidating Statement of Operations (which Combines the Information of the Combined Group and Unrestricted Affiliates)

The Total column reconciles to the consolidated financial statements of Novant Health, Inc. and includes the accounts of all affiliates controlled by Novant Health, Inc. The Total is comprised of the Combined Group (as described below, which is comprised of the Obligated Group and Restricted Affiliates) and the Unrestricted Affiliates, which represent affiliates not meeting the definition of the Obligated Group or Restricted Affiliates as defined below.

The Eliminations column represents the elimination of intercompany transactions and balances between the Combined Group and the Unrestricted Affiliates.

The consolidating balance sheet and consolidating statement of operations are otherwise prepared in accordance with accounting policies described in the accompanying notes to the consolidated financial statements. These schedules are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America, as a result of the exclusion of all required disclosures.

Combined Group Combining Balance Sheet and Statement of Operations

As noted in Note 15 to the consolidated financial statements, the Company is subject to a Master Trust Indenture (the “Agreement”) which authorizes the creation of a Combined Group, which consists of the members of the Obligated Group and the Restricted Affiliates.

The members of the Obligated Group are jointly and severally liable for the payment of all obligations under the Agreement. The members of the Obligated Group are Novant Health and its two affiliates that operate tertiary care hospitals, Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center and The Presbyterian Hospital d/b/a Novant Health Presbyterian Medical Center, both of which are North Carolina nonprofit corporations. In the accompanying Combined Group combining balance sheet and combining statement of operations, the Obligated Group column presents information of the aforementioned entities.

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 ten of its affiliates as Restricted Affiliates. Six of these Restricted Affiliates, Medical Park Hospital, LLC d/b/a Novant Health Medical Park Hospital,

Novant Health, Inc. and Affiliates
Notes to Consolidating or Combining Supplemental Schedules
December 31, 2023

Novant Health Thomasville Medical Center, LLC, Novant Health Matthews Medical Center, LLC, Brunswick Community Hospital, LLC d/b/a Novant Health Brunswick Medical Center, Novant Health Mint Hill Medical Center, LLC, and Novant Health New Hanover Regional Medical Center, LLC, operate, or maintain a significant investment in, hospitals. The other four Restricted Affiliates, Carolina Mediacorp Enterprises, 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.