Form	990
Form	MMI

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection	
-			ar year, or tax year beginning and en	nding		
B	Check if applicat Addr	BRUN	f organization SWICK NOVANT MEDICAL CENTER DATION		D Employer identificat	ion number
	Nam	ge Doing b	usiness as NOVANT HEALTH BRUNSWICK MEDI	CAL	27-4616751	-
	Initia returi Final returi	Number	r and street (or P.O. box if mail is not delivered to street address) RC FRONTIS PLAZA BLVD RC	oom/suite	E Telephone number 336-277-24	11
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	440,930.
	Amer		TON SALEM, NC 27103		H(a) Is this a group retu	
	Appli tion pend		nd address of principal officer: CARL ARMATO		for subordinates?	
		SAME	AS C ABOVE		H(b) Are all subordinates includ	ded? Yes No
		empt status:		527	If "No," attach a list	
	Webs		SUPPORTNOVANTHEALTH.ORG		H(c) Group exemption n	
			X Corporation Trust Association Other	L Year of	of formation: 2010 M S	tate of legal domicile: NC
Pa	art I	Summary		~		
ė	1	Briefly describ	be the organization's mission or most significant activities: SEE SC	CHEDU.	LE O	
anc						
Activities & Governance	2	Check this bo				
Š	3					13
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		dependent voting members of the governing body (Part VI, line 1b)			12
ies	5		of individuals employed in calendar year 2023 (Part V, line 2a)			0 14
ivit	6		of volunteers (estimate if necessary)			
Act	7 a				7a 7b	0.
	6	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
		Oantributions	and suggest (Dart ) (III line 14)		7,437,061.	124,408.
ne	8		and grants (Part VIII, line 1h)		0.	0.
Revenue	9	•	ce revenue (Part VIII, line 2g)		26,588.	14,637.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12				7,463,649.	139,045.
	13		<u>- add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> nilar amounts paid (Part IX, column (A), lines 1-3)		723,756.	177,347.
	14				0.	0.
	40		to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
ben	h		ing expenses (Part IX, column (D), line 25) 35,246	5.		
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		43,292.	119,941.
	18		es Add lines 13-17 (must equal Part IX, column (A), line 25)		767,048.	297,288.
	19		expenses. Subtract line 18 from line 12		6,696,601.	-158,243.
or	9				ginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)		11,667,380.	11,387,558.
Ass	21	-	s (Part X, line 26)		276,613.	13,985.
Net	22		fund balances. Subtract line 21 from line 20		11,390,767.	11,373,573.
P	art II				1	- •
Unc	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts, and to the best of my kn	owledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which			

Sign	Signature of officer			Date
	ALICE POPE, EVP & CFO Type or print name and title			
Paid	Print/Type preparer's name	Preparer's signature	Date	Check The PTIN if self-employed
Preparer	Firm's name	· · · ·		Firm's EIN
Use Only	Firm's address			
				Phone no.
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

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

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

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

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

<u>must us</u>	e Form 7004 to request an extension of time to file income	e tax retur	ns.				
Part I -	dentification			-			
Type or Print	Name of exempt organization, employer, or other filer BRUNSWICK NOVANT MEDICAL CE FOUNDATION	Taxpayer	nber (TIN) 51				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se 2085 FRONTIS PLAZA BLVD						
instructions	City, town or post office, state, and ZIP code. For a for WINSTON SALEM, NC 27103	reign addı	ress, see instructions.				
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each return)			01	
Applica	tion Is For	Return Code	Application Is For			Return Code	
Form 99	0 or Form 990-EZ	01	Form 4720 (other than individual)			09	
Form 47	20 (individual)	03	Form 5227			10	
Form 99		04	Form 6069			11	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	0-T (trust other than above)	06	Form 5330 (individual)			13	
Form 99	0-T (corporation)	07	Form 5330 (other than individual)			14	
Form 10	41-A	08					
<ul> <li>If this</li> <li>PI</li> <li>PI</li> <li>Part II - A</li> <li>The b</li> <li>Telep</li> </ul>	ile Form 5330. application is for an extension of time to file Form 5330, yean Name an Number	izations (s ZA BLV	ree instructions) /D - WINSTON SALEM, Fax No.				
	is for a Group Return, enter the organization's four-digit (					chock this	
	. If it is for part of the group, check this box						
1 In th	equest an automatic 6-month extension of time until $\underline{\mathbf{NG}}$ e organization named above. The extension is for the orga	OVEMBI	ER 15 , 20 <u>24</u> , to file				
	calendar year 20 23 or tax year beginning	, 20	, and ending		,2	20	
2 lf	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period						
3a lf	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less				
ar	y nonrefundable credits. See instructions.			3a	\$	0.	
b If	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
es	timated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.	
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by				
us	ing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.	

Form	BRUNSWICK NOVANT MEDICAL CENTER 990 (2023) FOUNDATION	27-4616751	Page <b>2</b>
	t III Statement of Program Service Accomplishments		r uge =
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: <u>SEE</u> SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
Z	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	• •	nd
4a	(Code:)(Expenses \$	FUNDING ED FACILITIE	<u>0.</u> ) S,
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$	)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$	)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses178,743.		90 (2023)
332002	2 12-21-23	Form 9	<b>30</b> (2023)

FOUNDATION

Part IV Checklist of Required Schedules

Form 990 (2023)

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10	<u>_</u>	
11	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		X
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		X
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	
332003	12-21-23	Form	990	(2023)

332003 12-21-23

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# BRUNSWICK NOVANT MEDICAL CENTER Form 990 (2023) FOUNDATION Part IV Checklist of Required Schedules (continued)

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			i ugo -

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		<b>_</b> _	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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	X	<u> </u>
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
-1	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20				
~	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00.		v
~~	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X X
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		<u> </u>
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		X
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	X	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
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		X X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	5			. ,

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Form	990 (2023) FOUNDATION 27-4616	751	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		X
b	If "Yes," enter the name of the foreign country			
	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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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?	<u>6a</u>		X
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).			
а	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Form **990** (2023)

	<u>990 (2023)</u> FOUNDATION 27-4616			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
		11a	<u>_</u>	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120		
C		12c	х	
13	on Schedule O how this was done	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE	I- A		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availat	bie
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain on Schedule O)			
10		financ	sial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	midfil	nal	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	WENDI STOCKSTILL - 336-277-2411			
	2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103			
332006	12-21-23	Form	990	(2023
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2023.05000 BRUNSWICK NOVANT MEDICAL BNMCF_1

BRUNSWICK	NOVANT	MEDICAL	CENTER
FOUNDATION	1		

1 01111 000 (		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees,	Highest Compensated
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Form 990 (2023)

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

(A)	(B)	(C) Position				(D)	(E)	(F)		
Name and title	Average hours per		not cl	heck	more	than d s both		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				or/trus		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/ 1099-NEC)	from the
	related organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	Institutional trustee	_	mploy	st cor	7			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) FRED HARGETT	0.20									
EVP/CFO (TO 9/6/23)	50.00			Х				0.	2,400,670.	50,705.
(2) KIMBERLY HENDERSON	0.00									
FMR OFFICER (12/31/19)	50.00						Х	0.	1,085,117.	155,975.
(3) GEOFFREY GARDNER	0.20									
CFO (FR 9/6/23)	50.00			Х				0.	909,106.	128,749.
(4) DOROTHY ANN CAULKINS	8.00									
SVP FDN	42.00			Х				0.	725,233.	111,754.
(5) KRISTIN TAIT	0.20									
VC/TRS(TO 11/8/23),CH(FR 11/8/23)/PM	45.00	Х		Х				0.	102,410.	42,105.
(6) MARGARET WASSUM	50.00									
EXEC DIRECTOR	0.00			Х				0.	91,687.	14,316.
(7) JASON YOUNTS	0.20									
TRUSTEE (FR 1/1/23)	0.00	Х						0.	0.	0.
(8) JOHN CAIN	0.20									
TRUSTEE (FR 2/1/23 TO 12/1/23)	0.00	Х						0.	0.	0.
(9) JOHN CAUSEY	0.20									
TRUSTEE, VICE CHAIR (FR 11/8/23)	0.00	Х		Х				0.	0.	0.
(10) KIMMIE DURHAM	0.20									-
TRUSTEE	0.00	Х						0.	0.	0.
(11) LANNIN BRADDOCK	0.20									_
TRUSTEE, CHAIR (TO 11/8/23)	0.00	Х		Х				0.	0.	0.
(12) MONIKA HEWETT	0.20									•
TRUSTEE (FR 1/1/23)	0.00	Х						0.	0.	0.
(13) SAUNDRA FANTI	0.20									•
TRUSTEE	0.00	X						0.	0.	0.
(14) SHARONDA DAVIS	0.20								•	~
TRUSTEE	0.00	Х						0.	0.	0.
(15) STEVEN MOORE	0.20								•	0
TRUSTEE (FR 1/1/23)	0.00	х						0.	0.	0.
(16) SUSAN GIBBLE	0.20								<u>^</u>	•
SECR	0.00	X		Х				0.	0.	0.
(17) THAD LEWIS	0.20	77							<u>^</u>	0
TRUSTEE	0.00	Х						0.	0.	0 •

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Form 990 (2023) FOUNDATIO	ON								27-46	167	51	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than o s both r/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		Estii amo	<b>(F)</b> mate ount o ther	
	(list any hours for related organizations below line)	In dividual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS( 1099-NEC)	5/	orgar	m the nizati relate	e on ed
(18) TIMOTHY DANIELS	0.20		_		-								
TRUSTEE (FR 1/1/23)	0.00	Х						0.		0.			0.
(19) WALTER BRYANT TRUSTEE	0.20	x						0.		0.			0.
		-											
		-											
									F 214 00	_	<u> </u>		
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	, Section A							0.	5,314,22 5,314,22	0.	503 503		0.
Total number of individuals (including but n compensation from the organization												/ • •	0
3 Did the organization list any <b>former</b> officer,				•								res X	No
<ul> <li>line 1a? <i>If "Yes," complete Schedule J for si</i></li> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			X	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue comper	nsati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		5		X
Section B. Independent Contractors									100.000 - (				
Complete this table for your five highest contend the organization. Report compensation for t     (A)										ensatio	(C)		
Name and business	address	NC	ONE	3				Description of s	ervices	Co	mpens		<u>ו</u>
2 Total number of independent contractors (ir \$100,000 of compensation from the organized structure)	•	ot lin	niteo	d to t	thos (		ted	above) who received mo	ore than				

Form **990** (2023)

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BRUNSWICK	NOVANT	MEDICAL	CENTER
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			2023) FOUNDATION				27-4616	751 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin			/=>	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
, D D D			Fundraising events 1c					
ar A			Related organizations 1d					
s, G			Government grants (contributions)					
rion Si		f	All other contributions, gifts, grants, and					
ibut			similar amounts not included above 1f	124,408.				
ontr of		g	Noncash contributions included in lines 1a-1f		104 400			
<u>ų p</u>		h	Total. Add lines 1a-1f		124,408.			
	_			Business Code				
ice	2	a						
Program Service Revenue		b						
ven S		с с						
gra Re		d e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)		7,863.			7,863.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) <b>6</b>					
	7		Net rental income or (loss)         Gross amount from sales of         (i) Securities	(ii) Other				
	'	а	assets other than inventory <b>7a 308</b> , 659.					
		h	Less: cost or other basis					
e		2	and sales expenses 7b 301,885.					
enue		с	Gain or (loss) 7c 6,774.					
			Net gain or (loss)		6,774.			6,774.
Other R	8	а	Gross income from fundraising events (not					
ŧ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
	~		Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
ß				Business Code				
Miscellaneous Revenue	11	а						
lane		b						
Sev		c						
Nis			All other revenue					
	12		Total. Add lines 11a-11d		139,045.	0.	0.	14,637.
33200								Form <b>990</b> (2023)

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Form 990 (2		2
Part IX	Statement of Functional Expenses	
Section 50	1(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	

Dot M. Include another United State     Total expenses     Program service     Management and general expenses     Program service       1     Grants and Other satisfance to domesic organizations and domesic operantes. See Part IV, ine 22     121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294, 121, 294,		ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
and domestic governments. See Part IV, line 21         121, 294.         121, 294.           2 Grants and other assistance to Grango organization, forcing overnments, and Grango individuals. See Part IV, line 13 and 15         56, 053.         56, 053.           3 Grants and other assistance to Grango organization, forcing overnments, and Grango individuals. See Part IV, line 13 and 15         56, 053.         56, 053.           4 Benefits paids to or for members.         5         56, 053.         56, 053.           5 Compensation of current officers, directors, trustes, and key employees		not include amounts reported on lines 6b,	(A)	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
2         Grants and other assistance to domestic individuals. See Part V. line 82         56,053.         56,053.           3         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V. line 81 San 16         56,053.         56,053.           4         Benefits paid to of orment bers         56,053.         56,053.         56,053.           5         Compensation of current officers, directors, trustees, and key employees         56,053.         56,053.           6         Compensation of current officers, directors, trustees, and key employees         56,053.         56,053.           7         Other salaries and toxitibulius (include section 401(k) and 40(k) employee combuturus)         56,053.         56,053.           9         Other employee benefits         56,053.         56,053.         56,053.	1	Grants and other assistance to domestic organizations				
individuals. See Part V, Im 22         56,053.         56,053.           3 Grants and other assistance to foreign organizations, foreign organization, foreign organization, foreign organizations, foreign organizations, foreign organizations, foreign organization, foreign organis organization, foreign organization, foreign organis or		and domestic governments. See Part IV, line 21	121,294.	121,294.		
3 Grants and other assistance to foreign individuals. See Part V, lines 15 and 16       Image: Comparison of Comments and Toreign individuals. See Part V, lines 15 and 16         4 Benefits paid to or for members       Comparison of current officers, directors, trustees, and key employees       Image: Comparison of Individual See Oscillation of Comments of Comment	2	Grants and other assistance to domestic				
aparizations, forsing overments, and forsign individuals. See Part IV, lines 15 and 16         4       Bendits paid to of for members         5       Compensation of current officers, directors, trustese, and key employees         6       Compensation not included above to disqualified persons described in section 4586(1(1) and persons described insection 4586(1(3)(8)         7       Other salance and wages         9       Other services (nonemployees):         a Management		individuals. See Part IV, line 22	56,053.	56,053.		
individuals. See Part W, lines 15 and 16       image: section 40 (1) (1) and (2) (2) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	3	Grants and other assistance to foreign				
4       Bendits paid to of to remethers         5       Compensation of current officers, directors, furstees, and key employees         6       Compensation not included above to disqualified persons (aschined mediaes current difficers, directors, transmitters, and key employees)         7       Other salaries and wages         8       Person function 4580(r)(3)(B)         7       Other salaries and wages         9       Other salaries and wages         9       Other salaries and wages         10       Payrol taxes         11       Fees for services (nonemployees):         a       Management         b       Legal         0       Accounting         11       Fees for services (nonemployees):         a       Management         b       Legal         0       Cocounting         11       Investment management fees         12       Advertising and promotion         13       Office represes         14       Information technology         15       Royatties         16       Occupancy         17       Travel         18       Payments to atfillates         19       Conterences, conventons, and medrizan <tr< td=""><td></td><td>organizations, foreign governments, and foreign</td><td></td><td></td><td></td><td></td></tr<>		organizations, foreign governments, and foreign				
5       Compensation of united above to disqualified persons (as defined under section 495(8)(11) and persons described in section 495(8)(11) and persons described in section 495(8)(11) and persons described in section 495(8)(12) and persons described in section 495(8) and persons described in section 495(8) and persons described in 405(8) and persons describe		individuals. See Part IV, lines 15 and 16				
tustes, and key employes	4	Benefits paid to or for members				
6       Compensation not included above to disqualified persons (as defined under section 4958(1/1)) and persons (as defined under section 4958(1/1)) and persons described in section 4958(1/1)) and persons described in section 4958(1/1)) and persons described in section 4958(1/1) and under section 4958(1/1)) and under section 4958(1/1) and under section 4958(1/1)) and under section 4958(1/1) and under sectin 4958(1/1) and under sectin 4958(1/1) and under 4958(1/	5	Compensation of current officers, directors,				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8)		trustees, and key employees				
persons described in section 4958(c)(3)(B)	6	Compensation not included above to disqualified				
7       Other salaries and wages         8       Pension plan accruals and contributions (include section 401(k) and 403(k) employee contributions)         9       Other employee benefits         10       Payroll taxes         11       Fees for services (nonemployees):         a Management						
8       Persion plan acculas and contributions)         9       Other employee benefits         10       Payroll taxes         11       Fees for services (nonemployees):         a Management						
section 40 (k) and 403(b) employer contributions) <ul> <li>9 Other employee benefits</li> <li>9 Payrolit taxes</li> <li>11 Fees for services (nonemployees):</li> <li>a Management</li> <li>b Legal</li> <li>Accounting</li> <li>4 Lobbying</li> <li>Professional fundraising services. See Part IV, line 17</li> <li>9 Other employee benefits</li> <li>9 Professional fundraising services. See Part IV, line 17</li> <li>9 Professional fundraising services. See Part IV, line 17</li> <li>9 Professional fundraising services. See Part IV, line 17</li> <li>9 Other employee benefits</li> <li>9 Concursed</li> <li>9 Other employee benefits</li> <li>9 Concursed</li> <li>9 Concursed</li> <li>9 Conferences, conventions, and meetings</li> <li>10 Interest</li> <li>11 Insurance.</li> <li>11 Payrents of atmice propenses on Scholle 0.</li> <li>1117, 372.</li> <li>82, 160.</li> <li>35, 212</li> <li>9 Propricistion, depletion, and amortization</li> <li>112 Payrents of atmice propense on conversed</li> <li>1117, 372.</li> <li>82, 160.</li> <li>35, 212</li> <li>766.</li> <li>766.</li></ul>	7	Other salaries and wages				
9       Other employee benefits	8					
10       Payroll taxes         11       Fees for services (nonemployees):         a Management						
11       Fees for services (nonemployees):         a Management       Legal         b Legal	9					
a Management	10					
b       Legal	11					
c Accounting	а	Management				
d Lobbying	b					
e       Professional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other, II line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)         12       Advertising and promotion         13       Office expenses         14       Information technology         15       Royatties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization         23       Insurance         24       Other expenses on Schedule 0.)         34       MEDICAL SUPPLIES         766       766.         766       766.         25       Total functional expenses. Add lines 1 through 24e         297, 288.       178, 743.       83, 299.         35, 246       297, 288.       178, 743.	С	Accounting				
f       Investment management fees       466.       466.         g       Other. (If line 11g expenses on Sch O.)       0       0         13       Office expenses       699.       60.       639.         14       Information technology       0       0       0         15       Royatties       0       0       0         16       Occupancy       0       0       0       0         17       Travel       0       0       0       0       0         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       0       0       0       0         19       Conferences, conventions, and meetings       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	d	Lobbying				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	е					
column (A), amount, list line 11g expenses on Sch 0.)       Advertising and promotion         12       Advertising and promotion         13       Office expenses       699.         14       Information technology         15       Royalties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         10       Interest         11       Payments to affiliates         20       Interest         21       Payments to affiliates         22       Other expenses. Itemize expenses on towered above, (List miscillaneus expenses on ine 24e. It ins 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on stocevered above, (List miscillaneus expenses on ine 24e. It ins 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on stocevered above, (List miscillaneus expenses on tocevered above, (List miscillaneus expenses on the 24e. It ins 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on stocevered above, (List miscillaneus expenses on the 24e. It ins 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on stocevered above, (List miscillaneus expenses on the 24e. It ins 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on stocevered above, (List miscillaneus expenses on stocevered above, (List miscillaneus expenses on the 24e. It ins 24e. The	f	Investment management fees	466.		466.	
12       Advertising and promotion       699.       60.       639.         13       Office expenses       699.       60.       639.         14       Information technology	g	Other. (If line 11g amount exceeds 10% of line 25,				
13       Office expenses       699.       60.       639.         14       Information technology						
14       Information technology         15       Royatties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses         19       Conferences, conventions, and meetings         20       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization         24       Other expenses. Itemize expenses on tice 24, if line 24 expenses on Schedule 0.)         24       Other expenses on Schedule 0.)         25       CONTRACT LABOR         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational comparison and fundraising solicitation.	12					
15 Royalties   16 Occupancy   17 Travel   18 Payments of travel or entertainment expenses   19 Conferences, conventions, and meetings   20 Interest   21 Payments to affiliates   22 Depreciation, depletion, and amortization   23 Insurance   24 Other expenses number expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)   a CONTRACT LABOR   b MEDICAL SUPPLIES   c OTHER expenses   25 Total functional expenses. Add lines 1 through 24e   297, 288. 178, 743.   83, 299. 35, 246	13		699.	60.	639.	
16       Occupancy	14	Information technology				
17       Travel       Image: Conference of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings       Image: Conference of travel or entertainment expenses for any federal, state, or local public officials         20       Interest       Image: Conference of travel or entertainment expenses         21       Payments to affiliates       Image: Conference of travel or entertainment expenses         22       Depreciation, depletion, and amortization       Image: Conference of travel or entertainment expenses of travel or entertainment expenses         24       Other expenses. Itemize expenses on time 24e. If time 24e amount exceeds 10% of time 25, course (List miscellaneous expenses on Schedule 0.)       Image: Contract LABOR         24       Other expenses on Schedule 0.)       Image: Contract LABOR       Image: Contract Contra	15					
18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest	16	Occupancy				
for any federal, state, or local public officials	17					
19       Conferences, conventions, and meetings	18	Payments of travel or entertainment expenses				
20       Interest						
21       Payments to affiliates						
22       Depreciation, depletion, and amortization	20					
23       Insurance	21					
24       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       117,372.       82,160.       35,212         a       CONTRACT LABOR       117,372.       82,160.       35,212         b       MEDICAL SUPPLIES       766.       766.         c       OTHER SUPPLIES       638.       570.       34.       34         d	22					
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       117,372.       82,160.       35,212         a       CONTRACT LABOR       117,372.       82,160.       35,212         b       MEDICAL SUPPLIES       766.       766.         c       OTHER SUPPLIES       638.       570.       34.       34         d	23					
a       CONTRACT LABOR       117,372.       82,160.       35,212         b       MEDICAL SUPPLIES       766.       766.       766.         c       OTHER SUPPLIES       638.       570.       34.       34         d	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b       MEDICAL SUPPLIES       766.       766.         c       OTHER SUPPLIES       638.       570.       34.       34.         d	а	CONTRACT LABOR	117,372.		82,160.	35,212.
c       OTHER SUPPLIES       638.       570.       34.       34         d	b		766.	766.	-	
d	с	OTHER SUPPLIES		570.	34.	34.
25       Total functional expenses. Add lines 1 through 24e       297,288.       178,743.       83,299.       35,246         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       178,743.       83,299.       35,246	d					
25       Total functional expenses. Add lines 1 through 24e       297,288.       178,743.       83,299.       35,246         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       178,743.       83,299.       35,246	е	All other expenses				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	· · · · · · · · · · · · · · · · · · ·	297,288.	178,743.	83,299.	35,246.
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization				
educational campaign and fundraising solicitation.		reported in column (B) joint costs from a combined				

332010 12-21-23

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

FOUNDATION

	נא	Check if Schedule O contains a response or not	e to any	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			5,854,905.	1	7,538,071
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			5,160,897.	3	3,140,076
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	l in secti	n 4958(c)(3)(B)		6	
s.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥ ∣	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>6,346</u> . 6,346.			
	b	Less: accumulated depreciation		6,346.	0.	10c	0
	11	Investments - publicly traded securities			585,773.	11	556,262
	12	Investments - other securities. See Part IV, line 1		65,805.	12	153,149	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			11,667,380.	16	11,387,558
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I				21	
ω	22	Loans and other payables to any current or form	er office	director,			
itie		trustee, key employee, creator or founder, subst	antial co	tributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se perso	5		22	
ן ב	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa	yables t	related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			276,613.	25	13,985
	26	Total liabilities. Add lines 17 through 25			276,613.	26	13,985
		Organizations that follow FASB ASC 958, che	ck here	X			
ŝ		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			586,904.	27	629,899
Bal	28	Net assets with donor restrictions			10,803,863.	28	10,743,674
2		Organizations that do not follow FASB ASC 9	58, cheo	here			
ᅖ		and complete lines 29 through 33.					
۶,	29	Capital stock or trust principal, or current funds				29	
set;	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		Г		31	
÷	20	Total net assets or fund balances			11,390,767.	32	11,373,573
ခ္၊	32			I	11,667,380.	02	11,387,558

Form **990** (2023)

332011 12-21-23

BRUNSWICK N	IOVANT	MEDICAL	CENTER
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Form	1 990 (2023) FOUNDATION	27-	4616751	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>45.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			88.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-158					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,390	),7	67.			
5	Net unrealized gains (losses) on investments	5	43	3,6	63.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	97	7,3	86.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pa	rt 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: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		х				
	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 on Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X			
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form 990 (2023)

332012 12-21-23

SCHEDULE A			Public Cha	rity Status an	d Pub	olic Su	ipport		OMB No. 1545-0047		
(Form 990	))		omplete if the organ	ization is a section 501	(c)(3) orga	anization			2023		
Department of t	the Treasurv			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public		
Internal Revenu				Form990 for instruction			ormation.		Inspection		
Name of th	ne organizatio		SWICK NOVAL	NT MEDICAL CI	ENTER				identification number 7-4616751		
Part I	Reason fo			(All organizations must c	omplete th	nis part.) S	ee instruction		/ 4010/51		
The organiz				For lines 1 through 12, cl							
1 🗖 /	A church, con	ention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2	A school desc	ibed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)						
3	A hospital or a	cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
		-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
	city, and state:										
5				llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in		
•	-		Complete Part II.)	and a local transformation of the set for			4.5				
37			U U	nental unit described in secribed in second				o gonoral i	ublic described in		
	•		complete Part II.)	Initial part of its support if	on a gove	minentai		ie general j			
				(1)(A)(vi). (Complete Parl	: 11.)						
	-			in section 170(b)(1)(A)(		ed in conju	inction with a	land-grant	college		
	-			ulture (see instructions).		-		-	-		
	university:										
10	An organizatio	n that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d 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										
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.		
			mplete Part III.)	volute test for public est	intu Can	ocation E(	O(a)(4)				
	-	-	-	vely to test for public sat vely for the benefit of, to	•			rny out the	nurposes of one or		
	•	U U		d in section 509(a)(1) o	•			•	• •		
			-	f supporting organization							
a 🗌		-	• •	upervised, or controlled				-	giving		
	the supporte	d organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting		
	organization	You must o	complete Part IV, Se	ections A and B.							
b 🔄			•	or controlled in connect			0		•		
		0	11 0 0	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
c 🗌	Ŭ		t complete Part IV,	g organization operated	in connect	tion with	and functional	ly integrate	od with		
		•	•	). You must complete F		,		ly integrate			
d 🗌		•	.,.	porting organization oper			-	ted organiz	zation(s)		
	that is not fu	- nctionally int	egrated. The organiz	ation generally must sati	isfy a distri	ibution rec	quirement and	an attentiv	veness		
	requirement	(see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .				
е 🗌	Check this b	ox if the orga	anization received a \	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
	-	-	•••	nally integrated supportir	ng organiz	ation.			[]		
	the number of		•	d arganization(a)							
	Name of suppor	<u> </u>	n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization			(described on lines 1-10 above (see instructions))	in your governi <b>Yes</b>	ng document?	support (see ir	structions)	support (see instructions)		
									<u> </u>		
Total											

## BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION

27-4616751 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	174,419.	603,542.	397,524.	437,061.	124,408.	1736954.
2	Tax revenues levied for the organ-						
	ization'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	174,419.	603,542.	397,524.	437,061.	124,408.	1736954.
	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)						538,680.
6	Public support. Subtract line 5 from line 4.						1198274.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	174,419.	603,542.	397,524.	437,061.	124,408.	1736954.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,430.	7,670.	8,549.	8,144.	7,863.	41,656.
۵	Net income from unrelated business	5,1500	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,0100	0,111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11,0000
3	activities, whether or not the						
	business is regularly carried on	0.	4,519.	0.	0.	0.	4,519.
10	Other income. Do not include gain	<b>```</b>	4,519.				1,515.
10	or loss from the sale of capital						
	•						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						1783129.
			(ma)			12	1/05125
	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th			ourth or fifth toy y			
13	-			· · · ·			
Ser	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	67.20 %
	Public support percentage from 2023 (i Public support percentage from 2022					15	<u>69.30</u> %
	<b>33 1/3% support test - 2023.</b> If the c			ling 13 and ling 1			
108	stop here. The organization qualifies						V
ĥ	33 1/3% support test - 2022. If the c		-			or more check thi	
L							
47-	and <b>stop here.</b> The organization qual					ad line 14 is 100/ 4	
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		(Eorm 990) 2022

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

Part II

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## Schedule A (Form 990) 2023 FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	<u></u>	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	23 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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 disgualified persons						
	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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
	Amounts from line 6 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 on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			for which any fifth it	<u> </u>		
14	First 5 years. If the Form 990 is for the	-			•		
Sec	check this box and stop here	c Support Per	centage				<u></u>
	Public support percentage for 2023 (			column (f))		15	%
	Public support percentage from 2022			.,,		16	%
	ction D. Computation of Invest					1 1	
	Investment income percentage for <b>20</b> Investment income percentage from					17 18	%
	33 1/3% support tests - 2023. If the						
130	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2022.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23						dule A (Form 990) 2023
			16				

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## BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION

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1

2

3a

3b

3c

Yes No

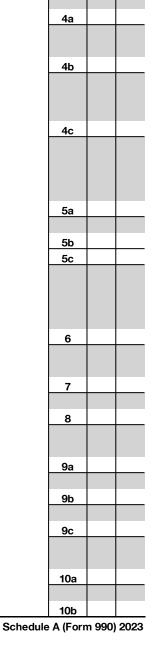
## Schedule A (Form 990) 2023 FOUI Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **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.*
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

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Sche	edule A (Form 990) 2023 FOUNDATION	27-461675	1 Pa	age <b>5</b>
	rt IV Supporting Organizations (continued)			age e
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h		11a		
	A family member of a person described on line 11a above?			
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	<u>detail in</u> Part VI. Stion B. Type I Supporting Organizations	11c		
000	Stori D. Type i Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supervised and the organization of the organizati	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions)		
' a				
b				
c c		titu (aaa inatuuati-u		
2	Activities Test. Answer lines 2a and 2b below.	ity (see instruction		No
			Yes	No
d	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			

- a bid substantially all of the organization's activities during the tax year directly lifting the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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	BRUNSWICK NOVANT MEDICA	L CEN	ITER	
Sche	edule A (Form 990) 2023 FOUNDATION			27-4616751 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	n Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	-
Sec	ion 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		
Sec	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2023

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### BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION

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	dule A (Form 990) 2023 FOUNDATION			2	7-4616751	Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations _{(continu}	ied)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2	<u> </u>	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	<u> </u>	
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	(**)	10	()	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	is	(iii) Distributab Amount for 2	
_1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
<u>    i</u>	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
e	Excess from 2023					

Schedule A (Form 990) 2023

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BRUNSWICK	NOVANT	MEDICAL	CENTER	
FOUNDATION	1			

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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.)

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:				
DESCR	IPTION: GENERA	L SUPPORT		
DATE:	12/31/21	AMOUNT :	300000.	
DESCR	IPTION: GENERA	L SUPPORT		
	12/31/22			

Schedule A (Form 990) 2023

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

LHA 323451 12-26-23

### ** PUBLIC DISCLOSURE COPY **

### Schedule of Contributors

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

Internal Revenue Service Name of the organization

Organization type (check one):

Schedule B

Department of the Treasury

(Form 990)

### BRUNSWICK NOVANT MEDICAL CENTER

FOUNDATION

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Schedule B (Form 990) (2023)



OMB No. 1545-0047

Employer identification number

27-4616751

BRUNS	rganization NICK NOVANT MEDICAL CENTER		nployer identification number
FOUND2 Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	27-4616751
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$25,000	Person     Payroll     X       Payroll     X     Noncash     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$7,500	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

	3 (Form 990) (2023)		Page <b>3</b>
Name of or	rganization WICK NOVANT MEDICAL CENTER		Employer identification number
FOUNDA			27-4616751
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

Schedule B (Form 990) (2023)

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Schedule	B (Form 990) (2023)			Page 4				
	organization			Employer identification number				
	WICK NOVANT MEDICAL CEN	TER						
FOUND				27-4616751				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)			that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of <b>\$1,000 or</b>	less for the year. (Enter this info	. once.) \$				
	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gift		scription of how gift is held				
Part I	(b) Fulpose of gift	(c) use of gift						
		(e) Transfer of gi	ft					
			<b>-</b>					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee				
(a) No.		1						
from	(b) Purpose of gift	(c) Use of gift	gift (d) Description of how gift is held					
Part I								
	(e) Transfer of gift							
		(1) 11 11 11 11						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held				
Part I			(0) Det					
		(e) Transfer of gi	ft					
	Transformed and the		D.1-41-0-11 - 11					
	Transferee's name, address, a	na ZIP + 4	Relationship of tr	ransferor to transferee				
	·							
000454 40 00	L	I		Sehedula D (Farma 000) (0000)				
323454 12-26	0-20			Schedule B (Form 990) (2023)				

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SCI		Supplementa	al Financial Statements		OMB No. 1545-0047		
(Forn	n 990)		nization answered "Yes" on Form 990,		2023		
Departi	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b .ttach to Form 990.		Open to Public		
	Revenue Service		0 for instructions and the latest informati		Inspection		
Nam	e of the organization	FOUNDATION	EDICAL CENTER		identification number		
Par	t I Organiza		d Funds or Other Similar Funds o				
	organizatior	n answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds	<b>(b)</b> Funds an	d other accounts		
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4 5		t end of year	ا ــــــــــــــــــــــــــــــــــــ	d funds			
5	-		exclusive legal control?		Yes No		
6			dvisors in writing that grant funds can be u				
			r donor advisor, or for any other purpose co				
					Yes No		
Par	t II Conserva	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.			
1		ervation easements held by the organization					
		of land for public use (for example, recrea		a historically impo			
		f natural habitat	Preservation of a	a certified historic	structure		
2		of open space	fied conservation contribution in the form of	f a concervation o	accoment on the last		
2	day of the tax year	<b>.</b>			at the End of the Tax Year		
а				2a			
b							
с	Number of conserv	vation easements on a certified historic stru					
d	Number of conserv	vation easements included on line 2c acqu	ired after July 25, 2006, and not				
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization during	g the tax		
	year						
4 5		where property subject to conservation east tion have a written policy regarding the per					
5		procement of the conservation easements it			Yes No		
6	,		holds? handling of violations, and enforcing conse				
-		5, 1 5,	5 , 5		5		
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	on easements dur	ing the year		
8			satisfy the requirements of section 170(h)(	4)(B)(i)			
	and section 170(h)				Yes No		
9		•	on easements in its revenue and expense s				
			note to the organization's financial statemer	nts that describes	the		
Par	t III Organiza	ounting for conservation easements.	Art, Historical Treasures, or Oth	er Similar As	sets.		
		the organization answered "Yes" on Form					
1a			8, not to report in its revenue statement an	d balance sheet w	vorks		
	0		blic exhibition, education, or research in fur				
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items				
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet work	s of		
		· · · · ·	exhibition, education, or research in furthe	rance of public se	ervice,		
		ng amounts relating to these items.					
~	.,			\$			
2			asures, or other similar assets for financial (	yain, provide			
а	-	Ints required to be reported under FASB A	SC 958 relating to these items:	\$			
		eduction Act Notice, see the Instructions			dule D (Form 990) 2023		
	09-28-23	•					
			28				

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	BRUNSWI dule D (Form 990) 2023 FOUNDAT t III Organizations Maintaining C				ther Si	27-4 imilar Ass	461675 ets (conti	<u>1</u> P	age <b>2</b>
3	Using the organization's acquisition, accession							nacaj	
	collection items (check all that apply).	,	, <b>.</b>	3	5				
а	Public exhibition	d	I oan or exc	hange program					
b	Scholarly research	e							
c	Preservation for future generations	Ŭ							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exemnt	nurnose in P	Part XIII		
5	During the year, did the organization solicit of		•	•	•		art XIII.		
Ŭ	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrange								
	reported an amount on Form 990, Par					11 000, 1 alt 1	, 1110 0, 01		
1a	Is the organization an agent, trustee, custodia	an. or other intermed	iarv for contribution	s or other assets	not inc	luded			
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
~							Amour	nt	
с	Beginning balance					1c			
	Additions during the year					10 1d			
e	Distributions during the year					1e			
f						16 1f			
	Ending balance Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				•				
Par									
		(a) Current year	(b) Prior year	(c) Two years ba		Three years ba	ack (e) Fou	ir vears	back
10	Beginning of year balance	10,803,863.	11,242,745.	1,068,90	. ,	328,99	. ,		,883.
-		116,486.	126,780.	10,253,75		812,45			,488.
b	Contributions	110,400.	120,700.	10,200,70	/0.	012,40		,	, 100.
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities	176 675	565 660	70 01	2	70 55		106	275
	and programs	176,675.	565,662.	79,91		72,55		100,	,375.
	Administrative expenses	10 742 674	10 002 062	11 242 74		1 0 6 9 0 0	2	220	006
g	End of year balance		10,803,863.		· ·	1,068,90	2.	320,	,996.
2	Provide the estimated percentage of the curr			) held as:					
a	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment 100	%							
С	Term endowment	•							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	id administered fo	or the			Vee	
	organization by:							Yes	No
	(i) Unrelated organizations?							<u> </u>	X
	(ii) Related organizations?						3a(ii)	<u> </u>	X
	If "Yes" on line 3a(ii), are the related organiza						<b>3</b> b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	<b>t VI</b> Land, Buildings, and Equipm		David IV / Lines 11a C			10			
	Complete if the organization answered						( ) -	<u> </u>	
	Description of property	(a) Cost or ot	• •			mulated	( <b>d)</b> Boo	ok valu	ie
		basis (investm	ient) basis	(other)	depred	ciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment					<u> </u>			
	Other			6,346.		6,346.			0.
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part λ	(. line 10c. column	<i>(</i> B))					0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FOUNDATION		27	-4616751 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) Total (Col. (b) must equal Form 000 Part X line 12 col. (P))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) DUE TO AFFILIATES			0. 13,985.
			15,905.
(3) (4)			
<u>(5)</u> (6)			
(7)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	(R)		13,985.
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>	,		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🚺

Schedule D (Form 990) 2023

332053 09-28-23

BRUNSWICK NOVANT MEDICAL CENTER	R
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	dule D (Form 990) 2023 FOUNDATION		2/-4616/51	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
-		4c		
С	Add lines <b>4a</b> and <b>4b</b>			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	.)		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 T XII Reconciliation of Expenses per Audited Financial St	.)		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	atements With Expen		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial St	) <b>atements With Expen</b> ne 12a.	5 ses per Return	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 <b>t XII</b> Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li	) <b>atements With Expen</b> ne 12a.	5 ses per Return	
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 <b>t XII</b> Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	atements With Expen	5 ses per Return	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 <b>t XII</b> Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With Expen ne 12a.	5 ses per Return	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12         t XII         Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b 2a 2b 2a 2b	5 ses per Return	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12         t XII       Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c 2c	5 ses per Return	
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12         t XII       Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	5 ses per Return	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12         Complete if the organization answered "Yes" on Form 990, Part IV, line 7         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	5 ses per Return  1 2e	
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12         Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2a 2b 2c 2d	5 ses per Return  1 2e	
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12         Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       1	2a 2a 2a 2b 2c 2d	5 ses per Return  1 2e	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12         Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other (Describe in Part XIII.)         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a         2a         2b         2c         2d         2d	5 ses per Return  1 2e	
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12         Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2a         2b         2c         2d         2d	5 ses per Return  1 2e 3	
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12         Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	atements With Expen         ne 12a.         2a         2b         2c         2d         2d	5 ses per Return  1 2e 3 4c	

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

### PART V, LINE 4: INTENDED USES FOR ENDOWMENT FUNDS

THE ENDOWMENT FUNDS ARE HELD FOR AFFILIATE HOSPITAL SERVICE COSTS RELATED

TO VARIOUS CENTERS AT THE ACUTE CARE FACILITIES. ADDITIONAL RESTRICTED

SPENDING ENCOMPASSES EMPLOYEES ASSISTANCE PROGRAM, MEDICAL STAFF

### DEVELOPMENT, PATIENT ASSISTANCE AND OTHER PROGRAMS THAT BENEFIT THE

HOSPITAL.

### 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

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332054 09-28-23

Schedule D (Form 990) 2023

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2023.05000 BRUNSWICK NOVANT MEDICAL BNMCF__1

BRUNSWICK NOVANT MEDICAL CENTER
Schedule D (Form 990) 2023       FOUNDATION       27-4616751       Page 8         Part XIII       Supplemental Information (continued)       Page 8
POSITIONS. THIS EVALUATION INCLUDES A QUANTIFICATION OF TAX RISK IN AREAS
SUCH AS UNRELATED BUSINESS TAXABLE INCOME AND THE TAXATION OF OUR
FOR-PROFIT SUBSIDIARIES. THIS EVALUATION DID NOT HAVE A MATERIAL EFFECT ON
THE COMPANY'S CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET
ASSETS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022.
Schedule D (Form 990) 202
332055 09-28-23

SCHEDULE I (Form 990)       Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         Department of the Treasury Internal Revenue Service       Attach to Form 990.         Name of the organization       BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION         Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.							
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	<b>Governments.</b> C	complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
recipient that received more than <b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
NOVANT MEDICAL GROUP, INC. 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103	58-1728803	501(C)(3)	100,660.	0.			TO SUPPORT NOVANT MEDICAL GROUP
NOVANT HEALTH, INC 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103	56-1376950	501(C)(3)	20,524.	0.			TO SUPPORT NOVANT HEALTH HOSPITALS
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>							

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

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

Schedule I (Form 990) 2023

FOUNDATION

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMPLOYEE EMERGENCY FUND	2	1,310.	0.		
MAMMOGRAMS	385	37,214.	0.		
MEDICATION FOR INDIGENT PATIENTS	24	0.	5,494.	FMV	MEDICATION FOR INDIGENT PATIENTS
PATIENT ASSISTANCE	257	3,241.	0.		
PATIENT TRANSPORTATION	138	0.	5,594.	FMV	TRANSPORTATION FARE FOR INDIGENT PATIENTS
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	·
PART I, LINE 2: PROCEDURES FOR MON	ITORING 1	HE USE OF	GRANT FUND	S	
THE FILING ORGANIZATION IS PART OF	THE INTE	GRATED HEA	LTHCARE SY	STEM	
OPERATED BY NOVANT HEALTH, INC. ("I	NOVANT HE	ALTH"), TH	IE PARENT		
ORGANIZATION. NOVANT HEALTH'S BYL				CERTAIN	
POLICIES FOR ALL OF ITS SUBSIDIARI	S WITHIN	THE SYSTE	M. NOVANT	HEALTH	
HAS ESTABLISHED A SYSTEM-WIDE CORPO	ORATE POL	ICY WITH S	TANDARDIZE	D	
GUIDELINES THAT ARE TO BE USED IN I	REVIEWING	THE ELIGI	BILITY AND		
SELECTION OF GRANTEES RECEIVING CEN	RTAIN EXE	MPT PURPOS	SE FUNDS. T	HE	

### FILING ORGANIZATION MAINTAINS DOCUMENTATION OF THE ELIGIBILITY AND

BRUNSWICK NOVAN	T MEDICAL	L CENTER				
Schedule I (Form 990) FOUNDATION					27-4616751 Ра	age <b>2</b>
Part III Continuation of Grants and Other Assistance to Domes	tic Individuals	(Schedule I (Form 99 I	90), Part III.) I			
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	Э
PATIENT ASSISTANCE - ZOLL VEST	1.	0.	3,200.	FMV	ZOLL LIFE VESTS	

Schedule I (Form 990)

BRUNSWICK NOVANT MEDICAL CENTER Schedule I (Form 990) FOUNDATION Part IV Supplemental Information	27-4616751 Page 2
SELECTION CRITERIA AND RECORDS OF THE AMOUNTS ARE MAINTAIN	ED VIA THE
GENERAL LEDGER. FUNDS ARE GENERALLY NOT TRACKED AFTER BEIN	G GRANTED, AS
THE ORIGINAL ELIGIBILITY AND SELECTION CRITERIA HAVE ALREA	DY BEEN MET.
332291 04-01-23	Schedule I (Form 990)

12311119 143879 BNMCF

SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-00	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)	
		Compensated Employees		20	<b>Z</b> J	)	
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nan	e of the organization		Employer id			mber	
		FOUNDATION	27-4	61675	1		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate 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.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com		sidence				
		ation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•			<b>1b</b>			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
-							
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	·	compensation consultant					
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee				
4	During the year dia	any person listed on Form 000. Dart VII. Section A line 1s, with respect to the filing					
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
а	organization or a re			4a		x	
b					Х	<u> </u>	
	•					x	
U		erve payment from an equity-based compensation arrangement?					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
-	contingent on the r						
а	0			5a		X	
		ation?				X	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the r						
а		~ 		6a		X	
		ation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i -				
		nes 5 and 6? If "Yes," describe in Part III		. 7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
						X	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?	<u></u>	. 9			
For		ion Act Notice, see the Instructions for Form 990.		ile J (Forn	n 990	) 2023	

LHA 332111 11-06-23

Schedule J (Form 990) 2023

FOUNDATION

27-4616751

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FRED HARGETT	(i)	0.	0.	0.	0.	0.	0.	0.
EVP/CFO (TO 9/6/23)	(ii)	886,648.	1,074,292.	439,730.	19,800.	30,905.	2,451,375.	0.
(2) KIMBERLY HENDERSON	(i)	0.	0.	0.	0.	0.	0.	0.
FMR OFFICER (12/31/19)	(ii)	620,747.	346,188.	118,182.	125,670.	30,305.	1,241,092.	57,617.
(3) GEOFFREY GARDNER	(i)	0.	0.	0.	0.	0.	0.	0.
CFO (FR 9/6/23)	(ii)	496,309.	343,441.	69,356.	98,858.	29,891.	1,037,855.	25,993.
(4) DOROTHY ANN CAULKINS	(i)	0.	0.	0.	0.	0.	0.	0.
SVP FDN	(ii)	362,587.	272,742.	89,904.	78,889.	32,865.	836,987.	38,250.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

FOUNDATION

Schedule J (Form 990) 2023

#### Part III Supplemental Information

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

PART I, LINE 3:

THE FILING ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, AN INTEGRATED

HEALTHCARE SYSTEM AND RELIES UPON NOVANT HEALTH, INC., THE PARENT

ORGANIZATION, TO USE THE PROCESS DESCRIBED IN PART VI, LINE 15A/15B OF THIS

RETURN TO ESTABLISH COMPENSATION FOR CERTAIN EXECUTIVES. THIS PROCESS

ADHERES TO THE REQUIREMENTS SET FORTH TO SECURE THE REBUTTABLE PRESUMPTION

OF REASONABLENESS AND INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT AND

DISINTERESTED MEMBERS OF A COMPENSATION COMMITTEE, CONSULTATION WITH

INDEPENDENT COMPENSATION CONSULTANTS, THE UTILIZATION OF THIRD-PARTY

COMPARABILITY DATA SUCH AS PUBLISHED COMPENSATION SURVEYS, AND

CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

## PART I, LINE 4B: SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

SEVERANCE

NONE

Schedule J (Form 990) 2023

FOUNDATION

Schedule J (Form 990) 2023

#### 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.

NONQUALIFIED

KIMBERLY HENDERSON \$66,932

DOROTHY CAULKINS \$43,170

GEOFFREY GARDNER \$25,993

EQUITY-BASED

NONE

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

THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") IS INTENDED TO

SUPPORT RETENTION OF KEY EXECUTIVES, AND TO OFFER COMPETITIVE TOTAL

COMPENSATION. GENERALLY, ANNUAL CONTRIBUTIONS TO THE PLAN OR PAYMENTS

TO PARTICIPANTS WILL BE BASED ON A PERCENTAGE OF THE PARTICIPANT'S BASE

SALARY AS OF JANUARY 1ST OF THE PREVIOUS PLAN YEAR AND ARE REPORTED IN

COLUMN (C) OF SCHEDULE J. PRIOR TO MAKING THE CONTRIBUTIONS OR

PAYMENTS, THE NOVANT HEALTH COMPENSATION AND LEADERSHIP COMMITTEE

("COMMITTEE") WILL APPROVE THE AMOUNTS AS TO REASONABLENESS, WHEN

COMBINED WITH ALL OTHER ANNUAL COMPENSATION. A 3 YEAR CLASS-YEAR

Schedule J (Form 990) 2023

FOUNDATION

Schedule J (Form 990) 2023

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.

VESTING PERIOD WILL APPLY UP TO AGE 62, WHEN ALL MONEY WOULD BE VESTED

AND PAID OUT TO THE PARTICIPANT. OTHERWISE, VESTING WILL OCCUR ON

JANUARY 1ST OF EACH YEAR FOR THE APPROPRIATE CLASS-YEAR VESTING PERIOD.

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

ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS

AWARDED UNDER THIS SERP.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. BRUNSWICK NOVANT MEDICAL CENTER



Employer identification number 27 - 4616751

FORM 990, ITEM C, DOING BUSINESS AS:

FOUNDATION

NOVANT HEALTH BRUNSWICK MEDICAL CENTER FOUNDATION

FORM 990, P1, L1: ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES NOVANT HEALTH IS A NON-PROFIT INTEGRATED HEALTHCARE SYSTEM OF 15 MEDICAL CENTERS WITH MORE THAN 35,000 EMPLOYEES AND 1,800 PHYSICIANS IN OVER 800 LOCATIONS, AS WELL AS NUMEROUS OUTPATIENT SURGERY CENTERS, MEDICAL PLAZAS, REHABILITATION PROGRAMS, DIAGNOSTIC IMAGING CENTERS AND COMMUNITY HEALTH OUTREACH PROGRAMS. HEADQUARTERED IN WINSTON-SALEM, NORTH CAROLINA, NOVANT HEALTH'S TEAM MEMBERS AND PHYSICIAN PARTNERS CARE FOR PATIENTS AND COMMUNITIES IN NORTH CAROLINA, SOUTH CAROLINA AND GEORGIA.

THE NOVANT HEALTH INTEGRATED HEALTHCARE SYSTEM OPERATES TO CARRY OUT ITS CHARITABLE MISSION OF IMPROVING THE HEALTH OF COMMUNITIES IT SERVES AND MAKING HEALTHCARE REMARKABLE FOR PATIENTS. NOVANT HEALTH ACCOMPLISHES THAT MISSION BY PROVIDING AND SUPPORTING EXCELLENT HEALTHCARE FACILITIES AND PHYSICIAN PRACTICES AND BY MAKING A COMMITMENT TO COMMUNITY OUTREACH/SERVICE THROUGH THE PROVISION OF COMMUNITY BENEFIT PROGRAMS. BY BRINGING TOGETHER WORLD-CLASS TECHNOLOGY AND CLINICIANS TO PROVIDE QUALITY CARE, NOVANT HEALTH IS COMMITTED TO CREATING A HEALTHCARE EXPERIENCE THAT IS SIMPLER, MORE CONVENIENT, AND MORE AFFORDABLE SO PATIENTS CAN FOCUS ON GETTING BETTER AND STAYING HEALTHY. IN 2023, NOVANT HEALTH PROVIDED NEARLY 7 MILLION PATIENT VISITS AND OVER \$1.5 BILLION OF COMMUNITY BENEFIT EXPENDITURES For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23

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#### SYSTEM-WIDE.

BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION ("BNMCF") IS AN INTEGRAL PART OF NOVANT HEALTH. BNMCF, DOING BUSINESS AS NOVANT HEALTH BRUNSWICK MEDICAL CENTER FOUNDATION, EXISTS TO SEEK GRANTS, ACCEPT GIFTS, INVEST FUNDS, AND ADMINISTER DONATIONS IN SUPPORT OF BRUNSWICK COMMUNITY HOSPITAL, DOING BUSINESS AS NOVANT HEALTH BRUNSWICK MEDICAL CENTER ("NHBMC"). BNMCF SUPPORTS PATIENTS, FAMILIES, CAREGIVERS, AND TEAM MEMBERS WITH PROGRAMS AND SERVICES PROVIDING EXPANDED CARE, TREATMENT AND PREVENTION OPTIONS AT NHBMC. BNMCF ALSO PROVIDES MISSION-ALIGNED GRANTS TO COMMUNITY PARTNERS THAT HELP SUPPLEMENT HEALTHCARE AND PREVENTION PROGRAMS FOR UNDERSERVED PATIENTS. ITS DIVERSE BOARD OF COMMUNITY LEADERS IN BRUNSWICK COUNTY, NORTH CAROLINA PROVIDES STEWARDSHIP AND OVERSIGHT OF THE ORGANIZATION'S OPERATIONS AND ACTIVITIES.

#### COMMUNITY OUTREACH

COMMUNITY OUTREACH IS A CRITICAL COMPONENT TO THE MISSION OF NOVANT HEALTH. THE HEALTHCARE SYSTEM PROVIDES HUNDREDS OF PROGRAMS THAT SERVE PATIENTS, NEIGHBORS, AND SOME OF THE COMMUNITIES' MOST VULNERABLE CITIZENS. NOVANT ALSO PROVIDES FINANCIAL ASSISTANCE (I.E., CHARITY CARE) FOR ITS QUALIFIED UNINSURED PATIENTS, CATASTROPHIC SETTLEMENTS AND LONG-TERM PAYMENT PLANS TO MEDICALLY INDIGENT PATIENTS, SERVICES TO PATIENTS WITH MEDICARE, MEDICAID, AND OTHER GOVERNMENT MEDICAL PROGRAM COVERAGE (REIMBURSED AT LESS THAN COST), COMMUNITY HEALTH EDUCATION, SUPPORT GROUPS, SUBSIDIZED OUTREACH SERVICES, AND COMMUNITY EVENTS/SCREENINGS. IN ADDITION, NOVANT PARTICIPATES IN MEDICAL Schedule O (Form 990) 2023 332212 11-14-23 43

2023.05000 BRUNSWICK NOVANT MEDICAL BNMCF 1

Schedule O (Form 990) 2023										
Name of the organization BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION	Employer identification number $27 - 4616751$									
RESEARCH, AS WELL AS ACADEMIC HEALTH PROGRAMS AND PARTNERS	HIPS WITH A									

DIVERSE GROUP OF ORGANIZATIONS TO PROVIDE OTHER COMMUNITY INITIATIVES.

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

IN 2023, BNMCF'S GIFTS, GRANTS, AND EARNINGS FROM INVESTMENTS WERE USED

TO SUPPORT MANY PATIENT AND COMMUNITY OUTREACH PROGRAMS. EXAMPLES OF

FINANCIAL SUPPORT PROVIDED TO NHBMC INCLUDE:

- OPERATIONAL FUNDING FOR THE NHBMC COMMUNITY BABY SHOWER PROGRAM TO

PURCHASE BABY EQUIPMENT (E.G., CAR SEATS, STROLLERS), CLOTHING,

ACCESSORIES, DIAPERS, AND TOILETRIES FOR EXPECTANT MOTHERS IN NEED.

- OPERATIONAL FUNDING FOR THE CARING CRADLE PROGRAM TO PURCHASE

SPECIFIC MEDICAL DEVICES FOR FAMILIES EXPERIENCING FETAL LOSS TO EXTEND

THE TIME THEY HAVE WITH THEIR INFANT TO HELP WITH THE HEALING PROCESS.

- OPERATIONAL FUNDING FOR THE HEART FAILURE PROGRAM TO PURCHASE SCALES

FOR PATIENTS THAT COULD NOT OTHERWISE AFFORD THEM TO TRACK WEIGHT GAIN

AND FLUID RETENTION WITH DAILY WEIGH-INS.

- OPERATIONAL FUNDING FOR THE CANCER WELLNESS PROGRAM, WHICH PROVIDES

NUTRITION, SUPERVISED EXERCISE, EDUCATION, AND BOTH COMMUNITY AND

EMOTIONAL SUPPORT TO CANCER PATIENTS. THESE RESOURCES ARE INTENDED TO

REDUCED FATIGUE, IMPROVED QUALITY OF LIFE, AND LOWER RISKS OF

RECURRENCE. ADDITIONALLY, THE FUNDS ARE USED TO LAUNCH A CANCER

WELLNESS PILOT COHORT SERVICING TEN PATIENTS AT NHBMC'S CARDIAC REHAB 332212 11-14-23 Schedule O (Form 990) 2023 44

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#### CENTER.

- OPERATIONAL FUNDING FOR PROJECT SEARCH PROGRAM, WHICH PURCHASES MEAL

VOUCHERS TO HELP ENSURE PROGRAM INTERNS HAVE MEALS THAT ARE BALANCED

AND NUTRITIOUS WHILE HELPING TO TEACH MONEY-MANAGEMENT AND SOCIAL

SKILLS.

- OPERATIONAL FUNDING FOR THE UPWARD MOBILITY FUND, A WORKFORCE

INITIATIVE SUPPORTING HIGHLY SKILLED TEAM MEMBERS WITH REACHING THEIR

CAREER GOALS WHILE PROVIDING A LIVING WAGE THAT RAISES THE PARTICIPANT

OUT OF POVERTY. EACH TEAM MEMBER PARTICIPANT RECEIVES UP TO TWO YEARS

OF UPFRONT COVERAGE OF TUITION AND FEES FOR AN ACCREDITED NURSING

PROGRAM LEADING TO LICENSURE AS A REGISTERED NURSE, FLEXIBILITY OF

WORKING A REDUCED SCHEDULE WITHOUT A REDUCTION IN PAY, TIME TO STUDY,

CAREER COACHING, AND MENTORSHIP.

- OPERATIONAL FUNDING FOR THE NOVANT HEALTH COMMUNITY WELLNESS

INITIATIVE, SPEARHEADED BY DR. OPHELIA GARMON-BROWN, WHICH SUPPORTS

MULTIPLE COMMUNITY WELLNESS INITIATIVES, INCLUDING HEALTH EQUITY

PROGRAMS AND SERVICES.

- OPERATIONAL FUNDING FOR SCHOOL-BASED TELE-BEHAVIORAL HEALTH SERVICES

TO SUSTAIN AND EXPAND THIS HEALTHCARE SERVICE OF NOVANT HEALTH OFFERED

IN PARTNERSHIP WITH BRUNSWICK COUNTY SCHOOLS.

- OPERATIONAL FUNDING FOR PRESCRIPTION ASSISTANCE TO PURCHASE

PRESCRIPTION MEDICATIONS AND DURABLE MEDICAL EQUIPMENT FOR

UNINSURED/UNDERINSURED PATIENTS TO ENSURE THESE PATIENTS ARE SAFELY

DISCHARGED FROM NOVANT HEALTH CARE.

- OPERATIONAL FUNDING FOR WOMEN'S AND CHILDREN'S OUTREACH, WHICH

SUPPORTS PROGRAMS/SERVICES DESIGNED TO HELP BOTH EXPECTING AND NEW

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MOTHERS/FAMILIES PROVIDE A HEALTHY FUTURE FOR BABIES AND YOUNG

CHILDREN.

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Schedule O (Form 990) 2023	Page 2
Name of the organization BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION	Employer identification number 27-4616751
- OPERATIONAL FUNDING FOR BEHAVIORAL HEALTH SERVICES IN BR	
PATIENTS SEEKING THESE SERVICES.	CARE FOR
- OPERATIONAL FUNDING FOR BREAST HEALTH SERVICES IN BRUNSW	ICK COUNTY
AND SURROUNDING AREAS BY PROVIDING RESIDENTS WITH MAMMOGRA	РНҮ
SCREENINGS, DIAGNOSTICS, COMFORT ITEMS AND SPIRIT SUPPORT.	
- OPERATIONAL SUPPORT FOR THE ANGELA M. FISHER MEMORIAL FU	ND FOR
EDUCATION TO SUPPORT CONTINUING EDUCATION AND PROFESSIONAL	DEVELOPMENT
FOR HOSPITAL NURSING AND MEDICAL TEAM MEMBERS.	
- GENERAL SUPPORT OF THE GREATEST NEED (BMC GENERAL) FUND,	WHICH
DISTRIBUTES DONATIONS TO VARIOUS RECIPIENTS UNDER DIRECTIO	N OF NHBMC'S
PRESIDENT (WITH INPUT FROM NHBMCF).	

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

#### OUR CAUSE

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

## DISCOVER

WE CONSISTENTLY SEEK TO INNOVATE, COURAGEOUSLY TRANSFORM OURSELVES AND

## FIND NEW WAYS TO ADD VALUE FOR OUR PATIENTS, COMMUNITIES AND ONE

## ANOTHER.

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Schedule O (Form 990) 202	23			Page <b>2</b>
Name of the organization	BRUNSWICK NOVANT FOUNDATION	MEDICAL	CENTER	Employer identification number $27-4616751$

#### EMPOWER

WE PROVIDE ONE ANOTHER, OUR PATIENTS, FAMILIES AND COMMUNITIES WITH THE

RESOURCES AND ENVIRONMENT TO CREATE SHARED ACCOUNTABILITY AND ACTION.

THRIVE

WE DEMONSTRATE EQUITY, EMPATHY, SAFETY AND QUALITY TO HELP EACH OTHER,

AND OUR COMMUNITIES GROW AND SUCCEED.

#### TOGETHER

WE WORK AS A TRUSTED TEAM WITH OUR UNIQUE PERSPECTIVES, LIFE

EXPERIENCES AND EXPERTISE TO BRING REMARKABLE TO LIFE IN EVERY

INTERACTION. WE ALL BELONG.

FORM 990, PART VI, SECTION A, LINE 4: SIGNIFICANT CHANGES TO ORGANIZATIONAL

DOCUMENTS

THE ORGANIZATION'S BYLAWS WERE UPDATED FOR CLARITY & CONSISTENCY AMONG FOUNDATIONS THROUGHOUT THE NOVANT HEALTH SYSTEM. KEY CHANGES INCLUDE LIMITING BOARD SERVICE TO THREE 3-YEAR TERMS, MEETING QUORUM THROUGH VOTING DIRECTORS ONLY, AND ALLOWING WRITTEN CONSENT AS BOARD APPROVAL.

FORM 990, PART VI, SECTION A, LINE 7A: ELECTION OF MEMBERS AND THEIR

RIGHTS

THE BOARD OF BRUNSWICK COMMUNITY HOSPITAL, LLC ELECTS 2/3 OF THE DIRECTORS

OF THE BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION BOARD.

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Schedule O (Form 990) 2023 Page 2									
Name of the organization	BRUNSWICK NOVANT MEDICAL CENTER	Employer identification number							
	FOUNDATION	27-4616751							

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

THE BOARD DELEGATES REVIEW OF THE FORM 990 TO NOVANT HEALTH'S BOARD OF TRUSTEES' AUDIT AND COMPLIANCE COMMITTEE ("THE COMMITTEE"), WHICH OVERSEES TAX MATTERS FOR ENTITIES IN THE NOVANT HEALTH SYSTEM. THE COMMITTEE IS THE REVIEW BODY FOR ALL OF THE FORM 990S FILED FOR TAX-EXEMPT ORGANIZATIONS WITHIN THE NOVANT HEALTH SYSTEM. THE COMMITTEE IS PROVIDED A COPY OF FORM 990 AND MEETS TO ADDRESS ANY QUESTIONS AND SIGNIFICANT DISCLOSURES WITHIN THE FORM 990 PRIOR TO ITS FILING WITH THE IRS.

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

FORM 990, PART VI, SECTION B, LINE 15A/15B:

THE FILING ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, AN INTEGRATED
332212 11-14-23
Schedule O (Form 990) 2023
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Schedule O (Form 990) 2023 Page 2 Name of the organization BRUNSWICK NOVANT MEDICAL CENTER Employer identification number FOUNDATION 27-4616751 HEALTHCARE SYSTEM. INDEPENDENT AND DISINTERESTED BOARD MEMBERS OF THE PARENT ORGANIZATION, 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 LEADERS ("EXECUTIVES") SERVING AS OFFICERS, INCLUDING THE TOP MANAGEMENT OFFICIAL, OR KEY EMPLOYEES FOR NOVANT HEALTH ENTITIES. THE COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT AND USES THIRD PARTY COMPARABILITY DATA FOR FUNCTIONALLY SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS TO ENSURE THAT TOTAL COMPENSATION AND BENEFITS FOR EACH EXECUTIVE IS REASONABLE. THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION AND BENEFITS ANNUALLY, CONSISTENT WITH THE WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY OF NOVANT HEALTH, AND IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS.

THE ORGANIZATION DOES NOT HAVE ANY KEY EMPLOYEES AND THE ORGANIZATION'S ONLY OFFICERS, OTHER THAN THE TOP MANAGEMENT OFFICIAL, ARE STATE LAW BOARD OFFICERS. THESE EMPLOYEES DO NOT HOLD A CORPORATE POSITION OF INFLUENCE THAT RESULTS IN REVIEW OF THEIR COMPENSATION BY THE PARENT ORGANIZATION'S COMPENSATION AND LEADERSHIP COMMITTEE.

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.

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FORM	990,	PART	XI,	LINE	9,	CHANGES	IN	$\mathbf{NET}$	ASSETS:	
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Schedule O (Form 990) 2023

Schedule O (Form 990) 20 Name of the organization	BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION	Page Employer identification numbe 27-4616751
AFFILIATE TRA	NSFERS	97,386.
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SCHEDULE R		<b>Related Organization</b>					0	MB No. 1545	-
(Form 990)	Comple	ete if the organization answered "		ine 33, 34, 35b, 36	, or 37.			202	.3
Department of the Treasury			ach to Form 990.				0	pen to P	
Internal Revenue Service		<u>Go to www.irs.gov/Form990 f</u> MT MEDICAL CENTER	or instructions and the lates	t information.				Inspecti	
Name of the organizati	FOUNDATION	MI MEDICAL CENTER					mployer identifi 27-46165		Imper
Part I Identificati	ion of Disregarded Entities. Comple	te if the organization answered "Ye	s" on Form 990, Part IV, line 3	3.					
	(a)	(b)	(c)	(d)	(6	e)		(f)	
	ress, and EIN (if applicable) disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-ye	.,			
		_							
		_							
		-							
	ion of Related Tax-Exempt Organiza	ations. Complete if the organization	n answered "Yes" on Form 99	0, Part IV, line 34, I	Decause it had on	e or mor	e related tax-exe	mpt	
	(a)	(b)	(c)	(d)	(e)		(f)	(	g)
	ne, address, and EIN related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section			ect controlling entity	(g) Section 512(b)(13) controlled entity?	
	5		loreign country)		501(c)(3))		<b>,</b>	Yes	No
AUXILIARY OF FORS	YTH MEMORIAL HOSPITAL -								
56-0862112, 2085	FRONTIS PLAZA BLVD, WINSTON	-				FORSY	TH MEMORIAL		
SALEM, NC 27103	· · · ·	GIFT SHOP	NORTH CAROLINA	501(C)(3)	LINE 10	HOSPI	TAL, INC.		х
CAROLINA HEALTHCA	ARE ASSOCIATES, INC					NOVAN	T HEALTH NEW		
56-2049697, 2085	FRONTIS PLAZA BLVD, WINSTON	-				HANOV	ER REGIONAL		
SALEM, NC 27103		HEALTHCARE STAFFING	NORTH CAROLINA	501(C)(3)	LINE 3	MEDIC	AL CENTER,		х
COMMUNITY GENERAL	HOSPITAL FOUNDATION, INC.					NOVAN	T HEALTH		1
- 56-1828629, 208	5 FRONTIS PLAZA BLVD,	-				тнома	SVILLE		
WINSTON SALEM, NO		- FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7		AL CENTER,		х
FORSYTH MEDICAL C	ENTER FOUNDATION -						·		1
56-2120959, 2085	FRONTIS PLAZA BLVD, WINSTON	1				FORSY	TH MEMORIAL		
SALEM, NC 27103	,	- FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	HOSPI	TAL, INC.		х
For Paperwork Redu	ction Act Notice, see the Instructior		•			•	Schedule R	(Form 99	
	SEE PART VI	I FOR CONTINUATIO	NS						

Schedule R (Form 990)

FOUNDATION

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or	(d) Exempt Code	<b>(e)</b> Public charity	(f) Direct controlling	Section 5	<b>g)</b> 512(b)(13) rolled
of related organization		foreign country)	section	status (if section			zation?
-		loroigit country)		501(c)(3))		Yes	No
FORSYTH MEMORIAL HOSPITAL, INC 56-0928089							
2085 FRONTIS PLAZA BLVD	7				NOVANT HEALTH		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	TRIAD REGION, LLC		х
FOUNDATION HEALTH SYSTEMS CORP 56-1373175							
2085 FRONTIS PLAZA BLVD	7				NOVANT HEALTH,		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	INC.		х
NEW HANOVER REGIONAL MEDICAL CENTER					NOVANT HEALTH NEW		
FOUNDATION, INC 56-1752396, 2085 FRONTIS	7				HANOVER REGIONAL		
PLAZA BLVD, WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	MEDICAL CENTER,		х
NHRMC HOME CARE - 35-2379154							
2085 FRONTIS PLAZA BLVD	7				PENDER MEMORIAL		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	HOSPITAL, INC.		Х
NOVANT HEALTH, INC 56-1376950							
2085 FRONTIS PLAZA BLVD	7						
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	N/A		х
NOVANT MEDICAL GROUP, INC 58-1728803							
2085 FRONTIS PLAZA BLVD	7						
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NMG SERVICES, LLC		х
PENDER MEMORIAL HOSPITAL, INC 56-0653348					NOVANT HEALTH NEW		
2085 FRONTIS PLAZA BLVD	7				HANOVER REGIONAL		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	MEDICAL CENTER,		х
PRESBYTERIAN HOSPITAL FOUNDATION -					NOVANT HEALTH		
58-1413074, 2085 FRONTIS PLAZA BLVD, WINSTON	7				SOUTHERN PIEDMONT		
SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	REGION, LLC		Х
ROWAN REGIONAL MEDICAL CENTER AUXILIARY -					NOVANT HEALTH		
23-7022472, 2085 FRONTIS PLAZA BLVD, WINSTON	7				ROWAN MEDICAL		
SALEM, NC 27103	GIFT SHOP	NORTH CAROLINA	501(C)(3)	LINE 10	CENTER, LLC		х
ROWAN REGIONAL MEDICAL CENTER FOUNDATION,					NOVANT HEALTH		
INC 56-1424818, 2085 FRONTIS PLAZA BLVD,	7				ROWAN MEDICAL		
WINSTON SALEM, NC 27103	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	CENTER, LLC		х
SELF INSURANCE FUND - NOVANT HEALTH, INC							
58-1867242, 2085 FRONTIS PLAZA BLVD, WINSTON	7			LINE 12C,	NOVANT HEALTH,		
SALEM, NC 27103	INSURANCE	NORTH CAROLINA	501(C)(3)	III-FI	INC.		х
THE PRESBYTERIAN HOSPITAL - 56-0554230					NOVANT HEALTH		
2085 FRONTIS PLAZA BLVD	7				SOUTHERN PIEDMONT		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	REGION, LLC		х

## Schedule R (Form 990) 2023 FOUNDATION

## 27-4616751 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity entity excluded from tax under Share of total income		Share of end-of-year assets		Disproportionate allocations?		Genera manag partne	or Percentage ownership		
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo	
	1											
	-											
	-											
	-											
	-											
	1											
	1	1		1		1		L	1			

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.

(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Primary activity	Legal domicile (state or foreign	e Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13)	
	country)						Yes	No
ADMIN SERVICES	NC	N/A	C CORP	N/A	N/A	N/A		X
MANAGED CARE	NC	N/A	C CORP	N/A	N/A	N/A		Х
RENTAL REAL ESTATE	NC	N/A	C CORP	N/A	N/A	N/A		Х
REAL PROPERTY MGMT	NC	N/A	C CORP	N/A	N/A	N/A		X
DIAGNOSTIC IMAGING	DE	N/A	C CORP	N/A	N/A	N/A		x
	Primary activity ADMIN SERVICES MANAGED CARE RENTAL REAL ESTATE REAL PROPERTY MGMT	Primary activity       Legal domicile (state or foreign country)         ADMIN SERVICES       NC         MANAGED CARE       NC         RENTAL REAL ESTATE       NC         REAL PROPERTY MGMT       NC	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity         ADMIN SERVICES       NC       N/A         MANAGED CARE       NC       N/A         RENTAL REAL ESTATE       NC       N/A         REAL PROPERTY MGMT       NC       N/A	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Type of entity (C corp, S corp, or trust)         ADMIN SERVICES       NC       N/A       C CORP         MANAGED CARE       NC       N/A       C CORP         RENTAL REAL ESTATE       NC       N/A       C CORP         REAL PROPERTY MGMT       NC       N/A       C CORP	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income         ADMIN SERVICES       NC       N/A       C CORP       N/A         MANAGED CARE       NC       N/A       C CORP       N/A         RENTAL REAL ESTATE       NC       N/A       C CORP       N/A         REAL PROPERTY MGMT       NC       N/A       C CORP       N/A	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income       Share of end-of-year assets         ADMIN SERVICES       NC       N/A       C CORP       N/A       N/A         MANAGED CARE       NC       N/A       C CORP       N/A       N/A         MANAGED CARE       NC       N/A       C CORP       N/A       N/A         RENTAL REAL ESTATE       NC       N/A       C CORP       N/A       N/A         REAL PROPERTY MGMT       NC       N/A       C CORP       N/A       N/A	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income       Share of end-of-year assets       Percentage ownership         ADMIN SERVICES       NC       N/A       C CORP       N/A       N/A       N/A         MANAGED CARE       NC       N/A       C CORP       N/A       N/A       N/A         RENTAL REAL ESTATE       NC       N/A       C CORP       N/A       N/A       N/A         REAL PROPERTY MGMT       NC       N/A       C CORP       N/A       N/A       N/A	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income       Share of end-of-year assets       Percentage ownership       State of end-of-year assets         ADMIN SERVICES       NC       N/A       c corp       N/A       N/A       N/A       N/A         MANAGED CARE       NC       N/A       c corp       N/A       N/A       N/A       N/A         RENTAL REAL ESTATE       NC       N/A       c corp       N/A       N/A       N/A       N/A         REAL PROPERTY MGMT       NC       N/A       c corp       N/A       N/A       N/A       N/A

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) Section
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled
		foreign country)	ontry	or trust)		assets	Currenting	entity? Yes No
SALEM DIAGNOSTICS, INC 56-1513621								Tes NO
2085 FRONTIS PLAZA BLVD.	-							
WINSTON SALEM, NC 27103	INACTIVE	NC	N/A	C CORP	N/A	N/A	N/A	x
SALEM HEALTH SERVICES, INC 56-1342654								
2085 FRONTIS PLAZA BLVD.								
WINSTON SALEM, NC 27103	INACTIVE	NC	N/A	C CORP	N/A	N/A	N/A	x
THE PARK AT MONROE PROPERTY OWNERS								
ASSOCIATION, INC 46-3910256, 2085 FRONTIS	-							
PLAZA BLVD., WINSTON SALEM, NC 27103	REAL PROPERTY MGMT	NC	N/A	C CORP	N/A	N/A	N/A	x
NOVANT HEALTH AFFILIATE II, INC								
93-4532877, 2085 FRONTIS PLAZA BLVD.,	7							
WINSTON SALEM, NC 27103	INACTIVE	NC	N/A	C CORP	N/A	N/A	N/A	x
	7							
	7							
	7							
	]							
	]							
	]							
	]							

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Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV	/, line 34, 35b, or 36.
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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?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
	Gift, grant, or capital contribution to related organization(s)	1b	X		
	Gift, grant, or capital contribution from related organization(s)	1c		Х	
	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e		Х	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		X	
h	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X		
	Sharing of paid employees with related organization(s)	10	X		
р	Reimbursement paid to related organization(s) for expenses	1p	X		
q	Reimbursement paid by related organization(s) for expenses	1q		Х	
r	Other transfer of cash or property to related organization(s)	1r		Х	
<u>s</u>	Other transfer of cash or property from related organization(s)	1s	X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	<b>(d)</b> Predominant income	(e) Are all partners se 501(c)(3 orgs.?	total	<b>(g)</b> Share of end-of-year assets	(h Dispro tiona allocati	) ate ons?		(j) General o managing partner?	(k) Percentage ownership
			3001013 3 12 3 14)	Yes N	0		Yes	NO	(1011111003)	Yes NC	

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BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION

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

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

NAME OF RELATED ORGANIZATION:

CAROLINA HEALTHCARE ASSOCIATES, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL

CENTER, LLC

NAME OF RELATED ORGANIZATION:

COMMUNITY GENERAL HOSPITAL FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC

NAME OF RELATED ORGANIZATION:

NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL

CENTER, LLC

NAME OF RELATED ORGANIZATION:

PENDER MEMORIAL HOSPITAL, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL

CENTER, LLC

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