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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2009
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009									
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions.		C Name of organization NOVANT HEALTH INC				D Employer identification number 56-1376950	
				Doing Business As				E Telephone number (336) 718-2803	
				Number and street (or P O box if mail is not delivered to street address) 2085 FRONTIS PLAZA BLVD			Room/suite	G Gross receipts \$ 841,864,468	
				City or town, state or country, and ZIP + 4 WINSTONSALEM, NC 271033013					
		F Name and address of principal officer PAUL WILES 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
						H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
						H(c) Group exemption number			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (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
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1	Briefly describe the organization's mission or most significant activities FORM 990, PART I, LINE 1 NOVANT HEALTH, INC IS THE PARENT ORGANIZATION OF A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS AND OTHER HEALTHCARE SERVICES (COLLECTIVELY KNOWN AS "NOVANT HEALTH") NOVANT HEALTH, INC EXISTS TO SUPPORT THE OVERALL SYSTEM AND DOES SO BY PROVIDING OVERALL STRATEGIC PLANNING, CENTRALIZED ADMINISTRATIVE SUPPORT AND THE COORDINATION OF SYSTEM-WIDE ACTIVITIES NOVANT HEALTH IS RANKED AS ONE OF OUR NATION'S 20 BEST HEALTHCARE SYSTEMS - CARING FOR PATIENTS AND COMMUNITIES IN NORTH CAROLINA, VIRGINIA AND SOUTH CAROLINA WE EXIST TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE WE ACCOMPLISH THAT MISSION BY PROVIDING EXCELLENT HEALTHCARE FACILITIES AND PHYSICIAN PRACTICES AND MAKING A COMMITMENT TO COMMUNITY OUTREACH AND SERVICE WE PROVIDE HUNDREDS OF PROGRAMS THAT SERVE OUR PATIENTS, NEIGHBORS AND SOME OF OUR COMMUNITIES' MOST VULNERABLE CITIZENS WE ALSO PROVIDE CHARITY MEDICAL CARE FOR THE UNINSURED, UNREIMBURSED HEALTH SE		
<hr/>			
<hr/>			
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2	Check this box <input checked="" 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	1
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5	Total number of employees (Part V, line 2a)	5	3,22
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	17,998,09
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,000	13,976
	9	Program service revenue (Part VIII, line 2g)	375,914,798	400,883,200
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,723,820	17,454,599
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,680,692	-5,376,170
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	413,324,310	412,975,599
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,309,833	214,100
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	191,070,439	211,860,176
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>▶⁰</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	282,386,526	240,666,934
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	480,766,798	452,741,210
	19	Revenue less expenses Subtract line 18 from line 12	-67,442,488	-39,765,611
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	2,117,980,369	2,778,025,037
	21	Total liabilities (Part X, line 26)	1,807,406,222	2,342,361,484
	22	Net assets or fund balances Subtract line 21 from line 20	310,574,147	435,663,553

Part II	Signature Block
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Sign Here	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.	
	Signature of officer	2010-11-08 Date
	FRED HARGETT EVP & CFO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed  	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  _____			EIN 
				Phone no 

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

FORM 990, PART I, LINE 1 NOVANT HEALTH, INC IS THE PARENT ORGANIZATION OF A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS AND OTHER HEALTHCARE SERVICES (COLLECTIVELY KNOWN AS "NOVANT HEALTH") NOVANT HEALTH, INC EXISTS TO SUPPORT THE OVERALL SYSTEM AND DOES SO BY PROVIDING OVERALL STRATEGIC PLANNING, CENTRALIZED ADMINISTRATIVE SUPPORT AND THE COORDINATION OF SYSTEM-WIDE ACTIVITIES NOVANT HEALTH IS RANKED AS ONE OF OUR NATION'S 20 BEST HEALTHCARE SYSTEMS - CARING FOR PATIENTS AND COMMUNITIES IN NORTH CAROLINA, VIRGINIA AND SOUTH CAROLINA WE EXIST TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE WE ACCOMPLISH THAT MISSION BY PROVIDING EXCELLENT HEALTHCARE FACILITIES AND PHYSICIAN PRACTICES AND MAKING A COMMITMENT TO COMMUNITY OUTREACH AND SERVICE WE PROVIDE HUNDREDS OF PROGRAMS THAT SERVE OUR PATIENTS, NEIGHBORS AND SOME OF OUR COMMUNITIES' MOST VULNERABLE CITIZENS WE ALSO PROVIDE CHARITY MEDICAL CARE FOR THE UNINSURED, UNREIMBURSED HEALTH SE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 78,333,247 including grants of \$) (Revenue \$ 92,874,402)

PRESBYTERIAN ORTHOPAEDIC HOSPITAL, LLC (POH) IS A SINGLE MEMBER LLC IN WHICH NOVANT HEALTH IS THE SOLE MEMBER POH EXISTS TO PROMOTE THE HEALTH OF THE INHABITANTS OF THE CHARLOTTE-MECKLENBURG COUNTY AREA, REGARDLESS OF THE PATIENT'S ABILITY TO PAY DURING 2009, POH HAD 156 LICENSED BEDS THERE WERE 16,326 PATIENT DAYS, WITH AN AVERAGE LENGTH OF STAY OF 4 48 DAYS, AND AN AVERAGE DAILY CENSUS OF 44 7 THERE WERE 3,647 DISCHARGES, 6,889 INPATIENT AND OUTPATIENT SURGERIES, AND 15,411 OUTPATIENT ENCOUNTERS

4b

(Code) (Expenses \$ 59,431,965 including grants of \$ 11,100) (Revenue \$ 51,172,692)

BRUNSWICK COMMUNITY HOSPITAL, LLC (BCH) IS A SINGLE MEMBER LLC IN WHICH NOVANT IS THE SOLE MEMBER BCH EXISTS TO PROMOTE THE HEALTH OF THE INHABITANTS OF THE BRUNSWICK COUNTY AREA, REGARDLESS OF THE PATIENT'S ABILITY TO PAY DURING 2009, BCH HAD 60 LICENSED BEDS THERE WHERE 10,958 PATIENT DAYS, WITH AN AVERAGE LENGTH OF STAY OF 3 44 DAYS, AND AN AVERAGE DAILY CENSUS OF 34 THERE WERE 3,182 DISCHARGES, 3,798 INPATIENT AND OUTPATIENT SURGERIES, 54,140 OUTPATIENT ENCOUNTERS, AND 24,223 EMERGENCY DEPARTMENT VISITS

4c

(Code) (Expenses \$ 21,824,046 including grants of \$) (Revenue \$ 22,443,161)

THE HOLDING COMPANY FOR NOVANT'S AMBULATORY SERVICES WAS TRANSFERRED TO NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC, A SINGLE MEMBER LLC IN WHICH NOVANT HEALTH IS THE SOLE MEMBER THE AMBULATORY CENTERS' OPERATIONS SERVE THE COMMUNITY BY PROVIDING ACCESS TO MUCH NEEDED HEALTHCARE SERVICES, REGARDLESS OF THE PATIENT'S ABILITY TO PAY DURING 2009, THERE WHERE 104,074 OUTPATIENT ENCOUNTERS

4d



















Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 206,388,100 including grants of \$ 203,000) (Revenue \$)

4e

Total program service expenses \$ 365,977,358

Part IV Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes				
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes				
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td> 12A</td><td>Yes</td></tr></table>	Yes	No	 12A	Yes		
Yes	No						
 12A	Yes						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 	15	No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III 	16	No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	1,851	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	3,221	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes
	b If "Yes," enter the name of the foreign country: <input type="text" value="BD"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	13	
b	Enter the number of voting members that are independent	1b	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶NC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KAREN DAUGHERTY 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 (336) 718-2803

1b Total	19,158,862	1,020,169	12,816,871
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶223

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BRASFIELD & GORRIE LLC DRAWER 351 PO BOX 11407 BIRMINGHAM, AL 35246	GEN CONTRACTOR	55,897,227
CROTHALL SERVICE GROUP 955 CHESTERBROOK BLVD WAYNE, PA 19087	ENV SVCS	20,128,386
DELOITTE CONSULTING LLP PO BOX 7247-6447 PHILADELPHIA, PA 19170	CONSULTING	12,209,747
RODGERS-RENTENBACH PO BOX 18446 CHARLOTTE, NC 28218	GEN CONTRACTOR	7,342,708
MCCULLOCH ENGLAND ASSOC 100 QUEENS ROAD CHARLOTTE, NC 28204	ARCHITECTURAL	6,298,261

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶113

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	13,976				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ 13,976						
	h	Total. Add lines 1a-1f			13,976			
Program Service Revenue			Business Code					
	2a	CORPORATE ALLOCATION	561,000	221,958,922	221,958,922			
	b	NET PATIENT SERVICE REVENUE	621,990	164,629,487	164,629,487			
	c	AFFILIATED RENTAL	532,000	14,294,791	14,294,791			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			400,883,200			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			13,339,951	9,085,562	4,254,389	
	4	Income from investment of tax-exempt bond proceeds . . .		89	89			
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross Rents	5,802,120					
		b Less rental expenses	24,325,742					
		c Rental income or (loss)	-18,523,622					
	d	Net rental income or (loss)			-18,523,622		-18,523,622	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	290,898,945	117,778,735				
		b Less cost or other basis and sales expenses	298,132,064	106,431,063				
		c Gain or (loss)	-7,233,119	11,347,672				
	d	Net gain or (loss)			4,114,553		4,114,553	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b Less direct expenses	b					
		c Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b Less direct expenses	b					
		c Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b						
c Net income or (loss) from sales of inventory . . .								
Miscellaneous Revenue		Business Code						
11a	ADMINISTRATION		561,000	8,165,986		8,165,986		
b	EAP / EMPLOYEE SICK CLINIC		900,099	2,206,947	2,206,947			
c	MISCELLANEOUS		900,099	1,359,877			1,359,877	
d	All other revenue			1,414,642	653,664	746,551	14,427	
e	Total. Add lines 11a-11d			13,147,452				
12	Total revenue. See Instructions			412,975,599	403,743,900	17,998,099	-8,780,376	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	214,100	214,100		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	17,575,811		17,575,811	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	149,642,958	133,507,465	16,135,493	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,161,814	12,105,192	3,056,622	
9	Other employee benefits	18,639,964	14,882,147	3,757,817	
10	Payroll taxes	10,839,629	8,654,360	2,185,269	
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,560,520		2,560,520	
c	Accounting	1,347,004		1,347,004	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,505,307		1,505,307	
g	Other	39,552,578	31,578,778	7,973,800	
12	Advertising and promotion	207,055	165,313	41,742	
13	Office expenses	5,825,524	4,651,098	1,174,426	
14	Information technology	1,022,452	816,326	206,126	
15	Royalties				
16	Occupancy	7,378,820	5,891,250	1,487,570	
17	Travel	1,637,695	1,307,536	330,159	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,451,948	1,159,235	292,713	
20	Interest	14,724,426	11,755,982	2,968,444	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	75,219,356	60,055,134	15,164,222	
23	Insurance	1,529,935	1,221,500	308,435	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	SUPPLIES	38,116,770	38,116,770		
b	EQUIP RENT & MAINT	26,910,272	21,485,161	5,425,111	
c	MISCELLANEOUS	12,769,473	10,195,147	2,574,326	
d	COLLECTION FEES	5,470,623	5,470,623		
e	DUES/MEMBERSHIP/LICENSES	3,437,176	2,744,241	692,935	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	452,741,210	365,977,358	86,763,852	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			62,417,883	1	271,115,490
	2	Savings and temporary cash investments			87,639,797	2	458,753,118
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			39,578,048	4	55,445,825
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			10,357,918	7	9,517,089
	8	Inventories for sale or use			7,679,056	8	9,954,260
	9	Prepaid expenses and deferred charges			21,211,609	9	19,741,646
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,325,958,170			
	b	Less accumulated depreciation	10b	607,460,016	614,801,710	10c	718,498,154
	11	Investments—publicly traded securities			491,608,367	11	638,689,199
	12	Investments—other securities. See Part IV, line 11			123,887,151	12	129,185,792
	13	Investments—program-related. See Part IV, line 11			36,614,088	13	53,150,913
	14	Intangible assets			317,320,955	14	100,957,766
	15	Other assets. See Part IV, line 11			304,863,787	15	313,015,785
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,117,980,369	16	2,778,025,037
Liabilities	17	Accounts payable and accrued expenses			258,894,326	17	246,785,190
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			838,175,949	20	821,644,109
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			710,335,947	25	1,273,932,185
	26	Total liabilities. Add lines 17 through 25			1,807,406,222	26	2,342,361,484
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			310,574,147	27	435,663,553
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			310,574,147	33	435,663,553
	34	Total liabilities and net assets/fund balances			2,117,980,369	34	2,778,025,037

Part XI **Financial Statements and Reporting**

	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 in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☒

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☒

Type III - Functionally integrated

d

☐

Type III - Other
- e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
COMMUNITY GENERAL HEALTH PARTNERS INC	560636250	3	Yes		Yes		Yes		8,644,814
Total									222,469,116

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. 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—2008. 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

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Political Campaign and Lobbying Activities	OMB No 1545-0047
	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. ▶ See separate instructions.	2009
		Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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 checked="" 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(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?		No		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
	c Media advertisements?		No		
	d Mailings to members, legislators, or the public?		No		
	e Publications, or published or broadcast statements?		No		
	f Grants to other organizations for lobbying purposes?		No		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			16,250
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	i Other activities? If "Yes," describe in Part IV	Yes			28,637
j Total lines 1c through 1i			44,887		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No		

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	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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 expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Ident ifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	DUES PAID TO CERTAIN ORGANIZATIONS WHICH INCLUDE A PORTION RELATED TO LOBBYING ACTIVITIES

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization NOVANT HEALTH INC	Employer identification number 56-1376950
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

☐ Yes ☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

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

☐ Yes ☒ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

No

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		118,519,267		118,519,267
b Buildings		561,386,773	252,772,225	308,614,548
c Leasehold improvements		25,636,994	8,749,843	16,887,151
d Equipment		471,563,453	333,366,326	138,197,127
e Other		148,851,683	12,571,622	136,280,061
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				718,498,154

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE AUDIT FOR NOVANT HEALTH AND ITS AFFILIATES IS PREPARED ON A CONSOLIDATED BASIS. FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008, THE COMPANY WAS 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 STATEMENT OF OPERATIONS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008.

Additional Data

Software ID:

Software Version:

EIN: 56-1376950

Name: NOVANT HEALTH INC

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	2009 BONDS	449,880,717
	LTD - SYNDICATE	447,163,512
	2008 TERM LOAN	125,000,000
	OTHER LIABILITIES	116,161,412
	LINE OF CREDIT	103,605,593
	CAPITAL LEASE PAYABLE	20,546,982
	NOTE PAYABLE	11,473,353
	ESTIMATED THIRD PARTY LIABILITY	100,616
	STRATEGIC CASH LIABILITY	

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990. ▶ See separate instructions.**

2009

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" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
BERMUDA	1	1	CAPTIVE INSURER		657,075
BERMUDA	4	4	INVESTMENTS		
CENTRAL AMERICA AND THE CARIBBEAN	10	10	INVESTMENTS		
NORTH AMERICA	2	2	INVESTMENTS		
EUROPE	2	2	INVESTMENTS		
Totals ►	19	19			657,075

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2009

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
NOVANT HEALTH INC

Employer identification number
56-1376950

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input checked="" type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300 000 %</u></div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>300 000 %</u></div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . .	3b	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?			
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?	4	Yes	
6a	Does the organization prepare an annual community benefit report?	5a	Yes	
6b	If "Yes," does the organization make it available to the public?	5b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	5c		
		6a	Yes	
		6b	Yes	

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . .			9,468,764		9,468,764	2 090 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . .			17,574,482	10,450,516	7,123,966	1 570 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			4,028,602	2,164,056	1,864,546	0 410 %
d Total Charity Care and Means-Tested Government Programs			31,071,848	12,614,572	18,457,276	4 080 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			137,906	3,647	134,259	0 030 %
f Health professions education (from Worksheet 5) . . .						
g Subsidized health services (from Worksheet 6) . . .						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . .			6,550		6,550	
j Total Other Benefits			144,456	3,647	140,809	0 030 %
k Total. Add lines 7d and 7j			31,216,304	12,618,219	18,598,085	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	22,056,041	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	537,411,764	
6	Enter Medicare allowable costs of care relating to payments on line 5	636,836,465	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7575,299	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9aYes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9bYes	

Part IVManagement Companies and Joint Ventures

(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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

BRUNSWICK COMMUNITY HOSPITAL LLC
1 MEDICAL CENTER DRIVE
SUPPLY, NC 28462
PRESBYTERIAN ORTHOPAEDIC HOSP LLC
1901 RANDOLPH ROAD
CHARLOTTE, NC 28207
PRESBYTERIAN IMAGING CENTER LLC
1918 RANDOLPH ROAD SUITE LL75
CHARLOTTE, NC 28207
PRESBYTERIAN BREAST CENTER LLC
1718 EAST 4TH STREET SUITE 103
CHARLOTTE, NC 28204
PRESBY ENDOSCOPY CNTR HUNTERSVILLE
16525 HOLLY CREST LANE SUITE 200
HUNTERSVILLE, NC 28078
PRESBY SAME DAY SURG AT BALLANTYNE
14215 BALLATYNE CORP PLACE STE 210
CHARLOTTE, NC 28277
PRESBYTERIAN SAME DAY SURGERY
CENTER AT MONROE
2000 WELLNESS BLVD
MONROE, NC 28110
PRESBY SAME DAY SURG HUNTERSVILLE
10030 GILEAD RD
HUNTERSVILLE, NC 28078
SAMEDAY SURGERY NEW HANOVER DBA
WILMINGTON SURGERY CENTER
1801 S 17TH ST
WILMINGTON, NC 28401

X

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NOVANT HEALTH INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

56-1376950

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROWAN REG MED CENTER FOUNDATION2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	561424818	3	25,000				HEALTHCARE PROJECTS
WINSTON SALEM FOUNDATION860 W 5TH STREET WINSTON SALEM, NC 27101	566037615	3	120,000				CREATION OF FUNDS
FORSYTH MEDICAL CENTER FOUNDATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	562120959	3	55,000				MATCHING GIFT

2

Enter total number of section 501(c)(3) and government organizations

3

3

Enter total number of other organizations

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

Cat No 50055P

Schedule I (Form 990) 2009

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
NOVANT HEALTH INC

Employer identification number
56-1376950

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div>		
	<div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>		
	<div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div>		
	<div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div>		
	<div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>		
	<div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Yes
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part IIISupplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	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 COMMERCIAL FLIGHTS HOWEVER, CHARTER TRAVEL IS AVAILABLE TO CERTAIN EXECUTIVES, BOARD MEMBERS, AND APPROVED BUSINESS PERSONNEL IN LIMITED CIRCUMSTANCES DEEMED TO INVOLVE BUSINESS NECESSITY TRAVEL FOR COMPANIONS COMPANIONS ARE ALLOWED ON CERTAIN CHARTER FLIGHTS PAID FOR BY THE ORGANIZATION IN THAT CASE, THE VALUE OF THE COMPANION'S FLIGHT IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS TAX INDEMNIFICATION AND GROSS-UP PAYMENTS EXECUTIVES WHO PURCHASE SPLIT DOLLAR INSURANCE THROUGH THEIR DISCRETIONARY SPENDING ACCOUNT MAY HAVE THE ADDITIONAL INCOME TAX OWED ON THE PS-58 COSTS PAID BY THE ORGANIZATION EXECUTIVES WHO RECEIVE TAXABLE RELOCATION INCOME MAY HAVE THE ADDITIONAL INCOME TAX OWED ON THE INCOME PAID BY THE ORGANIZATION EXECUTIVES MAY RECEIVE AS SEVERANCE BENEFITS CASH PAYMENTS IN LIEU OF PREMIUMS PAID FOR COVERAGE OF CERTAIN GROUP BENEFITS THAT ENDED WITH THE EXECUTIVE'S TERMINATION THE ORGANIZATION MAY PAY THE ADDITIONAL TAX OWED ON ACCOUNT OF THESE PAYMENTS 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 BOARD THE ACCOUNT CAN BE USED ONLY FOR AN APPROVED LIST OF EXPENDITURES ALL OPTIONS OTHER THAN A DEFERRED, AT-RISK, COMPENSATION OPTION ARE CONSIDERED TAXABLE AND ARE INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE WE PROVIDE TEMPORARY HOUSING ALLOWANCES IN CERTAIN EXECUTIVE RECRUITMENT AND RELOCATION PACKAGES IN THE CASE THAT SUCH EXPENSE IS NOT REIMBURSABLE UNDER THE ACCOUNTABLE PLAN RULES, 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 THE ORGANIZATION PROVIDES A TEMPORARY RESIDENCE FOR LIMITED EXECUTIVE USE THAT AT TIMES MAY INCLUDE INCIDENTAL PERSONAL USE IN THAT CASE, THE VALUE IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES IN CASES WHERE CORPORATE MEMBERSHIPS ARE NOT AVAILABLE, A MEMBERSHIP MAY BE OBTAINED IN AN EXECUTIVE'S NAME WITH A "BUSINESS USE ONLY" RESTRICTION AT THIS TIME NOVANT HAS ONE SUCH MEMBERSHIP
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	BEIER, GREGORY 0 223,146 0 WALLENHAUPT,STEPHEN L 0 443,584 0 MCGEE,LAWRENCE UPCHURCH 0 327,629 0 TOBALSKI,JIM GEORGE 0 363,174 0 BEST,DIANA LEE 0 324,115 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	DESCRIPTIONS OF SUPPLEMENTAL EXECUTIVE BENEFITS INCLUDED IN PART VII AND SCHEDULE J EXECUTIVE ANNUAL INCENTIVE PLAN AS PART OF THE REPORTED COMPENSATION AMOUNTS, THE REPORTING ORGANIZATION PROVIDES ANNUAL INCENTIVE COMPENSATION TO OFFICERS AND KEY EMPLOYEES UNDER AN EXECUTIVE ANNUAL INCENTIVE PLAN THE INCENTIVE PLAN IS DESIGNED TO OFFER OPPORTUNITIES FOR ADDITIONAL COMPENSATION, BUT ONLY TO THE EXTENT THAT ELIGIBLE EXECUTIVES HAVE PROVIDED EXTRAORDINARY SERVICES AND ACHIEVED EXTRAORDINARY RESULTS THAT MEET OR EXCEED PREDETERMINED GOALS IN THE AREAS OF QUALITY, PATIENT SATISFACTION, EMPLOYEE SATISFACTION AND FINANCIAL VITALITY THESE GOALS ARE ESTABLISHED BY INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH BOARD OF TRUSTEES (WHO COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) THESE GOALS ARE WEIGHTED EQUALLY THE ADDITIONAL COMPENSATION CAN RANGE ANYWHERE FROM ZERO TO A MAXIMUM PERCENTAGE OF BASE SALARY THAT DIFFERS BY THE CLASS OF EXECUTIVE, THIS MAXIMUM PERCENTAGE RANGES FROM 30% TO 70% OF BASE SALARY IN ADDITION, THE INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES WHO OVERSEE THE INCENTIVE COMPENSATION PROGRAM APPLY TWO "CIRCUIT BREAKERS," WHICH ARE SUBSTANTIAL LEVELS OF ORGANIZATION-WIDE ACHIEVEMENT THAT MUST BE SATISFIED BEFORE ANY AWARDS ARE PAID TO ANY EXECUTIVE UNDER THE PROGRAM THE INCENTIVE COMPENSATION AWARDS HAVE BEEN INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII AND IN COLUMN (B)(II) OF SCHEDULE J THEY ARE REPORTED IN THE YEAR EARNED AND ARE PAID BY MARCH 15TH OF THE SUBSEQUENT YEAR INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH BOARD OF TRUSTEES (WHO COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) REVIEW, APPROVE, AND OVERSEE ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS ANNUAL INCENTIVE PLAN LONG-TERM INCENTIVE PLAN THE REPORTING ORGANIZATION OFFERS A LONG-TERM INCENTIVE PLAN (THE "PLAN") TO CERTAIN KEY EXECUTIVES THE PLAN TIES A KEY EXECUTIVE'S COMPENSATION TO THE ORGANIZATION'S LONG-TERM STRATEGIC PERFORMANCE, PROVIDES A RETENTION INCENTIVE FOR KEY EXECUTIVES, AND ALLOWS THE ORGANIZATION TO COMPETE IN THE MARKETPLACE FOR TOP LEADERSHIP TALENT THE PLAN OPERATES ON THREE-YEAR PERFORMANCE CYCLES THAT BEGIN EACH YEAR LONG-TERM STRATEGIC GOALS (IN THE PRINCIPAL AREAS OF QUALITY OF PATIENT CARE AND LONG-TERM FINANCIAL STRENGTH) ARE ESTABLISHED FOR EACH CYCLE, IN ADVANCE, BY INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH BOARD OF TRUSTEES (WHO COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) A MINIMUM LEVEL OF COMMUNITY BENEFIT AND CHARITY CARE, AS WELL AS A MINIMUM LEVEL OF FINANCIAL PERFORMANCE, IS REQUIRED BEFORE ANY AWARD CAN BE PAID UNDER THE PLAN ALL RESULTS ARE AUDITED AWARDS ARE PAYABLE FOR A PARTICULAR THREE-YEAR PERFORMANCE CYCLE ONLY IF THE REQUISITE LEVEL OF COMMUNITY BENEFIT AND CHARITY CARE, ALONG WITH THE REQUIRED LEVEL OF FINANCIAL PERFORMANCE TO DEMONSTRATE LONG-TERM FINANCIAL STRENGTH, HAVE BEEN MET FOR THAT RESPECTIVE THREE-YEAR PERFORMANCE PERIOD IF AN AWARD IS EARNED AT THE END OF A PERFORMANCE CYCLE, THEN TWO-THIRDS OF THE INCENTIVE AWARD IS PAID OUT RIGHT AWAY AND IS INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII AND IN COLUMN (B)(II) OF SCHEDULE J THE INITIAL TWO-THIRDS AMOUNT IS REPORTED IN THE YEAR EARNED AND IS PAID BY MARCH 15TH OF THE SUBSEQUENT YEAR THE REMAINING ONE-THIRD OF THE INCENTIVE AWARD IS HELD BACK FOR THREE YEARS, AND IS PAID ONLY IF THE EMPLOYEE CONTINUES TO SERVE THE ORGANIZATION AS AN OFFICER OR KEY EMPLOYEE FOR THAT ENTIRE THREE-YEAR PERIOD THE DEFERRED PORTION IS REPORTED AS SUCH IN THE YEAR OF DEFERRAL IN PART VII AND IN COLUMN (C) OF SCHEDULE J WHEN AN EXECUTIVE RECEIVES THE DEFERRED AMOUNT, IT IS REPORTED AS CURRENT COMPENSATION IN PART VII AND COLUMN (B)(II) OF SCHEDULE J THE DEFERRED AMOUNT IS AT RISK DURING THE THREE-YEAR RETENTION PERIOD, IF THE EXECUTIVE WERE TO VOLUNTARILY TERMINATE EMPLOYMENT DURING THAT PERIOD, THE EXECUTIVE WOULD FORFEIT THE UNPAID AND DEFERRED AMOUNT IN 2009, THE COMPENSATION AND LEADERSHIP COMMITTEE DECIDED TO AWARD PAYMENT OF MANDATORILY DEFERRED PLAN AWARDS EARNED FROM PRIOR YEARS' CYCLES DUE TO THE EXTRAORDINARY PERFORMANCE OF NOVANT IN 2009 AMID UNPRECEDENTED ECONOMIC CONDITIONS INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH BOARD OF TRUSTEES (WHO COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) REVIEW, APPROVE, AND OVERSEE ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS LONG-TERM INCENTIVE PLAN SCHEDULE J PART I LINE 4A - SEVERANCE PLAN ELIGIBLE EXECUTIVES MAY RECEIVE SEVERANCE PAY THAT IS A SPECIFIED MULTIPLE OF ANNUAL COMPENSATION 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 INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH BOARD OF TRUSTEES (WHO COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) REVIEW, APPROVE, AND OVERSEE ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS SEVERANCE PLAN SCHEDULE J PART I LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") IS INTENDED TO SUPPORT RETENTION OF KEY EXECUTIVES, AND TO OFFER A COMPETITIVE TOTAL RETIREMENT BENEFIT THESE SERP BENEFITS ARE PART OF A RETIREMENT PROGRAM THAT PROVIDES RETIREMENT INCOME FOR THE EXECUTIVE'S TOTAL YEARS OF SERVICE WITH THE ORGANIZATION THESE BENEFITS ARE AT RISK AND WILL NOT BE PAID UNLESS THE EXECUTIVE PROVIDES SUBSTANTIAL FUTURE SERVICES TO THE ORGANIZATION UNTIL THOSE REQUIREMENTS ARE SATISFIED, IF EVER, THE EXECUTIVE IS NOT ENTITLED TO ANY SERP BENEFIT IF THE EXECUTIVE WERE TO HAVE LEFT THE ORGANIZATION VOLUNTARILY DURING THE YEAR FOR WHICH THESE AMOUNTS ARE BEING REPORTED (BEFORE REACHING BOTH AGE 55 AND HAVING FIVE YEARS OF SERVICE WITH THE ORGANIZATION), THE EXECUTIVE'S SERP BENEFIT WOULD HAVE BEEN ENTIRELY FORFEITED THE SERP BENEFIT IS REDUCED AT THE RATE OF 2 PERCENTAGE POINTS PER YEAR FOR PAYMENTS RECEIVED BETWEEN THE AGES OF 55 AND 62 CURRENT YEAR PAYMENTS OF SERP BENEFITS HAVE BEEN INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII AND IN COLUMN (B)(III) OF SCHEDULE J AN ESTIMATE OF THE ANNUAL INCREASE IN ACTUARIAL VALUE IS REPORTED AS DEFERRED COMPENSATION IN PART VII AND IN COLUMN (C) OF SCHEDULE J FOR ELIGIBLE EXECUTIVES INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH BOARD OF TRUSTEES (WHO COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) REVIEW, APPROVE, AND OVERSEE ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS SUPPLEMENTAL RETIREMENT PLAN RETIREMENT SECURITY AGREEMENT IN 2000, A RETIREMENT SECURITY AGREEMENT ("RSA") WAS APPROVED BY THE COMPENSATION COMMITTEE FOR MR BEIER WHICH PROVIDED FOR SUPPLEMENTAL RETIREMENT BENEFITS COMMENCING AT AGE 60 DUE TO THE CURRENT ECONOMIC AND INVESTMENT ENVIRONMENT, THE UNDERLYING VEHICLE HAS PERFORMED BELOW THE ORIGINAL PROJECTIONS REQUIRING AN ADDITIONAL FUNDING OF 208,376 TO MEET THE ORIGINAL TARGETED BENEFIT THIS IS REPORTED AS DEFERRED COMPENSATION IN PART VII AND IN COLUMN (C) OF SCHEDULE J SCHEDULE J PART I LINE 4C - EQUITY-BASED COMPENSATION ARRANGEMENT NOVANT HEALTH, INC ("NOVANT") CHIEF EXECUTIVE OFFICER PAUL WILES IS A GRANDFATHERED PARTICIPANT IN A SHARE OPTION PLAN (THE "DISCOUNT STOCK OPTION PLAN"), UNDER WHICH HE RECEIVED FROM NOVANT OPTIONS TO PURCHASE CERTAIN MUTUAL FUND SHARES OWNED BY THE ORGANIZATION NO OPTIONS WERE GRANTED AFTER MAY 8, 2002 THE OPTIONS GRANTED WERE DISCLOSED ON A PRIOR 990 OF NOVANT HEALTH, INC WHEN THE OPTIONS ARE EXERCISED, THE RESULTING GAIN WILL BE TREATED AS TAXABLE COMPENSATION INCOME, IN ACCORDANCE WITH FEDERAL INCOME TAX LAW

Software ID:

Software Version:

EIN: 56-1376950

Name: NOVANT HEALTH INC

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILESPAUL M	(i) (ii)899,602	1,144,462	51,645	876,614	47,066	3,019,389	1,144,462
ALUKO YELE MD	(i) (ii)493,839	373,603	4,985	91,658	20,440	984,525	
BEIER GREGORY	(i) (ii)540,020	720,743	253,875	1,297,669	25,182	2,837,489	944,284
WALLENHAUPTSTEPHEN L	(i) (ii)402,228	409,282	463,138	864,562	19,616	2,158,826	853,897
ARMATO CARL	(i) (ii)599,576	633,728	29,659	1,276,624	29,063	2,568,650	634,357
SWINDLEJO DEAN	(i) (ii)500,018	592,046	16,807	502,015	27,550	1,638,436	592,724
MCGEELAWRENCE UPCHURCH	(i) (ii)344,817	308,484	351,630	599,646	20,910	1,625,487	636,558
WOOLLEN JRTHOMAS H	(i) (ii)499,278	418,300	38,495	491,155	25,535	1,472,763	398,300
TOBALSKIJJIM GEORGE	(i) (ii)262,125	227,994	382,085	546,234	15,731	1,434,169	591,667
BESTDIANA LEE	(i) (ii)271,019	244,209	350,897	445,511	21,622	1,333,258	568,824
GATTISJACQUELINE D	(i) (ii)412,401	379,843	64,712	912,172	25,719	1,794,847	380,497
PATEFIELD ARTHUR J MD	(i) (ii)367,093	225,833	22,936	799,318	27,354	1,442,534	225,833
HARGETT FRED MCDOWELL	(i) (ii)336,978	212,949	31,309	516,079	23,395	1,120,710	213,031
SEEHAUSEN JRROBERT H	(i) (ii)271,111	240,404	18,292	487,589	23,055	1,040,451	240,742
PARKDAVID G	(i) (ii)237,811	186,963	15,286	437,447	18,463	895,970	186,963
WEBERDANIELLE B	(i) (ii)225,528	172,551	36,128	165,595	14,762	614,564	172,551
JOHNSONTONY W	(i) (ii)220,192	170,173	24,492	402,924	3,902	821,683	170,173
GARRETTDAVID	(i) (ii)299,360	30,000	85,006	174,308	21,256	609,930	
MORGANWAYNE FORREST	(i) (ii)252,045	127,500	10,931	179,255	22,842	592,573	127,500
MIHALDENISE BARBARA	(i) (ii)209,262	155,661	20,340	157,900	9,460	552,623	155,661
SMITH-HILLJANET	(i) (ii)237,876	108,000	24,635	180,810	24,905	576,226	108,000
HEARN IIITHOMAS KERMIT	(i) (ii)285,899		24,087	154,510	20,256	484,752	
BARTONICHOLAS M	(i) (ii)193,805	60,917	31,209	119,172	14,846	419,949	
MYERS SCOTT	(i) (ii)183,414	35,933	16,908	83,611	3,145	323,011	
RILEY MICHAEL	(i) (ii)116,489	11,827	8,867	28,470	13,224	178,877	
BURKE MARGARET H	(i) (ii)197,622		19,071	19,349	4,276	240,318	
MOGUL MARK	(i) (ii)191,609 117,093	35,493 30,000	940 649	12,081 102,184	18,768 9,045	258,891 258,971	
GARDELLAJOHN E	(i) (ii)247,945	61,072	23,887	81,486	15,601	429,991	
LEDERER JRJAMES W	(i) (ii)292,528	29,910	1,151	54,524	21,664	399,777	
HEALYPATRICK K	(i) (ii)242,800	54,450	7,280	67,200	22,515	394,245	
WALSH BETSY J	(i) (ii)211,693	32,595	6,191	53,311	22,183	325,973	
MCKNIGHTRICHARD BOWEN	(i) (ii)	70,875	72,632	2,537		146,044	

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>		OMB No 1545-0047
			2009
			Open to Public Inspection
Department of the Treasury Internal Revenue Service			
Name of the organization NOVANT HEALTH INC		Employer identification number 56-1376950	

Part I

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	
							Yes	No	Yes	No
A	NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902K27	07-17-2003	176,992,363	SEE SCHEDULE O		X		X
B	NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902U91	12-08-2004	110,000,000	SEE SCHEDULE O		X		X
C	NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902V25	12-08-2004	25,000,000	SEE SCHEDULE O		X		X
D	NORTH CAROLINA MED CARE COMMISSION	52-1309402	6579025X6	12-14-2006	260,647,399	SEE SCHEDULE O		X		X
E	NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DAE1	08-19-2008	70,000,000	SEE SCHEDULE O		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	176,992,363		110,000,000		25,000,000		260,647,399		70,000,000	
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows	120,116,393						54,255,444		69,531,613	
4	Other unspent proceeds										
5	Issuance costs from proceeds	1,875,970		916,056		208,194				468,387	
6	Working capital expenditures from proceeds	1,536,125						1,536,125			
7	Capital expenditures from proceeds	55,000,000		109,083,944		24,791,806		204,855,830			
8	Year of substantial completion	2004		2007		2007		2009		2008	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X			X		X	X		X	
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X			
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		
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		1 200 %		0 700 %		0 600 %		0 600 %		
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		1 200 %		0 700 %		0 600 %		0 600 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X			

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X	X			X			X	X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X	X			X			X	X	
b	Name of provider	MERRILL LYNCH MMDP LP AND SUNTRUST BANK		MERRILL LYNCH		MERRILL LYNCH				GOLDMANSUNTRUST MMDP LP AND SUNTRUST BANK	
c	Term of hedge	28 3		28 3		28 3				17 8	
4a	Were gross proceeds invested in a GIC?	X		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?										
5	Were any gross proceeds invested beyond an available temporary period?	X		X		X		X			X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NOVANT HEALTH INC

Employer identification number
56-1376950

Part I

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	
							Yes	No	Yes	No
A	NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DAD3	08-19-2008	75,090,000	SEE SCHEDULE O		X		X
B	NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DAC5	08-19-2008	50,870,000	SEE SCHEDULE O		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	75,090,000		50,870,000							
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows	74,587,555		50,529,617							
4	Other unspent proceeds										
5	Issuance costs from proceeds	502,445		340,383							
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds										
8	Year of substantial completion	2008		2008							
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X							
10	Were the bonds issued as part of an advance refunding issue?			X		X					
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X							
b	Name of provider	GOLDMANSUNTRUST MMDP LP AND SUNTRUST BANK		GOLDMANSUNTRUST MMDP LP AND SUNTRUST BANK							
c	Term of hedge	17 8		17 8							
4a	Were gross proceeds invested in a GIC?		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?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?	X		X							

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NOVANT HEALTH INC

Employer identification number
56-1376950

Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 NOVANT HEALTH, INC IS THE PARENT ORGANIZATION OF A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS AND OTHER HEALTHCARE SERVICES (COLLECTIVELY KNOWN AS "NOVANT HEALTH") NOVANT HEALTH, INC EXISTS TO SUPPORT THE OVERALL SYSTEM AND DOES SO BY PROVIDING OVERALL STRATEGIC PLANNING, CENTRALIZED ADMINISTRATIVE SUPPORT AND THE COORDINATION OF SYSTEM-WIDE ACTIVITIES NOVANT HEALTH IS RANKED AS ONE OF OUR NATION'S 20 BEST HEALTHCARE SYSTEMS - CARING FOR PATIENTS AND COMMUNITIES IN NORTH CAROLINA, VIRGINIA AND SOUTH CAROLINA WE EXIST TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE WE ACCOMPLISH THAT MISSION BY PROVIDING EXCELLENT HEALTHCARE FACILITIES AND PHYSICIAN PRACTICES AND MAKING A COMMITMENT TO COMMUNITY OUTREACH AND SERVICE WE PROVIDE HUNDREDS OF PROGRAMS THAT SERVE OUR PATIENTS, NEIGHBORS AND SOME OF OUR COMMUNITIES' MOST VULNERABLE CITIZENS WE ALSO PROVIDE CHARITY MEDICAL CARE FOR THE UNINSURED, UNREIMBURSED HEALTH SERVICES TO INDIVIDUALS WITH MEDICAID COVERAGE, COMMUNITY HEALTH EDUCATION, MEDICAL SERVICES THAT LOSE MONEY BUT ARE IMPORTANT FOR THE COMMUNITY, SUPPORT GROUPS, OUTREACH SERVICES, COMMUNITY EVENTS AND SCREENINGS IN ADDITION, WE PARTICIPATE IN MEDICAL RESEARCH, ACADEMIC HEALTH PROGRAMS AND PARTNERSHIPS WITH OTHER ORGANIZATIONS TO PROVIDE OTHER COMMUNITY INITIATIVES THE NOVANT HEALTH SYSTEM REPORTED 3 339 BILLION IN REVENUES IN 2009 IN 2009, THE SAFEMED NOVANT MEDICAL GROUP PROGRAM, WHICH HELPS SENIORS WHO ARE TAKING MULTIPLE MEDICATIONS, WAS RECOGNIZED BY THE AMERICAN PHARMACIST ASSOCIATION FOUNDATION WITH THE 2009 PINNACLE AWARD THE NATIONAL ASSOCIATION HONORED SAFEMED'S WORK WITH PATIENTS AFTER THEY LEAVE THE HOSPITAL THE SAFEMED PHARMACISTS WORK ONE-ON-ONE WITH PATIENTS BY PHONE TO EDUCATE AND COUNSEL THEM ON PROPER MEDICATION USAGE SAFEMED PATIENTS ACHIEVE HIGHER RATES OF MEDICATION COMPLIANCE, FEWER DRUG MISADVENTURES, IMPROVED HEALTH OUTCOMES AND FEWER READMISSIONS TO THE HOSPITAL SAFEMED FILLS AN IMPORTANT COMMUNITY NEED, SINCE MORE THAN 50 PERCENT OF AMERICANS AGE 65 OR OLDER ARE TAKING AT LEAST THREE MEDICATIONS A DAY TO TREAT ILLNESS OR IMPROVE HEALTH MEDICATIONS, WHEN TAKEN CORRECTLY AND UNDER PROPER SUPERVISION, ARE SAFE AND EFFECTIVE, BUT THEY CAN BE DEADLY IF IMPROPERLY COMBINED OR NOT TAKEN AS DIRECTED IN ADDITION, MANY PATIENTS DO NOT ARRIVE AT THE HOSPITAL WITH AN ACCURATE AND UP-TO-DATE LIST OF MEDICATIONS, EVEN THOUGH THIS INFORMATION IS CRITICAL TO THEIR CARE AND TREATMENT THE EMERGENCY DEPARTMENTS AT SEVERAL NOVANT HOSPITALS NOW HAVE DEDICATED PHARMACY TECHNICIANS WHO WORK WITH PATIENTS OR FAMILY MEMBERS TO COMPILE THE MEDICATION LIST, WHICH ALLOWS PHYSICIANS AND NURSES TO EFFECTIVELY MANAGE THE HOSPITAL MEDICATION PROCESS THE SOCIETY OF HOSPITAL MEDICINE AWARDED THIS UNIQUE APPROACH TO ENSURING A SAFE MEDICATION CULTURE WITHIN THE HOSPITAL WITH THE 2009 TEAM APPROACHES IN QUALITY IMPROVEMENT AWARD IN 2009, NOVANT HEALTH ALSO MAINTAINED ITS FOCUS ON ANOTHER SAFETY INITIATIVE, PROPER HAND HYGIENE OVER A FIVE-YEAR PERIOD, NOVANT STAFF ACHIEVED A 69 PERCENT REDUCTION IN METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) THIS MEANS THAT 359 PATIENTS HAVE BEEN SPARED THE COMPLICATIONS ASSOCIATED WITH HOSPITAL-ACQUIRED INFECTIONS AND THOUSANDS OF ORGANIZATIONS ARE USING OUR KNOWLEDGE AND RESOURCES FROM THE NOVANT HAND HYGIENE INITIATIVE, INCLUDING HEALTHCARE FACILITIES FROM 70 DIFFERENT COUNTRIES NOVANT FACILITIES ARE CONTINUING THEIR RELENTLESS FOCUS ON DELIVERING A REMARKABLE PATIENT EXPERIENCE LAST YEAR NOVANT BEGAN "FIRST DO NO HARM" TRAINING, WHICH IS A PATIENT SAFETY CULTURE THAT EVERY EMPLOYEE IN OUR HEALTH SYSTEM WILL LEARN AND USE IN THEIR DAY-TO-DAY WORK TO REDUCE AND ELIMINATE MEDICAL ERRORS OUR PATIENTS AND COMMUNITIES DESERVE THE SAFEST HEALTHCARE ENVIRONMENT POSSIBLE OF THE 26 NORTH CAROLINA HOSPITALS RATED AS "HIGH RELIABLE" IN 2009 BY THE NORTH CAROLINA HOSPITAL QUALITY CENTER, EIGHT WERE NOVANT HEALTH HOSPITALS BRUNSWICK COMMUNITY HOSPITAL, FORSYTH MEDICAL CENTER, PRESBYTERIAN HOSPITAL, THOMASVILLE MEDICAL CENTER, PRESBYTERIAN ORTHOPAEDIC, PRESBYTERIAN HOSPITAL MATTHEWS, ROWAN REGIONAL AND PRESBYTERIAN HOSPITAL HUNTERSVILLE "HIGH RELIABLE" MEANS THAT THE HOSPITALS CONSISTENTLY ACHIEVED 90 PERCENT COMPLIANCE OR HIGHER WITH BEST PRACTICES IN THE AREAS OF HEART ATTACK CARE, SURGICAL INFECTION PREVENTION, HEART FAILURE OR PNEUMONIA CARE IN ADDITION, FORSYTH MEDICAL CENTER AND PRESBYTERIAN HOSPITAL WERE RECOGNIZED FOR THE SECOND YEAR IN A ROW WITH SUPERIOR SYSTEM PERFORMANCE QUALITY HONORS FROM THE NATIONAL VHA ORGANIZATION IN ADDITION TO OUR QUALITY OF SERVICES, WE'RE VERY PROUD OF OUR PATIENT FINANCIAL ASSISTANCE PROGRAM WE WORK WITH INDIVIDUALS TO HELP QUALIFY THEM FOR PUBLIC ASSISTANCE, ESTABLISH A REASONABLE PAYMENT PLAN, DISCOUNT THEIR BILL TO REFLECT THEIR PERSONAL RESOURCES OR PROVIDE THEM WITH FREE CHARITY CARE NOVANT HEALTH STRETCHES ACROSS THREE STATES AND BEYOND AND INCLUDES HOSPITALS RANGING FROM METROPOLITAN TERTIARY MEDICAL CENTERS TO SMALL, COMMUNITY HOSPITALS IN RURAL AREAS OTHER NOVANT FACILITIES AND PROGRAMS INCLUDE PHYSICIAN PRACTICES, NURSING HOMES, OUTPATIENT SURGERY CENTERS, MEDICAL PLAZAS AND REHABILITATION PROGRAMS COMMUNITY BENEFIT REPORT HTTP://WWW.NOVANTHEALTH.ORG/ABOUT_NOVANT_HEALTH/COMPANY_INFORMATION/FINANCIAL_PROFILE/COMMUNITY_BENEFIT_REPORT.JSP THE COMMUNITY BENEFIT REPORT PREPARED BY NOVANT HEALTH IS A SYSTEM-WIDE REPORT THAT INCLUDES QUALITATIVE AND QUANTITATIVE INFORMATION IN THIS REPORT, THE NOVANT HEALTH SYSTEM'S COMMUNITY BENEFIT WAS APPROXIMATELY 432,000,000 IN 2009 PLEASE NOTE THAT THE NUMERIC DATA IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES IT SHOULD NOT BE RELIED UPON AS THE ORGANIZATION'S FORM 990, SCHEDULE H COMMUNITY BENEFIT REPORT FORM 990, PART III, LINE 1 MISSION, VISION AND VALUES MISSION NOVANT HEALTH EXISTS TO IMPROVE THE HEALTH OF COMMUNITIES, ONE PERSON AT A TIME VISION WE, THE EMPLOYEES OF NOVANT AND OUR PHYSICIAN PARTNERS, WILL DELIVER THE MOST REMARKABLE PATIENT EXPERIENCE, IN EVERY DIMENSION, EVERY TIME VALUES COMPASSION WE TREAT OUR CUSTOMERS AND THEIR FAMILIES, STAFF AND OTHER HEALTHCARE PROVIDERS AS FAMILY MEMBERS BY SHOWING THEM KINDNESS, PATIENCE, EMPATHY AND RESPECT DIVERSITY WE RECOGNIZE THAT EVERY PERSON IS DIFFERENT, EACH SHAPED BY UNIQUE LIFE EXPERIENCES THIS ENABLES US TO BETTER UNDERSTAND ONE ANOTHER AND OUR CUSTOMERS PERSONAL EXCELLENCE WE STRIVE TO GROW PERSONALLY AND PROFESSIONALLY, AND WE APPROACH EACH SERVICE OPPORTUNITY WITH A POSITIVE, FLEXIBLE ATTITUDE HONESTY AND PERSONAL INTEGRITY GUIDE ALL THAT WE DO TEAMWORK THE NEEDS AND EXPECTATIONS OF ANY ONE CUSTOMER ARE GREATER THAN THAT WHICH ONE PERSON'S SERVICE EFFORTS CAN SATISFY WE SUPPORT EACH OTHER SO THAT TOGETHER AS A TEAM, WE CAN BE SUCCESSFUL IN THE EYE OF THE CUSTOMER AS A QUALITY SERVICE PROVIDER

EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS FORM 990, PAGE 1, PART I, LINE 6 THE NUMBER OF VOLUNTEERS REPORTED INCLUDES THOSE VOLUNTEERS SERVING AS BOARD MEMBERS ALL OTHER ACHIEVEMENTS DESCRIPTION FORM 990, PAGE 2, PART III, LINE 4D NOVANT HEALTH, INC IS THE PARENT ORGANIZATION OF A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS AND PHYSICIAN CLINICS (COLLECTIVELY KNOWN AS "NOVANT HEALTH") NOVANT HEALTH, INC EXISTS TO SUPPORT THE OVERALL SYSTEM AND DOES SO BY PROVIDING OVERALL STRATEGIC PLANNING, CENTRALIZED ADMINISTRATIVE SUPPORT, AND THE COORDINATION OF SYSTEM-WIDE ACTIVITIES PROGRAM SERVICE EXPENSES ALSO INCLUDE EXPENSES INCURRED IN THE OPERATION OF THE FACILITIES LEASED TO AFFILIATED HEALTHCARE PROVIDERS WHICH PROVIDE PATIENT CARE TO THE COMMUNITY FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES FORM 990, PART V, LINE 4B BERMUDA, CANADA, CAYMAN ISLANDS, IRELAND RELATED PARTY INFORMATION AMONG OFFICERS FORM 990, PAGE 6, PART VI, LINE 2 ARTHUR J PATEFIELD CARL ARMATO SVP & CMIO NH EVP BUSINESS RELATIONSHIP BELK, JOHN R WOODLIEF, JOHN CHAIR TRUSTEE BUSINESS RELATIONSHIP MANAGEMENT DELEGATED FORM 990, PAGE 6, PART VI, LINE 3 LAWRENCE MCGEE STEPHEN WALLENHAUPT, MD PAUL WILES SVP NH EVP & CMO PRES/CEO NH BUSINESS RELATIONSHIP LARRY MCGEE FRED HARGETT PAUL WILES JOHN WOODLIEF SVP NH EVP & CFO PRES/CEO NH TRUSTEE BUSINESS RELATIONSHIP SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS FORM 990, PAGE 6, PART VI, LINE 4 ARTICLES WERE AMENDED TO ADD ROWAN HEALTH SYSTEM ENTITIES AND PRINCE WILLIAM HEALTH SYSTEM ENTITIES AS SUPPORTED ORGANIZATIONS ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 FORM 990, PAGE 6, PART VI, LINE 11 THE AUDIT AND COMPLIANCE COMMITTEE OF THE 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 AUDIT AND COMPLIANCE COMMITTEE THE COMMITTEE IS THE REVIEW BODY FOR ALL OF THE FORM 990S FILED FOR ORGANIZATIONS WITHIN THE NOVANT HEALTH SYSTEM THE AUDIT AND COMPLIANCE COMMITTEE MEETS BEFORE THE FORM 990S ARE FILED WITH THE IRS AND AFTER ALL BOARD MEMBERS HAVE RECEIVED A COPY OF THE FORM 990 AND A SUMMARY OF ITS CONTENTS THE DIRECTOR OF TAX AND BENEFITS AND LEGAL COUNSEL ATTEND THE MEETING TO ANSWER ANY QUESTIONS AND ADDRESS ANY SIGNIFICANT DISCLOSURES WITHIN THE FORM 990

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	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 FORM ANY POSITIVE ANSWERS ON THE TRUSTEE ANNUAL DISCLOSURE FORM ARE REVIEWED BY THE GENERAL COUNSEL IF THE RELATIONSHIP DISCLOSED IS DETERMINED NOT TO POSE A POTENTIAL CONFLICT OF INTEREST GENERALLY, THEN NO ACTION IS TAKEN WITH RESPECT TO PARTICULAR TRANSACTIONS THAT COME BEFORE THE BOARD, THE POTENTIAL CONFLICT OF INTEREST IS DISCLOSED BY THE BOARD MEMBER, GENERALLY IN ADVANCE OF THE MEETING AT WHICH A VOTE IS TO TAKE PLACE, AND LEGAL COUNSEL DISCUSSES THE POTENTIAL CONFLICT OF INTEREST WITH THE BOARD MEMBER THE BOARD MEMBER IS INSTRUCTED IN ACCORDANCE WITH THE TRUSTEE CONFLICT OF INTEREST POLICY IF A CONFLICT OF INTEREST IS FOUND TO EXIST, THEN THE BOARD MEMBER WITH THE CONFLICT REFRAINS FROM PARTICIPATION IN THE BOARD'S DELIBERATIONS AND VOTE ON THE TRANSACTION

COMPENSATION PROCESS FOR TOP OFFICIAL FORM 990, PAGE 6, PART VI, LINE 15A INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH BOARD OF TRUSTEES (WHO COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) REVIEW, APPROVE, AND OVERSEE ALL ASPECTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING FOR THOSE EXECUTIVES SERVING RELATED OR DISREGARDED ENTITIES THE COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT, USES THIRD PARTY COMPARABILITY DATA FOR FUNCTIONALLY SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, AND MAKES SURE THAT TOTAL COMPENSATION AND BENEFITS FOR EACH EXECUTIVE DO NOT EXCEED FAIR MARKET VALUE WHEN COMPARED TO THE MARKET DATA FOR EXECUTIVES IN A SIMILAR POSITION THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION AND BENEFITS ANNUALLY, CONSISTENT WITH THE WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY OF NOVANT HEALTH, AND IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS, THEREBY ASSURING THAT TOTAL COMPENSATION AND BENEFITS PROVIDED TO EACH EXECUTIVE IS REASONABLE THE COMMITTEE REVIEWS AND APPROVES EACH ITEM OF THE NOVANT HEALTH SYSTEM CEO'S COMPENSATION AND BENEFITS COMPENSATION PROCESS FOR OFFICERS FORM 990, PAGE 6, PART VI, LINE 15B INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH BOARD OF TRUSTEES (WHO COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) REVIEW, APPROVE, AND OVERSEE ALL ASPECTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING FOR THOSE EXECUTIVES SERVING RELATED OR DISREGARDED ENTITIES THE COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT, USES THIRD PARTY COMPARABILITY DATA FOR FUNCTIONALLY SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, AND MAKES SURE THAT TOTAL COMPENSATION AND BENEFITS FOR EACH EXECUTIVE DO NOT EXCEED FAIR MARKET VALUE WHEN COMPARED TO THE MARKET DATA FOR EXECUTIVES IN A SIMILAR POSITION THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION AND BENEFITS ANNUALLY, CONSISTENT WITH THE WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY OF NOVANT HEALTH, AND IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS, THEREBY ASSURING THAT TOTAL COMPENSATION AND BENEFITS PROVIDED TO EACH EXECUTIVE IS REASONABLE LASTLY, IT REVIEWS AND APPROVES ALL OF THE ELEMENTS AND SPECIFICATIONS INCLUDED IN ALL OTHER EXECUTIVE COMPENSATION PLANS AND PROGRAMS (E G, INCENTIVE PLAN DESIGN, AWARD OPPORTUNITIES, ETC) GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990, PAGE 6, PART VI, LINE 19 THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAINING ALL ORGANIZATIONS IN THE NOVANT HEALTH SYSTEM ARE POSTED TO THE NOVANT HEALTH WEBSITE THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC ADDITIONAL INFORMATION SCHEDULE O THE ORGANIZATION EMPLOYS CERTAIN EXECUTIVES WHOSE ROLES ARE SUCH THAT THEY PROVIDE SERVICES TO NOT ONLY THE ORGANIZATION, BUT ALSO TO SOME OR ALL OF THE OTHER TAX-EXEMPT ORGANIZATIONS WITHIN THE NOVANT HEALTH CARE SYSTEM FOR EXAMPLE, MANY OF THESE EXECUTIVES' ROLES FOCUS ON PARTICULAR SERVICE LINES WHICH CROSS THE VARIOUS GEOGRAPHIC MARKETS OUR ORGANIZATIONS SERVE, THUS THE SERVICES PROVIDED BY THESE EXECUTIVES MAY BENEFIT AND BE RECEIVED BY MULTIPLE ORGANIZATIONS WITHIN THE SYSTEM THE EXECUTIVES DO NOT ALLOCATE THEIR HOURS BETWEEN THE VARIOUS ORGANIZATIONS, BUT RATHER THEIR TIME SPENT ON SERVICES TO THE ORGANIZATION IS INCLUSIVE OF SERVICES TO ALL OF THE ORGANIZATIONS THEY SERVE WITHIN THE SYSTEM FORM 990, SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION NORTH CAROLINA MED CARE COMMISSION - CUSIP 657902K27, ISSUED 7/17/03 (1) REFUNDING OF SERIES 1992 AND SERIES 1993 BONDS, (2) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (3) PAY ISSUANCE COSTS NORTH CAROLINA MED CARE COMMISSION - CUSIP 657902U91, ISSUED 12/08/04 (1) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (2) PAY ISSUANCE COSTS NORTH CAROLINA MED CARE COMMISSION - CUSIP 657902V25, ISSUED 12/08/04 (1) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (2) PAY ISSUANCE COSTS NORTH CAROLINA MED CARE COMMISSION - CUSIP 6579025X6, ISSUED 12/14/06 (1) DEPOSIT TO CONSTRUCTION ACCOUNT, (2) REFINANCING OF OUTSTANDING LINE OF CREDIT, AND (3) PAY ISSUANCE COSTS NORTH CAROLINA MED CARE COMMISSION - CUSIP 65821DAE1, ISSUED 08/19/08 (1) REFUND SERIES 1990 COMMUNITY GENERAL HOSPITAL OF THOMASVILLE PROJECT BONDS, (2) REFUND 1991 CMI BOND, (3) REFUND 1992 PHSC BONDS, (4) PAY PREMIUM ON POLICY ISSUED IN CONNECTION WITH BONDS, AND (5) PAY ISSUANCE COSTS NORTH CAROLINA MED CARE COMMISSION - CUSIP 65821DAD3, ISSUED 08/19/08 (1) REFUND 1998A AND 1998B (EXCEPT FOR THOSE MATURING ON 10/01/08), AND (2) PAY ISSUANCE COSTS NORTH CAROLINA MED CARE COMMISSION - CUSIP 65821DAC5, ISSUED 08/19/08 (1) REFUNDING OF OUTSTANDING 1998A BONDS AND SERIES 1998B BONDS (EXCEPT FOR THOSE MATURING ON 10/01/08), AND (2) PAY ISSUANCE COSTS FORM 990, SCHEDULE K, PART II - ISSUANCE COST FROM PROCEEDS ISSUANCE CREDIT ENHANCEMENT TOTAL 2008 A 410,168 58,219 468,387 2008 B 439,993 62,452 502,445 2008 C 298,075 42,309 340,383 FORM 990, SCHEDULE K, PART III - PRIVATE BUSINESS USE THE ORGANIZATION IS PART OF THE NOVANT HEALTH CARE SYSTEM, WHICH 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 FORM 990, SCHEDULE L - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS NEW STAR RISK RETENTION GROUP, INC HAS A INTERCOMPANY NOTE IN WHICH 206,250 IN INTEREST WAS PAID DURING 2009 THE FOLLOWING OFFICERS OF NOVANT HEALTH, INC SERVE ON THE BOARD OF NEW STAR RISK RETENTION GROUP, CARL ARMATO, FRED HARGETT, STEPHEN L WALLENHAUPT, M D , AND PAUL WILES MEDQUEST, INC HAS AN INTERCOMPANY NOTE WITH NOVANT HEALTH, INC IN WHICH 9,085,562 IN INTEREST WAS PAID DURING 2009 THE FOLLOWING OFFICERS OF NOVANT HEALTH, INC SERVE ON THE BOARD OF MEDQUEST, INC , FRED HARGETT, LAWRENCE MCGEE, AND PAUL WILES

SCHEDULE R (Form 990) <small>Department of the Treasury Internal Revenue Service</small>	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
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 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
See Additional Data Table					

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
See Additional Data Table					

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
See Additional Data Table							

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b Yes

1c

1d Yes

1e

1f

1g

1h

1i Yes

1j

1k Yes

1l

1m

1n

1o Yes

1p Yes

1q

1r Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 56-1376950

Name: NOVANT HEALTH INC

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

(a) Name, address, and EIN 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
BRUNSWICK COMMUNITY HOSPITAL LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-4278130	HEALTHCARE	NC	51,172,700		NHTR NOVANT HEALTH TRIAD REGION
CAROLINAS INTEGRATED HEALTHCARE LL 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2038132	INACTIVE	NC			PAH PRESBYTERIAN AMBULATORY HOLDINGS
NOVANT ASSET MANAGEMENT LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0705491	ASSET MGMT	NC	1,262,916		NA
NOVANT HEALTH SOUTHERN PIEDMONT REG 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120972	HOLDING CO	NC			NA
NOVANT HEALTH TRIAD REGION LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120973	HOLDING CO	NC			NA
PRESBYTERIAN AMBULATORY HOLDINGS L 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-1705594	HOLDING CO	NC			NHSPR NOVANT HEALTH SOUTHERN PIEDMONT REG
PRESBYTERIAN BREAST CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0069792	HEALTHCARE	NC	4,949,155		PAH PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN DIAG CTR AT CABARRUS 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 27-0295685	HEALTHCARE	NC			PAH PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN DIAG CTR AT LINCOLN 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-1705594	HEALTHCARE	NC			PAH PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN ENDO CTR AT HUNTERSUIL 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-5112015	HEALTHCARE	NC	889,418		PAH PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN HOSPITAL HUNTERSVILLE 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-1102735	INACTIVE	NC			NHSPR NOVANT HEALTH SOUTHERN PIEDMONT REG
PRESBYTERIAN HOSPITAL MINT HILL LL 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0599536	INACTIVE	NC			NHSPR NOVANT HEALTH SOUTHERN PIEDMONT REG
PRESBYTERIAN HOSPITAL YORK LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120972	HEALTHCARE	NC			NHSPR NOVANT HEALTH SOUTHERN PIEDMONT REG
PRESBYTERIAN IMAGING CENTERS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 72-1568954	HEALTHCARE	NC	11,607,870		PAH PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN MOBILE IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-2935595	INACTIVE	NC			PIC PRESBYTERIAN IMAGING CENTERS LLC
PRESBYTERIAN ORTHOPAEDIC HOSPITAL 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2090263	HEALTHCARE	NC	92,874,402		NA
PRESBYTERIAN SDS AT HUNTERSVILLE L 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-2422926	HEALTHCARE	NC			PAH PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN SDS AT MONROE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3135267	HEALTHCARE	NC	495,323		PAH PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN SDS CENTER AT BALLANTY 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3135052	HEALTHCARE	NC	4,501,403		PAH PRESBYTERIAN AMBULATORY HOLDINGS
QUEEN CITY CONDOMINIUM LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-0821961	RENTAL REA	NC			NA
SAME DAY SURGERY NEW HANOVER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-2422923	INACTIVE	NC			NHTR NOVANT HEALTH TRIAD REGION
NORTHSTATE IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 27-2873846	INACTIVE	NC			NHTR NOVANT HEALTH TRIAD REGION
MOUNTAINVIEW IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120973	INACTIVE	NC			NHTR NOVANT HEALTH TRIAD REGION
NOVANT PROPERTIES LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-3378448	REAL ESTAT	NC			NA
HOLLY SPRINGS SURGERY CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NC			NA
SAME DAY SURGERY CENTER FRANKLIN L 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NC			NA
SAMEDAY SURGERY CENTER AT PRESBYTER 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 58-0561430	INACTIVE	NC			NA

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
AUXILIARY OF FORSYTH MEMORIAL HOSPI 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-0862112	HEALTHCARE	NC	501	9	FMH FORSYTH MEMORIAL HOSPITAL
CAROLINA MEDICORP ENTERPRISES 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 58-1466368	HEALTHCARE	NC	501	11B	NMG NOVANT MEDICAL GROUP
COMMUNITY GENERAL HEALTH PARTNERS 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-0636250	HEALTHCARE	NC	501	3	NHTR NOVANT HEALTH TRIAD REGION
COMMUNITY GENERAL HOSPITAL FOUNDATI 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1828629	HEALTHCARE	NC	501	7	CGHP COMMUNITY GENERAL HEALTH PARTNERS
CONTINUING CARE SERVICES 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1288473	HEALTHCARE	VA	501	9	PWHS PRINCE WILLIAM HEALTH SYSTEM
FORSYTH MEDICAL CENTER FOUNDATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-2120959	HEALTHCARE	NC	501	7	FMH FORSYTH MEMORIAL HOSPITAL
FORSYTH MEMORIAL HOSPITAL 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-0928089	HEALTHCARE	NC	501	3	NHTR NOVANT HEALTH TRIAD REGION
FOUNDATION HEALTH SYSTEMS CORP 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1373175	HEALTHCARE	NC	501	9	NHTR NOVANT HEALTH TRIAD REGION
MEDICAL PARK HOSPITAL 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1340424	HEALTHCARE	NC	501	3	NHTR NOVANT HEALTH TRIAD REGION
NOVANT MEDICAL GROUP 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 58-1728803	HEALTHCARE	NC	501	3	NH NOVANT HEALTH
PERSONAL CARE SERVICES 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1291284	HEALTHCARE	VA	501	9	PWHS PRINCE WILLIAM HEALTH SYSTEM
PRESBYTERIAN HOSPITAL 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-0554230	HEALTHCARE	NC	501	3	NHSPR NOVANT HEALTH SOUTHERN PIEDMONT REG
PRESBYTERIAN HOSPITAL FOUNDATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 58-1413074	HEALTHCARE	NC	501	7	NHSPR NOVANT HEALTH SOUTHERN PIEDMONT REG
PRESBYTERIAN MEDICAL CARE CORPORATI 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1376368	HEALTHCARE	NC	501	3	NHSPR NOVANT HEALTH SOUTHERN PIEDMONT REG
PRINCE WILLIAM HEALTH SYSTEM 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1278944	HEALTHCARE	VA	501	11C	NH NOVANT HEALTH
PRINCE WILLIAM HEALTH SYSTEM FOUNDA 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1307595	HEALTHCARE	VA	501	11A	PWHS PRINCE WILLIAM HEALTH SYSTEM
PRINCE WILLIAM HOSPITAL 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-0696355	HEALTHCARE	VA	501	3	PWHS PRINCE WILLIAM HEALTH SYSTEM
ROWAN HEALTH SERVICES CORP 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1424814	HEALTHCARE	NC	501	11C	NH NOVANT HEALTH
ROWAN MEDICAL PRACTICES INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-2098809	HEALTHCARE	NC	501	11C	RHS ROWAN HEALTH SERVICES
ROWAN REGIONAL MEDICAL CENTER AUXIL 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 23-7022472	HEALTHCARE	NC	501	9	RRMC ROWAN REGIONAL MEDICAL CENTER
ROWAN REGIONAL MEDICAL CENTER FOUND 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1424818	HEALTHCARE	NC	501	7	RRMC ROWAN REGIONAL MEDICAL CENTER
ROWAN REGIONAL MEDICAL CENTER INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-0547479	HEALTHCARE	NC	501	3	RHS ROWAN HEALTH SERVICES
SELF INSURANCE FUND - NOVANT HEALTH 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 58-1867242	HEALTHCARE	NC	501	11C	NH NOVANT HEALTH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprtionate allocations?		(i) Code V -UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
BILLINGSLEY ROAD ASSOCIATES LTD 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1685105	RENTAL REA	NC	NA N/A	EXCLUDED	433,287	4,903,485		No		Yes	
PROVIDENCE ROAD LAND PARTNERS LLC 1523 ELIZABETH AVENUE STE 220 CHARLOTTE, NC28204 56-2264109	RENTAL REA	NC	NA N/A	UNRELATED	-1,159,069	18,016,103		No			No
THE REHAB INST OF CAROLINAS 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1665876	HEALTHCARE	NC	PH PRESBYTERIAN HOSPITAL	RELATED	-1,757,977	493,031		No		Yes	
SOUTHPARK SURGERY CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 87-0714098	HEALTHCARE	NC	PH PRESBYTERIAN HOSPITAL	RELATED	922,092	4,860,889		No		Yes	
OASC LLC (DBA OCEAN AMBULATORY SUR 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-2170937	HEALTHCARE	DE	FHS FOUNDATION HEALTH SYSTEMS	RELATED	-323,326	656,576		No		Yes	
CALL A NURSE 1900 SOUTH HAWTHORNE RD STE 762 WINSTON SALEM, NC27103 43-1965884	HEALTHCARE	NC	NA N/A	RELATED	125,894	887,339		No		Yes	
PRINCE WILLIAM AMBULATORY SURGERY C 8650 SUDLEY ROAD STE 411 MANASSAS, VA20110 77-0594498	HEALTHCARE	NC	PWH PRINCE WILLIAM HOSPITAL	RELATED	837,025	684,613		No		Yes	
PRINCE WILLIAM - FAUQUIER CANCER CE 8650 SUDLEY ROAD STE 411 MANASSAS, VA20110 05-0570221	HEALTHCARE	NC	PWH PRINCE WILLIAM HOSPITAL	RELATED	852,305	5,899,537		No		Yes	
CAROLINA HOLDINGS LLC 5811 PELICAN BAY BLVD SUITE 500 NAPLES, FL34108 26-2227855	HEALTHCARE	NC	FHS FOUNDATION HEALTH SYSTEMS	RELATED	7,366,124	319,593,493		No			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
COMMUNICARE INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1952950	RENTAL REA	NC	CGHP COMMUNITY GENERAL HEALTH PARTNERS	C CORP	811,914	317,334	100 000 %
CHOICEHEALTH INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1896065	MANAGED CA	NC	NA N/A	C CORP	523,526	394,037	100 000 %
ADEPT HEALTH INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-2226937	ADMIN SVCS	NC	NA N/A	C CORP			100 000 %
SALEM HEALTH SERVICES INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1342654	HEALTH REL	NC	NA N/A	C CORP	-1,059,302	13,859,334	100 000 %
SALEM DIAGNOSTICS INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1513621	HEALTH REL	NC	SHS SALEM HEALTH SOLUTIONS	C CORP	13,523,104		100 000 %
MEDQUEST ASSOCIATES INC 3480 PRESTON RIDGE RD STE 600 ALPHARETTA, GA30005 52-2148018	MANAGEMENT	DE	NA N/A	C CORP	144,936,199	122,573,391	100 000 %
TRINOVA INSURANCE LTD FKA NEW STAR 58 PAR LA VILLE ROAD PO BOX 1995 HAMILTON,BERMUDA HMX BD 98-0615601	INSURANCE	BD	NA N/A	C CORP	580,602	4,965,610	100 000 %
PRESBYTERIAN WOMEN'S CARE CORP 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-2217545	HEALTHCARE	NC	NMG NOVANT MEDICAL GROUP	C CORP	15,561,077	3,844,418	100 000 %
NEW STAR RISK RETENTION GROUP INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 20-3382230	INSURANCE	SC	NMG NOVANT MEDICAL GROUP	C CORP	820,853	8,308,054	79 000 %
ROWAN MEDICAL FACILITIES INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1424672	MEDICAL SU	NC	RHS ROWAN HEALTH SERVICES	C CORP	2,612,139	5,132,682	100 000 %
ROWAN MEDICAL ALLIANCE INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1992669	INSURANCE	NC	RRMC ROWAN REGIONAL MEDICAL CENTER	C CORP	17,666	69,905	100 000 %
FISCAL CORP LTD 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1282069	HEALTH REL	VA	PWHS PRINCE WILLIAM HEALTH SYSTEM	C CORP	476	949,134	100 000 %
PRINCE WILLIAM FAMILY HEALTHCARE 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1748199	HEALTH REL	VA	PWHS PRINCE WILLIAM HEALTH SYSTEM	C CORP			100 000 %
PRINCE WILLIAM MEDICAL SUPPLY 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1307554	HEALTH REL	VA	PWHS PRINCE WILLIAM HEALTH SYSTEM	C CORP			100 000 %

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) MEDQUEST INC	A	9,085,562
(2) NEW STAR RISK RETENTION GROUP INC	A	206,250
(3) FOUNDATION HEALTH SYSTEMS	A	2,520,818
(4) FORSYTH MEMORIAL HOSPITAL	A	8,871,822
(5) NOVANT MEDICAL GROUP	A	3,870,034
(6) PRESBYTERIAN HOSPITAL	A	637,935
(7) PRESBYTERIAN MEDICAL CARE CORP	A	156,345
(8) THE REHAB INSTITUTE OF CAROLINAS	A	311,882
(9) FORSYTH MEDICAL CENTER FOUNDATION	B	730,000
(10) SELF-INSURANCE FUND - NOVANT	B	8,250,000
(11) CAROLINA MEDICORP ENTERPRISES	O	2,820,657
(12) CHOICEHEALTH	O	146,867
(13) COMMUNITY GENERAL HEALTH PARTNERS	O	14,057,057
(14) EXCEL IMAGING	O	748,497
(15) AUXILIARY OF FORSYTH MED CTR	O	945,243
(16) FORSYTH MEDICAL CENTER FOUNDATION	O	1,492,825
(17) FORSYTH MEMORIAL HOSPITAL	O	214,027,940
(18) FOUNDATION HEALTH SYSTEMS	O	8,110,487
(19) MEDICAL PARK HOSPITAL	O	16,225,264
(20) NOVANT MEDICAL GROUP	O	149,653,796
(21) PRESBYTERIAN HOSPITAL	O	254,942,040
(22) PRESBYTERIAN HOSPITAL FOUNDATION	O	1,436,414
(23) PRESBYTERIAN MEDICAL CARE CORP	O	31,783,729
(24) PRESBYTERIAN WOMEN'S CENTER	O	3,426,055
(25) THE REHAB INST OF THE CAROLINA	O	174,429
(26) ROWAN MEDICAL FACILITIES	O	1,294,114
(27) ROWAN HEALTH SERVICES INC	O	576,510
(28) ROWAN MEDICAL PRACTICES INC	O	57,555
(29) ROWAN REGIONAL MEDICAL CENTER	O	63,553,614
(30) ROWAN REG MED CTR FOUNDATION	O	250,112
(31) SALEM HEALTH SERVICES	O	14,067,430
(32) SOUTH PARK SURGERY CENTER	O	7,162,529
(33) ADEPT HEALTH	O	423,027
(34) COMMUNITY GENERAL HEALTH FOUNDATION	O	65,709
(35) CAROLINA MEDICORP ENTERPRISES	A	185,340
(36) FORSYTH MEDICAL CENTER AUXILIARY	B	150,000
(37) MEDQUEST INC	D	227,618,727
(38) FOUNDATION HEALTH SYSTEMS	D	184,700,000

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service

See separate instructions.

Attach to your tax return.

Name(s) shown on return NOVANT HEALTH INC	Business or activity to which this form relates	Identifying number 56-1376950
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	250,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	251,479
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	251,479
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a

Do you have evidence to support the business/investment use claimed?

Yes

No

24b

If "Yes," is the evidence written?

Yes

No

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31Total commuting miles driven during the year												
32Total other personal(noncommuting) miles driven												
33Total miles driven during the year Add lines 30 through 32												
34Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35Was the vehicle used primarily by a more than 5% owner or related person?												
36Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39Do you treat all use of vehicles by employees as personal use?		
40Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42A mortization of costs that begins during your 2009 tax year (see instructions)					
43A mortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	NOVANT HEALTH, INC.	56-1376950
	Number, street, and room or suite no. If a P.O. box, see instructions. 2085 FRONTIS PLAZA BLVD.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINSTON SALEM NC 27103	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **FRED HARGETT**
Telephone No **336-718-2003** 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/10**.

5 For calendar year **2009**, or other tax year beginning , and ending

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **[Signature]** Title **CPA** Date **8-6-10**
Form **8868** (Rev. 4-2009)

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	206,388,100	including grants of \$ 203,000) (Revenue \$)
NOVANT HEALTH, INC IS THE PARENT ORGANIZATION OF A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS AND PHYSICIAN CLINICS (COLLECTIVELY KNOWN AS "NOVANT HEALTH") NOVANT HEALTH, INC EXISTS TO SUPPORT THE OVERALL SYSTEM AND DOES SO BY PROVIDING OVERALL STRATEGIC PLANNING, CENTRALIZED ADMINISTRATIVE SUPPORT, AND THE COORDINATION OF SYSTEM-WIDE ACTIVITIES PROGRAM SERVICE EXPENSES ALSO INCLUDE EXPENSES INCURRED IN THE OPERATION OF THE FACILITIES LEASED TO AFFILIATED HEALTHCARE PROVIDERS WHICH PROVIDE PATIENT CARE TO THE COMMUNITY			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
WILESPAUL M PRES/CEO	60 00	X		X				2,095,709	0	923,680
ALUKO YELE MD TRUSTEE	2 00	X						0	872,427	112,098
BAUGHAN MICHAEL SEC/TREAS	2 00	X		X				0	0	0
BELK JOHN R CHAIR	2 00	X		X				0	0	0
BROOKSHIRE JR STANFORD R NHSPR EONV	2 00	X						0	0	0
CARROLL JOE NHTR CH-EONV	2 00	X						0	0	0
CONRAD DEBRA FORSYTH CTY	2 00	X						0	0	0
EDWARDS H RANDALL PWHS REP	2 00	X						0	0	0
EVANS LISA S MD VICE-CHAIR	2 00	X		X				0	0	0
GORDON JR ROBERT TRUSTEE	2 00	X						0	0	0
HANCE JR JAMES H EMERITUS NV	2 00	X						0	0	0
KETNER JR GLENN E CHAIR, ROWAN	2 00	X						0	0	0
STOLZ ROBERT H TRUSTEE	2 00	X						0	0	0
TILLMAN KRISTA TRUSTEE	2 00	X						0	0	0
VALENTINE PEGGY TRUSTEE	2 00	X						0	0	0
WOODLIEF JOHN TRUSTEE	2 00	X						0	0	0
BEIER GREGORY EVP	60 00			X				1,514,638	0	1,322,851
WALLENHAUPTSTEPHEN L EVP/CMO	60 00			X				1,274,648	0	884,178
ARMATO CARL EVP	60 00			X				1,262,963	0	1,305,687
SWINDLEJO DEAN EVP/CFO	60 00			X				1,108,871	0	529,565
MCGEELAWRENCE UPCHURCH SR VP	60 00			X				1,004,931	0	620,556
WOOLLEN JRTHOMAS H EVP	60 00			X				956,073	0	516,690
TOBALSKIJIM GEORGE SR VP	60 00			X				872,204	0	561,965
BESTDIANA LEE SR VP	60 00			X				866,125	0	467,133
GATTISJACQUELINE D EVP/CAO	60 00			X				856,956	0	937,891

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
PATEFIELD ARTHUR J MD SR VP/CMIO	60 00			X				615,862	0	826,672
HARGETT FRED MCDOWELL EVP/CFO	60 00			X				581,236	0	539,474
SEEHAUSEN JRROBERT H SR VP	60 00			X				529,807	0	510,644
PARKDAVID G SR VP	60 00			X				440,060	0	455,910
WEBERDANIELLE B SR VP	60 00			X				434,207	0	180,357
JOHNSONTONY W SR VP	60 00			X				414,857	0	406,826
GARRETTDAVID SR VP	60 00			X				414,366	0	195,564
MORGANWAYNE FORREST SR VP/CIO	60 00			X				390,476	0	202,097
MIHALDENISE BARBARA PRES/CEO BCH	60 00			X				385,263	0	167,360
SMITH-HILLJANET SR VP	60 00			X				370,511	0	205,715
HEARN IITHOMAS KERMIT SR VP	60 00			X				309,986	0	174,766
BARTONICHOLAS M SR VP	60 00			X				285,931	0	134,018
MYERS SCOTT SR VP	60 00			X				236,255	0	86,756
RILEY MICHAEL COO POH	60 00			X				137,183	0	41,694
BURKE MARGARET H VP INT AUDIT	60 00				X			216,693	0	23,625
MOGUL MARK MEDICAL DIRE	40 00					X		228,042	147,742	142,078
GARDELLAJOHN E VP CLIN IMPR	40 00					X		332,904	0	97,087
LEDERER JRJAMES W MED DIRECTOR	40 00					X		323,589	0	76,188
HEALYPATRICK K VP CLIN IMPR	40 00					X		304,530	0	89,715
WALSH BETSY J VP - DEP GEN	40 00					X		250,479	0	75,494
MCKNIGHTRICHARD BOWEN FMR SR VP/CI							X	143,507	0	2,537

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	38,116,770	38,116,770		
EQUIP RENT & MAINT	26,910,272	21,485,161	5,425,111	
MISCELLANEOUS	12,769,473	10,195,147	2,574,326	
COLLECTION FEES	5,470,623	5,470,623		
DUES/MEMBERSHIP/LICENSES	3,437,176	2,744,241	692,935	