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Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line 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? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 543,123,422 including grants of \$ 404,151) (Revenue \$ 554,004,314)
NOVANT HEALTH, INC IS THE PARENT ORGANIZATION OF A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS, AND OTHER HEALTHCARE SERVICE PROVIDERS (COLLECTIVELY KNOWN AS "NOVANT HEALTH") NOVANT HEALTH CONSISTS OF MORE THAN 1,300 PHYSICIANS AND NEARLY 24,000 EMPLOYEES WHO MAKE HEALTHCARE REMARKABLE AT OVER 500 LOCATIONS, INCLUDING 14 MEDICAL CENTERS AND HUNDREDS OF OUTPATIENT FACILITIES AND PHYSICIAN CLINICS HEADQUARTERED IN WINSTON-SALEM, NC, NOVANT HEALTH IS COMMITTED TO MAKING HEALTHCARE REMARKABLE FOR PATIENTS AND COMMUNITIES, SERVING MORE THAN FOUR MILLION PATIENTS ANNUALLY	

4b	(Code) (Expenses \$ 81,112,134 including grants of \$ 30,043) (Revenue \$ 94,219,406)
BRUNSWICK COMMUNITY HOSPITAL, LLC (BCH) DBA NOVANT HEALTH BRUNSWICK MEDICAL CENTER, 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 OF NC, REGARDLESS OF THE PATIENT'S ABILITY TO PAY DURING 2015, BCH HAD 74 LICENSED BEDS THERE WERE 16,292 PATIENT DAYS, WITH AN AVERAGE LENGTH OF STAY OF 4 DAYS, AND AN AVERAGE DAILY CENSUS OF 45 THERE WERE 4,484 DISCHARGES, 69,354 INPATIENT AND OUTPATIENT ENCOUNTERS, AND 31,550 EMERGENCY DEPARTMENT VISITS	

4c	(Code) (Expenses \$ 27,700,527 including grants of \$ 0) (Revenue \$ 22,662,595)
THE HOLDING COMPANY FOR NOVANT'S AMBULATORY SERVICES, PRESBYTERIAN AMBULATORY HOLDINGS, LLC, IS A SINGLE MEMBER LLC HELD BY NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC, A SINGLE MEMBER LLC IN WHICH NOVANT HEALTH IS THE SOLE MEMBER THE AMBULATORY CENTERS' OPERATIONS SERVE THE COMMUNITY BY PROVIDING ACCESS TO MUCH NEEDED HEALTHCARE SERVICES, REGARDLESS OF THE PATIENT'S ABILITY TO PAY DURING 2015, THERE WERE 55,872 OUTPATIENT ENCOUNTERS	

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

4e	Total program service expenses ▶ 651,936,083
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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 instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	2,559	
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	4,677	
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" to line 3b, 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: <u>BD, UK</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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 as charitable contributions?	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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 or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	14	
1b	Enter the number of voting members included in line 1a, above, who are independent	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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **AZ , CA , VA , AL , IN**

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 made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
KAREN DAUGHERTY 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 (336) 718-2803

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

Part VII

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	26,588,219	1,184,212	4,137,571

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 529

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DELOITTE CONSULTING LLP 4022 SELLS DRIVE HERMITAGE, TN 37076	CONSULTING	24,894,601
MONUMENT CONSULTING LLC 1800 SUMMIT AVENUE RICHMOND, VA 23230	CONSULTING	18,265,589
VANNOY CONSTRUCTION PO BOX 635 JEFFERSON, NC 28640	CONSTRUCTION SERVICES	9,644,324
LEIDOS HEALTH PO BOX 223866 PITTSBURGH, PA 15251	CONSULTING	4,796,676
JOHNSTON ALLISON & HORD PA PO BOX 36469 CHARLOTTE, NC 28236	LEGAL SERVICES	4,547,660

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 154

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	443,835			
	e	Government grants (contributions)	1e	2,895,302			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$		2,937			
	h	Total. Add lines 1a-1f		3,339,137			
Program Service Revenue	2a	CORPORATE SUPPORT	Business Code 551114	527,258,450	527,258,450		
	b	NET PATIENT REVENUE	622110	113,688,795	113,688,795		
	c	AFFILIATED RENTAL	531120	19,116,707	19,116,707		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		660,063,952			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		43,280,422		13,352,903
4		Income from investment of tax-exempt bond proceeds		130	130		
5		Royalties					
6a		Gross rents	(i) Real				
				3,807,533			
			(ii) Personal				
b		Less rental expenses		0			
c		Rental income or (loss)		3,807,533			
d		Net rental income or (loss)		3,807,533			3,807,533
7a		Gross amount from sales of assets other than inventory	(i) Securities				
				694,787,997	8,922,869		
			(ii) Other				
b		Less cost or other basis and sales expenses		665,767,673	3,678,797		
c		Gain or (loss)		29,020,324	5,244,072		
d		Net gain or (loss)		34,264,396			34,264,396
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
a			12,748				
b		Less direct expenses	b	0			
c		Net income or (loss) from fundraising events		12,748			12,748
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		80,399					
b	Less cost of goods sold	b	70,222				
c	Net income or (loss) from sales of inventory		10,177			10,177	
	Miscellaneous Revenue	Business Code					
11a	ADMINISTRATION	551114	17,666,221	10,114,742	7,551,479		
b	INVESTMENTS	900099	1,848,329		1,848,329		
c	CAPTIVE INSURANCE PREMIUMS	524298	1,275,238		1,275,238		
d	All other revenue		806,308	707,491	98,817		
e	Total. Add lines 11a-11d		21,596,096				
12	Total revenue. See Instructions		766,374,591	670,886,315	24,126,766	68,022,373	

Part IX Statement of Functional Expenses

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

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	431,694	431,694		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	2,500	2,500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	23,921,102		23,921,102	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	11,067,726		11,067,726	
7	Other salaries and wages.	252,467,149	225,958,098	26,509,051	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	44,301,424	39,649,774	4,651,650	
9	Other employee benefits.	36,162,397	32,365,345	3,797,052	
10	Payroll taxes.	23,483,838	21,018,035	2,465,803	
11	Fees for services (non-employees):				
a	Management.	1,025,430		1,025,430	
b	Legal.	2,975,242		2,975,242	
c	Accounting.	1,117,892		1,117,892	
d	Lobbying.	186,620		186,620	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	4,382,191		4,382,191	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	93,863,579	84,007,902	9,855,677	
12	Advertising and promotion.	10,026,541	8,973,754	1,052,787	
13	Office expenses.	11,468,283	10,264,113	1,204,170	
14	Information technology.	25,356,779	22,694,317	2,662,462	
15	Royalties.				
16	Occupancy.	37,869,187	33,892,922	3,976,265	
17	Travel.	5,435,797	4,865,038	570,759	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	31,436,245	28,135,439	3,300,806	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	91,832,339	82,189,943	9,642,396	
23	Insurance.	1,995,330	1,785,820	209,510	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	UBI TAXES	3,730,562	3,730,562		
b	MEDICAL SUPPLIES	12,108,720	12,108,720		
c	REPAIRS & MAINTENANCE	9,093,887	8,139,029	954,858	
d	DUES AND SUBSCRIPTIONS	8,505,847	7,612,733	893,114	
e	All other expenses	25,703,320	24,110,345	1,592,975	
25	Total functional expenses. Add lines 1 through 24e.	769,951,621	651,936,083	118,015,538	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		178,612,807	1	243,147,571	
	2	Savings and temporary cash investments		426,227,302	2	501,433,140	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		42,072,486	4	47,409,273	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other 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). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		153,589,945	7	153,513,680	
	8	Inventories for sale or use		13,330,327	8	12,431,460	
	9	Prepaid expenses and deferred charges		31,953,272	9	29,915,713	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,634,552,425			
	b	Less: accumulated depreciation	10b	888,411,607	734,536,383	10c	746,140,818
	11	Investments—publicly traded securities		1,201,583,129	11	1,388,650,639	
	12	Investments—other securities. See Part IV, line 11		384,292,332	12	433,775,285	
	13	Investments—program-related. See Part IV, line 11		8,362,881	13	5,363,915	
	14	Intangible assets		10,481,576	14	9,643,922	
	15	Other assets. See Part IV, line 11		1,770,999	15	98	
16	Total assets. Add lines 1 through 15 (must equal line 34)		3,186,813,439	16	3,571,425,514		
Liabilities	17	Accounts payable and accrued expenses		434,884,278	17	426,879,128	
	18	Grants payable			18		
	19	Deferred revenue			19	1,174,039	
	20	Tax-exempt bond liabilities		1,363,734,134	20	1,345,249,605	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other 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		440,446,597	23	444,014,798	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		931,187,407	25	1,364,129,034	
	26	Total liabilities. Add lines 17 through 25		3,170,252,416	26	3,581,446,604	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		16,561,023	27	-10,021,090	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), 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		16,561,023	33	-10,021,090	
	34	Total liabilities and net assets/fund balances		3,186,813,439	34	3,571,425,514	

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	766,374,591
2	Total expenses (must equal Part IX, column (A), line 25)	2	769,951,621
3	Revenue less expenses Subtract line 2 from line 1	3	-3,577,030
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	16,561,023
5	Net unrealized gains (losses) on investments	5	-100,122,173
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-25,274,687
9	Other changes in net assets or fund balances (explain in Schedule O)	9	102,391,777
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-10,021,090

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
ARMATO CARL CEO & PRESIDENT NOVANT HEALTH	60 00	X		X				2,843,976	0	94,663
BAUGHAN MICHAEL TRUSTEE	2 00	X						265	0	0
BELDEN RICHARD TRUSTEE	2 00	X						0	0	0
GORDON ROBERT TRUSTEE	2 00	X						224	0	0
IZARD CHARLES TRUSTEE	2 00	X						0	0	0
KETNER GLENN TRUSTEE	2 00	X						0	0	0
LYLES VIOLA TRUSTEE	2 00	X						0	0	0
MURPHY DANIEL TRUSTEE	2 00	X						0	0	0
PHILLIPS GEORGE PATRICK TRUSTEE	2 00	X						0	0	0
PLYLER DAVID TRUSTEE	2 00	X						0	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
STOLZ ROBERT CHAIR	2 00	X		X				0	0	0
STONE LARRY VICE CHAIR	2 00	X		X				0	0	0
VALENTINE PEGGY SEC/TREAS	2 00	X		X				374	0	0
WOODLIEF JOHN TRUSTEE	2 00	X						534	0	0
HARGETT FRED EVP & CHIEF FINANCIAL OFFICER	60 00			X				1,683,471	0	92,483
MORRIS JOHN ASST SEC	2 00			X				315,630	0	76,931
WALSH BETSY ASST SEC	2 00			X				326,189	0	73,904
ALUKO AKINYELE MD SVP NH HEART & VASCULAR	60 00				X			730,435	0	152,823
BEST DIANA SVP CLINICAL IMPROVEMENT	60 00				X			622,566	0	84,387
BRUNSTETTER PETER EVP & CHIEF LEGAL OFFICER	60 00				X			811,297	0	189,026

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
COOK DAVID MD SVP & HEALTHCARE FUTURIST	60 00				X			717,961	0	150,493
CURETON JESSE EVP & CHIEF CONSUMER OFFICER	60 00				X			1,141,747	0	219,551
DANIELS JACQUELINE EVP & CHIEF ADMIN OFFICER	60 00				X			1,116,387	0	82,551
GARMON-BROWN OPHELIA MD SVP COMM WELLNESS & EDUCATION	60 00				X			677,788	0	146,550
GARRETT DAVID SVP CHIEF INFO OFFICER	60 00				X			724,141	0	157,721
JOHNSON TONY SVP SUPPLY CHAIN/COO SHARED SV	60 00				X			811,087	0	62,043
LANGFORD KATHRYN SVP NH/CLIN OPS	60 00				X			662,288	0	140,180
LINDSAY JEFFERY EVP & CHIEF OPERATING OFFICER	60 00				X			1,425,622	0	96,538
MORGAN WAYNE SVP & CHIEF INVEST OFFICER	60 00				X			562,736	0	151,687
MYERS SCOTT SVP CORPORATE FINANCE	60 00				X			559,171	0	128,586

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATEFIELD MD ARTHUR SVP & CHIEF MED INFO OFF	60 00				X			693,752	0	101,219
PHIPPS JOHN MD EVP & PRESIDENT NHMG	60 00				X			0	922,040	195,381
SEEHAUSEN ROBERT SVP BUSINESS DEV & SALES	60 00				X			748,357	0	97,340
SMITH-HILL JANET EVP & CHIEF HR OFFICER	60 00				X			687,144	0	149,242
VINCENT PAULA SVP NH	60 00				X			360,155	262,172	71,376
WOOLLEN THOMAS MD SVP PHYSICIAN SERVICES	60 00				X			598,609	0	157,452
ZWENG THOMAS MD EVP & CHIEF MEDICAL OFFICER	60 00				X			927,191	0	211,258
GREGORY CHERE MD SVP WOMEN'S SERVICES	60 00				X			552,130	0	139,308
DUVALL DAVID SVP MARKETING & COMMUNICATIONS	40 00					X		529,832	0	138,990
EASTERLING DONALD SVP NH CONSUMER OPERATIONS	40 00					X		544,767	0	125,725

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
GRIFFIN JON SVP FINANCIAL PLAN & ANALYSIS	40 00					X		545,204	0	144,029
PARK DAVID SVP REAL ESTATE & CONSTRUCTION	40 00					X		539,368	0	90,212
VANCE AMY SVP POPULATION HEALTH MGMT	40 00					X		551,465	0	132,752
WILES PAUL FORMER CEO & PRESIDENT NOVANT HEALTH	0 00						X	153,250	0	0
BEIER GREGORY FORMER EVP	0 00						X	20,086	0	0
BILLINGS DERRICK MARK FORMER PRESIDENT NH SHARED SERVICES	0 00						X	788,864	0	1,664
GARDELLA JOHN MD VP CLINICAL IMPROVEMENT	60 00						X	500,041	0	75,663
LINER SALLYE FORMER EVP & CHIEF CLINICAL OFFICER	0 00						X	733,809	0	65,582
MILLER MARK FORMER SVP OPERATIONAL FINANCE	0 00						X	825,023	0	51,247
WALLENHAUPT STEPHEN FMR EVP & CMO	0 00						X	555,283	0	89,014

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☒

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations

1 1
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total11					526,439,365	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>						

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

(Complete only if you checked the box on line 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	No
b A family member of a person described in (a) above?	11b	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

☐

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation
PART I, LINE 11G	NOVANT HEALTH, INC PROVIDES STRATEGIC PLANNING, ADMINISTRATIVE SUPPORT, INVESTMENT GUIDANCE AND MONETARY SUPPORT TO THE SUPPORTED ORGANIZATIONS LISTED IN PART I
PART IV, SEC A, L-1	THERE ARE OTHER PUBLICLY SUPPORTED ORGANIZATIONS WITHIN THE HEALTH SYSTEM THAT THE FILING ORGANIZATION SUPPORTS THESE ORGANIZATIONS HAVE A CONTINUING RELATIONSHIP WITH THE FILING ORGANIZATION BY VIRTUE OF THEIR RELATIONSHIPS TO THE SPECIFIED SUPPORTED ORGANIZATIONS BY REASON OF THIS RELATIONSHIP, A SUBSTANTIAL IDENTITY OF INTEREST HAS BEEN DEVELOPED BETWEEN THE ORGANIZATIONS THEREBY ESTABLISHING A HISTORIC AND CONTINUING RELATIONSHIP
PART IV, SEC D, L-2	CERTAIN OF THE SUPPORTED ORGANIZATIONS OFFICERS AND/OR DIRECTORS ARE APPOINTED/ELECTED TO THE FILING ORGANIZATION'S GOVERNING BODY AND AT LEAST ONE MEMBER OF THE FILING ORGANIZATION'S GOVERNING BODY SERVES ON THE GOVERNING BODY OF A SUPPORTED ORGANIZATION THE FILING ORGANIZATION HAS AN ADEQUATE RELATIONSHIP WITH THE REMAINING SUPPORTED ORGANIZATIONS BECAUSE IT MAINTAINS A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH THE OFFICERS/DIRECTORS OF THOSE ORGANIZATIONS THESE RELATIONSHIPS ARE MAINTAINED THROUGH ONGOING COMMUNICATIONS, REGULAR MEETINGS INCLUDING ATTENDANCE AT BOARD MEETINGS OF THE SUPPORTED ORGANIZATIONS, AND JOINT PROJECTS
PART IV, SEC D, L-3	REPRESENTATIVES OF THE SUPPORTED ORGANIZATIONS PROVIDE ONGOING FEEDBACK AND GUIDANCE ON THE BUDGETING, OVERHEAD ALLOCATIONS AND ASSET PURCHASING AND UTILIZATION
PART IV, SEC E, L-3A	THE ORGANIZATION HAS THE POWER TO REGULARLY APPOINT OR ELECT A MAJORITY OF OFFICERS, DIRECTORS OR TRUSTEES OF EACH SUPPORTED ORGANIZATION
PART IV, SEC E, L-3B	THE FILING ORGANIZATION AS THE HEALTH SYSTEM PARENT PROVIDES ADMINISTRATIVE OVERSIGHT AND OVERSEES THE PROGRAMS, ACTIVITIES AND DIRECTION OF THE HEALTH SYSTEM SUPPORTED ORGANIZATIONS (WITH THEIR INPUT) THE FILING ORGANIZATION ASSUMES THESE ADMINISTRATIVE DUTIES IN ORDER TO ALLOW THE SUPPORTED ORGANIZATIONS TO FOCUS ON PURSUING THEIR EXEMPT PURPOSE

Additional Data

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

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) FORSYTH MEMORIAL HOSPITAL INC	560928089		Yes		193,997,068	0
(A) FOUNDATION HEALTH SYSTEMS CORP	561373175		Yes		57,324	0
(B) THE PRESBYTERIAN HOSPITAL	560554230		Yes		174,359,547	0
(C) NOVANT MEDICAL GROUP INC	581728803		Yes		52,113,992	0
(D) ROWAN REGIONAL MEDICAL CENTER INC	560547479		Yes		33,833,733	0
COMMUNITY GENERAL HEALTH (E) PARTNERS	560636250		Yes		17,762,931	0
(F) MEDICAL PARK HOSPITAL	561340424		Yes		12,671,779	0
(G) PRESBYTERIAN MEDICAL CARE CORP	561376368		Yes		31,528,209	0
(H) PERSONAL CARE SERVICES	541291284			No	35,561	0
(I) PRINCE WILLIAM HOSPITAL	540696355		Yes		7,964,294	0
(J) NMG SERVICES INC	562098809			No	2,114,927	0

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

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

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

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

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

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

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

Name of 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 function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<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-
2				
3				
4				
5				
6				

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (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><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

	(a)	(b)
	Yes	No Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a Volunteers?	Yes	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	
c Media advertisements?		No
d Mailings to members, legislators, or the public?		No
e Publications, or published or broadcast statements?		No
f Grants to other organizations for lobbying purposes?		No
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	186,620
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i Other activities?	Yes	93,137
j Total Add lines 1c through 1i		279,757
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
b If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	LINE 1A THERE IS LIMITED ENGAGEMENT OF THE BOARD LINE 1B THERE ARE THREE FULL TIME GOVERNMENT RELATIONS STAFF POSITIONS AND MINIMAL TIME OF SENIOR LEADERS LINE 1G REGULAR DIRECT CONTACT IS MADE BY THE FULL TIME GOVERNMENT RELATIONS STAFF AND LIMITED CONTACT BY SENIOR LEADERS DURING ADVOCACY DAY LINE 1I DUES PAID TO CERTAIN ORGANIZATIONS WHICH INCLUDE A PORTION RELATED TO LOBBYING ACTIVITIES

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization NOVANT HEALTH INC	Employer identification number 56-1376950
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$
(ii)	Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III

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

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land		86,325,193		86,325,193
b Buildings		638,379,404	325,286,442	313,092,962
c Leasehold improvements		41,185,466	27,758,272	13,427,194
d Equipment		400,143,983	317,506,086	82,637,897
e Other		468,518,379	217,860,807	250,657,572
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				746,140,818

Schedule D (Form 990) 2015

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	PART X, LINE 2 LIABILITY UNDER FIN 48 (ASC 740) FOOTNOTE THE AUDIT FOR NOVANT HEALTH AND ITS AFFILIATES IS PREPARED ON A CONSOLIDATED BASIS. THE COMPANY IS REQUIRED TO EVALUATE UNCERTAIN TAX POSITIONS. THIS EVALUATION INCLUDES A QUANTIFICATION OF TAX RISK IN AREAS SUCH AS UNRELATED BUSINESS TAXABLE INCOME AND THE TAXATION OF OUR FOR-PROFIT SUBSIDIARIES. THIS EVALUATION DID NOT HAVE A MATERIAL EFFECT ON THE COMPANY'S CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

OMB No 1545-0047

2015**Open to Public
Inspection**

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

► **Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.**Department of the Treasury
Internal Revenue ServiceName 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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN			CAPTIVE INSURER		10,690,000
(2) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		440,819,000
(3) EUROPE			INVESTMENTS		115,616,000
(4) NORTH AMERICA			INVESTMENTS		5,498,000
(5)					
3a Sub-total	0	0			572,623,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			572,623,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐ Yes ☒ No
- 3

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

☒ Yes ☐ No
- 4

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

☒ Yes ☐ No
- 5

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

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 56-1376950

Name: NOVANT HEALTH INC

Part V Supplemental Information

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

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

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

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other <u>30000 0000000000 %</u>	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b		No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
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?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	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 Worksheet 1)			9,808,830	0	9,808,830	4 120 %
b Medicaid (from Worksheet 3, column a)			18,882,881	12,150,140	6,732,741	2 830 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			28,691,711	12,150,140	16,541,571	6 950 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			21,590	0	21,590	0 010 %
f Health professions education (from Worksheet 5)			289,202	0	289,202	0 120 %
g Subsidized health services (from Worksheet 6)			1,335,713	669,310	666,403	0 280 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			87,465	0	87,465	0 040 %
j Total. Other Benefits			1,733,970	669,310	1,064,660	0 450 %
k Total. Add lines 7d and 7j			30,425,681	12,819,450	17,606,231	7 400 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		10,000	0	10,000	0 %
2	Economic development		53,853	0	53,853	0 020 %
3	Community support		25,650	0	25,650	0 010 %
4	Environmental improvements		0	0	0	0 %
5	Leadership development and training for community members		0	0	0	0 %
6	Coalition building		2,578	0	2,578	0 %
7	Community health improvement advocacy		1,000	0	1,000	0 %
8	Workforce development		650	0	650	0 %
9	Other		0	0	0	0 %
10	Total		93,731	0	93,731	0 030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

No

2

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

2

6,302,087

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

26,729,457

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

29,262,866

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-2,533,409

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.
☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

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

9a

Yes

No

b

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

9b

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 ENDOSCOPY CENTER OF LAKE NORMAN	HEALTHCARE	51 000 %	0 %	49 000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

1

See Additional Data Table

Schedule H (Form 990) 2015

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

NH BRUNSWICK MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a <input type="checkbox"/> Hospital facility's website (list url)		
b <input type="checkbox"/> Other website (list url) <u>WWW.NOVANTHEALTH.ORG</u>		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
If "Yes" (list url) <u>WWW.NOVANTHEALTH.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

NH BRUNSWICK MEDICAL CENTER

Name of hospital facility or letter of facility reporting group			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 0 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input type="checkbox"/> Asset level			
d	<input type="checkbox"/> Medical indigency			
e	<input type="checkbox"/> Insurance status			
f	<input type="checkbox"/> Underinsurance discount			
g	<input type="checkbox"/> Residency			
h	<input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14		No
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input type="checkbox"/> The FAP was widely available on a website (list url) SEE SECTION C			
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SECTION C			
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input type="checkbox"/> Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
e	<input type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

NH BRUNSWICK MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	Yes

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address	Type of Facility (describe)
1 1 - ENDOSCOPY CENTER OF LAKE NORMAN 16525 HOLLY CREST LANE HUNTERSVILLE, NC 28078	ENDOSCOPY CENTER
2 2 - NH BALLANTYNE OUTPATIENT SURGERY 14215 BALLANTYNE CORPORATE PL STE 210 CHARLOTTE, NC 28277	AMBULATORY SURGERY CENTER
3 3 - NH BREAST CENTER 1718 EAST 4TH STREET CHARLOTTE, NC 28204	IMAGING CENTER
4 4 - NH HUNTERSVILLE OUTPATIENT SURGERY 10030 GILEAD ROAD HUNTERSVILLE, NC 28078	AMBULATORY SURGERY CENTER
5 5 - NH IMAGING BALLANTYNE 14215 BALLANTYNE CORPORATE PL STE 140 CHARLOTTE, NC 28277	IMAGING CENTER
6 6 - NH IMAGING STEELE CREEK 13557 STEELECROFT PKWY SUITE 1100 CHARLOTTE, NC 28278	IMAGING CENTER
7	
8	
9	
10	

Part VI **Supplemental Information**

Provide the following information

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

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

Form and Line Reference	Explanation
PART I, LINE 7	COSTS REPORTED IN THE TABLE FOR CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AMOUNTS ARE CALCULATED USING AN ENTITY SPECIFIC COST TO CHARGE RATIO BASED ON WORKSHEET 2 (CCR)

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE AMOUNT OF BAD DEBT REMOVED FROM TOTAL EXPENSES (DENOMINATOR) WAS \$6,302,087

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	THE ORGANIZATION IS A PART OF NOVANT HEALTH, AN INTEGRATED NOT-FOR-PROFIT HEALTH SYSTEM NOVANT HEALTH'S COMMUNITY BUILDING ACTIVITIES IMPACTS THE HEALTH OF OUR COMMUNITY THROUGH PARTNERSHIPS WITH LOCAL AGENCIES DEDICATED TO IMPROVING THE LIVES OF ALL INDIVIDUALS OUTREACH INCLUDES PROVIDING SUPPORT FOR ORGANIZATIONS SUCH AS HABITAT FOR HUMANITY AND LOCAL CHAMBERS OF COMMERCE, ASSISTING WITH COMMUNITY/COUNTY COALITIONS, PROVIDING EDUCATIONAL SEMINARS AND TRAINING FOR COMMUNITY WORKFORCES, AND SUPPORTING COMMUNITY AGENCIES SUCH AS ROTARY, LIONS CLUBS AND MORE THROUGH EACH OF THESE PARTNER AGENCIES, NOVANT HEALTH ADDRESSES THE UNDERLYING ISSUES IMPACTING THE HEALTH OF OUR COMMUNITIES AND ENSURES THAT OUR COMMUNITIES GROW FOR YEARS TO COME

Form and Line Reference	Explanation
PART III, LINE 2	THE ALLOWANCE FOR BAD DEBT 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 HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS

Form and Line Reference	Explanation
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 (CCR) FOOTNOTE 2 (ACCOUNTS RECEIVABLE) ON PAGE 7 OF THE AUDITED FINANCIAL STATEMENTS DESCRIBES THE BAD DEBT EXPENSE

Form and Line Reference	Explanation
PART III, LINE 8	<p>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 CCR IS THEN APPLIED TO THE MEDICARE REVENUE BY COST CENTER AND TOTALED. IT SHOULD BE NOTED THAT THE MEDICARE COST REPORTS DO NOT ADDRESS ANY MANAGED CARE MEDICARE REVENUES, COSTS, OR RELATED SHORTFALL. THE TOTAL REVENUES REPORTED AS RECEIVED FROM MEDICARE IN LINE 5 OF SECTION B ARE ONLY REPRESENTATIVE OF MEDICARE FEE FOR SERVICE PAYMENTS RECEIVED. THE ALLOWABLE COSTS ON LINE 6 ARE SIGNIFICANTLY LOWER THAN THE ACTUAL EXPENDITURES. AS SUCH, THE SHORTFALL IS UNDERESTIMATED. EVERY HOSPITAL TREATS MEDICARE PATIENTS. SOME HOSPITALS ARE LOCATED IN HIGH MEDICARE POPULATION AREAS, OTHERS PROVIDE SERVICES DISPROPORTIONATELY USED BY MEDICARE PATIENTS. MEDICARE RATES AND NUMBERS OF MEDICARE PATIENTS ARE NOT NEGOTIATED. AS REIMBURSEMENT RATES DECLINE RELATIVE TO COSTS OF CARE, HOSPITALS CONTINUE TO SERVE THE MEDICARE POPULATION. WITHOUT THIS SERVICE THESE PATIENTS WOULD BECOME AN OBLIGATION ON THE GOVERNMENT. ANY UNREIMBURSED COSTS OF THIS CARE ARE A COMMUNITY BENEFIT PROVIDED BY THE HOSPITAL TO THE COMMUNITY AND GOVERNMENT.</p>

Form and Line Reference	Explanation
PART III, LINE 9B	THE ORGANIZATION'S BILLING AND COLLECTIONS POLICY DOES EXPLAIN ACTIONS AGAINST PATIENTS WHO HAVE OUTSTANDING DELINQUENT AMOUNTS, BUT THE POLICY DOES NOT CONTAIN PROVISIONS FOR COLLECTION PRACTICES AGAINST PATIENTS WHO ARE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY (FAP) BECAUSE FAP ELIGIBLE PATIENTS RECEIVE 100% FREE CARE AND THEREFORE DO NOT RECEIVE BILLS ONCE FAP ELIGIBILITY HAS BEEN ESTABLISHED

Form and Line Reference	Explanation
PART VI, LINE 2	<p>PART VI, LINE 2 NEEDS ASSESSMENT THE ORGANIZATION IS PART OF NOVANT HEALTH, AN INTEGRATED NOT-FOR-PROFIT HEALTH SYSTEM, WHICH HAS A COMMUNITY BENEFIT DEPARTMENT ("CB DEPARTMENT") COMPRISED OF COMMUNITY BENEFIT PROFESSIONALS AND AN ASSOCIATED ADVISORY WORKING GROUP ("THE COMMUNITY BENEFIT GROUP") THAT INCLUDES REPRESENTATIVES FROM INTERNAL AUDIT, LEGAL, AND TAX THE CB DEPARTMENT IS RESPONSIBLE FOR COORDINATING THE PREPARATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) FOR EACH HOSPITAL WITHIN THE SYSTEM, INCLUDING THE CHNAS REPORTED IN PART V, SECTION B EACH HOSPITAL AND THE COMMUNITY BENEFIT GROUP WORK TOGETHER TO IDENTIFY ORGANIZATIONS AND RESOURCES WITHIN ITS COMMUNITY THAT CONTRIBUTE TO THE PROCESS THESE ORGANIZATIONS AND RESOURCES INCLUDE PUBLIC HEALTH DEPARTMENTS, LOCAL COMMUNITY COALITIONS REPRESENTING THE MEDICALLY UNDERSERVED, UNITED WAY, LOCAL UNIVERSITIES, ETC COMMUNITY HEALTH ASSESSMENTS PREPARED BY OTHER ORGANIZATIONS IN THE COMMUNITY ARE USED IN COMBINATION WITH INTERNAL HOSPITAL DATA AND INFORMATION COLLECTED FROM LOCAL AGENCIES TO PREPARE THE HOSPITAL'S CHNA IN ADDITION TO ADDRESSING NEEDS IDENTIFIED THROUGH THE CHNA, EACH HOSPITAL MAY RESPOND TO REQUESTS FOR SPECIFIC COMMUNITY BENEFIT ACTIVITIES OR PROGRAMS FROM PUBLIC AGENCIES OR COMMUNITY GROUPS</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE ORGANIZATION IS PART OF NOVANT HEALTH, AN INTEGRATED NOT-FOR-PROFIT HEALTH SYSTEM AS A NOT-FOR-PROFIT ORGANIZATION, NOVANT HEALTH IS COMMITTED TO PROVIDING OUTSTANDING HEALTHCARE TO ALL MEMBERS OF OUR COMMUNITIES, REGARDLESS OF THEIR ABILITY TO PAY OUR ACUTE CARE FACILITIES PROVIDE CARE IN 35 COUNTIES ACROSS FOUR 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 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 WE PRIDE OURSELVES ON THE TRANSPARENCY OF OUR PROGRAMS AND THE EDUCATION WE OFFER OUR PATIENTS AROUND OUR FINANCIAL ASSISTANCE POLICIES OUR PROGRAMS ARE DOCUMENTED ON OUR WEBSITE, ALONG WITH CONTACT INFORMATION FOR OUR FINANCIAL COUNSELORS ADDITIONALLY, OUR PROGRAMS ARE DOCUMENTED ON PATIENT FLYERS THROUGHOUT THE NOVANT HEALTH AFFILIATED FACILITIES AND PHYSICIAN OFFICES OUR PATIENT ACCESS SPECIALISTS, FINANCIAL COUNSELORS AND BUSINESS OFFICE TEAMS WORK WITH ALL ELIGIBLE PATIENTS TO EDUCATE THEM ON THE VARIOUS OPTIONS AVAILABLE VIA OUR FINANCIAL ASSISTANCE PROGRAMS OR GOVERNMENT SPONSORED CARE THEY ALSO REFERENCE OUR FINANCIAL ASSISTANCE POLICY IN ALL CONVERSATIONS RELATED TO PATIENTS BILLS FINALLY, WE WORK WITH LOCAL AREA FREE HEALTH CLINICS AND OTHER CHARITABLE ORGANIZATIONS TO PROVIDE CONTINUATION OF CARE FOR THEIR PATIENTS IN ADDITION TO OUR FINANCIAL COUNSELING PROCESSES USED TO IDENTIFY CHARITY CARE PATIENTS, OUR COLLECTIONS PROCESSES WITHIN OUR BUSINESS OFFICES ALSO HELP IDENTIFY PATIENTS WHO ARE ALREADY ELIGIBLE FOR CHARITY OR WHO MAY BE ELIGIBLE BASED ON THEIR STATUS WITHIN THE FEDERAL POVERTY GUIDELINES ("FPG") WE UTILIZE PREVIOUSLY SUBMITTED PATIENT DOCUMENTATION AND CREDIT AGENCY REPORTED FPG FOR DETERMINATION SUPPORTING DOCUMENTS ARE VALID 6 MONTHS FROM THE DATE OF SUBMISSION OUR POLICIES ARE CONSIDERED FLUID AND ARE UPDATED FREQUENTLY BASED ON LOCAL AND NATIONAL MARKET STANDARDS AND NATIONAL ECONOMIC CONDITIONS ANY UPDATES TO OUR POLICIES REQUIRE MULTI-LEVEL LEADERSHIP APPROVAL AND ARE ULTIMATELY APPROVED BY THE NOVANT HEALTH EXECUTIVE TEAM AND/OR THE NOVANT HEALTH BOARD OF DIRECTORS</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>PART VI, LINE 4 COMMUNITY INFORMATION THE NOVANT HEALTH, INC FORM 990 INCLUDES THE OPERATIONS OF ONE HOSPITAL BRUNSWICK COMMUNITY HOSPITAL, LLC DBA NOVANT HEALTH BRUNSWICK MEDICAL CENTER 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 SG2 DATA, THE SPECIFIC POPULATION GROUPS (ETHNIC AND CULTURAL) ARE AS FOLLOWS WHITE NON-HISPANIC (264,721) 78.3%, BLACK NON-HISPANIC (43,056) 12.7%, HISPANIC (17,924) 5.3%, ASIAN AND PACIFIC ISLAND (4,264) 1.3%, OTHERS (8,168) 2.4%, FOR A TOTAL POPULATION OF 338,133 ACCORDING TO US CENSUS BUREAU DATA, THE MEDIAN HOUSEHOLD INCOME LEVEL WAS \$46,955 ACCORDING TO SG2 DATA, THE AGE BREAKDOWN IS AS FOLLOWS 0-17 YEARS (64,644) 19.1%, 18-64 YEARS (208,062) 61.5%, 65+ YEARS (65,427) 19.3%</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PART VI, LINE 5 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 HEALTHCARE SUPPORT SERVICES, INCLUDING WITHOUT LIMITATION, INFORMATION AND REFERRAL TO COMMUNITY SERVICES, CASE MANAGEMENT OF UNDERINSURED AND UNINSURED PERSONS, TELEPHONE INFORMATION SERVICES AND ASSISTANCE TO ENROLL IN PUBLIC PROGRAMS, SUCH AS STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) AND MEDICAID TO THE COMMUNITIES IT SERVES,12 PROVIDING SUBSIDIZED HEALTH SERVICES AND CLINICAL PROGRAMS TO THE COMMUNITIES IT SERVES,13 PROVIDING CASH AND IN-KIND CONTRIBUTIONS TO NONPROFIT COMMUNITY HEALTHCARE ORGANIZATIONS IN THE COMMUNITIES IT SERVES, AND14 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 HEALTHCARE FACILITIES IN THE SAME HEALTHCARE SYSTEM), PLEASE SEE THE NOVANT HEALTH COMMUNITY BENEFIT REPORT, LOCATED AT HTTP //WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMPANY-INFORMATION/FINANCIAL - PROFILE/COMMUNITY-BENEFIT-REPORT.ASPX PLEASE NOTE THAT THE NUMERIC INFORMATION IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM THE ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS AND OTHER HEALTHCARE SERVICE PROVIDERS NOVANT HEALTH IS RANKED AS ONE OF OUR NATION'S TOP 20 INTEGRATED HEALTHCARE SYSTEMS - CARING FOR PATIENTS AND COMMUNITIES IN GEORGIA, NORTH CAROLINA, SOUTH CAROLINA, AND VIRGINIA EACH HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT TO THE COMMUNITY IT SERVES, AS REPORTED INDIVIDUALLY ON EACH HOSPITAL'S FORM 990, SCHEDULE H THE COMMUNITY BENEFIT OF THE SYSTEM AS A WHOLE IS DOCUMENTED IN A SYSTEM-WIDE COMMUNITY BENEFIT REPORT, LOCATED AT HTTP //WWW NOVANTHEALTH ORG/HOME/ABOUT-US/COMPANY-INFORMATION/FINANCIAL - PROFILE/COMMUNITY-BENEFIT-REPORT ASPX PLEASE NOTE THAT THE NUMERIC INFORMATION IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES THERE ARE SIGNIFICANT COMMUNITY BENEFIT ACTIVITIES WITHIN NOVANT HEALTH WHICH MAY NOT BE REPORTABLE ON A SCHEDULE H BECAUSE THEY ARE NOT CONDUCTED BY AN ENTITY WHICH OWNS OR OPERATES A HOSPITAL IN ADDITION TO HOSPITALS, NOVANT HEALTH INCLUDES A PHYSICIAN ORGANIZATION WITH PRACTICES IN GEORGIA, NORTH CAROLINA, SOUTH CAROLINA, AND VIRGINIA AND FIVE HOSPITAL FOUNDATIONS WHICH SUPPORT AND ENHANCE THE ACTIVITIES IN THOSE HOSPITALS' COMMUNITIES FURTHER, NOVANT HEALTH INCLUDES AMBULATORY SURGERY CENTERS, IMAGING CENTERS, REHABILITATION CENTERS, AND OTHER OUTPATIENT FACILITIES, ALL DEDICATED TO PROMOTING THE HEALTH OF THEIR RESPECTIVE COMMUNITIES</p>

Form and Line Reference	Explanation
PART VI, LINE 7 STATE FILING OF COMMUNITY BENEFIT REPORT	NOVANT HEALTH, INC FILES A SYSTEM-WIDE COMMUNITY BENEFIT REPORT PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA 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

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	NH BRUNSWICK MEDICAL CENTER 240 HOSPITAL DRIVE NE BOLIVIA,NC 28422 WWW.NOVANTHEALTH.ORG H0250	X	X				X			

2015

Open to Public Inspection

56-1376950

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

3 Enter total number of other organizations listed in the line 1 table **0**

Part III

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

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

Part IV

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

Return Reference	Explanation
PART I, LINE 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	THE FILING ORGANIZATION IS PART OF THE INTEGRATED HEALTHCARE SYSTEM OPERATED BY NOVANT HEALTH, INC ("NOVANT HEALTH"), THE PARENT ORGANIZATION. NOVANT HEALTH'S BYLAWS AUTHORIZE IT TO ESTABLISH CERTAIN POLICIES FOR ALL OF ITS SUBSIDIARIES WITHIN THE SYSTEM. NOVANT HEALTH HAS ESTABLISHED A SYSTEM-WIDE CORPORATE POLICY WITH STANDARDIZED GUIDELINES THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY AND SELECTION OF GRANTEEES RECEIVING CERTAIN EXEMPT PURPOSE FUNDS. THE FILING ORGANIZATION MAINTAINS DOCUMENTATION OF THE ELIGIBILITY AND SELECTION CRITERIA AND RECORDS OF THE AMOUNTS ARE MAINTAINED VIA THE GENERAL LEDGER. FUNDS ARE GENERALLY NOT TRACKED AFTER BEING GRANTED, AS THE ORIGINAL ELIGIBILITY AND SELECTION CRITERIA HAVE ALREADY BEEN MET.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WINSTON SALEM FOUNDATION 751 W FOURTH ST STE 200 WINSTON SALEM, NC 27101	56-6037615	501(C)(3)	260,000				COMMUNITY OUTREACH
CHARLOTTE REGIONAL PARTNERSHIP 550 SOUTH CALDWELL ST STE 760 CHARLOTTE, NC 28202	58-1457132	501(C)(3)	45,000				COMMUNITY OUTREACH
FRIENDS OF WILKES COUNTY LIBRARY 215 10TH ST NORTH WILKESBORO, NC 28659	51-0185352	501(C)(3)	10,000				COMMUNITY OUTREACH

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 on 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><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</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 of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a Yes	
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c Yes	
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	PART I, LINE 1A FRINGE OR EXPENSE EXPLANATION FIRST-CLASS OR CHARTER TRAVEL FIRST-CLASS OR CHARTER TRAVEL IS NOT A COVERED TRAVEL EXPENSE FOR EXECUTIVES, THEY ARE LIMITED TO BUSINESS OR COACH CLASS FARES FOR COMMERCIAL FLIGHTS HOWEVER, CHARTER TRAVEL IS AVAILABLE TO CERTAIN EXECUTIVES, BOARD MEMBERS, AND APPROVED BUSINESS PERSONNEL MEETING APPLICABLE POLICY CRITERIA TRAVEL FOR COMPANIONS COMPANIONS ARE ALLOWED ON CERTAIN CHARTER FLIGHTS PAID FOR BY THE ORGANIZATION IN THAT CASE, THE VALUE OF THE COMPANION'S FLIGHT IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS TAX INDEMNIFICATION AND GROSS-UP PAYMENTS EXECUTIVES WHO USE FUNDS MADE AVAILABLE THROUGH THEIR DISCRETIONARY SPENDING ACCOUNT UNDER THE EXECUTIVE PERQUISITE PLAN (THE "PLAN") TO PAY PREMIUMS ON CASH VALUE LIFE INSURANCE POLICIES MAY RECEIVE ADDITIONAL COMPENSATION TO ADJUST FOR THE INCOME TAX LIABILITY ASSOCIATED WITH PAYING PREMIUMS FOR THIS INSURANCE 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 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 NOVANT HEALTH BOARD OF TRUSTEES 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 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
PART I, LINES 4A-C	PART I, LINES 4A-C SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS SEVERANCE NONQUALIFIED EQUITY-BASED ALUKO, AKINYELE 67,632 BEIER, GREGORY 124,831 BILLINGS, DERRICK 543,738 BRUNSTETTER, PETER 92,700 COOK, DAVID 65,663 CURETON, JESSE 118,821 DUVALL, DAVID 50,280 EASTERLING, DONALD 52,500 GARMON-BROWN, OPHELIA 54,075 GARRETT, DAVID 64,754 GREGORY, CHERE 52,500 GRIFFIN, JON 51,503 LANGFORD, KATHRYN 58,710 MILLER, MARK 370,800 MORGAN, WAYNE 53,310 MYERS, SCOTT 51,621 PHIPPS, JOHN 100,602 SMITH-HILL, JANET 61,200 VANCE, AMY 49,332 WILES, PAUL 69,791 130,000 WOOLLEN, THOMAS 56,250 ZWENG, THOMAS 105,000
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 CERTAIN KEY EXECUTIVES 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 AND APPROVED 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 IN ADDITION, THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD 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 PAID 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 AND APPROVED 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) NOVANT HEALTH'S INTERNAL AUDIT DEPARTMENT REVIEWS THE METHODOLOGY AND PROCESS USED TO DETERMINE ACHIEVEMENT OF THE QUALITY METRICS IN ADDITION, THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD WHO OVERSEE THE INCENTIVE COMPENSATION PROGRAM APPLY TWO "CIRCUIT BREAKERS," RELATING TO COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION PLANS, AND FINANCIAL PERFORMANCE, AWARDS ARE PAYABLE FOR A PARTICULAR THREE-YEAR PERFORMANCE CYCLE ONLY IF THE CIRCUIT BREAKERS ARE MET FOR THE 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 THEY ARE REPORTED IN THE YEAR PAID THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THE PLAN PART I, LINE 4A - SEVERANCE PLAN ELIGIBLE EXECUTIVES MAY RECEIVE SEVERANCE PAY THAT IS BASED ON ANNUAL COMPENSATION FOR A SPECIFIED PERIOD OF TIME THE SEVERANCE PAY WOULD BE PAID ONLY IN THE EVENT OF CERTAIN TYPES OF EMPLOYMENT TERMINATION, AND IS FURTHER CONTINGENT ON THE SATISFACTION OF OTHER CONDITIONS SUCH AS COMPLIANCE WITH A NON-COMPETITION COVENANT ANY CURRENT YEAR PAYMENTS HAVE BEEN INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII AND IN COLUMN (B)(III) OF SCHEDULE J THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS SEVERANCE PLAN PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") IS INTENDED TO SUPPORT RETENTION OF KEY EXECUTIVES, AND TO OFFER COMPETITIVE TOTAL COMPENSATION ELIGIBLE EXECUTIVES WILL BE NOMINATED BY THE CEO AND APPROVED BY THE COMMITTEE TO PARTICIPATE GENERALLY, ANNUAL CONTRIBUTIONS TO THE PLAN OR PAYMENTS TO PARTICIPANTS WILL BE BASED ON A PERCENTAGE OF THE PARTICIPANT'S BASE SALARY AS OF JANUARY 1ST OF THE PREVIOUS PLAN YEAR AND ARE REPORTED IN COLUMN (C) OF SCHEDULE J PRIOR TO MAKING THE CONTRIBUTIONS OR PAYMENTS, THE COMMITTEE WILL APPROVE THE AMOUNTS AS TO REASONABLENESS, WHEN COMBINED WITH ALL OTHER ANNUAL COMPENSATION A 3 YEAR CLASS-YEAR VESTING PERIOD WILL APPLY UP TO AGE 62, WHEN ALL MONEY WOULD BE VESTED AND PAID OUT TO THE PARTICIPANT OTHERWISE, VESTING WILL OCCUR ON JANUARY 1ST OF EACH YEAR FOR THE APPROPRIATE CLASS-YEAR VESTING PERIOD THE COMMITTEE REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS SHARE OPTION PLAN IN 2002, IN FULL COMPLIANCE WITH IRS RULES IN PLACE AT THAT TIME, NOVANT HEALTH, INC ALLOWED CERTAIN SENIOR EXECUTIVES TO WAIVE THEIR RIGHTS TO EVENTUALLY RECEIVE BENEFITS UNDER THE ORGANIZATION'S SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) AND INSTEAD PARTICIPATE IN A SHARE OPTION PLAN UNDER WHICH THEY COULD OBTAIN OPTION GRANTS OF EQUIVALENT VALUE TO PURCHASE MUTUAL FUND SHARES THE IRS RULES SUBSEQUENTLY CHANGED, AND ACCORDINGLY NO ADDITIONAL OPTIONS WERE GRANTED AFTER MAY 8, 2002 MR WILES RETIRED IN 2011 AFTER 40 YEARS OF SERVICE TO THE ORGANIZATION IN 2012, MR WILES EXERCISED THE MAJORITY OF HIS OPTIONS UNDER THE SHARE OPTION PLAN, AS REPORTED ON NOVANT HEALTH'S 2012 FORM 990 IN 2015, MR WILES EXERCISED ADDITIONAL OPTIONS UNDER THE PLAN AND RECEIVED \$130,000 IN REPORTABLE COMPENSATION INCLUDED ON A FORM W-2 ISSUED TO MR WILES THIS TOTAL AMOUNT IS INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII OF THE FORM 990, AND IN COLUMN (B)(III) OF PART II OF SCHEDULE J OF THE FORM 990 RETIREMENT SECURITY AGREEMENT RETIREMENT SECURITY AGREEMENTS ("RSAS") ENTERED INTO BY A PREDECESSOR ENTITY IN 1994 WERE ASSUMED BY NOVANT HEALTH, INC AND SUBSEQUENTLY APPROVED BY THE COMPENSATION & LEADERSHIP COMMITTEE FOR TWO PARTICIPANTS, WHICH PROVIDED FOR SUPPLEMENTAL RETIREMENT BENEFITS COMMENCING AT AGE 60 ANY CURRENT YEAR PAYMENTS OF RSA BENEFITS TO THESE PARTICIPANTS ARE INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII OF THE FORM 990 AND IN COLUMN (B)(III) OF PART II OF SCHEDULE J OF THE FORM 990

Additional Data

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 and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ARMATO CARL CEO & PRESIDENT NOVANT HEALTH	(i)	1,306,659	1,019,029	518,288	59,400	35,263	2,938,639	7,500
	(ii)	0	0	0	0	0	0	0
1HARGETT FRED EVP & CHIEF FINANCIAL OFFICER	(i)	811,869	580,244	291,358	59,400	33,083	1,775,954	7,500
	(ii)	0	0	0	0	0	0	0
2MORRIS JOHNASST SEC	(i)	261,368	48,750	5,512	48,854	28,077	392,561	0
	(ii)	0	0	0	0	0	0	0
3WALSH BETSYASST SEC	(i)	260,834	60,000	5,355	43,788	30,116	400,093	7,500
	(ii)	0	0	0	0	0	0	0
4ALUKO AKINYELE MD SVP NH HEART & VASCULAR	(i)	464,570	253,371	12,494	131,893	20,929	883,257	0
	(ii)	0	0	0	0	0	0	0
5BEST DIANA SVP CLINICAL IMPROVEMENT	(i)	379,771	225,248	17,547	59,400	24,987	706,953	7,500
	(ii)	0	0	0	0	0	0	0
6BRUNSTETTER PETER EVP & CHIEF LEGAL OFFICER	(i)	475,707	305,850	29,740	157,824	31,202	1,000,323	0
	(ii)	0	0	0	0	0	0	0
7COOK DAVID MD SVP & HEALTHCARE FUTURIST	(i)	449,073	235,817	33,071	120,563	29,931	868,455	0
	(ii)	0	0	0	0	0	0	0
8CURETON JESSE EVP & CHIEF CONSUMER OFFICER	(i)	610,977	502,171	28,599	183,945	35,606	1,361,298	0
	(ii)	0	0	0	0	0	0	0
9DANIELS JACQUELINE EVP & CHIEF ADMIN OFFICER	(i)	605,353	479,929	31,105	65,400	17,151	1,198,938	7,500
	(ii)	0	0	0	0	0	0	0
10MD GARMON-BROWN OPHELIA SVP COMM WELLNESS & EDUCATION	(i)	367,120	288,402	22,266	119,207	27,344	824,339	7,500
	(ii)	0	0	0	0	0	0	0
11GARRETT DAVID SVP CHIEF INFO OFFICER	(i)	445,653	252,645	25,843	130,154	27,567	881,862	7,500
	(ii)	0	0	0	0	0	0	0
12JOHNSON TONY SVP SUPPLY CHAIN/COO SHARED SV	(i)	413,134	318,925	79,028	51,400	10,643	873,130	7,500
	(ii)	0	0	0	0	0	0	0
13LANGFORD KATHRYN SVP NH/CLIN OPS	(i)	405,966	234,045	22,277	124,096	16,084	802,468	7,500
	(ii)	0	0	0	0	0	0	0
14LINDSAY JEFFERY EVP & CHIEF OPERATING OFFICER	(i)	787,093	481,548	156,981	59,400	37,138	1,522,160	7,500
	(ii)	0	0	0	0	0	0	0
15MORGAN WAYNE SVP & CHIEF INVEST OFFICER	(i)	364,641	187,168	10,927	118,237	33,450	714,423	7,500
	(ii)	0	0	0	0	0	0	0
16MYERS SCOTT SVP CORPORATE FINANCE	(i)	359,267	181,976	17,928	117,021	11,565	687,757	7,500
	(ii)	0	0	0	0	0	0	0
17PATEFIELD MD ARTHUR SVP & CHIEF MED INFO OFF	(i)	409,043	253,110	31,599	65,400	35,819	794,971	7,500
	(ii)	0	0	0	0	0	0	0
18PHIPPS JOHN MD EVP & PRESIDENT NHMG	(i)	0	0	0	0	0	0	0
	(ii)	517,596	378,793	25,651	159,999	35,382	1,117,421	7,500
19SEEHAUSEN ROBERT SVP BUSINESS DEV & SALES	(i)	423,222	240,789	84,346	65,116	32,224	845,697	7,498
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1SMITH-HILL JANET EVP & CHIEF HR OFFICER	(i)	420,648	241,871	24,625	118,600	30,642	836,386	7,500
	(ii)	0	0	0	0	- 0	- 0	0
1VINCENT PAULASVP NH	(i)	118,606	206,746	34,803	17,500	3,538	381,193	0
	(ii)	252,429	0	9,743	39,624	- 10,714	- 312,510	7,500
2WOOLLEN THOMAS MD SVP PHYSICIAN SERVICES	(i)	383,358	194,500	20,751	121,650	35,802	756,061	7,500
	(ii)	0	0	0	0	- 0	- 0	0
3ZWENG THOMAS MD EVP & CHIEF MEDICAL OFFICER	(i)	540,299	355,277	31,615	170,124	41,134	1,138,449	7,500
	(ii)	0	0	0	0	- 0	- 0	0
4GREGORY CHERE MD SVP WOMEN'S SERVICES	(i)	359,866	180,717	11,547	111,045	28,263	691,438	0
	(ii)	0	0	0	0	- 0	- 0	0
5DUVALL DAVID SVP MARKETING & COMMUNICATIONS	(i)	345,205	168,036	16,591	115,680	23,309	668,821	0
	(ii)	0	0	0	0	- 0	- 0	0
6EASTERLING DONALD SVP NH CONSUMER OPERATIONS	(i)	360,556	154,900	29,311	102,900	22,825	670,492	0
	(ii)	0	0	0	0	- 0	- 0	0
7GRIFFIN JON SVP FINANCIAL PLAN & ANALYSIS	(i)	350,669	178,400	16,135	110,903	33,126	689,233	0
	(ii)	0	0	0	0	- 0	- 0	0
8PARK DAVID SVP REAL ESTATE & CONSTRUCTION	(i)	309,078	188,150	42,140	65,400	24,812	629,580	7,500
	(ii)	0	0	0	0	- 0	- 0	0
9VANCE AMY SVP POPULATION HEALTH MGMT	(i)	336,763	192,314	22,388	108,724	24,028	684,217	7,500
	(ii)	0	0	0	0	- 0	- 0	0
10WILES PAUL FORMER CEO & PRESIDENT NOVANT HEALTH	(i)	0	0	153,250	0	0	153,250	0
	(ii)	0	0	0	0	- 0	- 0	0
11BEIER GREGORY FORMER EVP	(i)	0	0	20,086	0	0	20,086	132,025
	(ii)	0	0	0	0	- 0	- 0	0
12BILLINGS DERRICK MARK FORMER PRESIDENT NH SHARED SERVICES	(i)	0	246,139	542,725	0	1,664	790,528	0
	(ii)	0	0	0	0	- 0	- 0	0
13GARDELLA JOHN MD VP CLINICAL IMPROVEMENT	(i)	305,769	182,074	12,198	54,730	20,933	575,704	0
	(ii)	0	0	0	0	- 0	- 0	0
14LINER SALLYE FORMER EVP & CHIEF CLINICAL OFFICER	(i)	271,727	440,395	21,687	54,893	10,689	799,391	7,500
	(ii)	0	0	0	0	- 0	- 0	0
15MILLER MARK FORMER SVP OPERATIONAL FINANCE	(i)	26,685	347,558	450,780	20,862	30,385	876,270	7,500
	(ii)	0	0	0	0	- 0	- 0	0
16WALLENHAUPT STEPHEN FMR EVP & CMO	(i)	351,054	182,353	21,876	57,900	31,114	644,297	7,500
	(ii)	0	0	0	0	- 0	- 0	0

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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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
NOVANT HEALTH INC

Employer identification number
56-1376950

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902U91	12-08-2004	110,000,000	SEE PART VI		X		X		X
B NORTH CAROLINA MED CARE COMMISSION	52-1309402	657902V25	12-08-2004	25,000,000	SEE PART VI		X		X		X
C NORTH CAROLINA MED CARE COMMISSION	52-1309402	6579025X6	12-14-2006	260,647,399	SEE PART VI		X		X		X
D NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DMK4	03-03-2014	55,105,000	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								7,650,000
2	Amount of bonds legally defeased								
3	Total proceeds of issue		110,000,000		25,000,000		260,647,399		55,105,000
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		916,056		208,194		1,536,125		
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		109,083,944		24,791,806		204,855,830		
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2007		2007		2009		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		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	
			Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?			X		X		X

Part III Private 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 of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	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 ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X	X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X	X	
b	Name of provider	MERRILL LYNCH		MERRILL LYNCH				SEE PART VI	
c	Term of hedge	2830 0000000000 %		2830 0000000000 %					
d	Was the hedge superintegrated?		X		X				X
e	Was the hedge terminated?		X		X				X

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
FORM 990, SCHEDULE K ENTITY 1	FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE A DESCRIPTION OF PURPOSE (1) ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT FOR HEALTHCARE FACILITIES, AND (2) PAY ISSUANCE COSTS FORM 990, SCHEDULE K, PART IV, ENTITY 1, LINE 2C, COLUMN A DATE OF LAST REBATE COMPUTATION DECEMBER 8, 2014 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 IV, ENTITY 1, LINE 2C, COLUMN B DATE OF LAST REBATE COMPUTATION DECEMBER 8, 2014 FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE C 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 IV, ENTITY 1, LINE 2C, COLUMN C DATE OF LAST REBATE COMPUTATION DECEMBER 1, 2011 FORM 990, SCHEDULE K, PART I, ENTITY 1, LINE D DESCRIPTION OF PURPOSE CURRENT REFUND THE SERIES 2008A BONDS ISSUED 3/23/11 FORM 990, SCHEDULE K, PART IV, ENTITY 1, LINES 4B & 4C, COLUMN D NOVANT HEALTH ENTERED INTO QUALIFIED HEDGES WITH RESPECT TO THE BONDS ISSUED ON 03/23/11 THE HEDGES ARE PROVIDED BY GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, LP AND SUNTRUST BANK AND HAVE TERMS OF 17 8 AND 20 3 YEARS, RESPECTIVELY

Return Reference	Explanation
FORM 990, SCHEDULE K ENTITY 2	FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE A DESCRIPTION OF PURPOSE CURRENT REFUND THE SERIES 2008B BONDS ISSUED 3/23/11 FORM 990, SCHEDULE K, PART IV, ENTITY 2, LINES 4B & 4C, COLUMN A NOVANT HEALTH ENTERED INTO QUALIFIED HEDGES WITH RESPECT TO THE BONDS ISSUED ON 03/23/11 THE HEDGES ARE PROVIDED BY GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, LP AND SUNTRUST BANK AND HAVE TERMS OF 17 8 AND 20 3 YEARS, RESPECTIVELY FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE B DESCRIPTION OF PURPOSE CURRENT REFUND THE SERIES 2008C BONDS ISSUED 3/23/11 FORM 990, SCHEDULE K, PART IV, ENTITY 2, LINES 4B & 4C, COLUMN B NOVANT HEALTH ENTERED INTO QUALIFIED HEDGES WITH RESPECT TO THE BONDS ISSUED ON 03/23/11 THE HEDGES ARE PROVIDED BY GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, LP AND SUNTRUST BANK AND HAVE TERMS OF 17 8 AND 20 3 YEARS, RESPECTIVELY FORM 990, SCHEDULE K, PART I, ENTITY 2, 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 II, ENTITY 2, LINE 3, COLUMN C DIFFERENCE DUE TO INVESTMENT EARNINGS FORM 990, SCHEDULE K, PART IV, ENTITY 2, LINE 2C, COLUMN C DATE OF LAST REBATE COMPUTATION OCTOBER 31, 2015 FORM 990, SCHEDULE K, PART I, ENTITY 2, LINE D DESCRIPTION OF PURPOSE (1) FINANCE THE VERTICAL EXPANSION OF PRESBYTERIAN HOSPITAL HUNTERSVILLE, THE VERTICAL EXPANSION OF PRESBYTERIAN HOSPITAL MATTHEWS, THE CONSTRUCTION AND EQUIPPING OF CLEMMONS MEDICAL CENTER G-WING RENOVATIONS AT PRESBYTERIAN HOSPITAL AND MEDICAL, COMPUTER OFFICE AND CAPITAL EQUIPMENT AT PRESBYTERIAN HOSPITAL, PRESBYTERIAN HOSPITAL MATTHEWS AND PRESBYTERIAN HOSPITAL HUNTERSVILLE (2) REFUND A PORTION OF THE 2003A BONDS (3) REFUND A TAXABLE BANK LOAN AND (4) PAY ISSUANCE COSTS FORM 990, SCHEDULE K, PART II, ENTITY 2, LINE 3, COLUMN D DIFFERENCE DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
FORM 990, SCHEDULE K ENTITY 3	FORM 990, SCHEDULE K, PART I, ENTITY 3, LINE A DESCRIPTION OF PURPOSE (1) FINANCE A 60 BED HOSPITAL IN HAYMARKET, VA (2) REFUND THE PRINCE WILLIAM HOSPITAL SERIES 2002 BONDS (3) PAY ISSUANCE COSTS FORM 990, SCHEDULE K, PART II, ENTITY 3, LINE 3, COLUMN A DIFFERENCE DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
FORM 990, SCHEDULE K, PART III, LINE 3B PRIVATE BUSINESS USE	THE NOVANT HEALTHCARE SYSTEM HAS A LEGAL DEPARTMENT, MATERIALS MANAGEMENT DEPARTMENT AND A RESEARCH DEPARTMENT THESE DEPARTMENTS REGULARLY REVIEW MANAGEMENT, SERVICE AND RESEARCH AGREEMENTS RELATED TO TAX-EXEMPT BOND FINANCED PROPERTY OUTSIDE BOND COUNSEL CONDUCTS ADDITIONAL REVIEW AND DUE DILIGENCE WHEN ENGAGED FOR A BOND ISSUANCE OR REFUNDING PROJECT

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DLN: 93493320080236

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

NOVANT HEALTH INC

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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	000000000	03-03-2014	60,195,000	SEE PART VI		X		X		X
B NORTH CAROLINA MED CARE COMMISSION	52-1309402	000000000	03-03-2014	40,280,000	SEE PART VI		X		X		X
C NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DFU0	11-03-2010	259,620,763	SEE PART VI		X		X		X
D NORTH CAROLINA MED CARE COMMISSION	52-1309402	65821DRK9	05-07-2013	161,286,657	SEE PART VI		X		X		X

Part II

Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired	7,650,000		5,040,000				9,660,000	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	60,195,000		40,280,000		259,673,777		161,291,650	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds					2,703,029		1,248,186	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds					17,472,178		2,872,691	
10 Capital expenditures from proceeds					239,445,556		98,928,658	
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2014		2014		2013		2014	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	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				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private 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 of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	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 ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X			X	X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X	X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b	Name of provider	SEE PART VI		SEE PART VI					
c	Term of hedge								
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?		X		X				

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

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DLN: 93493320080236

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

NOVANT HEALTH INC

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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 IND DEV AUTH COUNTY OF PRINCE WILLIAM	52-1325659	74176HAT2	05-07-2013	153,845,821	SEE PART VI		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	2,240,000									
2	Amount of bonds legally defeased										
3	Total proceeds of issue	153,849,391									
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds	1,303,430									
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds	417,886									
10	Capital expenditures from proceeds	93,665,728									
11	Other spent proceeds										
12	Other unspent proceeds										
13	Year of substantial completion	2014									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X									
15	Were the bonds issued as part of an advance refunding issue?		X								
16	Has the final allocation of proceeds been made?	X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

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) COTSWOLD MEDICAL CLINIC (CMC)	ENTITY OWNED > 35% BY THOMAS WOOLLEN, KEY EMPLOYEE	156,993	THE FILING ORGANIZATION HAS A LEASE IN PLACE WITH CMC		No
(2) SOLID ROCK PROPERTIES (SRP)	ENTITY OWNED > 35% BY JOHN PHIPPS, KEY EMPLOYEE	110,082	THE FILING ORGANIZATION HAS A LEASE IN PLACE WITH SRP		No
(3) KRISTA TILLMAN	KRISTA TILLMAN IS A FORMER BOARD MEMBER	133,336	THE FILING ORGANIZATION HAD A SERVICE CONTRACT IN PLACE WITH KRISTA TILLMAN		No
(4) PETER BRUNSTETTER JR	FAMILY MEMBER OF PETER BRUNSTETTER, KEY EMPLOYEE	72,724	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No
(5) WILLIAM D EASTERLING	FAMILY MEMBER OF DONALD PATRICK EASTERLING, FORMER KEY EMPLOYEE	92,342	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No
(6) CHASE GARRETT	FAMILY MEMBER OF DAVE GARRETT, KEY EMPLOYEE	54,221	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No
(7) MARY PATEFIELD	FAMILY MEMBER OF ARTHUR PATEFIELD, KEY EMPLOYEE	137,251	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No
(8) ARTHUR J PATEFIELD JR	FAMILY MEMBER OF ARTHUR PATEFIELD, KEY EMPLOYEE	63,253	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No
(9) ERIN N VINCENT	FAMILY MEMBER OF PAULA VINCENT, KEY EMPLOYEE	23,995	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No
(10) MELISSA P PHIPPS	FAMILY MEMBER OF JOHN PHIPPS, MD, KEY EMPLOYEE	236,257	COMPENSATION PAID BY THE FILING ORGANIZATION TO THE INTERESTED PERSON		No

Part V Supplemental Information

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

Return Reference	Explanation
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**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
NOVANT HEALTH INC

Employer identification number

56-1376950

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 NOVANT HEALTH TEAM, WILL DELIVER THE MOST REMARKABLE PATIENT EXPERIENCE, IN EVERY DIMENSION, EVERY TIME. VALUES - COMPASSION WE TREAT OUR CUSTOMERS AND THEIR FAMILIES, STAFF AND OTHER HEALTHCARE PROVIDERS AS FAMILY MEMBERS BY SHOWING THEM KINDNESS, PATIENCE, EMPATHY AND RESPECT - DIVERSITY AND INCLUSION WE RECOGNIZE THAT EVERY PERSON IS DIFFERENT, EACH SHAPED BY UNIQUE LIFE EXPERIENCES THIS ENABLES US TO BETTER UNDERSTAND ONE ANOTHER AND OUR CUSTOMERS BY ENGAGING THE STRENGTHS AND TALENTS OF EACH TEAM MEMBER, WE ENSURE A STRONG ORGANIZATION CAPABLE OF PROVIDING REMARKABLE HEALTHCARE TO OUR PATIENTS, FAMILIES AND COMMUNITIES - PERSONAL EXCELLENCE WE STRIVE TO GROW PERSONALLY AND PROFESSIONALLY, AND WE APPROACH EACH SERVICE OPPORTUNITY WITH A POSITIVE, FLEXIBLE ATTITUDE HONESTY AND PERSONAL INTEGRITY GUIDE ALL THAT WE DO - TEAMWORK THE NEEDS AND EXPECTATIONS OF ANY ONE CUSTOMER ARE GREATER THAN THAT WHICH ONE PERSON'S SERVICE EFFORTS CAN SATISFY WE SUPPORT EACH OTHER SO THAT TOGETHER AS A TEAM, WE CAN BE SUCCESSFUL IN THE EYE OF THE CUSTOMER AS A QUALITY SERVICE PROVIDER - COURAGE WE ACT BOLDLY IN MAKING THE CHANGES NECESSARY TO ACHIEVE OUR MISSION, VISION AND PROMISE OF DELIVERING REMARKABLE HEALTHCARE OUR PROMISE TO PATIENTS WE ARE MAKING YOUR HEALTHCARE EXPERIENCE REMARKABLE WE WILL BRING YOU WORLD-CLASS CLINICIANS, CARE AND TECHNOLOGY - WHEN AND WHERE YOU NEED THEM WE ARE REINVENTING THE HEALTHCARE EXPERIENCE TO BE SIMPLER, MORE CONVENIENT AND MORE AFFORDABLE, SO THAT YOU CAN FOCUS ON GETTING BETTER AND STAYING HEALTHY

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

Return Reference	Explanation
FORM 990, Pt. I, L1 ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES	<p>NOVANT HEALTH, INC IS THE PARENT ORGANIZATION OF A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS, AND OTHER HEALTHCARE SERVICE PROVIDERS (COLLECTIVELY KNOWN AS "NOVANT HEALTH") NOVANT HEALTH CONSISTS OF MORE THAN 1,300 PHYSICIANS AND NEARLY 24,000 EMPLOYEES WHO MAKE HEALTHCARE REMARKABLE AT OVER 500 LOCATIONS, INCLUDING 14 MEDICAL CENTERS AND HUNDREDS OF OUTPATIENT FACILITIES AND PHYSICIAN CLINICS HEADQUARTERED IN WINSTON-SALEM, NC, NOVANT HEALTH IS COMMITTED TO MAKING HEALTHCARE REMARKABLE FOR PATIENTS AND COMMUNITIES, SERVING MORE THAN FOUR MILLION PATIENTS ANNUALLY NOVANT HEALTH IS RANKED AS ONE OF THE NATION'S TOP 20 INTEGRATED DELIVERY NETWORKS BY IMS HEALTH IN 2015 THE NOVANT HEALTH SYSTEM REPORTED \$4.1 BILLION IN REVENUES GENERAL INFORMATION NOVANT HEALTH, INC EXISTS TO SUPPORT THE OVERALL HEALTHCARE SYSTEM AND DOES SO BY PROVIDING OVERALL STRATEGIC PLANNING, CENTRALIZED ADMINISTRATIVE SUPPORT, AND THE COORDINATION OF SYSTEM-WIDE ACTIVITIES WE EXIST TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE WE ACCOMPLISH THAT MISSION BY PROVIDING AND SUPPORTING EXCELLENT HEALTHCARE FACILITIES AND PHYSICIAN PRACTICES AND BY ENGAGING IN COMMUNITY OUTREACH PROGRAMS THAT SERVE OUR PATIENTS, NEIGHBORS, AND OUR COMMUNITIES' MOST VULNERABLE CITIZENS IN ADDITION TO OUR QUALITY AND COMPREHENSIVE CATEGORIES OF SERVICES, WE'RE VERY PROUD OF OUR PATIENT FINANCIAL ASSISTANCE PROGRAM WE WORK WITH CUSTOMERS TO HELP QUALIFY THEM FOR PUBLIC ASSISTANCE, ESTABLISH A REASONABLE PAYMENT PLAN, DISCOUNT THEIR BILL, OR PROVIDE THEM WITH FREE CHARITY CARE COMMUNITY OUTREACH COMMUNITY OUTREACH IS A CRITICAL COMPONENT TO THE MISSION OF NOVANT HEALTH NOVANT HEALTH PROVIDES HUNDREDS OF PROGRAMS THAT SERVE PATIENTS, NEIGHBORS, AND SOME OF OUR COMMUNITIES' MOST VULNERABLE CITIZENS WE PROVIDE COMMUNITY HEALTH EDUCATION, SUPPORT GROUPS, OUTREACH SERVICES, COMMUNITY EVENTS, AND HEALTH SCREENINGS IN ADDITION, WE PARTICIPATE IN MEDICAL RESEARCH AND ACADEMIC HEALTH PROGRAMS AND PARTNER WITH A DIVERSE GROUP OF ORGANIZATIONS TO PROVIDE OTHER COMMUNITY INITIATIVES WE ASSIST OUR COMMUNITIES IN OTHER WAYS AS WELL THE FOLLOWING ARE JUST A FEW EXAMPLES - NOVANT HEALTH REHABILITATION CENTER LEADERS HELPED PLAN AND IMPLEMENT A HEALTHY ACTIVE ADULTS DAY AT THE KERNERSVILLE FAMILY YMCA IN NORTH CAROLINA THAT SERVED MORE THAN 1,500 LOCAL CITIZENS - NOVANT HEALTH MATTHEWS MEDICAL CENTER CONTINUED TO EXPAND ITS PARTNERSHIP WITH UNION COUNTY PUBLIC SCHOOLS IN 2015 CERTIFIED ATHLETIC TRAINERS WERE SUPPLIED TO ALL 10 LOCAL PUBLIC HIGH SCHOOLS AND WERE AVAILABLE DURING THE WEEK FOR PHYSICAL EVALUATIONS, AS WELL AS AT GAMES AND PRACTICES FOR ACUTE ONSITE MEDICAL ATTENTION - AFFILIATED WITH NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER, THE COMMUNITY CARE CRUISER PROVIDES FREE PREVENTIVE CARE TO UNINSURED AND DISADVANTAGED YOUTH IN MECKLENBURG AND UNION COUNTIES OF NC THE 38-FOOT CRUISER TRAVELS TO AT-RISK NEIGHBORHOODS AND HAS TREATED 8,684 PATIENTS, SEEN 5,546 CHILDREN, AND PROVIDED MORE THAN 13,310 IMMUNIZATIONS SINCE ITS LAUNCH IN NOVEMBER 2007 - IN 2015, THE WOMEN'S COUNCIL OF NOVANT HEALTH FOUNDATION FORSYTH MEDICAL CENTER PROVIDED SUPPORT FOR HEART DISEASE RISK ASSESSMENTS FOR HISPANIC WOMEN, BREAST MRIS, A PEER SUPPORT SPECIALIST IN THE BEHAVIORAL HEALTH UNIT, HEALTH COACHING FOR UNDERSERVED WOMEN, SCHOLARSHIPS TO "THE WEIGH FOR YOU" WEIGHT-LOSS MANAGEMENT PROGRAM, AND SUPPORT FOR THE HIGH-RISK MATERNITY UNIT THROUGH THESE GRANTS, THE WOMEN'S COUNCIL HAS PROVIDED APPROXIMATELY \$425,000 IN SUPPORT SINCE 2008 NEW TECHNOLOGY & SERVICES IN 2015, NOVANT HEALTH FACILITIES CONTINUED THEIR RELENTLESS FOCUS ON DELIVERING A REMARKABLE PATIENT EXPERIENCE AND LOOKED FOR INNOVATIVE WAYS TO DELIVER EXPANDED ACCESS TO CARE, AS WELL AS EASE NAVIGATION OF THE HEALTHCARE SYSTEM A CONCURRENT ELECTRONIC HEALTH RECORD (EHR) INITIATIVE IS BEING UNDERTAKEN BY BOTH THE ACUTE AND AMBULATORY FACILITIES IN THE NOVANT HEALTH SYSTEM IN JULY 2013, NOVANT HEALTH MEDICAL GROUP FINALIZED THE IMPLEMENTATION OF THE EHR IN ALL PHYSICIAN PRACTICES ACROSS THE NOVANT HEALTH SYSTEM MANY NOVANT HEALTH FACILITIES HAVE SUCCESSFULLY IMPLEMENTED THE EHR AND CLINICIANS CAN NOW SHARE PATIENTS' MEDICAL INFORMATION BETWEEN PHYSICIAN OFFICES, OUTPATIENT CENTERS, AND HOSPITALS THIS SHARING OF INFORMATION IMPROVES SAFETY AND COORDINATION OF CARE AND PROMOTES CONNECTIVITY AND COMMUNICATION BETWEEN HOSPITAL CAREGIVERS, SPECIALISTS AND PRIMARY CARE PROVIDERS EMBARKING ON THE JOURNEY TO CREATE A SHARED EHR IS THE MOST SIGNIFICANT AND IMPORTANT INVESTMENT NOVANT HEALTH HAS EVER MADE FOR ITS PATIENTS AND TEAM MEMBERS THROUGH THE ELECTRONIC HEALTH RECORD, NOVANT HEALTH MEDICAL GROUP PHYSICIANS ALSO OFFER A SECURE PATIENT PORTAL ("MY CHART") THAT GIVES PATIENTS DIRECT ACCESS TO THEIR MEDICAL RECORDS ONLINE AND THROUGH OUR MOBILE APP MY CHART HAS TRANSFORMED THE WAY PATIENTS MANAGE THEIR HEALTHCARE, INTERACT WITH THEIR CARE TEAM, SCHEDULE APPOINTMENTS AND REQUEST PRESCRIPTION REFILLS BY THE END OF 2015, MORE THAN 544,000 PATIENTS WERE ENROLLED IN MY CHART, WHICH IS MORE THAN 70% OF PATIENTS TREATED BY THE MEDICAL GROUP IN THE GREATER CHARLOTTE AND WINSTON-SALEM MARKETS AS A RESULT, OVER 55,000 PATIENT APPOINTMENTS WERE SCHEDULED WITH MEDICAL GROUP PROVIDERS THROUGH "MY CHART" OVER THE 12 MONTH PERIOD ALSO IN 2015, THE ORGANIZATION SUCCESSFULLY TRANSITIONED TO ICD-10 - A REVISED CODING SYSTEM THAT TRACKS MANY NEW DIAGNOSES NOVANT HEALTH HAS FOCUSED ON MAKING HEALTHCARE MORE CONVENIENT AND EASIER TO ACCESS VIDEO VISITS ALLOW PATIENTS TO CONNECT WITH THEIR HEALTHCARE PROVIDERS FROM THE COMFORT OF THEIR HOMES OR OFFICES USED FOR NON-EMERGENT HEALTH CONCERNS, VIDEO VISITS WORK BEST FOR PATIENTS NEEDING CHRONIC DISEASE MANAGEMENT OR FOLLOW-UP CARE WITHOUT A PHYSICAL EXAM IN ADDITION, TELMEDICINE ENABLES US TO DELIVER HIGH-LEVEL CLINICAL CARE ANYWHERE BY CONNECTING SMALLER HOSPITALS WITH SPECIALISTS AT OUR MAJOR MEDICAL CENTERS IN 2015, NOVANT HEALTH MEDICAL GROUP ALSO EXPANDED ITS USE OF E-VISITS AND VIDEO VISITS, WHICH PROVIDED PATIENTS WITH OTHER OPTIONS FOR CARE AT AN AFFORDABLE PRICE AS A RESULT, MORE THAN 4,000 E-VISITS WERE CONDUCTED BY THE END OF 2015 NOVANT HEALTH IS A LEADING HEALTHCARE ORGANIZATION, DEDICATED TO DELIVERING REMARKABLE HEALTHCARE AND IMPROVING ACCESS AND CONVENIENCE ACROSS FOUR STATES HOSPITALS RANGE FROM METROPOLITAN TERTIARY MEDICAL CENTERS TO SMALL, COMMUNITY HOSPITALS IN RURAL AREAS OTHER NOVANT HEALTH FACILITIES AND PROGRAMS INCLUDE PHYSICIAN PRACTICES, OUTPATIENT SURGERY CENTERS, IMAGING CENTERS, MEDICAL PLAZAS AND REHABILITATION PROGRAMS COMMUNITY BENEFIT REPORT HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMPANY-INFORMATION/FINANCIAL-PROFILE/COMMUNITY-BENEFIT-REPORT.ASPX THE COMMUNITY BENEFIT REPORT PREPARED BY NOVANT HEALTH IS A SYSTEM-WIDE REPORT THAT INCLUDES QUALITATIVE AND QUANTITATIVE INFORMATION PLEASE NOTE THAT THE NUMERIC DATA IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES IT SHOULD NOT BE RELIED UPON AS THE ORGANIZATION'S FORM 990, SCHEDULE H COMMUNITY BENEFIT REPORT, ITS COMMUNITY HEALTH NEEDS ASSESSMENT, OR COMMUNITY BENEFIT IMPLEMENTATION STRATEGY IN THIS REPORT, THE NOVANT HEALTH SYSTEMS COMMUNITY BENEFIT WAS APPROXIMATELY \$706,000,000, INCLUDING \$125,000,000 IN CHARITY CARE FOR 2015</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY AND/OR BUSINESS RELATIONSHIPS BUSINESS RELATIONSHIP CARL ARMATO ARTHUR PATEFIELD BUSINESS RELATIONSHIP CARL ARMATO FRED HARGETT PETE BRUNSTETTER JOHN WOODLIEF WAYNE MORGAN BUSINESS RELATIONSHIP CARL ARMATO FRED HARGETT PETE BRUNSTETTER OPHELIA GARMON-BROWN STEPHEN WALLENHAUPT JOHN PHIPPS TOM ZWENG ANDREW MUELLER CHERE GREGORY BUSINESS RELATIONSHIP CARL ARMATO FRED HARGETT JACQUE DANIELS JESSE CURETON

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990, PART VI, SECTION B, LINE 11 ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE AUDIT AND COMPLIANCE COMMITTEE OF THE NOVANT HEALTH BOARD OF TRUSTEES ("THE COMMITTEE") HAS RESPONSIBILITY FOR OVERSEEING THE ORGANIZATION'S TAX MATTERS THE BOARD OF TRUSTEES HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE COMMITTEE THE COMMITTEE IS THE REVIEW BODY FOR ALL OF THE FORM 990S FILED FOR ORGANIZATIONS WITHIN THE NOVANT HEALTH SYSTEM THE COMMITTEE MEETS BEFORE THE FORM 990S ARE FILED WITH THE IRS AND AFTER ALL BOARD MEMBERS HAVE RECEIVED A COPY OF THE FORM 990 AND A SUMMARY OF ITS CONTENTS THE VICE PRESIDENT OF TAX AND LEGAL COUNSEL ATTEND THE MEETING TO ANSWER ANY QUESTIONS AND ADDRESS ANY SIGNIFICANT DISCLOSURES WITHIN THE FORM 990

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

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

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

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN B RELATED ORGANIZATIONS	THE ORGANIZATION EMPLOYS CERTAIN EXECUTIVES WHOSE ROLES ARE SUCH THAT THEY PROVIDE SERVICES TO NOT ONLY THE ORGANIZATION, BUT ALSO TO SOME OR ALL OF THE OTHER TAX-EXEMPT ORGANIZATIONS WITHIN THE NOVA HEALTH HEALTHCARE SYSTEM. FOR EXAMPLE, MANY OF THESE EXECUTIVES' ROLES FOCUS ON PARTICULAR SERVICE LINES WHICH CROSS THE VARIOUS GEOGRAPHIC MARKETS OUR ORGANIZATIONS SERVE, THUS THE SERVICES PROVIDED BY THESE EXECUTIVES MAY BENEFIT AND BE RECEIVED BY MULTIPLE ORGANIZATIONS WITHIN THE SYSTEM. THE EXECUTIVES DO NOT ALLOCATE THEIR HOURS BETWEEN THE VARIOUS ORGANIZATIONS, BUT RATHER THEIR TIME SPENT ON SERVICES TO THE ORGANIZATION IS INCLUSIVE OF SERVICES TO ALL OF THE ORGANIZATIONS THEY SERVE WITHIN THE SYSTEM.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES PROGRAM SERVICE EXPENSES 17,322,921 MANAGEMENT AND GENERAL EXPENSES 2,032,298 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 19,355,219 CONSULTING FEES PROGRAM SERVICE EXPENSES 60,166,278 MANAGEMENT AND GENERAL EXPENSES 7,058,614 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 67,224,892 CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 5,678,087 MANAGEMENT AND GENERAL EXPENSES 666,145 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,344,232 RECRUITMENT PROGRAM SERVICE EXPENSES 840,616 MANAGEMENT AND GENERAL EXPENSES 98,620 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 939,236

Return Reference	Explanation
FORM 990, PART IX, LINE 6 COMPENSATION OF DISQUALIFIED PERSONS	THE AMOUNTS REPORTED HERE INCLUDE AMOUNTS ATTRIBUTABLE TO DISQUALIFIED PERSONS (DQP) AS DEFINED IN THE INSTRUCTIONS, BUT NOW ALSO INCLUDES AMOUNTS ATTRIBUTABLE TO INDIVIDUALS THAT MAY NOT DEFINITELY BE CONSIDERED DQPS UNDER THE 4958 RULES. WE HAVE OPTED TO TAKE A MORE EXPANSIVE APPROACH AS TO WHO MAY BE CONSIDERED A DQP AND REPORT THEM HERE AS WELL.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PARTNERSHIPS 1,322,696 MEANINGFUL USE -1,158,228 INVESTMENT ADJUSTMENT 79,649 AFFILIATE TRANSFERS 78,487,635 FASB/ACCOUNTING CHANGES 20,767,714 MALPRACTICE INSURANCE -404,786 DERIVATIVES/SWAP 4,139,624 SUBPART F -842,331 ROUNDING -196

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization

NOVANT HEALTH INC

Employer identification number

56-1376950

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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 entity?	
						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	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) ASHEVILLE OPEN MRI LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2001227	HEALTHCARE	NC	7,173,264	1,576,479	FOUNDATION HEALTH SYSTEMS CORP
(1) CABARRUS DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 62-1715203	HEALTHCARE	NC	1,204,901	265,776	FOUNDATION HEALTH SYSTEMS CORP
(2) CAPE FEAR DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 62-1833647	HEALTHCARE	NC	0	-14,048	FOUNDATION HEALTH SYSTEMS CORP
(3) CAPE FEAR MOBILE IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-0599346	INACTIVE	NC	0	0	CAPE FEAR DIAGNOSTIC IMAGING LLC
(4) CAROLINA IMAGING LLC OF FAYETTEVILLE 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1876345	HEALTHCARE	NC	13,032,155	2,820,369	FOUNDATION HEALTH SYSTEMS CORP
(5) CHAPEL HILL DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2049126	HEALTHCARE	NC	832,800	1,023,791	FOUNDATION HEALTH SYSTEMS CORP
(6) FOUNDATION HEALTH MOBILE IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 33-1039097	HEALTHCARE	NC	1,985,130	10,519,752	CAROLINA IMAGING LLC OF FAYETTEVILLE
(7) DURHAM DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2272517	HEALTHCARE	NC	11,753,083	4,904,014	TRIAD IMAGING LLC
(8) JACKSONVILLE DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 94-3419385	HEALTHCARE	NC	3,592,296	4,002,339	TRIAD IMAGING LLC
(9) LOUISBURGNOVANT LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 58-1681238	HEALTHCARE	NC	9,533,992	3,346,106	FOUNDATION HEALTH SYSTEMS CORP
(10) MECKLENBURG DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2016235	HEALTHCARE	NC	5,885,870	1,343,983	FOUNDATION HEALTH SYSTEMS CORP
(11) PIEDMONT IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1876341	HEALTHCARE	NC	10,215,282	3,364,601	FOUNDATION HEALTH SYSTEMS CORP
(12) TRIAD IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2001223	HEALTHCARE	NC	3,911,697	2,770,626	FOUNDATION HEALTH SYSTEMS CORP
(13) SOUTHERN PINES DIAGNOSTIC IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NC	0	0	FOUNDATION HEALTH SYSTEMS CORP
(14) OASC LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2170937	INACTIVE	NC	0	0	FOUNDATION HEALTH SYSTEMS CORP
(15) USR SOUTH CAROLINA LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3305956	INACTIVE	SC	0	0	FOUNDATION HEALTH SYSTEMS CORP
(16) EXCEL IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-4253946	INACTIVE	NC	0	0	FORSYTH MEMORIAL HOSPITAL
(17) SALEM MRI LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NC	0	0	FORSYTH MEMORIAL HOSPITAL
(18) THE BREAST CLINIC MRI LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NC	0	0	FORSYTH MEMORIAL HOSPITAL
(19) 1427 EAST FOURTH STREET LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-1523667	REAL ESTATE	NC	0	0	PROVIDENCE ROAD LAND PARTNERS LLC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) 1600 ELIZABETH AVENUE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0757319	REAL ESTATE	NC	0	0	PROVIDENCE ROAD LAND PARTNERS LLC
(1) BRUNSWICK COMMUNITY HOSPITAL LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-4278130	HEALTHCARE	NC	94,219,406	111,699,605	NOVANT HEALTH TRIAD REGION LLC
(2) NOVANT ASSET MANAGEMENT LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0705491	ASSET MGMT	NC	1,324,445	145,440	NOVANT HEALTH INC
(3) NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120972	HOLDING COMPANY	NC	0	0	NOVANT HEALTH INC
(4) NOVANT HEALTH TRIAD REGION LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120973	HOLDING COMPANY	NC	0	0	NOVANT HEALTH INC
(5) PRESBYTERIAN AMBULATORY HOLDINGS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-1705594	HOLDING COMPANY	NC	0	0	NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC
(6) PRESBYTERIAN BREAST CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0069792	HEALTHCARE	NC	4,366,531	618,760	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(7) PRESBYTERIAN DIAGNOSTIC CENTER AT CABARRUS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 27-0295685	INACTIVE	NC	0	0	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(8) PRESBYTERIAN DIAGNOSTIC CENTER AT LINCOLN LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NC	0	0	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(9) PRESBYTERIAN HOSPITAL MINT HILL LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-0599536	INACTIVE	NC	0	2,278,258	NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC
(10) PRESBYTERIAN IMAGING CENTERS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 72-1568954	HEALTHCARE	NC	6,452,479	2,143,355	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(11) PRESBYTERIAN MOBILE IMAGING LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-2935595	INACTIVE	NC	0	0	PRESBYTERIAN IMAGING CENTERS LLC
PRESBYTERIAN SAMEDAY SURGERY CENTER AT (12) HUNTERSVILLE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-2422926	HEALTHCARE	NC	7,045,623	2,551,941	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(13) PRESBYTERIAN SAMEDAY SURGERY CENTER AT MONROE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3135267	HEALTHCARE	NC	2,635	89,810	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(14) PRESBYTERIAN SAMEDAY SURGERY CENTER AT BALLANTYNE LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3135052	HEALTHCARE	NC	4,795,327	1,250,737	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(15) NOVANT PROPERTIES LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 26-3378448	REAL ESTATE	NC	0	0	NOVANT HEALTH INC
(16) SAME DAY SURGERY CENTER FRANKLIN LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NC	0	0	NOVANT HEALTH INC
(17) SAMEDAY SURGERY CENTER AT PRESBYTERIAN LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 68-0561430	INACTIVE	NC	0	0	PRESBYTERIAN AMBULATORY HOLDINGS LLC
(18) TORRENCE STREET PARTNERS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2217412	REAL ESTATE	NC	0	0	PROVIDENCE ROAD LAND PARTNERS LLC
(19) HOLLY SPRINGS HOSPITAL II LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NC	0	0	NOVANT HEALTH

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(41) FORSYTH MEDICAL GROUP LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 31-1725913	HEALTHCARE	NC	40,938,491	22,555,308	NOVANT MEDICAL GROUP
(1) NOVANT HEALTH PHARMACY SERVICES LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 47-4615021	INACTIVE	NC	0	0	THE PRESBYTERIAN HOSPITAL
(2) CENTER CITY OUTPATIENT SURGERY LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NC	0	0	THE PRESBYTERIAN HOSPITAL
(3) PRINCE WILLIAM HEALTH PHYSICIAN SERVICES LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3199722	HEALTHCARE	VA	506,316	0	PRINCE WILLIAM HEALTH SYSTEM
(4) PRINCE WILLIAM HEALTH SYSTEM ASCMOB LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3195704	HEALTHCARE	VA	456,502	8,399,644	PRINCE WILLIAM HEALTH SYSTEM
(5) PRINCE WILLIAM CARE SOLUTIONS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 34-1685601	INACTIVE	VA	0	0	PRINCE WILLIAM HEALTH SYSTEM
(6) PRINCE WILLIAM -FAUQUIER CANCER CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 05-0570221	HEALTHCARE	VA	9,583,158	32,436,881	PRINCE WILLIAM HOSPITAL
(7) ROWAN MEDICAL SERVICES LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	INACTIVE	NC	0	0	ROWAN REGIONAL MEDICAL CENTER
(8) ROWAN COMMUNITY SERVICES LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 27-2991035	HEALTHCARE	NC	0	0	ROWAN REGIONAL MEDICAL CENTER
(9) NMG AFFILIATE PRACTICE I LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2084786	HEALTHCARE	NC	30,314,493	8,503,520	NMG SERVICES
(10) NMG SOUTHPARK SERVICES LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 45-0600400	HEALTHCARE	NC	2,211,306	233,478	NMG SERVICES

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 entity?	
						Yes	No
AUXILIARY OF FORSYTH MEMORIAL HOSPITAL 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-0862112	HEALTHCARE	NC	501(C)(3)	LINE 9	FORSYTH MEMORIAL HOSPITAL INC	Yes	
BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 27-4616751	HEALTHCARE	NC	501(C)(3)	LINE 7	BRUNSWICK COMMUNITY HOSPITAL LLC	Yes	
CAROLINA MEDICORP ENTERPRISES INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 58-1466368	HEALTHCARE	NC	501(C)(3)	LINE 11B, II	NOVANT MEDICAL GROUP INC	Yes	
COMMUNITY GENERAL HEALTH PARTNERS INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-0636250	HEALTHCARE	NC	501(C)(3)	LINE 3	NOVANT HEALTH TRIAD REGION LLC	Yes	
COMMUNITY GENERAL HOSPITAL FOUNDATION INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1828629	HEALTHCARE	NC	501(C)(3)	LINE 7	COMMUNITY GENERAL HEALTH PARTNERS INC	Yes	
FORSYTH MEDICAL CENTER FOUNDATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2120959	HEALTHCARE	NC	501(C)(3)	LINE 7	FORSYTH MEMORIAL HOSPITAL INC	Yes	
FORSYTH MEMORIAL HOSPITAL INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-0928089	HEALTHCARE	NC	501(C)(3)	LINE 3	NOVANT HEALTH TRIAD REGION LLC	Yes	
FOUNDATION HEALTH SYSTEMS CORP 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1373175	HEALTHCARE	NC	501(C)(3)	LINE 9	NOVANT HEALTH INC	Yes	
MEDICAL PARK HOSPITAL INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1340424	HEALTHCARE	NC	501(C)(3)	LINE 3	NOVANT HEALTH TRIAD REGION LLC	Yes	
NMG SERVICES INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2098809	HEALTHCARE	NC	501(C)(3)	LINE 9	NOVANT HEALTH INC	Yes	
NOVANT MEDICAL GROUP INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 58-1728803	HEALTHCARE	NC	501(C)(3)	LINE 3	NMG SERVICES INC	Yes	
PERSONAL CARE SERVICES 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 54-1291284	HEALTHCARE	VA	501(C)(3)	LINE 9	PRINCE WILLIAM HEALTH SYSTEM	Yes	
PRESBYTERIAN HOSPITAL FOUNDATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 58-1413074	HEALTHCARE	NC	501(C)(3)	LINE 7	NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC	Yes	
PRESBYTERIAN MEDICAL CARE CORPORATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1376368	HEALTHCARE	NC	501(C)(3)	LINE 3	NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC	Yes	
PRINCE WILLIAM HEALTH SYSTEM 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 54-1278944	HEALTHCARE	VA	501(C)(3)	LINE 11C, III-FI	NOVANT HEALTH INC	Yes	
PRINCE WILLIAM HOSPITAL 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 54-0696355	HEALTHCARE	VA	501(C)(3)	LINE 3	PRINCE WILLIAM HEALTH SYSTEM	Yes	
PWHS FOUNDATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 54-1307595	HEALTHCARE	VA	501(C)(3)	LINE 7	PRINCE WILLIAM HEALTH SYSTEM	Yes	
ROWAN HEALTH SERVICES CORPORATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1424814	HEALTHCARE	NC	501(C)(3)	LINE 11C, III-FI	NOVANT HEALTH INC	Yes	
ROWAN REGIONAL MEDICAL CENTER AUXILIARY 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 23-7022472	HEALTHCARE	NC	501(C)(3)	LINE 9	ROWAN REGIONAL MEDICAL CENTER INC	Yes	
ROWAN REGIONAL MEDICAL CENTER FOUNDATION INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1424818	HEALTHCARE	NC	501(C)(3)	LINE 7	ROWAN REGIONAL MEDICAL CENTER INC	Yes	

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 entity?	
						Yes	No
ROWAN REGIONAL MEDICAL CENTER INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-0547479	HEALTHCARE	NC	501(C)(3)	LINE 3	ROWAN HEALTH SERVICES CORPORATION	Yes	
SELF INSURANCE FUND - NOVANT HEALTH INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 58-1867242	HEALTHCARE	NC	501(C)(3)	LINE 11C, III-FI	NOVANT HEALTH INC	Yes	
THE PRESBYTERIAN HOSPITAL 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-0554230	HEALTHCARE	NC	501(C)(3)	LINE 3	NOVANT HEALTH SOUTHERN PIEDMONT REGION LLC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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	
BLUE HERON REAL ESTATE OPPORTUNITY FUND I LLC 111 CLOISTER COURT SUITE 114 CHAPEL HILL, NC 27514 45-2601527	RENTAL REAL ESTATE	NC	NOVANT HEALTH INC	INVESTMENT	-247,289	36,038,360		No	-271,503		No	58 590 %
BLUE HERON REAL ESTATE OPPORTUNITY FUND II LP 111 CLOISTER COURT SUITE 114 CHAPEL HILL, NC 27514 61-1756010	RENTAL REAL ESTATE	NC	NOVANT HEALTH INC	INVESTMENT	-179,658	5,752,696		No	-143,619		No	67 490 %
PROVIDENCE ROAD LAND PARTNERS LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2264109	RENTAL REAL ESTATE	NC	NOVANT HEALTH INC	INVESTMENT	258,112	33,650,910		No	98,817		No	88 570 %
SOUTHPARK SURGERY CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 87-0714098	HEALTHCARE	NC	THE PRESBYTERIAN HOSPITAL	RELATED	1,636,194	4,617,728		No			No	60 000 %
HOLLY SPRINGS SURGERY CENTER LLC 100 SAWMILL ROAD RALEIGH, NC 27615 47-3460976	HEALTHCARE	NC	NOVANT HEALTH INC	RELATED		3,675,100		No		Yes		57 200 %
PRINCE WILLIAM AMBULATORY SURGERY CENTER LLC 8650 SUDLEY ROAD STE 411 MANASSAS, VA 20110 77-0594498	HEALTHCARE	VA	PRINCE WILLIAM HOSPITAL	RELATED	1,154,939	1,159,868		No		Yes		51 000 %
ENDOSCOPY CENTER OF LAKE NORMAN LLC 13808 PROFESSIONAL CENTER DRIVE HUNTERSVILLE, NC 28078 20-5112015	HEALTHCARE	NC	PRESBYTERIAN AMBULATORY HOLDINGS LLC	RELATED	187,565	462,984		No		Yes		51 000 %
HAYMARKET SURGERY CENTER LLC 15195 HEATHCOTE BLVD STE 210 MANASSAS, VA 20169 46-2874962	HEALTHCARE	VA	PRINCE WILLIAM HOSPITAL	RELATED	4,850	1,762,967		No		Yes		51 010 %
MATTHEWS SURGERY CENTER LLC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 27-3634811	HEALTHCARE	NC	PRESBYTERIAN MEDICAL CARE CORP	RELATED	280,002	3,311,427		No		Yes		50 000 %
LATITUDE MULTI-FAMILY RECOVERY FUND LP 350 SOUTH BEVERLY DRIVE SUITE 300 BEVERLY HILLS, CA 90212 45-3360465	RENTAL REAL ESTATE	CA	NOVANT HEALTH INC	INVESTMENT	2,698,715	26,336,255		No	1,314,958		No	69 120 %

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHOICEHEALTH INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1896065	MANAGED CARE	NC	NOVANT HEALTH INC	C	1,359,621	77,882	100 000 %	Yes	
(1) COMMUNICARE INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1952950	RENTAL REAL ESTATE	NC	COMMUNITY GENERAL HEALTH PARTNERS INC	C		978,640	100 000 %	Yes	
(2) FISCAL CORPORATION LTD 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 54-1282069	HEALTH RELATED	VA	PRINCE WILLIAM HEALTH SYSTEM	C			100 000 %	Yes	
KERNERSVILLE MEDICAL CENTER (3) PARK OWNERS' ASSOCIATION 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 47-1511401	RENTAL REAL ESTATE	NC	NOVANT HEALTH INC	C		1,189,079	100 000 %	Yes	
(4) MEDQUEST INC & SUBSIDIARIES 3480 PRESTON RIDGE RD STE 600 ALPHARETTA, GA 30005 22-3860764	DIAGNOSTIC IMAGING	DE	NOVANT HEALTH INC	C	185,694,841	100,594,881	100 000 %	Yes	
(5) NOVANT HEALTH RISK RETENTION GROUP INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 20-3382230	INSURANCE	SC	NOVANT MEDICAL GROUP	C	2,518,057	10,388,818	78 000 %	Yes	
(6) NOVANT HEALTH SHARED SERVICES INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-2226937	ADMIN SERVICES	NC	NOVANT HEALTH INC	C	20,839,624	6,603,713	100 000 %	Yes	
PRINCE WILLIAM FAMILY (7) HEALTHCARE 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 54-1748199	HEALTH RELATED	VA	FISCAL CORPORATION LTD	C			100 000 %	Yes	
(8) PRINCE WILLIAM MEDICAL SUPPLY 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 54-1307554	HEALTH RELATED	VA	FISCAL CORPORATION LTD	C			100 000 %	Yes	
(9) ROWAN MEDICAL ALLIANCE INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1992669	INSURANCE	NC	ROWAN REGIONAL MEDICAL CENTER INC	C		69,529	100 000 %	Yes	
(10) ROWAN MEDICAL FACILITIES INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1424672	MEDICAL SUPPLIES	NC	ROWAN HEALTH SERVICES CORPORATION	C	1,002,358	1,122,779	100 000 %	Yes	
(11) SALEM DIAGNOSTICS INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1513621	HEALTH RELATED	NC	SALEM HEALTH SERVICES INC	C			100 000 %	Yes	
(12) SALEM HEALTH SERVICES INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 56-1342654	HEALTH RELATED	NC	NOVANT HEALTH TRIAD REGION LLC	C		1,720,676	100 000 %	Yes	
(13) THE PARK AT MONROE PROPERTY OWNERS ASSOCIATION INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103 46-3910256	RENTAL REAL ESTATE	NC	NOVANT HEALTH INC	C	85,940	98,447	100 000 %	Yes	
(14) TRINOVA INSURANCE LTD 58 PAR LA VILLE RD PO BOX 1995 HAMILTON, BERMUDA HMHX BD 98-0615601	INSURANCE	BD	NOVANT HEALTH INC	C	639,274	13,389,478	100 000 %	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MEDQUEST	A	11,381,636	COST
(1)	NOVANT HEALTH RISK RETENTION GROUP INC	A	195,760	COST
(2)	FOUNDATION HEALTH SYSTEMS CORP	A	6,638,715	COST
(3)	FORSYTH MEMORIAL HOSPITAL INC	A	10,747,113	COST
(4)	NOVANT MEDICAL GROUP INC	A	6,563,347	COST
(5)	THE PRESBYTERIAN HOSPITAL	A	1,230,993	COST
(6)	PRESBYTERIAN MEDICAL CARE CORP	A	81,414	COST
(7)	COMMUNITY GENERAL HEALTH PARTNERS INC	A	13,576	COST
(8)	CAROLINA MEDICORP ENTERPRISES INC	A	316,468	COST
(9)	NOVANT HEALTH SHARED SERVICES INC	A	143,237	COST
(10)	ROWAN REGIONAL MEDICAL CENTER FOUNDATION INC	B	75,000	CASH
(11)	FORSYTH MEDICAL CENTER FOUNDATION	C	402,586	CASH
(12)	FOUNDATION HEALTH SYSTEMS CORP	D	108,882,898	COST
(13)	MEDQUEST	D	147,618,727	COST
(14)	NOVANT HEALTH RISK RETENTION GROUP INC	D	2,272,762	COST
(15)	FOUNDATION HEALTH SYSTEMS CORP	J	314,960	COST
(16)	NOVANT MEDICAL GROUP INC	K	178,026	COST
(17)	FOUNDATION HEALTH SYSTEMS CORP	L	263,653	COST
(18)	MEDQUEST	L	67,235	COST
(19)	MEDQUEST	M	1,491,189	COST
(20)	NOVANT MEDICAL GROUP INC	P	1,824,542	COST
(21)	BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION	Q	50,654	COST
(22)	COMMUNITY GENERAL HEALTH PARTNERS INC	Q	19,649,192	COST
(23)	COMMUNITY GENERAL HOSPITAL FOUNDATION INC	Q	155,600	COST
(24)	CHOICEHEALTH INC	Q	213,889	COST

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	CAROLINA MEDICORP ENTERPRISES INC	Q	5,347,199	COST
(1)	FOUNDATION HEALTH SYSTEMS CORP	Q	15,831,569	COST
(2)	AUXILIARY OF FORSYTH MEMORIAL HOSPITAL	Q	1,110,931	COST
(3)	FORSYTH MEDICAL CENTER FOUNDATION	Q	1,429,416	COST
(4)	FORSYTH MEMORIAL HOSPITAL INC	Q	309,959,776	COST
(5)	HAYMARKET SURGERY CENTER LLC	Q	2,477,853	COST
(6)	MEDICAL PARK HOSPITAL	Q	24,961,911	COST
(7)	MATTHEWS SURGERY CENTER LLC	Q	2,060,194	COST
(8)	NOVANT HEALTH SHARED SERVICES INC	Q	10,671,853	COST
(9)	NOVANT MEDICAL GROUP INC	Q	121,509,480	COST
(10)	NMG SERVICES INC	Q	18,292,163	COST
(11)	PERSONAL CARE SERVICES	Q	1,559,370	COST
(12)	THE PRESBYTERIAN HOSPITAL	Q	269,459,133	COST
(13)	PRESBYTERIAN HOSPITAL FOUNDATION	Q	3,133,273	COST
(14)	PRESBYTERIAN MEDICAL CARE CORP	Q	57,464,817	COST
(15)	PROVIDENCE ROAD LAND PARTNERS LLC	Q	690,862	COST
(16)	PRINCE WILLIAM AMBULATORY SURGERY CENTER LLC	Q	5,814,360	COST
(17)	PRINCE WILLIAM HOSPITAL	Q	101,748,067	COST
(18)	PRINCE WILLIAM HEALTH SYSTEM	Q	11,224,280	COST
(19)	PWHS FOUNDATION	Q	180,239	COST
(20)	ROWAN HEALTH SERVICES CORP	Q	525,891	COST
(21)	ROWAN MEDICAL FACILITIES INC	Q	2,142,358	COST
(22)	ROWAN REGIONAL MEDICAL CENTER INC	Q	53,599,608	COST
(23)	ROWAN REGIONAL MEDICAL CENTER FOUNDATION INC	Q	586,489	COST
(24)	SELF INSURANCE FUND - NOVANT HEALTH INC	Q	11,029,415	COST

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51) SOUTHPARK SURGERY CENTER LLC	Q	7,557,304	COST
(1) FOUNDATION HEALTH SYSTEMS CORP	R	29,692,595	COST
(2) PRINCE WILLIAM HOSPITAL	S	108,180,230	COST