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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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization  
NOVANT HEALTH INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
2085 FRONTIS PLAZA BLVD

Room/suite

City or town, state or country, and ZIP + 4  
WINSTON SALEM, NC 27103

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?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀(Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NOVANTHEALTH.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1997

M State of legal domicile NC

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	3,360
	6	Total number of volunteers (estimate if necessary)	135
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	22,647,951
	7b	Net unrelated business taxable income from Form 990-T, line 34	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,976
	9	Program service revenue (Part VIII, line 2g)	400,883,200
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,454,593
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,376,170
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	412,975,599
			506,322,193
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	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)	211,860,176
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	240,666,934
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	452,741,210
	19	Revenue less expenses Subtract line 18 from line 12	-39,765,611
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	2,778,025,037
	21	Total liabilities (Part X, line 26)	2,342,361,484
	22	Net assets or fund balances Subtract line 21 from line 20	435,663,553
Part II Signature Block			

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

Sign Here

Signature of officer

FRED HARGETT EVP & CFO

2011-11-08

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶

Firm's address ▶

Preparer's signature

Date

Check if self-employed ☐

PTIN

Firm's EIN ▶

Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

NOVANT HEALTH EXISTS TO IMPROVE THE HEALTH OF COMMUNITIES, ONE PERSON AT A TIME SEE SCHEDULE O

2

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

YesNo

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?

YesNo

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 \$

75,948,129

including grants of \$

(Revenue \$

108,528,670 )

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 2010, POH HAD 156 LICENSED BEDS THERE WERE 16,173 PATIENT DAYS, WITH AN AVERAGE LENGTH OF STAY OF 4 34 DAYS, AND AN AVERAGE DAILY CENSUS OF 44 31 THERE WERE 3,726 DISCHARGES, 7,504 INPATIENT AND OUTPATIENT SURGERIES, AND 11,663 OUTPATIENT ENCOUNTERS

4b

(Code)

(Expenses \$

53,656,217

including grants of \$

(Revenue \$

53,910,178 )

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 2010, BCH HAD 60 LICENSED BEDS THERE WERE 11,322 PATIENT DAYS, WITH AN AVERAGE LENGTH OF STAY OF 3 43 DAYS, AND AN AVERAGE DAILY CENSUS OF 36 THERE WERE 3,312 DISCHARGES, 56,934 INPATIENT AND OUTPATIENT ENCOUNTERS, AND 23,755 EMERGENCY DEPARTMENT VISITS

4c

(Code)

(Expenses \$

26,441,885

including grants of \$

(Revenue \$

22,426,350 )

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 2010, THERE WERE 104,194 OUTPATIENT ENCOUNTERS

4d

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

(Expenses \$

248,931,300

including grants of \$

1,101,507 ) (Revenue \$

252,993,993 )

4e

















Total program service expenses

\$

404,977,531

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 (see instruction)?	2	No
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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
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, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	No

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 lines 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .			
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	4,390	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	3,360	
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 (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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: BD, EI See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds 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?				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				
14a				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		No

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.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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		No
14	Does the organization have a written document retention and destruction policy?	14		No
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	15b	Yes	
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

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2010)



## Part VII

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	269
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		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
BRASFIELD & GORRIE LLC PO BOX 11407 BIRMINGHAM, AL 35246	CONTRACTOR	83,154,380
CROTHALL SERVICE GROUP 955 CHESTERBROOK BLVD STE 300 WAYNE, PA 19087	HOSPITAL HOUSEKEEPING	23,403,836
DELOITTE CONSULTING LLP PO BOX 7247-6447 PHILADELPHIA, PA 19170	ACCOUNTING & CONSULTING	13,084,679
MARSH USA INC PO BOX 100536 ATLANTA, GA 30384	CONSULTING	5,326,440
MCKINSEY & COMPANY PO BOX 7247-7255 PHILADELPHIA, PA 19170	CONSULTING	4,835,000
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>138</b>		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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					
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f . . . . .					
Program Service Revenue	2a		Business Code			
	CORPORATE ALLOCATION		561000	232,403,385	232,403,385	
	b PATIENT REVENUE		621990	183,177,360	183,177,360	
	c AFFILIATED RENTAL		532000	15,576,515	15,576,515	
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f . . . . .			431,157,260		
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . .			13,960,430		1,251,139
	4 Income from investment of tax-exempt bond proceeds . .			288,499	288,499	
	5 Royalties . . . . .					
			(i) Real	(ii) Personal		
	6a Gross Rents		6,162,456			
	b Less rental expenses		30,498,688			
	c Rental income or (loss)		-24,336,232			
	d Net rental income or (loss) . . . . .			-24,336,232		- 24,336,232
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		170,826,980	65,821,196		
	b Less cost or other basis and sales expenses		167,748,032			
	c Gain or (loss)		3,078,948	65,821,196		
	d Net gain or (loss) . . . . .			68,900,144		68,900,144
	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		561000	13,669,845	3,731,185	9,938,660	
b SICK CLINIC		900099	2,682,247	2,682,247		
c						
d All other revenue . . . . .						
e Total. Add lines 11a-11d . . . . .			16,352,092			
12 Total revenue. See Instructions . . . . .			506,322,193	437,859,191	22,647,951	45,815,051

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	1,101,507	1,101,507		
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 . . . . .	19,570,803		19,570,803	
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	172,625,578	155,052,294	17,573,284	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	15,382,105	13,816,207	1,565,898	
9	Other employee benefits . . . . .	21,267,712	19,102,659	2,165,053	
10	Payroll taxes . . . . .	12,097,214	10,865,718	1,231,496	
a	Fees for services (non-employees) Management . . . . .				
b	Legal . . . . .	4,069,722		4,069,722	
c	Accounting . . . . .	1,816,501		1,816,501	
d	Lobbying . . . . .	269,245		269,245	
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	2,198,059		2,198,059	
g	Other . . . . .	27,690,374	24,871,494	2,818,880	
12	Advertising and promotion . . . . .	386,239	346,920	39,319	
13	Office expenses . . . . .	5,946,212	5,340,888	605,324	
14	Information technology . . . . .	772,089	693,490	78,599	
15	Royalties . . . . .				
16	Occupancy . . . . .	8,527,279	7,659,202	868,077	
17	Travel . . . . .	1,629,817	1,463,902	165,915	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	1,655,125	1,486,633	168,492	
20	Interest . . . . .	14,518,219	13,040,264	1,477,955	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	64,544,061	57,973,476	6,570,585	
23	Insurance . . . . .	1,338,116	1,201,896	136,220	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	SUPPLIES	42,540,476	42,540,476		
b	EQUIPMENT RENTAL & MAIN	28,015,603	25,163,615	2,851,988	
c	BAD DEBT	8,211,554	7,375,618	835,936	
d	COLLECTION FEES	4,947,170	4,947,170		
e	DUES & SUBSCRIPTIONS	3,686,902	3,311,575	375,327	
f	All other expenses	8,486,448	7,622,527	863,921	
25	Total functional expenses. Add lines 1 through 24f	473,294,130	404,977,531	68,316,599	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 . . . . .			271,115,490	1	148,963,494
	2	Savings and temporary cash investments . . . . .			458,753,118	2	325,112,737
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			55,445,825	4	46,761,793
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			9,517,089	7	5,670,665
	8	Inventories for sale or use . . . . .			9,954,260	8	11,414,136
	9	Prepaid expenses and deferred charges . . . . .			19,741,646	9	21,191,579
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	1,442,339,885			
	b	Less: accumulated depreciation . . . . .	10b	672,433,271	718,498,154	10c	769,906,614
	11	Investments—publicly traded securities . . . . .			638,689,199	11	788,015,720
	12	Investments—other securities. See Part IV, line 11 . . . . .			129,185,792	12	141,268,094
	13	Investments—program-related. See Part IV, line 11 . . . . .			53,150,913	13	108,398,721
	14	Intangible assets . . . . .			100,957,766	14	28,680,174
	15	Other assets. See Part IV, line 11 . . . . .			313,015,785	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			2,778,025,037	16	2,395,383,727	
Liabilities	17	Accounts payable and accrued expenses . . . . .			246,785,190	17	269,610,202
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			821,644,109	20	1,056,288,777
	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 . . . . .			1,273,932,185	25	846,307,587
	26	Total liabilities. Add lines 17 through 25 . . . . .			2,342,361,484	26	2,172,206,566
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 . . . . .			435,663,553	27	223,177,161
	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 . . . . .			435,663,553	33	223,177,161
34	Total liabilities and net assets/fund balances . . . . .			2,778,025,037	34	2,395,383,727	

**Part XI**   **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . . ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	506,322,193
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	473,294,130
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	33,028,063
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	435,663,553
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	-245,514,455
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	223,177,161

**Part XII**   **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b>	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	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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>b</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

2010

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 described in **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)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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	
See Additional Data Table									
Total									233,939,299

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
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 2010 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2009 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

**If the organization answered “Yes,” 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, Part V, line 35a (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 type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input 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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(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
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	<b>a</b> Volunteers?		No	
	<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	<b>c</b> Media advertisements?		No	
	<b>d</b> Mailings to members, legislators, or the public?		No	
	<b>e</b> Publications, or published or broadcast statements?		No	
	<b>f</b> Grants to other organizations for lobbying purposes?		No	
	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		269,245
	<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		18,634
<b>j</b>	Total lines 1c through 1i			287,879
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

**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".

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

**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.

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		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

2010

Open to Public Inspection

Name of the organization  
NOVANT HEALTH INC

Employer identification number  
56-1376950

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 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 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) 2010

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 . . . . .

(ii)

related organizations . . . . .

b

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

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

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 . . . . .		109,330,558		109,330,558
b Buildings . . . . .		566,191,700	275,793,676	290,398,024
c Leasehold improvements . . . . .		34,180,637	12,911,781	21,268,856
d Equipment . . . . .		491,548,011	370,367,273	121,180,738
e Other . . . . .		241,088,979	13,360,541	227,728,438
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				769,906,614



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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	LIABILITY UNDER FIN 48 (ASC 740) FOOTNOTE THE AUDIT FOR NOVANT HEALTH AND ITS AFFILIATES IS PREPARED ON A CONSOLIDATED BASIS. FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009, 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, 2010 AND 2009.



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.**

# 2010

## 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 V the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activities per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
BERMUDA	1	1	CAPTIVE INSURER		
BERMUDA	4	4	INVESTMENTS		
CENTRAL AMERICA AND THE CARIBBEAN	10	10	INVESTMENTS		
NORTH AMERICA	2	2	INVESTMENTS		
EUROPE	2	2	INVESTMENTS		
<b>3a</b> Sub-total		19			0
<b>b</b> Total from continuation sheets to Part I		0			0
<b>c Totals</b> (add lines 3a and 3b)		19			0

**1**

(i) Method of valuation (book, FMV, appraisal, other)

**3** Enter total number of other organizations or entities . . . . . ►

## Part III

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

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

[illegible]

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

2010

Open to Public  
Inspection

**Name of the organization**  
NOVANT HEALTH INC

**Employer identification number**  
56-1376950

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
b	If "Yes," is it a written policy? . . . . .	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <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 the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  <b>a</b> 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 FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input checked="" type="checkbox"/> Other <u>300.000000000000 %</u></div>	Yes	
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%</div> <div><input type="checkbox"/> 250%</div> <div><input checked="" type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____ %</div>	Yes	
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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
6a	Does the organization prepare a community benefit report during the tax year? . . . . .	Yes	
6b	If "Yes," did the organization make it available to the public? . . . . .	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			9,068,399		9,068,399	3 760 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			17,523,619	10,257,503	7,266,116	3 020 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			3,861,303	2,135,251	1,726,052	0 720 %
d Total Financial Assistance and Means-Tested Government Programs			30,453,321	12,392,754	18,060,567	7 500 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			240,730	8,193	232,537	0 100 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			1,191,911	740,471	451,440	0 190 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,001,957		1,001,957	0 420 %
j Total Other Benefits			2,434,598	748,664	1,685,934	0 710 %
k Total. Add lines 7d and 7j			32,887,919	13,141,418	19,746,501	8 210 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
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 III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost) . . . . .	2	3,080,224
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy . . . . .	3	0
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 a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	41,491,930
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	43,633,160
7	Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .	7	-2,141,230
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? . . . . .	9a	Yes
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 . . . . .	9b	Yes

Part IV

Management 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				

## Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 2

**Schedule H (Form 990) 2010**



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

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 7

Name and address		Type of Facility (Describe)
1	PRESBYTERIAN IMAGING CENTER LLC 1918 RANDOLPH ROAD SUITE LL75 STE 2 CHARLOTTE, NC 28207	IMAGING CENTER
2	PRESBYTERIAN IMAGING CENTER LLC 1918 RANDOLPH ROAD SUITE LL75 STE 2 CHARLOTTE, NC 28207	IMAGING CENTER
3	PRESBYTERIAN IMAGING CENTER LLC 1918 RANDOLPH ROAD SUITE LL75 STE 2 CHARLOTTE, NC 28207	IMAGING CENTER
4	PRESBYTERIAN IMAGING CENTER LLC 1918 RANDOLPH ROAD SUITE LL75 STE 2 CHARLOTTE, NC 28207	IMAGING CENTER
5	PRESBYTERIAN IMAGING CENTER LLC 1918 RANDOLPH ROAD SUITE LL75 STE 2 CHARLOTTE, NC 28207	IMAGING CENTER
6	PRESBYTERIAN IMAGING CENTER LLC 1918 RANDOLPH ROAD SUITE LL75 STE 2 CHARLOTTE, NC 28207	IMAGING CENTER
7	PRESBYTERIAN IMAGING CENTER LLC 1918 RANDOLPH ROAD SUITE LL75 STE 2 CHARLOTTE, NC 28207	IMAGING CENTER
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions. Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	Return/Reference	Explanation
		<p>PART I, LINE 6A THE ORGANIZATION IS PART OF THE NOVANT HEALTH CARE SYSTEM AND THE COMMUNITY BENEFIT REPORT IS PREPARED BY A RELATED ORGANIZATION NOVANT HEALTH, INC. PRODUCES ITS OWN COMMUNITY BENEFIT REPORT, WHICH REPRESENTS THE HEALTH SYSTEM AS A WHOLE AND CAN BE FOUND AT <a href="http://www.novanthealth.org/downloads/financial_info/2010_community_involvement.pdf">HTTP://WWW.NOVANTHEALTH.ORG/DOWNLOADS/FINANCIAL_INFO/2010_COMMUNITY_INVOLVEMENT PDF</a> PLEASE NOTE THAT THE NUMERIC INFORMATION IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES</p>
		<p>PART I, LINE 7 COST REPORTED IN THE TABLE OF CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AMOUNTS ARE CALCULATED USING AN ENTITY SPECIFIC COST TO CHARGE RATIO BASED ON WORKSHEET 2 (RCC)</p>
		<p>PART I, L7 COL(F) THE AMOUNT OF BAD DEBT REMOVED FROM TOTAL EXPENSES (DENOMINATOR) WAS \$8,211,554</p>
		<p>PART II ALTHOUGH PART II FOR SCHEDULE H HAS BEEN LEFT BLANK, THE ORGANIZATION DOES ENGAGE IN MANY COMMUNITY BUILDING ACTIVITIES, WHICH SUPPORT AND STRENGTHEN THE COMMUNITY IT SERVES THESE ACTIVITIES ARE IMPORTANT TO THE ORGANIZATION'S MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY HOWEVER, THE ORGANIZATION HAS NOT TRADITIONALLY MAINTAINED AN INFRASTRUCTURE TO TRACK, MONITOR AND REPORT THESE ACTIVITIES THE ORGANIZATION IS PART OF THE NOVANT HEALTH CARE SYSTEM, WHICH HAS A COMMUNITY BENEFIT COMMITTEE THE COMMUNITY BENEFIT COMMITTEE IS CURRENTLY IN THE PROCESS OF ESTABLISHING THE APPROPRIATE INTERNAL MECHANISMS TO TRACK, MONITOR AND REPORT THESE ACTIVITIES THE ORGANIZATION IS COMMITTED TO CONTINUING TO PROVIDE THE COMMUNITY BUILDING ACTIVITIES NECESSARY TO MAINTAIN A HEALTHY, PRODUCTIVE AND VIABLE COMMUNITY</p>
		<p>PART III, LINE 4 THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST) ON LINE 2 IS CALCULATED USING THE SAME METHODOLOGY AS CHARITY CARE AND OTHER COMMUNITY BENEFITS USING AN ENTITY SPECIFIC COST TO CHARGE RATIO (RCC) BAD DEBT EXPENSE ONLY REPRESENTS ACCOUNTS FOR WHICH COLLECTION EFFORTS HAVE BEEN MADE BUT NO PAYMENTS HAVE BEEN RECEIVED DISCOUNTS ARE RECORDED AS EITHER CONTRACTUALS (FOR PATIENTS WHO DO NOT QUALIFY FOR CHARITY) OR AS CHARITY FOR PATIENTS WHO DO QUALIFY FOR CHARITY) THE TEXT OF THE NOVANT HEALTH, INC. CONSOLIDATED FINANCIAL STATEMENTS READS "THE PROVISION FOR BAD DEBTS IS DETERMINED BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, THE AGE OF THE ACCOUNTS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS "</p>
		<p>PART III, LINE 8 THE METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT AS REFLECTED IN THE AMOUNT REPORTED IN PART III, LINE 6 IS DETERMINED BY FOLLOWING THE MEDICARE PRINCIPLES OF ALLOWABLE COSTS COST FOR THE OVERHEAD DEPARTMENTS ARE STEPPED DOWN TO THE REMAINING COST CENTERS BASED ON STATISTICS FOR EACH OVERHEAD COST CENTER ONCE THE STEP-DOWN PROCESS IS COMPLETE, A RATIO OF COST TO CHARGES IS DEVELOPED FOR EACH COST CENTER THE RCC IS THEN APPLIED TO THE MEDICARE REVENUE BY COST CENTER AND TOTALED IT SHOULD BE NOTED THAT THE MEDICARE COST REPORTS DO NOT ADDRESS ANY MANAGED CARE MEDICARE REVENUES, COSTS, OR RELATED SHORTFALL THE TOTAL REVENUES REPORTED AS RECEIVED FROM MEDICARE IN LINE 5 OF SECTION B ARE ONLY REPRESENTATIVE OF MEDICARE FEE FOR SERVICE PAYMENTS RECEIVED THE ALLOWABLE COSTS ON LINE 6 ARE SIGNIFICANTLY LOWER THAN THE ACTUAL EXPENDITURES AS SUCH, THE SHORTFALL IS UNDERESTIMATED EVERY HOSPITAL TREATS MEDICARE PATIENTS SOME HOSPITALS ARE LOCATED IN HIGH MEDICARE POPULATION AREAS OR OFFER SERVICES DISPROPORTIONATELY USED BY MEDICARE PATIENTS MEDICARE RATES AND NUMBERS OF MEDICARE PATIENTS ARE NOT NEGOTIATED AS REIMBURSEMENT RATES DECLINE RELATIVE TO COSTS OF CARE, HOSPITALS CONTINUE TO SERVE THE MEDICARE POPULATION WITHOUT THIS SERVICE THESE PATIENTS WOULD BECOME AN OBLIGATION TO THE GOVERNMENT ANY UNREIMBURSED COSTS OF THIS CARE ARE A COMMUNITY BENEFIT PROVIDED BY THE HOSPITAL TO THE COMMUNITY AND GOVERNMENT</p>
		<p>PART III, LINE 9B IN ADDITION TO OUR FINANCIAL COUNSELING PROCESSES USED TO IDENTIFY CHARITY CARE PATIENTS, OUR COLLECTIONS PROCESSES WITHIN OUR BUSINESS OFFICES ALSO HELP IDENTIFY PATIENTS WHO ARE ALREADY ELIGIBLE FOR CHARITY OR WHO MAY BE ELIGIBLE BASED ON THEIR STATUS WITHIN THE FEDERAL POVERTY GUIDELINES ("FPG") WE UTILIZE PREVIOUSLY SUBMITTED PATIENT DOCUMENTATION AND CREDIT AGENCY REPORTED STATUS FOR DETERMINATION SUPPORTING DOCUMENTS ARE VALID 6 MONTHS FROM THE DATE OF SUBMISSION OUR POLICIES ARE CONSIDERED FLUID AND ARE UPDATED FREQUENTLY BASED ON LOCAL AND NATIONAL MARKET STANDARDS AND NATIONAL ECONOMIC CONDITIONS ANY UPDATES TO OUR POLICIES REQUIRE MULTI-LEVEL LEADERSHIP APPROVAL AND ARE ULTIMATELY APPROVED BY THE NOVANT EXECUTIVE TEAM</p>
		<p>PART VI, LINE 2 NEEDS ASSESSMENT THE ORGANIZATION IS PART OF THE NOVANT HEALTH CARE SYSTEM, WHICH HAS A COMMUNITY BENEFIT COMMITTEE THE COMMUNITY BENEFIT COMMITTEE IS RESPONSIBLE FOR ASSISTING THE HOSPITALS WITHIN THE HEALTH CARE SYSTEM WITH PREPARING COMMUNITY NEEDS ASSESSMENTS THE COMMUNITY BENEFIT COMMITTEE IS MADE OF INDIVIDUALS REPRESENTING CORPORATE-WIDE DEPARTMENTS, SUCH AS COMMUNITY RELATIONS, LEGAL, TAX, INTERNAL AUDIT, MARKETING/COMMUNICATIONS, AS WELL AS INDIVIDUALS FROM VARIOUS DEPARTMENTS OF HOSPITAL OPERATIONS AND THE HEALTH CARE SYSTEM'S HOSPITAL FOUNDATIONS EACH HOSPITAL, WITH THE ASSISTANCE OF THE COMMUNITY BENEFIT COMMITTEE, WILL IDENTIFY ORGANIZATIONS AND RESOURCES WITHIN ITS COMMUNITY TO CONTRIBUTE TO THE HOSPITAL'S COMMUNITY NEEDS ASSESSMENT THESE ORGANIZATIONS AND RESOURCES INCLUDE LOCAL HEALTH DEPARTMENTS, UNITED WAY, UNIVERSITIES, PUBLIC HEALTH DEPARTMENTS, ETC THE EXISTING COMMUNITY HEALTH ASSESSMENTS PREPARED BY OTHER ORGANIZATIONS IN THE COMMUNITY WILL BE COMBINED WITH INTERNAL HOSPITAL DATA AND INFORMATION COLLECTED FROM LOCAL AGENCIES TO BECOME THE HOSPITAL'S COMMUNITY NEEDS ASSESSMENT EACH HOSPITAL HAS ALSO TRADITIONALLY RESPONDED TO REQUESTS FOR CERTAIN COMMUNITY BENEFIT ACTIVITIES OR PROGRAMS FROM PUBLIC AGENCIES OR COMMUNITY GROUPS AND THIS WILL ALSO BE INCLUDED IN THE HOSPITAL'S COMMUNITY NEEDS ASSESSMENT ONCE THE COMMUNITY NEEDS ASSESSMENT IS COMPLETED, WHICH WILL BE EVERY THREE YEARS, THE HOSPITAL WILL PRIORITIZE THE NEEDS BY DETERMINING WHAT HOSPITAL RESOURCES ARE AVAILABLE TO MEET THE NEEDS AND WHAT OTHER COMMUNITY RESOURCES ARE BEING USED TO MEET A PARTICULAR NEED THE HOSPITAL WILL DEVELOP A COMMUNITY BENEFIT PLAN, WHICH WILL BE REVIEWED AND UPDATED AS NECESSARY, AT LEAST EVERY THREE YEARS ALL HOSPITALS' COMMUNITY NEEDS ASSESSMENTS WILL BE MADE AVAILABLE TO THE PUBLIC</p>
		<p>PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE AS A NOT-FOR-PROFIT ORGANIZATION, NOVANT HEALTH IS COMMITTED TO PROVIDING OUTSTANDING HEALTH CARE TO ALL MEMBERS OF OUR COMMUNITIES, REGARDLESS OF THEIR ABILITY TO PAY OUR ACUTE CARE FACILITIES PROVIDE CARE IN 35 COUNTIES ACROSS THREE STATES ADDITIONALLY, OUR PHYSICIANS AND ACUTE CARE FACILITIES OFFER CARE TO NATIONAL AND INTERNATIONAL MISSION PATIENTS OUR FINANCIAL COUNSELING TEAMS ARE CONSTANTLY WORKING WITH THE PATIENTS WITHIN OUR COMMUNITIES TO UNDERSTAND THEIR NEEDS AND ENSURE THAT OUR POLICIES AND PROCESSES ADDRESS THESE NEEDS WE ALSO MAINTAIN CONTRACTS WITH MEDICAID ELIGIBILITY VENDORS AND LOCAL DEPARTMENT OF SOCIAL SERVICES TEAMS TO HAVE EMBEDDED CASE WORKERS WITHIN OUR FACILITIES THESE TEAMS OFFER ADDITIONAL SUPPORT IN PROCESSING AND ASSESSING HOW WE SERVE THE FINANCIAL NEEDS OF OUR PATIENTS BASED ON THE ASSESSMENTS OF OUR COMMUNITIES, NOVANT HEALTH HAS DEVELOPED FINANCIAL ASSISTANCE POLICIES AND PROGRAMS THAT ADDRESS THE FINANCIAL NEEDS OF OUR PATIENTS * UNINSURED PATIENTS WITH INCOMES OF UP TO 300% OF THE FEDERAL POVERTY LEVEL ARE ELIGIBLE FOR 100% WRITE-OFF * UNINSURED PATIENTS WITH INCOME OVER 300% OF THE FEDERAL POVERTY LEVEL ARE ELIGIBLE FOR SELF-PAY DISCOUNTS BASED ON THE PATIENT'S ANNUAL INCOME AND OUTSTANDING MEDICAL BILLS / COSTS * ANY PATIENT (EVEN WITH HEALTH INSURANCE) WITH A BALANCE OVER \$5,000 AND / OR INCOME OVER 300% OF THE FEDERAL POVERTY LEVEL IS ELIGIBLE FOR A CATASTROPHIC DISCOUNT OUR CATASTROPHIC DISCOUNTS ARE ALSO BASED ON THE PATIENT'S ANNUAL INCOME AND OUTSTANDING MEDICAL BILLS / COSTS * ANY PATIENT IS ELIGIBLE FOR AN INDIVIDUALIZED PAYMENT PLAN BASED ON THE AMOUNT DUE AND THE PATIENT'S FINANCIAL STATUS, WITH TERMS EXTENDING UP TO FIVE YEARS NO INTEREST IS CHARGED, UNLESS APPROPRIATE WE PRIDE OURSELVES IN THE TRANSPARENCY OF OUR PROGRAMS AND THE EDUCATION WE OFFER OUR PATIENTS AROUND OUR FINANCIAL ASSISTANCE POLICIES OUR PROGRAMS ARE DOCUMENTED ON OUR CORPORATE WEBSITE AS WELL AS EACH INDIVIDUAL FACILITY'S WEBSITE, ALONG WITH CONTACT INFORMATION FOR OUR FINANCIAL COUNSELORS ADDITIONALLY, OUR PROGRAMS ARE DOCUMENTED ON PATIENT FLYERS THROUGHOUT THE NOVANT AFFILIATED FACILITIES AND PHYSICIAN OFFICES OUR PATIENT ACCESS SPECIALISTS, FINANCIAL COUNSELORS AND BUSINESS OFFICE TEAMS WORK WITH ALL SELF-PAY PATIENTS AND INSURED PATIENTS WITH HIGH DEDUCTIBLES TO EDUCATE THEM ON THE VARIOUS OPTIONS AVAILABLE VIA OUR FINANCIAL ASSISTANCE PROGRAMS OR GOVERNMENT SPONSORED CARE FINALLY, WE WORK WITH LOCAL AREA FREE HEALTH CLINICS AND OTHER CHARITABLE ORGANIZATIONS TO PROVIDE CONTINUATION OF CARE FOR THEIR PATIENTS IN ADDITION TO OUR FINANCIAL COUNSELING PROCESSES USED TO IDENTIFY CHARITY CARE PATIENTS, OUR COLLECTIONS PROCESSES WITHIN OUR BUSINESS OFFICES ALSO HELP IDENTIFY PATIENTS WHO ARE ALREADY ELIGIBLE FOR CHARITY OR WHO MAY BE ELIGIBLE BASED ON THEIR STATUS WITHIN THE FEDERAL POVERTY GUIDELINES ("FPG") WE UTILIZE PREVIOUSLY SUBMITTED PATIENT DOCUMENTATION AND CREDIT AGENCY REPORTED FPG FOR DETERMINATION SUPPORTING DOCUMENTS ARE VALID 6 MONTHS FROM THE DATE OF SUBMISSION OUR POLICIES ARE CONSIDERED FLUID AND ARE UPDATED FREQUENTLY BASED ON LOCAL AND NATIONAL MARKET STANDARDS AND NATIONAL ECONOMIC CONDITIONS ANY UPDATES TO OUR POLICIES REQUIRE MULTI-LEVEL LEADERSHIP APPROVAL AND ARE ULTIMATELY APPROVED BY THE NOVANT EXECUTIVE TEAM</p>
		<p>PART VI, LINE 4 COMMUNITY INFORMATION THE NOVANT HEALTH, INC. FORM 990 INCLUDES THE OPERATIONS OF TWO HOSPITALS BRUNSWICK COMMUNITY HOSPITAL THE ORGANIZATION DEFINES ITS COMMUNITY BY ITS PRIMARY SERVICE AREA, WHICH IS BRUNSWICK COUNTY, NORTH CAROLINA THIS IS A RURAL AREA THERE ARE TWO ACUTE CARE HOSPITALS IN THE COMMUNITY, ONE OF WHICH IS THE ORGANIZATION THE OTHER HOSPITAL IS DESIGNATED AS A CRITICAL ACCESS HOSPITAL ACCORDING TO THE 2010 US CENSUS, THE SPECIFIC POPULATION GROUPS (ETHNIC AND CULTURAL) ARE AS FOLLOWS WHITE NON-HISPANIC (89,193) 83.0%, BLACK NON-HISPANIC (12,291) 11.4%, HISPANIC (NOT INCLUDED IN TOTAL POPULATION DUE TO GROUP INCLUDING VARIOUS RACES, IT FALLS IN "OTHERS") (5,549) 5.2%, ASIAN AND PACIFIC ISLAND (579) 0.5%, OTHERS (2,634) 2.5%, FOR A TOTAL POPULATION OF 107,431 BASED ON WWW.COUNTYHEALTHRANKINGS.ORG, 2% OF THE POPULATION IS NOT PROFICIENT IN ENGLISH ACCORDING TO THE 2010 US CENSUS, THE 2009 MEDIAN HOUSEHOLD INCOME LEVEL WAS \$44,891 BASED ON 2009 DATA APPROXIMATELY 14.6% PERCENT OF RESIDENTS ARE LIVING IN POVERTY BASED ON WWW.COUNTYHEALTHRANKINGS.ORG, APPROXIMATELY 22% OF RESIDENTS AGE 64 AND YOUNGER ARE UNINSURED ACCORDING TO THE 2010 US CENSUS, THE AGE BREAK DOWN IS AS FOLLOWS 0-14 YEARS (16,778) 15.6%, 15-19 YEARS (5,289) 4.9%, 20 - 24 YEARS (4,707) 4.4%, 25-34 YEARS (11,452) 9.6%, 35-54 YEARS (26,644) 24.8%, 55-64 YEARS (19,535) 18.1%, 65 + YEARS (23,026) 21.5%, FOR A TOTAL POPULATION OF 107,431 PRESBYTERIAN ORTHOPAEDIC HOSPITAL THE ORGANIZATION DEFINES ITS COMMUNITY BY ITS PRIMARY SERVICE AREA, WHICH IS MECKLENBURG COUNTY, NORTH CAROLINA MECKLENBURG COUNTY IS 96% URBAN AND 4% RURAL THERE ARE FOUR NONPROFIT HOSPITALS IN THE COMMUNITY, ONE OF WHICH IS THE ORGANIZATION AND ALL OF WHICH ARE PART OF THE NOVANT HEALTH CARE SYSTEM THERE ARE ALSO FOUR GOVERNMENTAL HOSPITALS, WHICH ARE ALL PART OF THE SAME HEALTH CARE SYSTEM THE SPECIFIC POPULATION GROUPS (ETHNIC AND CULTURAL) FOR 2010 ARE AS FOLLOWS WHITE NON-HISPANIC (505,553) 54%, BLACK NON-HISPANIC (271,036) 29%, HISPANIC (105,268) 11%, OTHERS (57,967) 6%, FOR A TOTAL POPULATION OF 939,824 A LITTLE OVER 13% OF THE POPULATION IS NON-ENGLISH SPEAKING FOR 2010, THE AVERAGE HOUSEHOLD INCOME LEVEL WAS \$82,682 BASED ON 2009 CENSUS DATA, APPROXIMATELY 14.2% PERCENT OF RESIDENTS ARE LIVING BELOW THE FEDERAL POVERTY LEVEL BASED ON 2008-2009 DATA, APPROXIMATELY 20.1% OF RESIDENTS AGE 64 AND YOUNGER ARE UNINSURED THE AGE BREAK DOWN FOR 2010 IS AS FOLLOWS &lt;18 YEARS (251,322) 26.7%, 18 - 44 YEARS (363,340) 38.7%, 45 - 64 YEARS (241,928) 25.7%, 65 + YEARS (83,234) 8.9%, FOR A TOTAL POPULATION OF 939,824</p>
		<p>PART VI, LINE 6 PROMOTION OF COMMUNITY HEALTH THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSES BY DOING THE FOLLOWING 1 ADOPTING A CHARITY CARE POLICY, WHICH PROVIDES FREE CARE TO INDIVIDUALS WHOSE INCOME IS AT OR BELOW 300% OF THE FEDERAL POVERTY LEVEL 2 REMAINING CERTIFIED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TO PROVIDE SERVICES TO ALL BENEFICIARIES OF MEDICARE, MEDICAID, AND OTHER GOVERNMENT PAYMENT PROGRAMS, AND PROVIDING SERVICES IN A NONDISCRIMINATORY MANNER TO SUCH BENEFICIARIES, 3 OPERATING A FULL-TIME EMERGENCY ROOM WHICH IS OPEN TO AND ACCEPTS ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY, 4 MAINTAINING AN OPEN MEDICAL STAFF, SUBJECT TO EXCLUSIVE CONTRACTS FOR HOSPITAL-BASED SERVICES SUCH AS ANESTHESIOLOGY, RADIOLOGY, PATHOLOGY, HOSPITALIST, AND EMERGENCY DEPARTMENT SERVICES, TO THE EXTENT AN EXCLUSIVE CONTRACT FOR THOSE SERVICES IS REQUIRED TO OBTAIN PROPER STAFFING COVERAGE OR TO PERMIT A MORE EFFICIENT DELIVERY OF THOSE SERVICES WITHIN THE HOSPITAL FACILITY, 5 MAINTAINING A GOVERNING BOARD CONSISTING PRIMARILY OF A BROAD CROSS-SECTION OF LEADERS IN THE COMMUNITY, 6 ADOPTING AND APPLYING A CONFLICT OF INTEREST POLICY, WHICH APPLIES TO THE GOVERNING BOARD AND ORGANIZATION OFFICERS, 7 PROVIDING HEALTH EDUCATION LECTURES AND WORKSHOPS 8 PROVIDING HEALTH FAIRS, EDUCATION ON SPECIFIC DISEASES OR CONDITIONS, AND HEALTH PROMOTION AND WELLNESS PROGRAMS TO THE COMMUNITIES IT SERVES, 9 PROVIDING SUPPORT GROUPS AND SELF-HELP PROGRAMS TO THE COMMUNITIES IT SERVES, 10 PROVIDING COMMUNITY-BASED CLINICAL SERVICES, INCLUDING WITHOUT LIMITATION, HEALTH SCREENINGS AND CLINICS FOR UNINSURED OR UNDERINSURED PERSONS TO THE COMMUNITIES IT SERVES, 11 PROVIDING HEALTH CARE SUPPORT SERVICES, INCLUDING WITHOUT LIMITATION, INFORMATION AND REFERRAL TO COMMUNITY SERVICES, CASE MANAGEMENT OF UNDERINSURED AND UNINSURED PERSONS, TELEPHONE INFORMATION SERVICES AND ASSISTANCE TO ENROLL IN PUBLIC PROGRAMS, SUCH AS SCHIP AND MEDICAID TO THE COMMUNITIES IT SERVES, 12 PROVIDING SUBSIDIZED HEALTH SERVICES AND CLINICAL PROGRAMS TO THE COMMUNITIES IT SERVES, 13 PROVIDING CASH AND IN-KIND CONTRIBUTIONS TO NONPROFIT COMMUNITY HEALTHCARE ORGANIZATIONS IN THE COMMUNITIES IT SERVES, AND 14 GENERALLY PROMOTING THE HEALTH, WELLNESS, AND WELFARE OF THE COMMUNITIES IT SERVES BY PROVIDING QUALITY HEALTHCARE SERVICES AT REASONABLE COST FOR SPECIFIC EXAMPLES OF THIS ORGANIZATION'S COMMUNITY BENEFIT ACTIVITIES, WHICH FURTHER THE ORGANIZATION'S EXEMPT PURPOSES (AND THOSE OF ALL HOSPITALS AND HEALTH CARE FACILITIES IN THE SAME HEALTH CARE SYSTEM), PLEASE SEE THE NOVANT HEALTH 2010 COMMUNITY BENEFIT REPORT, LOCATED AT <a href="http://www.novanthealth.org/downloads/financial_info/2010_community_involvement.pdf">HTTP://WWW.NOVANTHEALTH.ORG/DOWNLOADS/FINANCIAL_INFO/2010_COMMUNITY_INVOLVEMENT PDF</a> PLEASE NOTE THAT THE NUMERIC INFORMATION IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES</p>
		<p>PART VI, LINE 7 AFFILIATED HEALTH CARE SYSTEM THE ORGANIZATION IS ONE OF TEN TAX-EXEMPT HOSPITALS IN THE NOVANT HEALTH CARE SYSTEM IN NORTH CAROLINA AND VIRGINIA EACH HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT TO THE COMMUNITY IT SERVES, AS REPORTED INDIVIDUALLY ON EACH HOSPITAL'S FORM 990, SCHEDULE H THE COMMUNITY BENEFIT OF THE HEALTH CARE SYSTEM AS A WHOLE IS DOCUMENTED IN A SYSTEM-WIDE COMMUNITY BENEFIT REPORT, LOCATED AT <a href="http://www.novanthealth.org/downloads/financial_info/2010_community_involvement.pdf">HTTP://WWW.NOVANTHEALTH.ORG/DOWNLOADS/FINANCIAL_INFO/2010_COMMUNITY_INVOLVEMENT PDF</a> PLEASE NOTE THAT THE NUMERIC INFORMATION IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES THE NOVANT HEALTH CARE SYSTEM ALSO INCLUDES AN ORGANIZATION THAT OWNS PHYSICIAN PRACTICES IN VIRGINIA, SOUTH CAROLINA, AND NORTH CAROLINA, WHICH PROVIDE ADDITIONAL COMMUNITY BENEFIT TO THEIR COMMUNITIES, AND FIVE HOSPITAL FOUNDATIONS, WHICH SUPPORT AND ENHANCE THE COMMUNITY BENEFIT ACTIVITIES IN THOSE HOSPITAL'S COMMUNITIES FURTHER, THE NOVANT HEALTH CARE SYSTEM INCLUDES AMBULATORY SURGERY CENTERS, SKILLED NURSING FACILITIES, REHABILITATION PROGRAMS, AND OTHER OUTPATIENT FACILITIES, WHICH ALSO PROVIDE COMMUNITY BENEFIT TO THEIR COMMUNITIES THERE ARE SIGNIFICANT COMMUNITY BENEFIT ACTIVITIES WITHIN THE NOVANT HEALTH SYSTEM, WHICH MAY NOT BE REPORTABLE ON A SCHEDULE H BECAUSE THEY ARE NOT CONDUCTED BY AN ENTITY WHICH OWNS OR OPERATES A HOSPITAL THE HEALTH CARE SYSTEM HAS A COMMUNITY BENEFIT COMMITTEE, WHICH WILL OVERSEE AND ASSIST ALL TAX-EXEMPT HOSPITALS WITHIN NOVANT IN PREPARING THEIR COMMUNITY NEEDS ASSESSMENTS AND COMMUNITY BENEFIT PLANS THE GOAL OF HAVING A SYSTEM-WIDE COMMITTEE IS TO IDENTIFY COMMUNITY BENEFIT ACTIVITIES THAT ARE DUPLICATIVE IN COMMUNITIES AND TO STREAMLINE AND COORDINATE EFFORTS TO RESULT IN BETTER AND MORE EFFICIENT USES OF RESOURCES, WHICH COULD LEAD TO ADDITIONAL RESOURCES TO BE ALLOCATED TO MEET OTHER COMMUNITY HEALTH AND WELFARE NEEDS SUCCESSFUL PROGRAMS AND ACTIVITIES IN COMMUNITIES WHERE A SIMILAR NEED IS INDICATED ALL OF THE TAX-EXEMPT HOSPITALS WITHIN THE NOVANT HEALTH CARE SYSTEM ARE COMMITTED TO IMPROVING THE HEALTH OF THEIR COMMUNITIES AND PROVIDING COMMUNITY BENEFIT ACTIVITIES TO SUPPORT THEIR MISSION</p>
	PART VI, LINE 7, STATE FILING OF COMMUNITY BENEFIT REPORT	<p>NC NOVANT HEALTH, INC. FILES A SYSTEM-WIDE COMMUNITY BENEFIT REPORT PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES WITH THE NORTH CAROLINA MEDICAL CARE COMMISSION AS PART OF THE DOCUMENTATION REQUIRED FOR THE ISSUANCE OF TAX EXEMPT BOND FINANCING</p>

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
NOVANT HEALTH INC

Employer identification number  
56-1376950

Part I

General Information on Grants and Assistance

- 1

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

☐ Yes

☒ No
- 2

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

Part II

Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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
(1) WINSTON SALEM FOUNDATION860 W 5TH STREET WINSTON SALEM, NC 27101	56-6037615	3	120,000				CREATION OF FUNDS
(2) NC STATE ENGINEERING FOUNDATIONNCSU BOX 7207 RALEIGH, NC 27695	56-6046987	3	10,000				HEALTH EDUCATION & RESEARCH
(3) FORSYTH MEDICAL CENTER FOUNDATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	56-2120959	3	50,000				MATCHING GIFT
(4) WINSTON SALEM FORSYTH COUNTY BOARD OF EDUCATIONPO BOX 2513 WINSTON SALEM, NC 27102		GOVT		870,107	BOOK	LAND	COMMUNITY DEVELOPMENT

2

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

4

3

Enter total number of other organizations . . . . .

0

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

**Part IV**

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

Identifier	Return Reference	Explanation
OTHER INFORMATION	PART IV	PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY AND SELECTION OF GRANTEES, BUT DOES NOT HAVE A STANDARDIZED PROCESS SYSTEM-WIDE RECORDS ARE MAINTAINED OF THE AMOUNTS VIA THE GENERAL LEDGER THE ORGANIZATION IS CURRENTLY WORKING TO INSTITUTE A MORE FORMAL POLICY TO ADDRESS GRANTEE ELIGIBILITY, SELECTION, AND RECORD MAINTENANCE

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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 from the organization or a related organization?	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	

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

For each individual whose compensation must be reported 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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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 reportable compensation				
See Additional Data Table								
( 2 )								
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

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
	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 FOR 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
	PART I, LINES 4B-C	SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS SEVERANCE NONQUALIFIED EQUITY-BASED BEIER, GREGORY 526,780 BEST, DIANA LEE 253,532 MCGEE, LAWRENCE UPCHURCH 333,223 LINER, SALLYE 381,260 TOBALSKI, JIM GEORGE 235,866 WALLENHAUPT, STEPHEN L 449,207 WILES, PAUL 1,176,822
SUPPLEMENTAL INFORMATION	PART III	PART III - OTHER ADDITIONAL INFORMATION 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 NOVANT HEALTH'S INTERNAL AUDIT DEPARTMENT REVIEWS THE METHODOLOGY AND PROCESS USED TO DETERMINE ACHIEVEMENT OF THE QUALITY METRICS 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 THE INCENTIVE AWARD IS PAID OUT AND IS INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII AND IN COLUMN (B)(II) OF SCHEDULE J THE AWARD IS REPORTED IN THE YEAR EARNED AND IS 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 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 THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") IS INTENDED TO SUPPORT RETENTION OF KEY EXECUTIVES, AND TO OFFER COMPETITIVE TOTAL COMPENSATION THESE SERP BENEFITS ARE CALCULATED WITH REFERENCE TO A FORMULA THAT TAKES INTO CONSIDERATION THE EXECUTIVE'S TOTAL YEARS OF SERVICE WITH THE ORGANIZATION AND OTHER RETIREMENT INCOME THESE BENEFITS ARE FULLY 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 \$46,205 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

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ 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.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization NOVANT HEALTH INC										Employer identification number 56-1376950		

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902K27	07-17-2003	176,992,363	SEE PART V		X		X		X
B NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902U91	12-08-2004	110,000,000	SEE PART V		X		X		X
C NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902V25	12-08-2004	25,000,000	SEE PART V		X		X		X
D NORTH CAROLINA MED CARE COMMISSION	52-1309402	6579025X6	12-14-2006	260,647,399	SEE PART V		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	56,330,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	176,992,363		110,000,000		25,000,000		260,647,399	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	1,875,970		916,056		208,194		1,536,125	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	55,000,000		109,083,944		24,791,806		204,855,830	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2004		2007		2007		2009	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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



Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X	
3a	Are there any management or service contracts that may result in private business use?								
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	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	0 100 %		0 %		0 %		0 %	
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	0 100 %		0 %		0 %		0 %	
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	
		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
2	Is the bond issue a variable rate issue?		X	X		X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X		X			X
b	Name of provider	MERRILL LYNCH		MERRILL LYNCH		MERRILL LYNCH			
c	Term of hedge	28 3000000000000		28 3000000000000		28 3000000000000			
d	Was the hedge superintegrated?		X		X		X		
e	Was a hedge terminated?		X		X		X		
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
See Additional Data Table		

**Part V Supplemental Information**

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE A DESCRIPTION OF PURPOSE		(1) REFUNDING OF SERIES 1992 AND SERIES 1993 BONDS, (2) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (3) PAY ISSUANCE COSTS
FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE B DESCRIPTION OF PURPOSE		(1) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (2) PAY ISSUANCE COSTS
FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE C DESCRIPTION OF PURPOSE		(1) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (2) PAY ISSUANCE COSTS
FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE D DESCRIPTION OF PURPOSE		(1) DEPOSIT TO CONSTRUCTION ACCOUNT, (2) REFINANCING OF OUTSTANDING LINE OF CREDIT, AND (3) PAY ISSUANCE COSTS
FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE A DESCRIPTION OF PURPOSE		(1) REFUND SERIES 1990 COMMUNITY GENERAL HOSPITAL OF THOMASVILLE PROJECT BONDS, (2) REFUND 1991 CMI BONDS, (3) REFUND 1992 PHSC BONDS, (4) PAY PREMIUM ON POLICY ISSUED IN CONNECTION WITH BONDS, AND (5) PAY ISSUANCE COSTS
FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE B DESCRIPTION OF PURPOSE		(1) REFUND SERIES 1998A AND 1998B BONDS (EXCEPT FOR THOSE MATURING 10/1/08), AND (2) PAY ISSUANCE COSTS
FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE C DESCRIPTION OF PURPOSE		(1) REFUND SERIES 1998A AND 1998B BONDS (EXCEPT FOR THOSE MATURING 10/1/08), AND (2) PAY ISSUANCE COSTS
FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE D DESCRIPTION OF PURPOSE		(1) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (2) PAY ISSUANCE COSTS
		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

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ 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.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization NOVANT HEALTH INC										Employer identification number 56-1376950		

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DAE1	08-19-2008	70,000,000	SEE PART V		X		X		X
B NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DAD3	08-19-2008	75,090,000	SEE PART V		X		X		X
C NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DAC5	08-19-2008	50,870,000	SEE PART V		X		X		X
D NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DFU0	11-03-2010	259,620,763	SEE PART V		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	4,395,000		4,395,000		3,705,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	70,000,000		75,090,000		50,870,000		259,620,763	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	410,168		439,993		298,075		2,331,916	
8	Credit enhancement from proceeds	58,219		62,452		42,309			
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	178,886,535						178,886,535	
11	Other spent proceeds								
12	Other unspent proceeds	78,402,313						78,402,313	
13	Year of substantial completion	2008		2008		2008		2011	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	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						
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	0 %							
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	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IVArbitrage

		A		B		C		D	
		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
2	Is the bond issue a variable rate issue?	X		X		X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X		X		X			X
b	Name of provider	GOLDMANSUNTRUST		GOLDMANSUNTRUST		GOLDMANSUNTRUST			
c	Term of hedge	17 8300000000000		17 8000000000000		17 8000000000000			
d	Was the hedge superintegrated?		X		X		X		
e	Was a hedge terminated?		X		X		X		
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X			X

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
NOVANT HEALTH INC

Employer identification number  
56-1376950

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

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

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$										

Part III

Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NEW STAR RRG (NSRRG)	BOARD INCLUDES ARMATO , HARGETT, WALLENHAUPT, AND WILES	956,806	THE FILING ORGANIZATION HAS A LOAN IN PLACE WITH NSRRG		No
(2) MEDQUEST	BOARD INCLUDES HARGETT, MCGEE, AND WILES	227,618,727	THE FILING ORGANIZATION HAS A LOAN IN PLACE WITH MEDQUEST		No
(3) BRIAN WEBER	FAMILY MEMBER OF DANIELLE WEBER, KEY EMPLOYEE	203,615	COMPENSATION GREATER THAN \$10,000 WAS PAID BY THE FILING ORGANIZATION TO A FAMILY MEMBER OF A CURRENT OFFICER, BOARD MEMBER OR KEY EMPLOYEE		No
(4) MARY PATEFIELD	FAMILY MEMBER OF ARTHUR PATEFIELD, KEY EMPLOYEE	40,048	COMPENSATION GREATER THAN \$10,000 WAS PAID BY THE FILING ORGANIZATION TO A FAMILY MEMBER OF A CURRENT OFFICER, BOARD MEMBER OR KEY EMPLOYEE		No
(5) TANGLEWOOD ASSET MANAGEMENT LLC (TAM)	LLC WHOLLY OWNED BY WAYNE MORGAN, KEY EMPLOYEE	1,229,097	THE FILING ORGANIZATION PURCHASED ASSETS FROM TAM		No

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
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2010

Open to Public  
Inspection

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization  
NOVANT HEALTH INC

Employer identification number  
56-1376950

Identifier	Return Reference	Explanation
ACTIVITIES	FORM 990, PART I, LINE 1 ORGANIZATION'S MISSION OR MOST SIGNIFICANT	<p>NOVANT HEALTH, INC IS THE PARENT ORGANIZATION OF A NOT-FOR-PROFIT INTEGRATED GROUP OF HOS PITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS AND OTHER HEALTHCARE SERVICES (COLLECTIVELY KNOWN AS "NOVANT HEALTH") NOVANT HEALTH, INC EXISTS TO SUPPORT THE OVERALL SYSTEM AND DO ES 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 ACCOMPL ISH THAT MISSION BY PROVIDING EXCELLENT HEALTHCARE FACILITIES AND PHY SICIAN PRACTICES AND MAKING A COMMITMENT TO COMMUNITY OUTREACH AND SERVICE WE PROVIDE HUNDREDS OF PROGRAMS THA T 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 INDIV IDUALS WITH MEDICAID COVERAGE, COMMUNITY HEALTH EDUCATION, MEDICAL SERVICES THAT LOSE MONE Y 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 NOV ANT HEALTH SY STEM REPORTED \$3 392 BILLION IN REVENUES IN 2010 IN 2010, NOVANT FACILITIES CONTINUED THEIR RELENTLESS FOCUS ON DELIVERING A REMARKABLE PATIENT EXPERIENCE NOVANT TRA INED ALL OF ITS HOSPITAL STAFF IN "FIRST DO NO HARM," WHICH IS A PATIENT SAFETY CULTURE TH AT EVERY EMPLOYEE IN OUR HEALTH SY STEM WILL LEARN AND USE IN THEIR DAY-TO-DAY WORK TO REDU CE AND ELIMINATE MEDICAL ERRORS OUR PATIENTS AND COMMUNITIES DESERVE THE SAFEST HEALTHCAR E ENVIRONMENT POSSIBLE FIRST DO NO HARM TRAINING CONTINUES WITH STAFF IN THE MEDICAL CLIN ICS AND OTHER OUTPATIENT SETTINGS IN ADDITION, OUR HEALTH SY STEM NOW PUBLISHES ITS SAFETY RATINGS ON THE PUBLIC WEBSITE WWW NOVANTHEALTH ORG/QUALITY OF THE 36 NORTH CAROLINA HOSP ITALS RATED AS "HIGH RELIABLE" IN 2010 BY THE NC HOSPITAL QUALITY CENTER, NINE WERE NOVANT HOSPITALS BRUNSWICK COMMUNITY HOSPITAL, FORSYTH MEDICAL CENTER, MEDICAL PARK HOSPITAL, P RESBYTERIAN HOSPITAL, THOMASVILLE MEDICAL CENTER, PRESBYTERIAN ORTHOPAEDIC HOSPITAL, PRESB YTERIAN HOSPITAL MATTHEWS, ROWAN REGIONAL MEDICAL CENTER AND PRESBYTERIAN HOSPITAL HUNTERS VILLE "HIGH RELIABLE" HOSPITALS CONSISTENTLY ACHIEVED 90 PERCENT COMPLIANCE OR HIGHER WIT H BEST PRACTICES IN AREAS SUCH AS HEART ATTACK CARE, SURGICAL INFECTION PREVENTION, HEART FAILURE AND PNEUMONIA IN ADDITION TO OUR QUALITY OF SERVICES, WE'RE VERY PROUD OF OUR PAT IENT FINANCIAL ASSISTANCE PROGRAM WE WORK WITH INDIVIDUALS TO HELP QUALIFY THEM FOR PUBLI C ASSISTANCE, ESTABLISH A REASONABLE PAYMENT PLAN, DISCOUNT THEIR BILL TO REFLECT THEIR PE RSONAL RESOURCES OR PROVIDE THEM WITH FREE CHARITY CARE NOVANT'S SUPPORT OF THE NEEDY EXT ENDED BEYOND OUR COUNTRY IN 2010 WE ANSWERED THE INTERNATIONAL CALL FOR HELP IN HAITI AFT ER THE 2010 EARTHQUAKE WITH DONATIONS OF MEDICAL SUPPLIES, EQUIPMENT, MEDICINE AND MASKS THE FOUNDATIONS AT FORSYTH MEDICAL CENTER, PRESBYTERIAN HEALTHCARE, ROWAN REGIONAL MEDICAL CENTER AND THOMASVILLE MEDICAL CENTER BECAME EMPLOYEE DONATION SITES THAT COLLECTED PTO A ND CASH CONTRIBUTIONS, WHICH WERE GIVEN TO THE AMERICAN RED CROSS FOR HAITI RELIEF EFFORTS NINE OF NOVANT'S NORTH CAROLINA HOSPITALS RECEIVED RED APPLE STATUS DESIGNATION BY NORTH CAROLINA PREVENTION PARTNERS FOR OFFERING HEALTHY FOOD CHOICES FOR PATIENTS AND EMPLOYEES , AND USING CAFETERIA PRICING TO INCENTIVIZE THE PURCHASE OF HEALTHIER FOOD OPTIONS IN AD DITION, CAROLINA PARENTING MAGAZINE NAMED NOVANT HEALTH TO THE FAMILY-FRIENDLY 50 COMPANIE S LIST FOR 2010, MAKING THIS THE 11TH YEAR IN A ROW THAT NOVANT HAS BEEN RECOGNIZED FOR OF FERING FAMILY FRIENDLY BENEFITS AND EMPHASIZING A WORK LIFE BALANCE ENVIRONMENT FOR EMPLOY EES THE CAROLINA'S MINORITY SUPPLIER DEVELOPMENT COUNCIL RECOGNIZED NOVANT HEALTH AS THE P UBLIC-PRIVATE SECTOR ORGANIZATION OF THE YEAR FOR ITS COMMITMENT TO MINORITY BUSINESS PURC HASING, TECHNICAL AND MANAGERIAL ASSISTANCE TO ENTERPRISES AND ITS VOLUME OF BUSINESS OPPO RTUNITIES DEDICATED TO MINORITY COMPANIES 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 PHY SICIAN PRACTICES, OUTPATIENT SURGERY CENTERS, MEDICAL PLAZAS AND REHABILITATION PROGRAMS COMMUNITY BENEFIT REPORT HTTP /WWW NOVANTHEALTH ORG/DOWNLOADS/FINANCIAL_INFO/2010_COMMUNITY_INVOLVEMENT PDF THE COMMUNITY BENEFIT REPORT PREPARED BY NOVANT HEALTH IS A SY STEM-WIDE R EPORT THAT INCLUDES QUALITATIVE AND QUANTITATIVE INFORMATION IN THIS REPORT, THE NOVANT H EALTH SY STEM'S COMMUNITY BENEFIT WAS APPROXIMATELY \$469,000,000 IN 2010 PLEASE NOTE THAT THE NUMERIC DATA IN THIS REPORT IS NOT BASED UPON</p>



Identifier	Return Reference	Explanation
ACTIVITIES	FORM 990, PART I, LINE 1 ORGANIZATION'S MISSION OR MOST SIGNIFICANT	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

Identifier	Return Reference	Explanation
	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 REMA RKABLE PATIENT EXPERIENCE, IN EVERY DIMENSION, EVERY TIME VALUES COMPASSION WE TREAT OU R 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 P ERSON IS DIFFERENT, EACH SHAPED BY UNIQUE LIFE EXPERIENCES THIS ENABLES US TO BETTER UNDE RSTAND ONE ANOTHER AND OUR CUSTOMERS PERSONAL EXCELLENCE WE STRIVE TO GROW PERSONALLY AND PROFESSIONALLY, AND WE APPROACH EACH SERVICE OPPORTUNITY WITH A POSITIVE, FLEXIBLE ATTIT UDE HONESTY AND PERSONAL INTEGRITY GUIDE ALL THAT WE DO TEAMWORK THE NEEDS AND EXPECTAT IONS OF ANY ONE CUSTOMER ARE GREATER THAN THAT WHICH ONE PERSON'S SERVICE EFFORTS CAN SATI SFY 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

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6	THE NUMBER OF VOLUNTEERS REPORTED INCLUDES THOSE VOLUNTEERS SERVING AS BOARD MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		FAMILY AND/OR BUSINESS RELATIONSHIPS BUSINESS RELATIONSHIP CARL ARMATO KEY EMPLOYEE ARTHUR PATEFIELD KEY EMPLOYEE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ORGANIZATION'S PROCESS TO REVIEW FORM 990 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
	FORM 990, PART VI, SECTION B, LINE 12C	<p>ENFORCEMENT OF CONFLICTS POLICY 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 FORM 990, PART VI, SECTION B, LINE 13 WRITTEN WHISTLEBLOWER POLICY THE ORGANIZATION IS PART OF THE NOVANT HEALTH, INC ("NOVANT HEALTH") HEALTH CARE SYSTEM NOVANT HEALTH'S BYLAWS AUTHORIZE IT TO ESTABLISH CERTAIN POLICIES FOR ALL OF ITS SUBSIDIARIES COMPRISING THE HEALTH CARE SYSTEM ALL SUBSIDIARY ORGANIZATIONS FOLLOW ALL APPLICABLE NOVANT HEALTH CORPORATE POLICIES IN THEIR OPERATIONS NOVANT HEALTH HAS ESTABLISHED A WHISTLEBLOWER POLICY, WHICH ALL SUBSIDIARY ORGANIZATIONS IN THE HEALTH CARE SYSTEM FOLLOW THE INDIVIDUAL SUBSIDIARY ORGANIZATION BOARD OF TRUSTEES DO NOT SPECIFICALLY ADOPT OR APPROVE EACH OPERATING POLICY, AS THERE ARE HUNDREDS OF POLICIES THAT APPLY TO ALL SUBSIDIARY ORGANIZATIONS AND THEY CANNOT PRACTICABLY BE APPROVED BY ALL OF THE INDIVIDUAL BOARDS FORM 990, PART VI, SECTION B, LINE 14 WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY THE ORGANIZATION IS PART OF THE NOVANT HEALTH, INC ("NOVANT HEALTH") HEALTH CARE SYSTEM NOVANT HEALTH'S BYLAWS AUTHORIZE IT TO ESTABLISH CERTAIN POLICIES FOR ALL OF ITS SUBSIDIARIES COMPRISING THE HEALTH CARE SYSTEM ALL SUBSIDIARY ORGANIZATIONS FOLLOW ALL APPLICABLE NOVANT HEALTH CORPORATE POLICIES IN THEIR OPERATIONS NOVANT HEALTH HAS ESTABLISHED A DOCUMENT RETENTION AND DESTRUCTION POLICY, WHICH ALL SUBSIDIARY ORGANIZATIONS IN THE HEALTH CARE SYSTEM FOLLOW THE INDIVIDUAL SUBSIDIARY ORGANIZATION BOARD OF TRUSTEES DO NOT SPECIFICALLY ADOPT OR APPROVE EACH OPERATING POLICY, AS THERE ARE HUNDREDS OF POLICIES THAT APPLY TO ALL SUBSIDIARY ORGANIZATIONS AND THEY CANNOT PRACTICABLY BE APPROVED BY ALL OF THE INDIVIDUAL BOARDS</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>FORM 990, PART VI, SECTION B, LINE 15A COMPENSATION PROCESS FOR TOP OFFICIAL 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</p> <p>FORM 990, PART VI, SECTION B, LINE 15B COMPENSATION PROCESS FOR OFFICERS 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 )</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS DISCLOSURE THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAINING AL L ORGANIZATIONS IN THE NOVANT HEALTH SY STEM ARE POSTED TO THE NOVANT HEALTH WEBSITE THE G OVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC



Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, COLUMN B RELATED ORGANIZATIONS	THE ORGANIZATION EMPLOY S CERTAIN EXECUTIVES WHOSE ROLES ARE SUCH THAT THEY PROVIDE SERVICE S TO NOT ONLY THE ORGANIZATION, BUT ALSO TO SOME OR ALL OF THE OTHER TAX-EXEMPT ORGANIZATI ONS WITHIN THE NOVANT HEALTH CARE SY STEM FOR EXAMPLE, MANY OF THESE EXECUTIVES' ROLES FOC US ON PARTICULAR SERVICE LINES WHICH CROSS THE VARIOUS GEOGRAPHIC MARKETS OUR ORGANIZATION S SERVE, THUS THE SERVICES PROVIDED BY THESE EXECUTIVES MAY BENEFIT AND BE RECEIVED BY MUL TIPLE ORGANIZATIONS WITHIN THE SY STEM 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 SY STEM

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 54,859,556 NCDI AFFILIATE TRANSFER -201,199,828 PARTNERSHIP CAPITAL -4,879,218 EQUITY/CAPITAL TRANSFER -80,237,235 FASB/ACCT CHANGES -637,263 DERIVATIVES/SWAP -11,025,507 INTERCOMPANY ALLOCATIONS -1,434,097 SUBPART F -279,955 MALPRACTICE INSURANCE -680,908 TOTAL TO FORM 990, PART XI, LINE 5 -245,514,455

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization  
NOVANT HEALTH INC

Employer identification number  
56-1376950

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BILLINGSLEY ROAD ASSOCIATES LTD  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1685105	RENTAL REAL ESTATE	NC	N/A	EXCLUDED	391,678	4,690,187		No		Yes		100 000 %
(2) PROVIDENCE ROAD LAND PARTNERS LLC  1523 ELIZABETH AVENUE STE 220 CHARLOTTE, NC28204 56-2264109	RENTAL REAL ESTATE	NC	N/A	UNRELATED	-947,678	37,548,223		No	-488,973		No	88 570 %
(3) THE REHABILITATION INSTITUTE OF THE CAROLINAS  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1665876	HEALTHCARE	NC	PRESBYTERIAN HOSPITAL	RELATED	11,009,524			No		Yes		100 000 %
(4) SOUTHPARK SURGERY CENTER LLC  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 87-0714098	HEALTHCARE	NC	PRESBYTERIAN HOSPITAL	RELATED	810,110	4,389,647		No		Yes		60 000 %
(5) OASC LLC (DBA OCEAN AMBULATORY SURGERY CENTER)  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-2170937	HEALTHCARE	SC	FOUNDATION HEALTH SYSTEMS CORP	RELATED	64,913	1,475,291		No		Yes		75 240 %
(6) PRINCE WILLIAM AMBULATORY SURGERY CENTER LLC  8650 SUDLEY ROAD STE 411 MANASSAS, VA20110 77-0594498	HEALTHCARE	VA	PRINCE WILLIAM HOSPITAL	RELATED	831,020	949,847		No		Yes		51 000 %

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, 35A, 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 No

1d Yes

1e No

1f Yes

1g No

1h No

1i Yes

1j No

1k Yes

1l No

1m No

1n No

1o Yes

1p Yes

1q No

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	(d) Method of determining amount involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

**Part VII**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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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	53,910,178	110,104,171	NOVANT HEALTH TRIAD REGION
CAROLINAS INTEGRATED HEALTHCARE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2038132	INACTIVE	NC			PRESBYTERIAN AMBULATORY HOLDINGS
NOVANT ASSET MANAGEMENT LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0705491	ASSET MGMT	NC	1,344,947	242,576	N/A
NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120972	HOLDING COMPANY	NC			N/A
NOVANT HEALTH TRIAD REGION LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120973	HOLDING COMPANY	NC			N/A
PRESBYTERIAN AMBULATORY HOLDINGS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-1705594	HOLDING COMPANY	NC			NOVANT HEALTH SOUTHERN PIEDMONT REGION
PRESBYTERIAN BREAST CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0069792	HEALTHCARE	NC	4,876,181	711,265	PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN DIAG CTR AT CABARRUS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 27-0295685	HEALTHCARE	NC			PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN DIAG CTR AT LINCOLN LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-1705594	HEALTHCARE	NC			PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN ENDO CTR AT HUNTERSVILLE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-5112015	HEALTHCARE	NC	39,032	88,603	PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN HOSPITAL HUNTERSVILLE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-1102735	INACTIVE	NC			NOVANT HEALTH SOUTHERN PIEDMONT REGION
PRESBYTERIAN HOSPITAL MINT HILL LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0599536	INACTIVE	NC	0	0	NOVANT HEALTH SOUTHERN PIEDMONT REGION
PRESBYTERIAN HOSPITAL YORK LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120972	HEALTHCARE	NC			NOVANT HEALTH SOUTHERN PIEDMONT REGION
PRESBYTERIAN IMAGING CENTERS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 72-1568954	HEALTHCARE	NC	10,954,650	7,910,210	PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN MOBILE IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-2935595	INACTIVE	NC			PRESBYTERIAN IMAGING CENTERS LLC
PRESBYTERIAN ORTHOPAEDIC HOSPITAL LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2090263	HEALTHCARE	NC	108,528,670	74,218,879	N/A
PRESBYTERIAN SDS AT HUNTERSVILLE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-2422926	HEALTHCARE	NC			PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN SDS AT MONROE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3135267	HEALTHCARE	NC	520,201	923,264	PRESBYTERIAN AMBULATORY HOLDINGS
PRESBYTERIAN SDS CENTER AT BALLANTYNE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3135052	HEALTHCARE	NC	3,766,074	2,660,463	PRESBYTERIAN AMBULATORY HOLDINGS
QUEEN CITY CONDOMINIUM LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-0821961	RENTAL REAL ESTATE	NC		129,107	N/A
SAME DAY SURGERY NEW HANOVER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-2422923	INACTIVE	NC	0	0	NOVANT HEALTH TRIAD REGION
NORTHSTATE IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 27-2873846	INACTIVE	NC			NOVANT HEALTH TRIAD REGION
MOUNTAINVIEW IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120973	INACTIVE	NC			NOVANT HEALTH TRIAD REGION
NOVANT PROPERTIES LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-3378448	REAL ESTATE	NC			N/A
HOLLY SPRINGS SURGERY CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NC			N/A
SAME DAY SURGERY CENTER FRANKLIN LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NC			N/A
SAMEDAY SURGERY CENTER AT PRESBYTERIAN LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 68-0561430	INACTIVE	NC			N/A



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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
AUXILIARY OF FORSYTH MEMORIAL HOSPITAL  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-0862112	HEALTHCARE	NC	501(C)(3)	9	FORSYTH MEMORIAL HOSPITAL		No
CAROLINA MEDICORP ENTERPRISES  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 58-1466368	HEALTHCARE	NC	501(C)(3)	11B	NOVANT MEDICAL GROUP		No
COMMUNITY GENERAL HEALTH PARTNERS  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-0636250	HEALTHCARE	NC	501(C)(3)	3	NOVANT HEALTH TRIAD REGION		No
COMMUNITY GENERAL HOSPITAL FOUNDATION  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1828629	HEALTHCARE	NC	501(C)(3)	7	COMMUNITY GENERAL HEALTH PARTNERS		No
CONTINUING CARE SERVICES  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1288473	HEALTHCARE	VA	501(C)(3)	9	PRINCE WILLIAM HEALTH SYSTEM		No
FORSYTH MEDICAL CENTER FOUNDATION  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-2120959	HEALTHCARE	NC	501(C)(3)	7	FORSYTH MEMORIAL HOSPITAL		No
FORSYTH MEMORIAL HOSPITAL  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-0928089	HEALTHCARE	NC	501(C)(3)	3	NOVANT HEALTH TRIAD REGION		No
FOUNDATION HEALTH SYSTEMS CORP  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1373175	HEALTHCARE	NC	501(C)(3)	9	NOVANT HEALTH TRIAD REGION		No
MEDICAL PARK HOSPITAL  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1340424	HEALTHCARE	NC	501(C)(3)	3	NOVANT HEALTH TRIAD REGION		No
NOVANT MEDICAL GROUP  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 58-1728803	HEALTHCARE	NC	501(C)(3)	3	NMG SERVICES INC		No
PERSONAL CARE SERVICES  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1291284	HEALTHCARE	VA	501(C)(3)	9	PRINCE WILLIAM HEALTH SYSTEM		No
PRESBYTERIAN HOSPITAL  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-0554230	HEALTHCARE	NC	501(C)(3)	3	NOVANT HEALTH SOUTHERN PIEDMONT REGION		No

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
PRESBYTERIAN HOSPITAL FOUNDATION  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 58-1413074	HEALTHCARE	NC	501(C)(3)	7	NOVANT HEALTH SOUTHERN PIEDMONT REGION		No
PRESBYTERIAN MEDICAL CARE CORPORATION  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1376368	HEALTHCARE	NC	501(C)(3)	3	NOVANT HEALTH SOUTHERN PIEDMONT REGION		No
PRINCE WILLIAM HEALTH SYSTEM  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1278944	HEALTHCARE	VA	501(C)(3)	11C	NOVANT HEALTH		No
PRINCE WILLIAM HEALTH SYSTEM FOUNDATION  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1307595	HEALTHCARE	VA	501(C)(3)	11A	PRINCE WILLIAM HEALTH SYSTEM		No
PRINCE WILLIAM HOSPITAL  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-0696355	HEALTHCARE	VA	501(C)(3)	3	PRINCE WILLIAM HEALTH SYSTEM		No
ROWAN HEALTH SERVICES CORP  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1424814	HEALTHCARE	NC	501(C)(3)	11C	NOVANT HEALTH		No
NMG SERVICES INC (FKA ROWAN MEDICAL PRACTICES)  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-2098809	HEALTHCARE	NC	501(C)(3)	9	ROWAN HEALTH SERVICES CORP		No
ROWAN REGIONAL MEDICAL CENTER AUXILIARY  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 23-7022472	HEALTHCARE	NC	501(C)(3)	9	ROWAN REGIONAL MEDICAL CENTER		No
ROWAN REGIONAL MEDICAL CENTER FOUNDATION INC  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1424818	HEALTHCARE	NC	501(C)(3)	7	ROWAN REGIONAL MEDICAL CENTER		No
ROWAN REGIONAL MEDICAL CENTER INC  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-0547479	HEALTHCARE	NC	501(C)(3)	3	ROWAN HEALTH SERVICES CORP		No
SELF INSURANCE FUND - NOVANT HEALTH INC  2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 58-1867242	HEALTHCARE	NC	501(C)(3)	11C	NOVANT HEALTH		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 REAL ESTATE	NC	COMMUNITY GENERAL HEALTH PARTNERS	C	7,626	922,096	100 000 %
CHOICEHEALTH INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1896065	MANAGED CARE	NC	N/A	C	579,615	386,950	100 000 %
ADEPT HEALTH INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-2226937	ADMIN SVCS	NC	N/A	C			100 000 %
SALEM HEALTH SERVICES INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1342654	HEALTH RELATED	NC	NOVANT HEALTH TRIAD REGION	C	47,388	11,993,637	100 000 %
SALEM DIAGNOSTICS INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1513621	HEALTH RELATED	NC	SALEM HEALTH SERVICES	C			100 000 %
MEDQUEST ASSOCIATES INC 3480 PRESTON RIDGE RD STE 600 ALPHARETTA, GA30005 52-2148018	MANAGEMENT	DE	N/A	C			100 000 %
TRINOVA INSURANCE LTD FKA NEW STAR LIMITED 58 PAR LA VILLE ROAD PO BOX 1995 HAMILTON, BERMUDA HMHX BD 98-0615601	INSURANCE	BD	N/A	C	1,888,060	7,118,301	100 000 %
PRESBYTERIAN WOMEN'S CARE CORP 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-2217545	HEALTHCARE	NC	NOVANT MEDICAL GROUP	C	16,228,738	5,077,251	100 000 %
NEW STAR RISK RETENTION GROUP INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 20-3382230	INSURANCE	SC	NOVANT MEDICAL GROUP	C	2,858,780	10,097,030	100 000 %
ROWAN MEDICAL FACILITIES INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1424672	MEDICAL SUPPLIES	NC	ROWAN HEALTH SERVICES CORP	C	1,647,890	7,802,919	100 000 %
ROWAN MEDICAL ALLIANCE INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 56-1992669	INSURANCE	NC	ROWAN REGIONAL MEDICAL CENTER	C		69,892	100 000 %
FISCAL CORP LTD 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1282069	HEALTH RELATED	VA	PRINCE WILLIAM HEALTH SYSTEM	C	25	946,837	100 000 %
PRINCE WILLIAM FAMILY HEALTHCARE 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1748199	HEALTH RELATED	VA	PRINCE WILLIAM HEALTH SYSTEM	C	-2,167		100 000 %
PRINCE WILLIAM MEDICAL SUPPLY 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC27103 54-1307554	HEALTH RELATED	VA	PRINCE WILLIAM HEALTH SYSTEM	C			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 (\$)	(d) Method of determining amount involved
(1)	MEDQUEST	A	12,709,291	COST
(2)	NEW STAR RISK RETENTION GROUP INC	A	206,250	COST
(3)	FOUNDATION HEALTH SYSTEMS	A	9,045,994	COST
(4)	FORSYTH MEMORIAL HOSPITAL	A	9,624,429	COST
(5)	NOVANT MEDICAL GROUP	A	4,202,657	COST
(6)	PRESBYTERIAN HOSPITAL	A	641,192	COST
(7)	PRESBYTERIAN MEDICAL CARE CORP	A	156,436	COST
(8)	THE REHAB INSTITUTE OF CAROLINAS	A	320,201	COST
(9)	FORSYTH MEDICAL CENTER FOUNDATION	B	487,500	COST
(10)	SELF-INSURANCE FUND - NOVANT HEALTH	B	19,250,000	COST
(11)	COMMUNITY GENERAL HEALTH PARTNERS	O	15,578,793	COST
(12)	COMMUNITY GENERAL HEALTH FOUNDATION	O	63,647	COST
(13)	CHOICEHEALTH	O	193,816	COST
(14)	CAROLINA MEDICORP ENTERPRISES	O	2,653,103	COST
(15)	FOUNDATION HEALTH SYSTEMS	O	37,624,123	COST
(16)	AUXILIARY OF FORSYTH MEDICAL CENTER	O	1,064,325	COST
(17)	FORSYTH MEDICAL CENTER FOUNDATION	O	1,577,054	COST
(18)	FORSYTH MEMORIAL HOSPITAL	O	216,310,903	COST
(19)	MEDICAL PARK HOSPITAL	O	15,087,543	COST
(20)	NOVANT MEDICAL GROUP	O	111,040,698	COST
(21)	PERSONAL CARE SERVICES	O	717,922	COST
(22)	PRESBYTERIAN HOSPITAL	O	222,930,057	COST
(23)	PRESBYTERIAN HOSPITAL FOUNDATION	O	1,044,230	COST
(24)	PRESBYTERIAN MEDICAL CARE CORP	O	29,863,141	COST
(25)	PROVIDENCE ROAD LAND PARTNERS	O	1,115,438	COST
(26)	PRINCE WILLIAM AMBULATORY SURGERY CENTER	O	3,356,719	COST
(27)	PRESBYTERIAN WOMEN'S CARE	O	3,167,010	COST
(28)	PRINCE WILLIAM HOSPITAL	O	38,774,549	COST
(29)	PRINCE WILLIAM HEALTH SYSTEM	O	3,007,185	COST
(30)	PRINCE WILLIAM HEALTH SYSTEM FOUNDATION	O	98,614	COST
(31)	THE REHAB INSTITUTE OF CAROLINAS	O	398,859	COST
(32)	ROWAN HEALTH SERVICES	O	444,157	COST
(33)	ROWAN MEDICAL FACILITIES	O	1,494,000	COST
(34)	ROWAN REGIONAL MEDICAL CENTER	O	54,236,087	COST
(35)	ROWAN REGIONAL MEDICAL CENTER FOUNDATION	O	613,560	COST
(36)	SALEM HEALTH SERVICES	O	620,773	COST
(37)	SOUTH PARK SURGERY CENTER	O	6,297,715	COST
(38)	MEDQUEST	D	227,618,727	COST
(39)	FOUNDATION HEALTH SYSTEMS	D	184,700,000	COST
(40)	NOVANT MEDICAL GROUP	F	131,719	COST
(41)	PROVIDENCE ROAD LAND PARTNERS	B	19,128,560	COST

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment  
Sequence No 67

Department of the Treasury  
Internal Revenue Service (99)

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	500,000
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	2,000,000
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	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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	0
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562 . . . . .	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	0
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 2011 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 2010 . . . . .	17	36,470
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 2010 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 2010 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	36,470
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, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> 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
42 A mortization of costs that begins during your 2010 tax year (see instructions)					
43 A mortization of costs that began before your 2010 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	

Additional Data

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

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) COMMUNITY GENERAL HEALTH PARTNERS INC	560636250	3	Yes		Yes		Yes		9683653
(B) FORSYTH MEMORIAL HOSPITAL INC	560928089	3	Yes		Yes		Yes		81897309
(C) MEDICAL PARK HOSPITAL	561340424	3	Yes		Yes		Yes		6800846
(D) FOUNDATION HEALTH SYSTEMS CORP	561373175	9	Yes		Yes		Yes		273852
(E) PRESBYTERIAN HOSPITAL	560554230	3	Yes		Yes		Yes		80788935
(F) PRESBYTERIAN MEDICAL CARE CORPORATION	561376368	3	Yes		Yes		Yes		16781589
(G) NOVANT MEDICAL GROUP INC	581728803	3	Yes		Yes		Yes		27641659
(H) ROWAN REGIONAL MEDICAL CENTER INC	560547479	3	Yes		Yes		Yes		10071456

Additional Data

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

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			
ALUKOAKINYELE OLAWALE CARDIOLOGIST	2 00	X						0	705,618	93,290
BAUGHAN MICHAEL VICE-CHAIRMAN	2 00	X		X				0	0	0
BELK JOHN R TRUSTEE	2 00	X						0	0	0
CONRAD DEBRA TRUSTEE (FC BOC REP)	2 00	X						0	0	0
EDWARDS H RANDALL PWHS REP	2 00	X						0	0	0
EVANS MD LISA S CHAIRMAN	2 00	X		X				0	0	0
GORDON ROBERT JR TRUSTEE	2 00	X						0	0	0
KETNER JR GLENN E TRUST EE (RHSC REP)	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 SECRETARY/TREASURER	2 00	X		X				0	0	0
WILESPAUL M TRUSTEE / CEO & PRES NOVANT HEALTH	60 00	X		X				3,142,068	0	1,087,327
WOODLIEF JOHN TRUSTEE	2 00	X						0	0	0
HARGETTFRED MCDOWELL EVP & CHIEF FINANCIAL OFFICER	60 00			X				827,634	0	839,387
SWINDLEJO DEAN PRESIDENT AMBULATORY SVCS/CFO	60 00			X				883,724	0	29,894
ARMATOCARL STEVEN EVP & PRESIDENT NOVANT MKTS	60 00				X			1,238,583	0	1,433,648
BARTONICHOLAS MICHAEL SR VP FINAN PLAN & ANALYSIS	60 00				X			374,530	0	198,291
BEIERGREGORY EVP & PRESIDENT NOVANT OPS	60 00				X			1,779,593	0	1,378,726
BESTDIANA LEE SR VP CLINICAL & OPER IMPROV	60 00				X			754,403	0	621,200
GARRETTDAVID BRIAN SRVP CHIEF INFORMATION OFFICER	60 00				X			523,980	0	246,244
GATTISJACQUELINE D EVP & CHIEF ADMIN OFFICER	60 00				X			897,546	0	1,029,196
HEARN IITHOMAS KERMIT SR VP AMBULATORY CARE	60 00				X			477,332	0	202,159
JOHNSONTONY W SR VP SUPPLY CHAIN	60 00				X			430,775	0	828,026
LINERSALLYE ANN EVP AND CHIEF CLINICAL OFFICER	60 00				X			735,524	442,367	1,133,471
MCGEELAWRENCE UPCHURCH SR VP AND GENERAL COUNSEL	60 00				X			1,032,859	0	721,549



**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			
MILLERMARK FREDERICK SR VP OPERATIONAL FINANCE	60 00				X			273,177	0	119,280
MORGANWAYNE FORREST SR VP & CHIEF INVEST OFFICER	60 00				X			465,864	0	255,096
PARKDAVID G SR VP REAL ESTATE & CONSTRUCT	60 00				X			502,569	0	222,196
PATEFIELDARTHUR J SR VP & CHIEF MED INFO OFF	60 00				X			638,866	0	801,390
SEEHAUSEN JRROBERT H SR VP MANAGED CARE	60 00				X			561,536	0	577,212
SMITH-HILLJANET SR VP HUMAN RESOURCES	60 00				X			458,160	0	242,408
TOBALSKIJIM GEORGE SR VP MKTING/COMM & GOV AFFAIR	60 00				X			735,066	0	349,902
WALLENHAUPTSTEPHEN L EVP CHIEF MEDICAL OFFICER	60 00				X			1,389,252	0	1,019,435
WEBERDANIELLE B SR VP REVENUE CYCLE	60 00				X			413,162	0	203,707
WOOLLEN JRTHOMAS H NH-EVP/NMG PRES	60 00				X			1,034,600	124,853	46,030
GARDELLAJOHN E VP CLINICAL IMPROVEMENT	40 00					X		345,288	0	117,971
GARMON-BROWNOPHELIA E VP COMMUNITY PARTNERSHIPS	40 00					X		395,801	0	128,019
LEDERER JRJAMES W VP CLINICAL IMPROVEMENT	40 00					X		346,242	0	128,965
MIHALDENISE BARBARA PRESIDENT BMC/COO COASTAL MRKT	40 00					X		384,814	0	180,687
MOGULMARK JEFFREY MEDICAL DIRECTOR	40 00					X		457,241	0	128,591

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				
ALUKO AKINYELE OLAWALE	(i)	0	0	0	0	0	0	0
	(ii)	484,114	215,544	5,960	76,833	16,457	798,908	66,844
WILESPAUL M	(i)	1,018,783	836,800	1,286,485	1,022,069	65,258	4,229,395	2,013,622
	(ii)	0	0	0	0	0	0	0
HARGETTFRED MCDOWELL	(i)	483,869	261,570	82,195	813,367	26,020	1,667,021	261,570
	(ii)	0	0	0	0	0	0	0
SWINDLEJO DEAN	(i)	230,251	468,750	184,723	17,530	12,365	913,619	573,750
	(ii)	0	0	0	0	0	0	0
ARMATOCARL STEVEN	(i)	628,190	538,605	71,788	1,404,112	29,536	2,672,231	538,605
	(ii)	0	0	0	0	0	0	0
BARTONICHOLAS MICHAEL	(i)	238,856	105,133	30,541	168,265	30,026	572,821	105,133
	(ii)	0	0	0	0	0	0	0
BEIERGREGORY	(i)	614,906	522,700	641,987	1,350,598	28,128	3,158,319	1,049,480
	(ii)	0	0	0	0	0	0	0
BESTDIANA LEE	(i)	298,850	173,714	281,839	603,400	17,800	1,375,603	427,246
	(ii)	0	0	0	0	0	0	0
GARRETTDAVID BRIAN	(i)	330,095	168,735	25,150	220,949	25,295	770,224	168,735
	(ii)	0	0	0	0	0	0	0
GATTISJACQUELINE D	(i)	484,792	346,730	66,024	1,001,657	27,539	1,926,742	346,730
	(ii)	0	0	0	0	0	0	0
HEARN IITHOMAS KERMIT	(i)	300,388	152,443	24,501	178,139	24,020	679,491	152,443
	(ii)	0	0	0	0	0	0	0
JOHNSONTONY W	(i)	251,150	153,530	26,095	819,490	8,536	1,258,801	153,530
	(ii)	0	0	0	0	0	0	0
LINERSALLYE ANN	(i)	324,588	0	410,936	1,094,685	16,411	1,846,620	381,260
	(ii)	144,261	288,208	9,898	17,464	4,910	464,741	288,208
MCGEELAWRENCE UPCHURCH	(i)	393,129	231,609	408,121	698,011	23,538	1,754,408	564,832
	(ii)	0	0	0	0	0	0	0
MILLERMARK FREDERICK	(i)	141,329	50,000	81,848	110,500	8,780	392,457	0
	(ii)	0	0	0	0	0	0	0
MORGANWAYNE FORREST	(i)	293,773	160,990	11,101	231,372	23,724	720,960	160,990
	(ii)	0	0	0	0	0	0	0
PARKDAVID G	(i)	259,208	168,635	74,726	203,099	19,097	724,765	168,635
	(ii)	0	0	0	0	0	0	0
PATEFIELDARTHUR J	(i)	378,707	215,150	45,009	768,755	32,635	1,440,256	215,150
	(ii)	0	0	0	0	0	0	0
SEEHAUSEN JRROBERT H	(i)	323,164	188,135	50,237	554,244	22,968	1,138,748	188,135
	(ii)	0	0	0	0	0	0	0
SMITH-HILLJANET	(i)	287,067	146,067	25,026	218,665	23,743	700,568	146,067
	(ii)	0	0	0	0	0	0	0
TOBALSKIJIM GEORGE	(i)	280,775	169,274	285,017	332,425	17,477	1,084,968	405,140
	(ii)	0	0	0	0	0	0	0
WALLENHAUPTSTEPHEN L	(i)	472,046	382,090	535,116	994,677	24,758	2,408,687	831,297
	(ii)	0	0	0	0	0	0	0
WEBERDANIELLE B	(i)	240,909	147,763	24,490	185,465	18,242	616,869	147,763
	(ii)	0	0	0	0	0	0	0
WOOLLEN JRTHOMAS H	(i)	275,253	457,890	301,457	24,814	17,141	1,076,555	457,890
	(ii)	50,248	0	74,605	0	4,075	128,928	0
GARDELLAJOHN E	(i)	263,605	56,672	25,011	102,689	15,282	463,259	56,672
	(ii)	0	0	0	0	0	0	0
GARMON- BROWNOPHELIA E	(i)	301,652	83,300	10,849	105,931	22,088	523,820	65,100
	(ii)	0	0	0	0	0	0	0
LEDERER JRJAMES W	(i)	305,138	29,710	11,394	111,079	17,886	475,207	29,710
	(ii)	0	0	0	0	0	0	0
MIHALDENISE BARBARA	(i)	232,146	140,630	12,038	171,025	9,662	565,501	140,630
	(ii)	0	0	0	0	0	0	0
MOGULMARK JEFFREY	(i)	309,646	146,000	1,595	97,698	30,893	585,832	96,000
	(ii)	0	0	0	0	0	0	0

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

4d. Other program services			
(Code	) (Expenses \$	248,931,300	including grants of \$ 1,101,507 ) (Revenue \$ 252,993,993 )
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			