Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 10/01 , 2024, and ending 09/30 , 20 25

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization EAST CAROLINA HEALTH
Doing business as ECU HEALTH COMMUNITY HOSPITALS
Number and street (or P.O. box if mail is not delivered to street address) 2100 STANTONSBURG ROAD
Room/suite
City or town, state or province, country, and ZIP or foreign postal code GREENVILLE, NC 27835

D Employer identification number 91-1997979

E Telephone number (252) 847-7479

G Gross receipts $ 599,551,368

F Name and address of principal officer: VAN SMITH
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☑ Yes ☐ No

H(b) Are all subordinates included? ☑ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number 8242

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ECUHEALTH.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1996

M State of legal domicile: NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO ADVANCE AND SUPPORT THE HEALTHCARE NEEDS OF THE COMMUNITIES OF EASTERN NORTH CAROLINA.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	180
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,310,649	1,746,984
9	Program service revenue (Part VIII, line 2g)	578,449,263	581,921,144
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	121,683	819,683
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,962,832	15,063,557
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	596,844,427	599,551,368

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	616,654	928,797
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	218,006,888	226,490,473
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	344,085,727	330,975,853
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	562,709,269	558,395,123
19	Revenue less expenses. Subtract line 18 from line 12	34,135,158	41,156,245

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	383,739,575	453,939,977
21	Total liabilities (Part X, line 26)	136,431,000	132,230,048
22	Net assets or fund balances. Subtract line 21 from line 20	247,308,575	321,709,929

Part II Signature Block

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

Sign Here

Signed by: Brian Dunn, CFO — 7/30/2026
Signature of officer — Date

BRIAN DUNN, SECRETARY & TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: SANDRA L. FEINSMITH	Preparer's signature: Sandra L. Feinsmith	Date: 07/30/2026	Check ☐ if self-employed	PTIN: P01064157
Firm's name: BDO USA			Firm's EIN: 13-5381590	
Firm's address: 421 FAYETTEVILLE ST STE 300, RALEIGH, NC 27601-1776			Phone no.: (919) 754-9370	

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

Form **8868**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

Part I — Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
EAST CAROLINA HEALTH	91-1997979
Number, street, and room or suite no. If a P.O. box, see instructions.	
2100 STANTONSBURG ROAD	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
GREENVILLE, NC 27835	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

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

• If this application is for an extension of time to file Form 5330, you must enter the following information
Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

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

• The books are in the care of JENNIFER WORSLEY, 2100 STANTONSBURG ROAD, GREENVILLE, NC 27835

Telephone No. (252) 847-2254 Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 8242 .
If this is for the whole group, check this box . . . . . ☑
If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . ☐

1 I request an automatic 6-month extension of time until 08/17, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☑ tax year beginning 10/01, 20 24, and ending 09/30, 20 25.

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

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

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.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

TO IMPROVE THE HEALTH AND WELL-BEING OF EASTERN NORTH CAROLINA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 130,364,380 including grants of $ 95,000) (Revenue $ 130,202,118)

ECU HEALTH NORTH, FORMERLY HALIFAX REGIONAL MEDICAL CENTER

ECU HEALTH NORTH, FORMERLY HALIFAX REGIONAL MEDICAL CENTER IS A 204-BED HOSPITAL LOCATED IN ROANOKE RAPIDS, NORTH CAROLINA. SERVICES AT ECU HEALTH NORTH INCLUDE ACUTE CARE, OBSTETRICS/GYNECOLOGY, CRITICAL CARE UNIT, IP AND SAME DAY SURGERY, 24-HOUR EMERGENCY, ONCOLOGY, CARDIAC CATH LAB, ENDOSCOPY SERVICES, REHAB SERVICES, AND WOUND CARE SERVICES.

4b (Code:) (Expenses $ 114,490,209 including grants of $ 95,000) (Revenue $ 133,336,615)

ECU HEALTH EDGECOMBE HOSPITAL

ECU HEALTH EDGECOMBE HOSPITAL, FORMERLY HERITAGE HOSPITAL, IS A 117-BED FACILITY LOCATED IN TARBORO, NORTH CAROLINA. SERVICES AT ECU HEALTH EDGECOMBE INCLUDE ACUTE CARE, INPATIENT AND SAME DAY SURGERY, EMERGENCY, CRITICAL CARE, OBSTETRICS/GYNECOLOGY, AND ONCOLOGY SERVICES. IT ALSO OPERATES A RURAL HEALTH CENTER, WHICH PROVIDES GENERAL, PEDIATRIC, WOMEN'S AND OCCUPATIONAL HEALTH SERVICES.

4c (Code:) (Expenses $ 100,307,176 including grants of $ 95,000) (Revenue $ 102,126,955)

ECU HEALTH ROANOKE-CHOWAN HOSPITAL

ECU HEALTH ROANOKE-CHOWAN HOSPITAL IS AN 86-BED HOSPITAL LOCATED IN AHOSKIE, NORTH CAROLINA, THAT IS ALSO LICENSED FOR 28 INPATIENT PSYCHIATRIC BEDS. SERVICES AT ROANOKE-CHOWAN HOSPITAL INCLUDE ACUTE CARE, OBSTETRICS/GYNECOLOGY, EMERGENCY, SUB ACUTE CARE, SPECIALTY CLINICS AND BEHAVIORAL HEALTH. THE HOSPITAL ALSO OPERATES A WELLNESS CENTER FOR THE COMMUNITY.

4d Other program services (Describe on Schedule O.)
(Expenses $ 156,463,057 including grants of $ 643,797) (Revenue $ 216,255,456)

4e Total program service expenses 501,624,822

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✔	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✔	
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		✔
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	✔	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		✔
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✔
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✔
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete 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? *If "Yes," complete Schedule D, Part IV*	9		✔
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✔
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✔	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		✔
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✔
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	✔	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✔	
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	✔	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✔
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	✔	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✔
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✔
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		✔
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		✔
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		✔
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		✔
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		✔
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		✔
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	✔	
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	✔	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✔
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	✔	
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		✔
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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		✔
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		✔
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		✔
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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		✔
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		✔
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
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		✔
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	✔	
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	✔	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✔
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		
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		✔
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		✔
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	✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part 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		✔
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		✔
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		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		✔
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✔
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? If "Yes," see the instructions and file Form 4720, Schedule N.		15		✔
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		✔
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? If "Yes," complete Form 6069.		17		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✔
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✔	
b	Other officers or key employees of the organization	15b	✔	
	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		✔
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

JENNIFER WORSLEY, 2100 STANTONSBURG ROAD, GREENVILLE, NC 27835, (252) 847-2254

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL WALDRUM, MD	2.0									
CHAIRMAN	52.0	✔						0	1,759,349	393,250
(2) ANDY ZUKOWSKI	2.0									
SECRETARY/TREASURER	48.0			✔				0	902,109	190,261
(3) JAY BRILEY	0.0									
FORMER PRESIDENT, ECU HEALTH COM HOSP	44.0						✔	0	696,480	202,489
(4) VAN SMITH	2.0									
ECUH COMM HOSP PRESIDENT	46.0			✔				0	527,546	205,074
(5) ANTHONY CHUNG	40.0									
ANESTHESIOLOGIST	0.0					✔		631,374	0	61,672
(6) PATRICK HEINS	40.0									
PRESIDENT, ECUH EDGECOMBE	0.0				✔			426,186	0	196,710
(7) BRIAN HARVILL	40.0									
PRESIDENT, ECUH CHOWAN, ECUH BERTIE & ECUH ROANOKE-CHOWAN	0.0				✔			453,060	0	134,554
(8) JEFFERY DIAL	40.0									
PRESIDENT, ECUH DUPLIN	0.0				✔			353,128	0	182,732
(9) MICHELLE TAYLOR	40.0									
VP OF FINANCE & OPERATIONS	0.0			✔				0	356,309	159,166
(10) DEBRA HERNANDEZ	0.0									
FORMER KEY EMPLOYEE	40.0						✔	0	384,135	107,731
(11) DENNIS CAMPBELL	0.0									
FORMER KEY EMPLOYEE	40.0						✔	0	333,035	95,312
(12) CHARLES ALFORD	40.0									
VP FINANCIAL SERVICES (EDGE & RCH)	0.0				✔			272,865	0	128,104
(13) CYNTHIA MAYO	40.0									
VP PATIENT CARE SERVICES EDGE	0.0				✔			215,521	0	103,746
(14) DELORES MORRIS	40.0									
VP, PATIENT CARE SERVICES-VROA	0.0				✔			222,048	0	89,898

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LUCINDA CRAWFORD	40.0									
VP, FINANCIAL SERVICES DUPLIN	0.0				✔			203,036	0	101,575
(16) KELLY SEXTON	40.0									
MGR, PHARMACY	0.0					✔		217,435	0	82,461
(17) TODD WARLITNER	24.0									
VP FINANCE-CRITICAL ACCESS HOSPITALS	16.0				✔			134,438	89,625	63,491
(18) TAMMI ROOS	40.0									
ANESTHESIOLOGIST	0.0					✔		239,180	0	47,144
(19) DANA BYRUM	40.0									
VP PT CARE SERVICES CHO	0.0				✔			217,755	0	68,327
(20) SHELLI SIMMONS	40.0									
MGR, PHARMACY	0.0					✔		225,262	0	60,665
(21) LEIGH GURLEY	40.0									
MGR, PHARMACY	0.0					✔		216,926	0	68,596
(22) JASON HARRELL	40.0									
PRESIDENT, ECUH NORTH	0.0				✔			227,503	0	54,912
(23) CHRISTINA MILLER	40.0									
VP, PATIENT CARE SERVICES DUPLIN	0.0				✔			226,364	0	38,278
(24) EDNA DUNN	40.0									
VP, PATIENT CARE SERVICES	0.0				✔			227,889	0	17,453
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								4,709,970	5,048,588	2,853,601
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								4,709,970	5,048,588	2,853,601

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 402

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMN HEALTHCARE, INC., 2735 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	TEMPORARY LABOR SVCS	16,457,862
SODEXO, INC. & AFFILIATES, P.O. BOX 905374, CHARLOTTE, NC 28290	CONTRACT LABOR&MGMT	8,478,628
MEDICAL SOLUTIONS LLC, 9101 WESTERN AVENUE SUITE 101, OMAHA, NE 68114	TEMPORARY LABOR SVCS	4,438,017
EASTERN ANESTHESIA PLLC, 283 BALLAST POINT ROAD, HAMPSTEAD, NY 28443	CONTRACTED SERVICES	2,758,480
LIFEPOINT REHABILITATION LLC, PO BOX 502096, ST LOUIS, MS 63150-2096	CONTRACTED SERVICES	2,077,790

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 76

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,746,984				
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f			1,746,984			
Program Service Revenue				Business Code				
	2a	OUTPATIENT SERVICES		621110	356,958,653	356,958,653		
	b	INPATIENT SERVICES		621400	224,962,491	224,962,491		
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			581,921,144			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			333,113			333,113
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a	57,309				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	57,309	0			
	d	Net rental income or (loss)			57,309			57,309
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a		486,570			
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c	0	486,570			
	d	Net gain or (loss)			486,570			486,570
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a	ALL OTHER		900099	12,136,775			12,136,775
	b	CAFETERIA MEALS		722514	2,089,955			2,089,955
	c	REBATES		900099	592,815			592,815
	d	All other revenue		900099	186,703	0	0	186,703
	e	**Total.** Add lines 11a–11d			15,006,248			
	12	**Total revenue.** See instructions			599,551,368	581,921,144	0	15,883,240

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	928,797	928,797		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,941,889		2,941,889	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	176,718,960	170,179,174	6,539,786	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,670,711	6,337,175	333,536	
9 Other employee benefits	26,821,706	23,876,057	2,945,649	
10 Payroll taxes	13,337,207	12,670,347	666,860	
11 Fees for services (nonemployees):				
a Management	429,388	341,746	87,642	
b Legal	6,158		6,158	
c Accounting	227,839		227,839	
d Lobbying	15,281		15,281	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	157,547,420	124,424,338	33,123,082	0
12 Advertising and promotion	198,095		198,095	
13 Office expenses	1,397,546	1,101,347	296,199	
14 Information technology	749,899	247,339	502,560	
15 Royalties				
16 Occupancy	5,410,522	4,092,470	1,318,052	
17 Travel	424,041	339,233	84,808	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,291,200		3,291,200	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,595,690	14,595,690		
23 Insurance	4,106,556	821,311	3,285,245	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	83,534,646	83,534,646		
b MEDICAID ASSESSMENTS	40,552,522	40,552,522		
c BAD DEBT	13,956,944	13,956,944		
d OTHER EXPENSES	4,532,106	3,625,686	906,420	
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	558,395,123	501,624,822	56,770,301	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		97,142,792	2	167,447,585
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		78,672,569	4	75,930,833
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		12,482,277	8	13,066,943
	9	Prepaid expenses and deferred charges		3,002,345	9	6,453,323
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 442,460,863			
	b	Less: accumulated depreciation	10b 302,728,663	120,543,263	10c	139,732,200
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		71,896,329	15	51,309,093
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		383,739,575	16	453,939,977
Liabilities	17	Accounts payable and accrued expenses		64,870,171	17	71,611,706
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		2,524,458	23	5,229,821
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		69,036,371	25	55,388,521
	26	**Total liabilities.** Add lines 17 through 25		136,431,000	26	132,230,048
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		244,148,276	27	318,549,631
	28	Net assets with donor restrictions		3,160,299	28	3,160,298
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		247,308,575	32	321,709,929
	33	Total liabilities and net assets/fund balances		383,739,575	33	453,939,977

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	599,551,368
2	Total expenses (must equal Part IX, column (A), line 25)	2	558,395,123
3	Revenue less expenses. Subtract line 2 from line 1	3	41,156,245
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	247,308,575
5	Net unrealized gains (losses) on investments	5	378,362
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	32,866,747
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	321,709,929

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	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	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✔
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		

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) ANGELA ALLEN BOARD MEMBER	2.0 2.0	✓						0	0	0
(26) DIANE TAYLOR BOARD MEMBER	2.0 4.0	✓						0	0	0
(27) ERNIE EVANS BOARD MEMBER	2.0 2.0	✓						0	0	0
(28) JAMES PIERCE BOARD MEMBER	2.0 0.0	✓						0	0	0
(29) JIMMY GARRIS BOARD MEMBER	2.0 2.0	✓						0	0	0
(30) MARCUS ALBERNAZ, MD BOARD MEMBER	2.0 2.0	✓						0	0	0

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
EAST CAROLINA HEALTH	91-1997979

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
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.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer 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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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****.*	6		
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).*	7		
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).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
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****.*	9b		
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****.*	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
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.*	2b		
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****.*	3a		
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.*	3b		

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

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

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

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors *(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		

Section C—Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	Other distributions (*describe in* ***Part VI***). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**8**	
9	Distributable amount for 2024 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . .			
b	Excess from 2021 . . .			
c	Excess from 2022 . . .			
d	Excess from 2023 . . .			
e	Excess from 2024 . . .			

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 B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
EAST CAROLINA HEALTH

Employer identification number
91-1997979

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: EAST CAROLINA HEALTH

Employer identification number: 91-1997979

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 451,261	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 426,258	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 81,700	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 75,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 12,630	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EAST CAROLINA HEALTH	91-1997979

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
EAST CAROLINA HEALTH	91-1997979

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number (EIN)
EAST CAROLINA HEALTH	91-1997979

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		

IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)		**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✔	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✔	
c Media advertisements?		✔	
d Mailings to members, legislators, or the public?		✔	
e Publications, or published or broadcast statements?		✔	
f Grants to other organizations for lobbying purposes?		✔	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✔	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✔	
i Other activities?	✔		15,281
j Total. Add lines 1c through 1i			15,281
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✔	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	18.81% OF DUES TO NCHA ARE ALLOCATED TO LOBBYING.

SCHEDULE D (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
EAST CAROLINA HEALTH

Employer identification number
91-1997979

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds

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

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

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

a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Term endowment _____ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,676,404		2,676,404
b Buildings		260,736,182	167,570,640	93,165,542
c Leasehold improvements		6,961,205	6,305,221	655,984
d Equipment		153,924,947	124,430,957	29,493,990
e Other		18,162,125	4,421,845	13,740,280
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				139,732,200

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) DUE FROM THIRD PARTY PAYORS	23,364,336
(2) DEFERRED OUTFLOWS	20,329,084
(3) OTHER RECEIVABLES	5,219,757
(4) INVESTMENTS IN SUBSIDIARIES	1,890,311
(5) OTHER ASSETS	505,605
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	51,309,093

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) NET PENSION LIABILITY	29,997,176
(3) DUE TO THIRD PARTY PAYORS	12,464,195
(4) DEFERRED INFLOW	11,382,771
(5) OTHER LIABILITIES	1,544,379
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	55,388,521

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

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

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

Part XIII Supplemental Information

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

SEE STATEMENT

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	EAST CAROLINA HEALTH, INC. HAS BEEN DETERMINED TO QUALIFY AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. EAST CAROLINA HEALTH, INC. HAS REVIEWED ITS TAX POSITIONS FOR ALL OPEN YEARS AND HAS CONCLUDED THAT NO MATERIAL LIABILITIES EXIST AS OF SEPTEMBER 30, 2025, AND 2024. EAST CAROLINA HEALTH FILES TAX RETURNS WITH THE U.S. FEDERAL AND STATE OF NORTH CAROLINA JURISDICTIONS. WITH FEW EXCEPTIONS, EAST CAROLINA HEALTH IS NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2022.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
EAST CAROLINA HEALTH

Employer identification number
91 1997979

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	1a	✔	
b	If "Yes," was it a written policy?	1b	✔	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	✔	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	✔	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	✔	
5a	Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a	✔	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	✔	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		✔
6a	Did the organization prepare a community benefit report during the tax year?	6a	✔	
b	If "Yes," did the organization make it available to the public?	6b	✔	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a	Financial assistance at cost (from Worksheet 1)			24,062,281		24,062,281	4.42
b	Medicaid (from Worksheet 3, column a)			134,701,738	173,692,907	0	0.00
c	Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d	**Total.** Financial assistance and means-tested government programs	0	0	158,764,019	173,692,907	24,062,281	4.42
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)	51	13,365	2,274,028		2,274,028	0.42
f	Health professions education (from Worksheet 5)	12	929	2,606,873		2,606,873	0.48
g	Subsidized health services (from Worksheet 6)					0	0.00
h	Research (from Worksheet 7)					0	0.00
i	Cash and in-kind contributions for community benefit (from Worksheet 8)	27	228,609	814,216		814,216	0.15
j	**Total.** Other benefits	90	242,903	5,695,117	0	5,695,117	1.05
k	**Total.** Add lines 7d and 7j	90	242,903	164,459,136	173,692,907	29,757,398	5.47

Part II Community Building Activities.

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					0	0.00
2	Economic development	3		9,591		9,591	0.00
3	Community support	5	29	36,123		36,123	0.01
4	Environmental improvements					0	0.00
5	Leadership development and training for community members					0	0.00
6	Coalition building	3	5	31,262		31,262	0.01
7	Community health improvement advocacy					0	0.00
8	Workforce development	10	3,607	413,506		413,506	0.08
9	Other					0	0.00
10	**Total**	21	3,641	490,482	0	490,482	0.09

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✔	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 4,130,061		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	81,759,986	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	92,099,583	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(10,339,597)	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✔	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	✔	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 6

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 EAST CAROLINA HEALTH - HERITAGE, INC. 111 HOSPITAL DRIVE, TARBORO, NC 27886 STATE LICENSE NO. : H0258	✔	✔		✔			✔			A
2 EAST CAROLINA HEALTH - ROANOKE-CHOWAN 500 ACADEMY STREET, AHOSKIE, NC 27910 STATE LICENSE NO. : H0001	✔	✔		✔			✔		BEHAVIORAL HEALTH	A
3 EAST CAROLINA HEALTH - CHOWAN, INC. 211 VIRGINIA ROAD, EDENTON, NC 27932 STATE LICENSE NO. : H0063	✔	✔		✔	✔		✔			A
4 DUPLIN GENERAL HOSPITAL, INC. 401 NORTH MAIN STREET, KENANSVILLE, NC 28349 STATE LICENSE NO. : H0166	✔	✔		✔			✔			A
5 EAST CAROLINA HEALTH - BERTIE 1403 SOUTH KING STREET, WINDSOR, NC 27983 STATE LICENSE NO. : H0268	✔	✔		✔	✔		✔			A
6 HALIFAX REGIONAL MEDICAL CENTER, INC. 250 SMITH CHURCH ROAD, ROANOKE RAPIDS, NC 27870 STATE LICENSE NO. : H0230	✔	✔		✔			✔			A
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-6

			Yes	No
Community Health Needs Assessment (CHNA)				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		✔
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		✔
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	**3**	✔	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 24			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	✔	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	✔	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	**6b**	✔	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	✔	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): (SEE STATEMENT)			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	✔	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 24			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	✔	
a	If "Yes," list url: (SEE STATEMENT)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		✔
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: A

			Yes	No
	Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	✔	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 200 % for eligibility for discounted care of 300 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance status			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	✔	
15	Explained the method for applying for financial assistance?	**15**	✔	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of their application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	✔	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	☑ The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
c	☑ A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: A

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	✔	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☑ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		✔
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):

- **a** ☑ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☑ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?	21	✔	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: A

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:			
a	☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐	The hospital facility used a prospective Medicare or Medicaid method		
23		During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		✔
		If "Yes," explain in Section C.		
24		During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		✔
		If "Yes," explain in Section C.		

Part V, Section C

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: FACILITY REPORT GROUP A DESCRIPTION: ECU HEALTH BERTIE HOSPITAL & ECU HEALTH CHOWAN HOSPITAL: INPUT WAS GATHERED FROM A BROAD RANGE OF REMARKABLE LEADERS AND STAKEHOLDERS WHO ARE PASSIONATE ABOUT THE HEALTH AND WELLBEING OF THE RESIDENTS OF BERTIE AND CHOWAN COUNTIES. ECU HEALTH BERTIE HOSPITAL AND ECU HEALTH CHOWAN HOSPITAL DIRECTLY COLLABORATED WITH ALBEMARLE REGIONAL HEALTH SERVICES (THE LOCAL PUBLIC HEALTH DEPARTMENT). ADDITIONALLY, THESE KEY STAKEHOLDERS WERE INVOLVED IN THE PLANNING, DATA REVIEW AND PRIORITIZATION PROCESS FOR THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT IN BERTIE AND CHOWAN COUNTIES: ALBEMARLE PREGNANCY RESOURCE CENTER; BERTIE COOPERATIVE EXTENSION; BERTIE COUNTY SCHOOLS; CHOWAN COUNTY COOPERATIVE EXTENSION; CHOWAN/PERQUIMANS SMART START; DEPARTMENT OF SOCIAL SERVICES; EDENTON CHOWAN CHAMBER; EDENTON CHOWAN RECREATION DEPARTMENT; GATES PARTNERS FOR HEALTH; HEALTHY CAROLINIANS OF THE ALBEMARLE; NORTHEASTERN NORTH CAROLINA PARTNERSHIP FOR PUBLIC HEALTH; ROANOKE CHOWAN COMMUNITY HEALTH CENTER; SENTARA ALBEMARLE MEDICAL CENTER; AND THREE RIVERS HEALTHY CAROLINIANS. THESE STAKEHOLDERS ENSURED THAT THE CHNA REFLECTED COMMUNITY-WIDE PERSPECTIVES RATHER THAN A SINGLE SECTOR VIEWPOINT. PRIMARY AND SECONDARY DATA WERE COLLECTED AND REVIEWED BETWEEN FEBRUARY AND JULY 2024. PRIMARY DATA INCLUDED INFORMATION FROM WEB-BASED AND PAPER SURVEYS OF ADULTS (18+ YEARS) AND FOCUS GROUPS; VARIOUS LOCAL ORGANIZATIONS, COMMUNITY MEMBERS, AND HEALTH SERVICE PROVIDERS WITHIN BERTIE AND CHOWAN COUNTIES PARTICIPATED. ECU HEALTH BERTIE HOSPITAL, ECU HEALTH CHOWAN HOSPITAL AND ALBEMARLE REGIONAL HEALTH SERVICES WORKED COLLABORATIVELY TO DISTRIBUTE A COMMUNITY HEALTH OPINION SURVEY TO VARIOUS SEGMENTS OF THE POPULATION IN BOTH COUNTIES. THE SURVEY WAS AVAILABLE IN ENGLISH AND SPANISH AND DISTRIBUTED TO A BROAD RANGE OF PEOPLE IN THE TWO COUNTIES, TARGETING DIFFERENT INCOME LEVELS, INCLUDING UNDERSERVED MEMBERS OF THE COMMUNITY, THE ELDERLY, AND THE GENERAL POPULATION. A TOTAL OF 313 COMMUNITY MEMBERS RESPONDED TO THE SURVEY IN BERTIE COUNTY AND 230 COMMUNITY MEMBERS RESPONDED IN CHOWAN COUNTY. IN ADDITION TO THE SURVEY, A TOTAL OF FIVE IN-PERSON FOCUS GROUPS WERE CONDUCTED IN BERTIE COUNTY AND TWO FOCUS GROUPS IN CHOWAN COUNTY, WITH A VARIETY OF COMMUNITY MEMBERS FROM DIFFERENT BACKGROUNDS, AGE GROUPS, AND LIFE EXPERIENCES. SECONDARY DATA PROVIDED OBJECTIVE MEASURES OF HEALTH STATUS AND DISPARITIES. THIS DATA INCLUDED DEMOGRAPHIC, SOCIOECONOMIC, HEALTH BEHAVIOR, DISEASE PREVALENCE, AND HEALTH CARE ACCESS INDICATORS DERIVED FROM PUBLICLY AVAILABLE SOURCES SUCH AS THE NORTH CAROLINA DATA PORTAL, COUNTY HEALTH RANKINGS, THE AMERICAN COMMUNITY SURVEY, AND OTHER STATE AND FEDERAL DATASETS. THESE INDICATORS ALLOWED ECU HEALTH BERTIE AND CHOWAN HOSPITALS AND COLLABORATING PARTNERS TO CONTEXTUALIZE COMMUNITY REPORTED NEEDS WITHIN BROADER POPULATION LEVEL TRENDS. ECU HEALTH DUPLIN HOSPITAL: INPUT WAS GATHERED FROM A BROAD RANGE OF REMARKABLE LEADERS AND STAKEHOLDERS ACROSS DUPLIN COUNTY WHO ARE PASSIONATE ABOUT THE HEALTH AND WELLBEING OF THE RESIDENTS. ECU HEALTH DUPLIN HOSPITAL DIRECTLY COLLABORATED WITH DUPLIN COUNTY HEALTH DEPARTMENT. ADDITIONALLY, THESE KEY STAKEHOLDERS WERE INVOLVED IN THE PLANNING, DATA REVIEW AND PRIORITIZATION PROCESS FOR THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT: BLUE CROSS NC, DAVITA DIALYSIS, DUPLIN COUNTY COOPERATIVE EXTENSION, DUPLIN COUNTY GOVERNMENT, DUPLIN COUNTY LIBRARY, DUPLIN COUNTY PUBLIC TRANSPORTATION, DUPLIN COUNTY SCHOOLS, DUPLIN COUNTY SENIOR SERVICES, ECU HEALTH PHYSICIANS, FOOD BANK OF CENTRAL AND EASTERN NORTH CAROLINA, GOSHEN MEDICAL CENTER, JAMES SPRUNT COMMUNITY COLLEGE, MEDIATION CENTER OF EASTERN CAROLINA, NC FIELD, RED CROSS, SAFE HAVEN OF PENDER, SNOW HILL OWF BAPTIST CHURCH, THE CORNERSTONE CDC, TRILLIUM HEALTH RESOURCES, AND WARM NC. THESE ORGANIZATIONS REFLECT POPULATIONS WITH EXPERTISE IN PUBLIC HEALTH, CLINICAL CARE, BEHAVIORAL HEALTH, EDUCATION, ECONOMIC STABILITY, TRANSPORTATION, FOOD SECURITY, AND SERVICES FOR MEDICALLY UNDERSERVED AND AT RISK POPULATIONS. PRIMARY AND SECONDARY DATA WERE COLLECTED AND REVIEWED BETWEEN FEBRUARY AND JULY 2024. PRIMARY DATA INCLUDED INFORMATION FROM WEB-BASED AND PAPER SURVEYS OF ADULTS (18+ YEARS) AND THREE FOCUS GROUPS FROM RESIDENTS AND INDIVIDUALS WHO LIVE, WORK, OR RECEIVE HEALTH CARE IN THE COUNTY. ECU HEALTH DUPLIN HOSPITAL AND DUPLIN COUNTY HEALTH DEPARTMENT WORKED COLLABORATIVELY TO DISTRIBUTE THE SURVEY AND DETERMINE THE FOCUS GROUPS. THE SURVEY WAS AVAILABLE IN ENGLISH AND SPANISH AND DISTRIBUTED TO A BROAD RANGE OF PEOPLE IN THE COUNTY, TARGETING DIFFERENT INCOME LEVELS, INCLUDING UNDERSERVED MEMBERS OF THE COMMUNITY, THE ELDERLY, AND THE GENERAL POPULATION. A TOTAL OF 506 COMMUNITY MEMBERS RESPONDED TO THE SURVEY. IN ADDITION TO THE SURVEY, A TOTAL OF THREE IN-PERSON FOCUS GROUPS WERE CONDUCTED WITH 23 PARTICIPANTS FROM DIFFERENT BACKGROUNDS AND LIFE EXPERIENCES. SECONDARY DATA PROVIDED OBJECTIVE MEASURES OF HEALTH STATUS AND DISPARITIES. THIS DATA INCLUDED DEMOGRAPHIC, SOCIOECONOMIC, HEALTH BEHAVIOR, DISEASE PREVALENCE, AND HEALTH CARE ACCESS INDICATORS DERIVED FROM PUBLICLY AVAILABLE SOURCES SUCH AS THE NORTH CAROLINA DATA PORTAL, COUNTY HEALTH RANKINGS, THE AMERICAN COMMUNITY SURVEY, AND OTHER STATE AND FEDERAL DATASETS. THESE INDICATORS ALLOWED ECU HEALTH DUPLIN HOSPITAL AND COLLABORATING PARTNERS TO CONTEXTUALIZE COMMUNITY REPORTED NEEDS WITHIN BROADER POPULATION LEVEL TRENDS. ECU HEALTH EDGECOMBE HOSPITAL:

Return Reference - Identifier	Explanation
	INPUT WAS GATHERED FROM A BROAD RANGE OF REMARKABLE LEADERS AND STAKEHOLDERS ACROSS EDGECOMBE COUNTY WHO ARE PASSIONATE ABOUT THE HEALTH AND WELLBEING OF THE RESIDENTS. ECU HEALTH EDGECOMBE DIRECTLY COLLABORATED WITH EDGECOMBE COUNTY HEALTH DEPARTMENT. ADDITIONALLY, THESE KEY STAKEHOLDERS WERE INVOLVED IN THE PLANNING, DATA REVIEW AND PRIORITIZATION PROCESS FOR THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT: ACCESS EAST; AREA HEALTH EDUCATION CENTER; CAROLINA FAMILY HEALTH CENTERS; DOWN EAST PARTNERSHIP FOR CHILDREN; EDGECOMBE COMMUNITY COLLEGE; EDGECOMBE COUNTY EMERGENCY MEDICAL SERVICES; EDGECOMBE COUNTY PUBLIC SCHOOLS; OPPORTUNITIES INDUSTRIALIZATION CENTER; RURAL FORWARD; TARBORO WELLNESS CENTER; TOWN OF TARBORO, AND TRILLIUM HEALTH RESOURCES. THESE PARTNERS SHARED EXPERTISE IN HEALTHCARE, EDUCATION, EMERGENCY SERVICES, PUBLIC HEALTH, SOCIAL SERVICES, AND COMMUNITY-BASED SUPPORT. PRIMARY AND SECONDARY DATA WERE COLLECTED AND REVIEWED BETWEEN FEBRUARY AND JULY 2024. PRIMARY DATA INCLUDED INFORMATION FROM WEB-BASED AND PAPER SURVEYS OF ADULTS (18+ YEARS) AND TWO FOCUS GROUPS FROM RESIDENTS AND INDIVIDUALS WHO LIVE, WORK, OR RECEIVE HEALTH CARE IN THE COUNTY. ECU HEALTH EDGECOMBE HOSPITAL AND EDGECOMBE COUNTY HEALTH DEPARTMENT WORKED COLLABORATIVELY TO DISTRIBUTE THE SURVEY AND DETERMINE THE FOCUS GROUPS. THE SURVEY WAS AVAILABLE IN ENGLISH AND SPANISH AND DISTRIBUTED TO A BROAD RANGE OF PEOPLE IN THE COUNTY, TARGETING DIFFERENT INCOME LEVELS, INCLUDING UNDERSERVED MEMBERS OF THE COMMUNITY, THE ELDERLY, AND THE GENERAL POPULATION. A TOTAL OF 354 COMMUNITY MEMBERS RESPONDED TO THE SURVEY. IN ADDITION TO THE SURVEY, TWO IN-PERSON FOCUS GROUPS WERE CONDUCTED WITH OVER 20 PARTICIPANTS FROM DIFFERENT BACKGROUNDS AND LIFE EXPERIENCES. SECONDARY DATA PROVIDED OBJECTIVE MEASURES OF HEALTH STATUS AND DISPARITIES. THIS DATA INCLUDED DEMOGRAPHIC, SOCIOECONOMIC, HEALTH BEHAVIOR, DISEASE PREVALENCE, AND HEALTH CARE ACCESS INDICATORS DERIVED FROM PUBLICLY AVAILABLE SOURCES SUCH AS THE NORTH CAROLINA DATA PORTAL, COUNTY HEALTH RANKINGS, THE AMERICAN COMMUNITY SURVEY, AND OTHER STATE AND FEDERAL DATASETS. THESE INDICATORS ALLOWED ECU HEALTH EDGECOMBE HOSPITAL AND COLLABORATING PARTNERS TO CONTEXTUALIZE COMMUNITY REPORTED NEEDS WITHIN BROADER POPULATION LEVEL TRENDS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: FACILITY REPORT GROUP A DESCRIPTION: ECU HEALTH ROANOKE-CHOWAN HOSPITAL: INPUT WAS GATHERED FROM A BROAD RANGE OF REMARKABLE LEADERS AND STAKEHOLDERS ACROSS HERTFORD COUNTY WHO ARE PASSIONATE ABOUT THE HEALTH AND WELLBEING OF THE RESIDENTS. ECU HEALTH ROANOKE CHOWAN HOSPITAL DIRECTLY COLLABORATED WITH ALBEMARLE REGIONAL HEALTH SERVICES (THE LOCAL PUBLIC HEALTH DEPARTMENT). ADDITIONALLY, THESE KEY STAKEHOLDERS WERE INVOLVED IN THE PLANNING, DATA REVIEW AND PRIORITIZATION PROCESS FOR THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT: ACCESS EAST, BERTIE COOPERATIVE EXTENSION, ECU HEALTH WELLNESS CENTER, MAYOR OF HARRELLSVILLE, ROANOKE-CHOWAN COMMUNITY HEALTH CENTER, ROANOKE COOPERATIVE, AND TRILLIUM AND COMMUNITY CITIZENS. THESE STAKEHOLDERS ENSURED THAT THE CHNA REFLECTED COMMUNITY-WIDE PERSPECTIVES RATHER THAN A SINGLE SECTOR VIEWPOINT. PRIMARY AND SECONDARY DATA WERE COLLECTED AND REVIEWED BETWEEN FEBRUARY AND JULY 2024. PRIMARY DATA INCLUDED INFORMATION FROM WEB-BASED AND PAPER SURVEYS OF ADULTS (18+ YEARS) AND TWO FOCUS GROUPS FROM RESIDENTS AND INDIVIDUALS WHO LIVE, WORK, OR RECEIVE HEALTH CARE IN THE COUNTY. ECU HEALTH ROANOKE CHOWAN HOSPITAL AND ALBEMARLE REGIONAL HEALTH SERVICES WORKED COLLABORATIVELY TO DISTRIBUTE THE SURVEY AND DETERMINE THE FOCUS GROUPS. THE SURVEY WAS AVAILABLE IN ENGLISH AND SPANISH AND DISTRIBUTED TO A BROAD RANGE OF PEOPLE IN THE COUNTY, TARGETING DIFFERENT INCOME LEVELS, INCLUDING UNDERSERVED MEMBERS OF THE COMMUNITY, THE ELDERLY, AND THE GENERAL POPULATION. MORE THAN 400 COMMUNITY MEMBERS RESPONDED TO THE SURVEY. IN ADDITION TO THE SURVEY, A TOTAL OF FIVE IN-PERSON FOCUS GROUPS WERE CONDUCTED WITH PARTICIPANTS FROM DIFFERENT BACKGROUNDS AND LIFE EXPERIENCES. SECONDARY DATA PROVIDED OBJECTIVE MEASURES OF HEALTH STATUS AND DISPARITIES. THIS DATA INCLUDED DEMOGRAPHIC, SOCIOECONOMIC, HEALTH BEHAVIOR, DISEASE PREVALENCE, AND HEALTH CARE ACCESS INDICATORS DERIVED FROM PUBLICLY AVAILABLE SOURCES SUCH AS THE NORTH CAROLINA DATA PORTAL, COUNTY HEALTH RANKINGS, THE AMERICAN COMMUNITY SURVEY, AND OTHER STATE AND FEDERAL DATASETS. THESE INDICATORS ALLOWED ECU HEALTH ROANOKE CHOWAN HOSPITAL AND COLLABORATING PARTNERS TO CONTEXTUALIZE COMMUNITY REPORTED NEEDS WITHIN BROADER POPULATION LEVEL TRENDS. ECU HEALTH NORTH: INPUT WAS GATHERED FROM A BROAD RANGE OF REMARKABLE LEADERS AND STAKEHOLDERS ACROSS HALIFAX COUNTY AND NORTHAMPTON COUNTY WHO ARE PASSIONATE ABOUT THE HEALTH AND WELLBEING OF THE RESIDENTS. ECU HEALTH NORTH DIRECTLY COLLABORATED WITH HALIFAX COUNTY HEALTH DEPARTMENT AND NORTHAMPTON COUNTY HEALTH DEPARTMENT. ADDITIONALLY, THESE KEY STAKEHOLDERS WERE INVOLVED IN THE PLANNING, DATA REVIEW AND PRIORITIZATION PROCESS FOR THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT IN HALIFAX COUNTY: HALIFAX -WARREN SMART START; HALIFAX COUNTY COOPERATIVE EXTENSION; ROANOKE RAPIDS PARKS AND RECREATION; JOHN 3:16; TURNING POINT WORKFORCE DEVELOPMENT; FAITH BASED ORGANIZATIONS; AND COMMUNITY MEMBERS. IN NORTHAMPTON COUNTY, THE KEY STAKEHOLDERS INCLUDED: CHOANOKE AREA DEVELOPMENT ASSOCIATION; HEAD START; NORTHAMPTON COUNTY COOPERATIVE EXTENSION; NORTHAMPTON COUNTY DEPARTMENT OF SOCIAL SERVICES; NORTHAMPTON COUNTY RECREATION DEPARTMENT; ROANOKE VALLEY BREAST CANCER COALITION; AND WOODLAND FIRE DEPARTMENT. REPRESENTATIVES FROM THESE ORGANIZATIONS REFLECT COMMUNITY-BASED SERVICES, PUBLIC HEALTH, EDUCATION, SOCIAL SERVICES, RECREATION, EMERGENCY SERVICES, AND HEALTHCARE, ENSURING THAT A WIDE RANGE OF COMMUNITY INTERESTS AND PRIORITIES WERE CONSIDERED. PRIMARY AND SECONDARY DATA WERE COLLECTED AND REVIEWED BETWEEN FEBRUARY AND JULY 2024. PRIMARY (NEW) DATA WAS COLLECTED THROUGH A COMMUNITY OPINION SURVEY, THREE FOCUS GROUPS IN HALIFAX COUNTY, AND THREE FOCUS GROUPS IN NORTHAMPTON COUNTY. THE LEADERSHIP TEAM USED GRASS ROOT EFFORTS TO DISTRIBUTE THE COMMUNITY HEALTH OPINION SURVEY TO A BROAD RANGE OF PEOPLE IN THE COMMUNITY, TARGETING DIFFERENT INCOME LEVELS, INCLUDING UNDERSERVED MEMBERS OF THE COMMUNITY, THE ELDERLY, AND THE GENERAL POPULATION. A TOTAL OF 562 SURVEYS WERE COMPLETED BY INDIVIDUALS LIVING, WORKING OR RECEIVING HEALTHCARE IN THE HALIFAX COUNTY COMMUNITY AND 457 SURVEYS WERE COMPLETED IN NORTHAMPTON COUNTY. THE SURVEY WAS AVAILABLE IN BOTH ENGLISH AND SPANISH. THREE FOCUS GROUPS WERE CONDUCTED WITHIN HALIFAX COUNTY WITH 26 COMMUNITY MEMBERS PARTICIPATING AND THREE FOCUS GROUPS WERE CONDUCTED IN NORTHAMPTON COUNTY WITH 32 PARTICIPANTS. SECONDARY DATA PROVIDED OBJECTIVE MEASURES OF HEALTH STATUS AND DISPARITIES. THIS DATA INCLUDED DEMOGRAPHIC, SOCIOECONOMIC, HEALTH BEHAVIOR, DISEASE PREVALENCE, AND HEALTH CARE ACCESS INDICATORS DERIVED FROM PUBLICLY AVAILABLE SOURCES SUCH AS THE NORTH CAROLINA DATA PORTAL, COUNTY HEALTH RANKINGS, THE AMERICAN COMMUNITY SURVEY, AND OTHER STATE AND FEDERAL DATASETS. THESE INDICATORS ALLOWED ECU HEALTH NORTH AND COLLABORATING PARTNERS TO CONTEXTUALIZE COMMUNITY REPORTED NEEDS WITHIN BROADER POPULATION LEVEL TRENDS. ADDITIONALLY, FOR ALL HOSPITALS IN THE ECU HEALTH COMMUNITY HOSPITALS GROUP NOTED ABOVE, THE COUNTY'S CHNA WAS PART OF THE HEALTH ENC COLLABORATIVE ALIGNING THE CHNA CYCLE WITH 34 ADDITIONAL COUNTIES IN EASTERN NC. THIS ALIGNMENT WILL PROMOTE COMMUNITY HEALTH IMPROVEMENT ACTIVITIES ACROSS COUNTY LINES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: FACILITY REPORT GROUP A DESCRIPTION: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED WITH THE FOLLOWING HOSPITALS: EAST CAROLINA HEALTH - HERITAGE, INC. DBA ECU HEALTH EDGECOMBE HOSPITAL EAST CAROLINA HEALTH DBA ECU HEALTH ROANOKE-CHOWAN HOSPITAL EAST CAROLINA HEALTH - CHOWAN, INC. DBA ECU HEALTH CHOWAN HOSPITAL DUPLIN GENERAL HOSPITAL, INC. DBA ECU HEALTH DUPLIN HOSPITAL EAST CAROLINA HEALTH - BERTIE DBA ECU HEALTH BERTIE HOSPITAL HALIFAX REGIONAL MEDICAL CENTER, INC. DBA ECU HEALTH NORTH
SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES	FACILITY NAME: FACILITY REPORT GROUP A DESCRIPTION: ECU HEALTH BERTIE HOSPITAL AND ECU HEALTH CHOWAN HOSPITAL COLLABORATED WITH ALBEMARLE REGIONAL HEALTH SERVICES (THE LOCAL PUBLIC HEALTH DEPARTMENT). ECU HEALTH DUPLIN HOSPITAL COLLABORATED WITH DUPLIN COUNTY HEALTH DEPARTMENT. ECU HEALTH EDGECOMBE HOSPITAL COLLABORATED WITH EDGECOMBE COUNTY HEALTH DEPARTMENT. ECU HEALTH ROANOKE-CHOWAN HOSPITAL COLLABORATED WITH ALBEMARLE REGIONAL HEALTH SERVICES. ECU HEALTH NORTH COLLABORATED WITH HALIFAX COUNTY HEALTH DEPARTMENT AND NORTHAMPTON COUNTY HEALTH DEPARTMENT
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	THE HOSPITAL MAKES ITS COMMUNITY HEALTH NEEDS ASSESSMENT AND MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY AVAILABLE TO THE PUBLIC ON THE HOSPITAL'S WEBSITE: HTTPS://WWW.ECUHEALTH.ORG/ABOUT-US/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/
SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)	THE HOSPITAL MAKES ITS COMMUNITY HEALTH NEEDS ASSESSMENT AND MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY AVAILABLE TO THE PUBLIC ON THE HOSPITAL'S WEBSITE: HTTPS://WWW.ECUHEALTH.ORG/ABOUT-US/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: FACILITY REPORT GROUP A DESCRIPTION: ECU HEALTH BERTIE HOSPITAL: THE LEADERSHIP AND PARTNERSHIP GROUP MENTIONED IN PART V SECTION B LINE 5 HAVE A LONG HISTORY OF WORKING TOGETHER ON THE COMMUNITY NEEDS. THE GROUP DISCUSSED RESOURCES AVAILABLE AND THE ROLES OF THE PARTNERS, AS NO ONE ORGANIZATION CAN ADDRESS THE COMMUNITY HEALTH NEEDS ALONE, WHEN THEY CHOSE THE PRIORITIES. THE PRIORITIES FOR ECU HEALTH BERTIE WERE ACCESS TO HEALTHCARE, HEALTHY LIVING, BEHAVIORAL HEALTH, AND SEXUAL HEALTH. ECU HEALTH COMMUNITY HOSPITALS' BOARD OF DIRECTORS APPROVED THE PRIORITIES AND AN "ON-GOING" SET OF IMPLEMENTATION STRATEGIES FOR THE ECU HEALTH BERTIE HOSPITAL TO ADDRESS FOR THE THREE-YEAR CYCLE. KEY INITIATIVES INCLUDE: ACCESS TO HEALTHCARE: COMMUNITY-BASED HEALTH EDUCATION AND SCREENINGS: DELIVERY OF CANCER EDUCATION, PREVENTIVE HEALTH EDUCATION, AND SCREENINGS WITH EMPHASIS ON EARLY DETECTION FOR UNINSURED AND UNDERSERVED RESIDENTS. PREVENTIVE SERVICES IN VULNERABLE COMMUNITIES: HEALTH EDUCATION EVENTS AND SCREENINGS OFFERED IN HIGH-NEED AREAS TO IMPROVE EARLY DETECTION AND REDUCE DISPARITIES. COMMUNITY INVESTMENT FOR ACCESS: USE OF COMMUNITY BENEFIT GRANTS TO SUPPORT LOCAL ORGANIZATIONS ADDRESSING ACCESS-TO-CARE BARRIERS. VIRTUAL CARE AND NAVIGATION SUPPORT: PROMOTION OF TELEHEALTH, PATIENT PORTALS, INSURANCE ENROLLMENT ASSISTANCE, HEALTH HUBS, AND FAITH-BASED HEALTH INITIATIVES TO IMPROVE CONNECTIVITY TO CARE. HEALTHY LIVING: BLOOD PRESSURE SELF-MANAGEMENT SUPPORT: DISTRIBUTION OF BLOOD PRESSURE MONITORING EQUIPMENT THROUGH A LENDING LIBRARY TO ENCOURAGE HOME MONITORING AND DISEASE CONTROL. COMMUNITY BENEFIT GRANTS - HEALTHY LIVING: INVESTMENT IN COMMUNITY-DRIVEN CHRONIC DISEASE PREVENTION AND MANAGEMENT INITIATIVES. EDUCATION FOR BEHAVIOR CHANGE: IMPLEMENTATION OF BLOOD PRESSURE EDUCATION AND SELF-MONITORING PROGRAMS THAT PROMOTE SUSTAINABLE HEALTHY BEHAVIORS. CLINICAL QUALITY AND STROKE CARE EXCELLENCE: CONTINUED ADHERENCE TO EVIDENCE-BASED STROKE CARE STANDARDS TO ENSURE HIGH-QUALITY OUTCOMES. EARLY LIFE HEALTH EDUCATION: DELIVERY OF EARLY CHILDHOOD AND SCHOOL-BASED PROGRAMMING FOCUSED ON HEALTHY LIFESTYLE CHOICES. BEHAVIORAL HEALTH: COMMUNITY BENEFIT GRANTS - BEHAVIORAL HEALTH: SUPPORT FOR PREVENTION, EARLY INTERVENTION, AND EXPANSION OF BEHAVIORAL HEALTH SERVICES. YOUTH AND SCHOOL-BASED PREVENTION PROGRAMS: IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS PROMOTING HEALTHY BEHAVIORS AND REDUCING SUBSTANCE USE RISK. SUBSTANCE MISUSE COLLABORATION: ACTIVE PARTICIPATION IN LOCAL SUBSTANCE MISUSE AND OPIOID RESPONSE COALITIONS TO STRENGTHEN PREVENTION AND RECOVERY EFFORTS. INTEGRATED BEHAVIORAL HEALTH MODELS: DELIVERY OF COLLABORATIVE CARE APPROACHES THAT INTEGRATE BEHAVIORAL HEALTH INTO PRIMARY CARE. COMMUNITY PARTNERSHIPS AND AWARENESS: COORDINATION WITH LOCAL BEHAVIORAL HEALTH NETWORKS TO INCREASE AWARENESS AND ACCESS TO MENTAL HEALTH RESOURCES. SEXUAL HEALTH: COMMUNITY INVESTMENT IN SEXUAL HEALTH: SUPPORT FOR EDUCATION AND PREVENTION INITIATIVES THROUGH COMMUNITY BENEFIT GRANTS. COALITION ENGAGEMENT: PARTICIPATION IN COMMUNITY COALITIONS AND ADVISORY BOARDS FOCUSED ON PREGNANCY SUPPORT AND SEXUAL HEALTH EDUCATION. SCHOOL-BASED SEXUAL RISK AVOIDANCE EDUCATION: DELIVERY OF EVIDENCE-BASED PROGRAMS AIMED AT REDUCING TEEN PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS. ECU HEALTH CHOWAN HOSPITAL: THE LEADERSHIP AND PARTNERSHIP GROUP MENTIONED IN PART V SECTION B LINE 5 HAVE A LONG HISTORY OF WORKING TOGETHER ON THE COMMUNITY NEEDS. THE GROUP DISCUSSED RESOURCES AVAILABLE AND THE ROLES OF THE PARTNERS, AS NO ONE ORGANIZATION CAN ADDRESS THE COMMUNITY HEALTH NEEDS ALONE, WHEN THEY CHOSE THE PRIORITIES. THE PRIORITIES FOR ECU HEALTH CHOWAN WERE ACCESS TO CARE, HEALTHY LIVING, MENTAL HEALTH & SUBSTANCE MISUSE, AND SEXUAL HEALTH. ECU HEALTH COMMUNITY HOSPITALS' BOARD OF DIRECTORS APPROVED THE PRIORITIES AND AN "ON-GOING" SET OF IMPLEMENTATION STRATEGIES FOR ECU HEALTH CHOWAN HOSPITAL TO ADDRESS FOR THE THREE-YEAR CYCLE. KEY INITIATIVES INCLUDE: ACCESS TO CARE: COMMUNITY-BASED HEALTH EDUCATION AND SCREENINGS: CHRONIC DISEASE AND CANCER EDUCATION AND SCREENINGS PROVIDED THROUGHOUT THE COMMUNITY. EXPANDED PRIMARY AND SPECIALTY CARE ACCESS: IMPROVED ACCESS THROUGH ON-SITE SERVICES AND TELEHEALTH DELIVERY MODELS. CARE NAVIGATION AND INSURANCE ACCESS: PROMOTION OF INSURANCE ENROLLMENT ASSISTANCE AND USE OF PATIENT ENGAGEMENT TOOLS SUCH AS MYCHART AND NCCARE360. HEALTH WORKFORCE DEVELOPMENT: SUPPORT FOR HEALTHCARE CAREER AWARENESS AND DEVELOPMENT PROGRAMS TO STRENGTHEN THE LOCAL WORKFORCE PIPELINE. HEALTHY LIVING: CHRONIC DISEASE PREVENTION AND MANAGEMENT: COMMUNITY-BASED SCREENINGS, BLOOD PRESSURE MONITORING INITIATIVES, AND HEALTH EDUCATION TO IMPROVE DISEASE OUTCOMES. COMMUNITY BENEFIT GRANTS - HEALTHY LIVING: INVESTMENT IN ORGANIZATIONS ADVANCING CHRONIC DISEASE PREVENTION AND WELLNESS INITIATIVES. CLINICAL QUALITY ASSURANCE: MAINTENANCE OF HIGH-QUALITY STANDARDS, INCLUDING STROKE CERTIFICATION, TO IMPROVE PATIENT OUTCOMES. SCHOOL AND YOUTH PARTNERSHIPS: COLLABORATION WITH SCHOOLS AND COMMUNITY ORGANIZATIONS TO SUPPORT ATHLETIC TRAINING, INJURY PREVENTION, AND CHILD-FOCUSED HEALTH EDUCATION. MENTAL HEALTH & SUBSTANCE MISUSE: COMMUNITY BENEFIT GRANTS - BEHAVIORAL HEALTH: FUNDING TO EXPAND MENTAL HEALTH AND SUBSTANCE MISUSE PREVENTION, EARLY INTERVENTION, AND TREATMENT SERVICES. YOUTH PREVENTION PROGRAMMING: IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS ADDRESSING VAPING, TOBACCO USE, AND SUBSTANCE MISUSE. COALITION ENGAGEMENT ON

Return Reference - Identifier	Explanation
	SUBSTANCE MISUSE: PARTICIPATION IN OPIOID AND SUBSTANCE MISUSE COALITIONS SUPPORTING PREVENTION, EDUCATION, AND RECOVERY. TOBACCO AND HEALTH EDUCATION COLLABORATION: ENGAGEMENT IN COALITIONS AIMED AT REDUCING TOBACCO AND VAPING-RELATED HEALTH RISKS. SEXUAL HEALTH: SEXUAL HEALTH GRANTS AND INVESTMENTS: SUPPORT FOR EDUCATION AND PREVENTION INITIATIVES THROUGH COMMUNITY BENEFIT FUNDING. COMMUNITY COALITION PARTICIPATION: ENGAGEMENT IN COALITIONS AND BOARDS FOCUSED ON PREGNANCY SUPPORT AND SEXUAL HEALTH EDUCATION. SCHOOL-BASED SEXUAL RISK AVOIDANCE EDUCATION: EVIDENCE-BASED INSTRUCTION TO REDUCE RATES OF TEEN PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS. ECU HEALTH DUPLIN: THE LEADERSHIP AND PARTNERSHIP GROUP MENTIONED IN PART V SECTION B LINE 5 HAVE A HISTORY OF WORKING TOGETHER ON COMMUNITY NEEDS. TOGETHER, BASED ON THE DATA, RESOURCES AVAILABLE, AND EXISTING WORK AMONG THE PARTNERS, AS NO ONE ORGANIZATION CAN ADDRESS ALL THE COMMUNITY HEALTH NEEDS ALONE, THE FOLLOWING PRIORITIES WERE CHOSEN FOR ECU HEALTH DUPLIN: ACCESS TO CARE, CHRONIC DISEASE PREVENTION, AND MENTAL HEALTH AND SUBSTANCE USE. ECU HEALTH COMMUNITY HOSPITALS' BOARD OF DIRECTORS APPROVED THE PRIORITIES AND AN "ON-GOING" SET OF IMPLEMENTATION STRATEGIES FOR THE HOSPITAL TO ADDRESS FOR THE THREE-YEAR CYCLE. KEY INITIATIVES INCLUDE: ACCESS TO CARE: COMMUNITY-BASED EDUCATION AND SCREENINGS: PREVENTIVE HEALTH EDUCATION AND SCREENINGS FOCUSED ON CHRONIC DISEASE RISK FACTORS, PARTICULARLY IN UNDERSERVED AREAS. EXPANDED CLINICAL ACCESS: INCREASED PRIMARY AND SPECIALTY CARE AVAILABILITY THROUGH TELEHEALTH, ON-SITE SERVICES, AND CLINICAL PARTNERSHIPS. CARE NAVIGATION AND PATIENT ENGAGEMENT: SUPPORT FOR INSURANCE ENROLLMENT ASSISTANCE, MYCHART UTILIZATION, AND VIRTUAL CARE SERVICES TO ENHANCE CONTINUITY OF CARE. CHRONIC DISEASE PREVENTION: COMMUNITY BENEFIT GRANTS - CHRONIC DISEASE: FUNDING FOR LOCAL ORGANIZATIONS IMPLEMENTING PREVENTION AND MANAGEMENT PROGRAMS. STROKE CARE QUALITY AND CERTIFICATION: CONTINUED ADHERENCE TO EVIDENCE-BASED STROKE PROTOCOLS TO ENSURE HIGH-QUALITY OUTCOMES. MEDICAL FOOD PANTRY: OPERATION OF A FOOD PANTRY ADDRESSING FOOD INSECURITY AMONG PATIENTS WITH IDENTIFIED NUTRITIONAL NEEDS. SCHOOL-BASED STROKE AWARENESS EDUCATION: PROGRAMS INCREASING YOUTH AWARENESS OF STROKE RISK FACTORS AND WARNING SIGNS. COALITION PARTICIPATION: ENGAGEMENT IN LOCAL HEALTH COALITIONS TO ALIGN RESOURCES AND STRENGTHEN PREVENTION EFFORTS. MENTAL HEALTH & SUBSTANCE USE: COMMUNITY BENEFIT GRANTS - BEHAVIORAL HEALTH: SUPPORT FOR PROGRAMS EXPANDING PREVENTION, TREATMENT, AND RECOVERY SERVICES. ENHANCED EMERGENCY DEPARTMENT BEHAVIORAL HEALTH ACCESS: IMPROVED ASSESSMENTS, CARE COORDINATION, AND REFERRAL PATHWAYS FOR ADULTS AND CHILDREN. SUBSTANCE USE COLLABORATION: COORDINATION WITH COMMUNITY PARTNERS AND COALITIONS TO IMPROVE BEHAVIORAL HEALTH OUTCOMES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: FACILITY REPORT GROUP A DESCRIPTION: ECU HEALTH EDGECOMBE HOSPITAL: THE LEADERSHIP AND PARTNERSHIP GROUP MENTIONED IN PART V SECTION B LINE 5 HAVE A LONG HISTORY OF WORKING TOGETHER ON THE COMMUNITY NEEDS. TOGETHER, BASED ON THE DATA, RESOURCES AVAILABLE, AND EXISTING WORK AMONG THE PARTNERS, AS NO ONE ORGANIZATION CAN ADDRESS THE COMMUNITY HEALTH NEEDS ALONE, THEY DETERMINED EDGECOMBE COUNTY'S COMMUNITY HEALTH PRIORITIES. KEY FINDINGS INCLUDED: HEALTHCARE: ACCESS & QUALITY; PHYSICAL HEALTH; BEHAVIORAL HEALTH: MENTAL HEALTH & SUBSTANCE USE. ECU HEALTH COMMUNITY HOSPITALS' BOARD OF DIRECTORS APPROVED THE PRIORITIES AND AN "ON-GOING" SET OF IMPLEMENTATION STRATEGIES FOR THE HOSPITAL TO ADDRESS FOR THE THREE-YEAR CYCLE. KEY INITIATIVES INCLUDE: ACCESS & QUALITY: COMMUNITY BASED HEALTH EDUCATION AND SCREENINGS: HEALTH EDUCATION EVENTS AND SCREENINGS (BLOOD PRESSURE, GLUCOSE, CHOLESTEROL, BMI) OFFERED IN VULNERABLE COMMUNITIES TO SUPPORT EARLY DETECTION AND DISEASE MANAGEMENT. CANCER EDUCATION AND SCREENING ACCESS: EDUCATION ON EARLY DETECTION AND PREVENTION, WITH ACCESS TO RECOMMENDED CANCER SCREENINGS FOR UNINSURED INDIVIDUALS, INCLUDING BREAST, LUNG, AND PROSTATE CANCER. CARE MANAGEMENT, NAVIGATION, AND INSURANCE ACCESS: ASSISTANCE CONNECTING INDIVIDUALS TO COVERAGE, CARE COORDINATION, AND NAVIGATION SERVICES TO REDUCE SYSTEM COMPLEXITY AND IMPROVE CONTINUITY OF CARE. TRANSPORTATION SUPPORT: COLLABORATION TO REDUCE TRANSPORTATION BARRIERS FOR PATIENTS NEEDING MEDICAL APPOINTMENTS OR TREATMENT. USE OF TECHNOLOGY AND TELEHEALTH: EXPANSION OF VIRTUAL CARE TOOLS AND PATIENT PORTALS TO ENHANCE TIMELY ACCESS TO PROVIDERS AND IMPROVE PATIENT ENGAGEMENT IN CARE. PHYSICAL HEALTH: COMMUNITY BENEFIT GRANTS - PHYSICAL HEALTH: INVESTMENT IN LOCAL ORGANIZATIONS ADDRESSING CHRONIC DISEASE PREVENTION AND MANAGEMENT, CANCER PREVENTION, AND OBESITY THROUGH EDUCATION AND COMMUNITY DRIVEN INITIATIVES. BARBERSHOP INITIATIVE: USE OF TRUSTED COMMUNITY SETTINGS TO SHARE HEALTH INFORMATION, PROMOTE SCREENINGS, AND ENGAGE UNDERSERVED POPULATIONS IN PREVENTIVE HEALTH ACTIVITIES. HOSPITAL QUALITY AND CLINICAL EXCELLENCE EFFORTS: CONTINUED ADHERENCE TO EVIDENCE BASED CLINICAL PROTOCOLS, INCLUDING MAINTAINING STROKE CARE CERTIFICATION, TO ENSURE HIGH QUALITY TREATMENT AND IMPROVED PATIENT OUTCOMES. BEHAVIORAL HEALTH: MENTAL HEALTH & SUBSTANCE USE: COMMUNITY BENEFIT GRANTS - BEHAVIORAL HEALTH: SUPPORT FOR COMMUNITY BASED ORGANIZATIONS EXPANDING ACCESS TO MENTAL HEALTH AND SUBSTANCE USE SERVICES, WITH EMPHASIS ON PREVENTION, EARLY INTERVENTION, AND RESILIENCE. MENTAL HEALTH FIRST AID TRAINING: EDUCATION FOR COMMUNITY MEMBERS TO RECOGNIZE AND RESPOND TO SIGNS OF MENTAL ILLNESS AND SUBSTANCE USE DISORDERS, STRENGTHENING EARLY IDENTIFICATION AND SUPPORT. COMMUNITY COLLABORATION ON SUBSTANCE USE: PARTICIPATION IN LOCAL EFFORTS TO PREVENT SUBSTANCE MISUSE AND IMPROVE RECOVERY SUPPORT THROUGH SHARED STRATEGIES AND COORDINATION WITH COMMUNITY PARTNERS. ECU HEALTH ROANOKE-CHOWAN HOSPITAL: THE LEADERSHIP AND PARTNERSHIP GROUP MENTIONED IN PART V SECTION B LINE 5 HAVE A LONG HISTORY OF WORKING TOGETHER ON THE COMMUNITY NEEDS. TOGETHER, BASED ON THE DATA AND EXISTING WORK AMONG THE PARTNERS, THE GROUP DISCUSSED RESOURCES AVAILABLE AND THE ROLES OF THE PARTNERS, AS NO ONE ORGANIZATION CAN ADDRESS THE COMMUNITY HEALTH NEEDS ALONE, WHEN THEY CHOSE THE PRIORITIES FOR ECU HEALTH ROANOKE CHOWAN HOSPITAL. THE PRIORITIES WERE: ACCESS TO CARE; CHRONIC DISEASE PREVENTION; AND HEALTHY LIVING. ECU HEALTH COMMUNITY HOSPITALS' BOARD OF DIRECTORS APPROVED THE PRIORITIES AND AN "ON-GOING" SET OF IMPLEMENTATION STRATEGIES FOR THE HOSPITAL TO ADDRESS FOR THE THREE-YEAR CYCLE. KEY INITIATIVES INCLUDE: ACCESS TO CARE: CANCER EDUCATION AND SCREENING ACCESS: COMMUNITY-BASED EDUCATION AND SCREENINGS FOR COLON, LUNG, BREAST, AND PROSTATE CANCER PREVENTIVE HEALTH EDUCATION AND SCREENINGS: DELIVERY OF BLOOD PRESSURE, GLUCOSE, CHOLESTEROL, AND BMI SCREENINGS. CPR AND AED TRAINING AND DISTRIBUTION: EXPANSION OF COMMUNITY LIFESAVING CAPACITY THROUGH TRAINING AND EQUIPMENT ACCESS. TELEHEALTH AND APPOINTMENT ACCESS: INCREASED ACCESS TO PRIMARY AND SPECIALTY CARE THROUGH VIRTUAL CARE SERVICES. INSURANCE AND TRANSPORTATION ASSISTANCE: SUPPORT TO REDUCE FINANCIAL AND LOGISTICAL BARRIERS TO CARE. CHRONIC DISEASE PREVENTION: COMMUNITY BENEFIT GRANTS - CHRONIC DISEASE: INVESTMENT IN EDUCATION, PREVENTION, AND MANAGEMENT INITIATIVES. STROKE CARE EXCELLENCE: MAINTENANCE OF EVIDENCE-BASED STROKE STANDARDS ALIGNED WITH NATIONAL GUIDELINES. STROKE AWARENESS AND SCREENING: EDUCATION AND SCREENING ACTIVITIES PROMOTING EARLY RECOGNITION AND PREVENTION. HEALTHY LIVING: MENTAL HEALTH AND WELLNESS GRANTS: SUPPORT FOR COMMUNITY-BASED MENTAL HEALTH EDUCATION AND AWARENESS PROGRAMS. YOUTH PREVENTION PROGRAMMING: IMPLEMENTATION OF EVIDENCE-BASED VAPING AND NICOTINE PREVENTION EFFORTS. COALITION PARTICIPATION: ENGAGEMENT IN HEALTH AND SUBSTANCE MISUSE COALITIONS ADDRESSING COMMUNITY WELLNESS PRIORITIES. ECU HEALTH NORTH: THE LEADERSHIP AND PARTNERSHIP GROUP MENTIONED IN PART V SECTION B LINE 5 HAVE A HISTORY OF WORKING TOGETHER ON THE COMMUNITY NEEDS. TOGETHER, BASED ON THE DATA, THE GROUPS DISCUSSED RESOURCES AVAILABLE AND THE ROLES OF THE PARTNERS, AS NO ONE ORGANIZATION CAN ADDRESS THE COMMUNITY HEALTH NEEDS ALONE, WHEN THEY CHOSE THE PRIORITIES FOR HALIFAX AND NORTHAMPTON COUNTIES. THE PRIORITIES DETERMINED IN THE MOST CURRENT CHNA FOR HALIFAX

Return Reference - Identifier	Explanation
	COUNTY WERE ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH, AND CHRONIC DISEASE PREVENTION (OBESITY). THE PRIORITIES FOR NORTHAMPTON COUNTY WERE ACCESS TO HEALTHY FOODS, ACCESS TO SERVICES, CHRONIC DISEASE, AND MENTAL HEALTH. ECU HEALTH COMMUNITY HOSPITALS' BOARD OF DIRECTORS APPROVED THE PRIORITIES AND AN "ON-GOING" SET OF IMPLEMENTATION STRATEGIES FOR THE HOSPITAL TO ADDRESS FOR THE THREE-YEAR CYCLE. KEY INITIATIVES INCLUDE: ACCESS TO HEALTHCARE / SERVICES: COMMUNITY-BASED HEALTH EDUCATION AND SCREENINGS: PREVENTIVE SCREENINGS PROVIDED IN UNDERSERVED AREAS TO SUPPORT EARLY DETECTION. EXPANDED CLINICAL ACCESS: INCREASED PRIMARY AND SPECIALTY CARE AVAILABILITY THROUGH TELEHEALTH AND CLINICAL PARTNERSHIPS. EMERGENCY PREPAREDNESS AND RESPONSE: CPR AND AED TRAINING AND EQUIPMENT DISTRIBUTION TO IMPROVE OUTCOMES. CARE NAVIGATION AND INSURANCE ACCESS: ASSISTANCE WITH INSURANCE ENROLLMENT, HEALTH SYSTEM NAVIGATION, MYCHART USE, AND VIRTUAL CARE TOOLS. BEHAVIORAL / MENTAL HEALTH: COMMUNITY BENEFIT GRANTS - BEHAVIORAL HEALTH: INVESTMENT IN MENTAL HEALTH AND SUBSTANCE USE PREVENTION, TREATMENT, AND RECOVERY SERVICES. MENTAL HEALTH FIRST AID TRAINING: EDUCATION TO STRENGTHEN COMMUNITY RECOGNITION AND RESPONSE TO MENTAL HEALTH CONCERNS. YOUTH PREVENTION PROGRAMS: IMPLEMENTATION OF EVIDENCE-BASED INITIATIVES SUCH AS CATCH TO PROMOTE HEALTHY BEHAVIORS. COALITION ENGAGEMENT: PARTICIPATION IN OPIOID AND BEHAVIORAL HEALTH COALITIONS TO ENHANCE COORDINATION AND IMPACT. CHRONIC DISEASE PREVENTION (OBESITY): BLOOD PRESSURE MONITORING SUPPORT: OPERATION OF A BLOOD PRESSURE MACHINE LENDING LIBRARY TO SUPPORT SELF-MANAGEMENT. KNOW IT, CONTROL IT PROGRAM: COMMUNITY-BASED LIFESTYLE CHANGE PROGRAM FOCUSED ON BLOOD PRESSURE CONTROL. COMMUNITY BENEFIT GRANTS - CHRONIC DISEASE: FUNDING FOR LOCALLY DRIVEN OBESITY AND CHRONIC DISEASE PREVENTION INITIATIVES. CLINICAL QUALITY AND STROKE CARE: MAINTENANCE OF EVIDENCE-BASED STROKE CERTIFICATION AND CARE PROTOCOLS. COALITION PARTICIPATION: ENGAGEMENT IN CHRONIC DISEASE COALITIONS TO STRENGTHEN COLLABORATIVE PREVENTION EFFORTS. ACCESS TO HEALTHY FOODS (NORTHAMPTON COUNTY): COMMUNITY BENEFIT GRANTS - FOOD ACCESS: SUPPORT FOR INITIATIVES INCREASING AVAILABILITY OF NUTRITIOUS FOODS AND REDUCING FOOD INSECURITY. FOOD SYSTEM PARTNERSHIPS: COLLABORATION WITH LOCAL FOOD ORGANIZATIONS TO EXPAND HEALTHY FOOD OPTIONS. COALITION ENGAGEMENT ON FOOD ACCESS: PARTICIPATION IN COALITIONS FOCUSED ON SUSTAINABLE COMMUNITY FOOD INITIATIVES.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW.ECUHEALTH.ORG/PATIENTS-AND-FAMILIES/YOURBILL/FINANCIAL-ASSISTANCE/
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.ECUHEALTH.ORG/PATIENTS-AND-FAMILIES/YOURBILL/FINANCIAL-ASSISTANCE/
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.ECUHEALTH.ORG/PATIENTS-AND-FAMILIES/YOURBILL/FINANCIAL-ASSISTANCE/

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information.

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT	ECU HEALTH PREPARES THE COMMUNITY BENEFIT REPORT. THE NUMERIC DATA IN THIS REPORT IS BASED ON THE FORM 990, SCHEDULE H CRITERIA.
SCHEDULE H, PART I, LINE 7 - FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	COSTS WERE CALCULATED USING THE ESTIMATED COST TO CHARGE RATIO FROM THE NORTH CAROLINA HOSPITAL ASSOCIATION'S ADVOCACY NEEDS DATA INITIATIVE WHICH IS THE STANDARD FOR REPORTING COMMUNITY BENEFITS IN NORTH CAROLINA. DURING MARCH 2023, THE HEALTHCARE ACCESS AND STABILIZATION PROGRAM (HASP) WAS ENACTED BY THE STATE OF NORTH CAROLINA AND IS A FEDERALLY FUNDED PROGRAM THROUGH THE CENTER FOR MEDICARE & MEDICAID SERVICES (CMS) TO ENHANCE MEDICAID REIMBURSEMENT. HASP WAS SPECIFICALLY DESIGNED TO STRENGTHEN VULNERABLE RURAL HOSPITALS, SUCH AS THOSE IN THE ECU HEALTH SYSTEM, AND PROVIDE THEM FINANCIAL STABILITY TO CARE FOR ALL MEMBERS OF THEIR COMMUNITY. FOR THE YEAR ENDED SEPTEMBER 30, 2025, ECU HEALTH RECOGNIZED $401.9 MILLION, NET OF ASSESSMENTS OF APPROXIMATELY $102.7 MILLION, AS NET PATIENT SERVICE REVENUE OF $299.2 MILLION. THE HASP PROGRAM BRINGS REIMBURSEMENTS IN LINE MORE CLOSELY WITH THE ACTUAL COST OF CARE, HELPING TO STABILIZE OUR HEALTHCARE SAFETY NET. THESE FUNDS PLAY A CRITICAL ROLE IN ALLOWING ECU HEALTH TO FULFIL ITS COMMITMENT TO THE CARE AND WELL-BEING OF THE PATIENTS WE SERVE AND ALLOWS US TO FOCUS ON PROVIDING SAFE, HIGH-QUALITY CARE TO ALL, REGARDLESS OF A PATIENT'S ABILITY TO PAY. MEDICAID EXPANSION BROUGHT HEALTHCARE COVERAGE TO PATIENTS IN OUR ECU HEALTH SERVICE AREA WHO WERE PREVIOUSLY UNINSURED, THEREBY IMPROVING HEALTH OUTCOMES AND FINANCIAL SECURITY FOR MANY FAMILIES. GOING FORWARD, HASP PAYMENTS, AND A HIGHER HOSPITAL TAX, ALSO HAS A NEW REQUIREMENT THAT HOSPITALS AGREE TO A MEDICAL DEBT INCENTIVE PROGRAM. HOSPITALS ARE NOT RECEIVING NEW MONEY TO IMPLEMENT THE MEDICAL DEBT MITIGATION PLAN, RATHER, HOSPITALS LIKE ECU HEALTH ARE RECEIVING THE FULL AMOUNT OF REIMBURSEMENT OWED TO THEM BY PARTICIPATING IN THE PLAN. MEDICAL DEBT IS A COMPLEX ISSUE AND CAN NOT BE SOLVED SOLELY BY HOSPITALS AND HEALTHCARE PROVIDERS. THERE IS SIGNIFICANT WORK TO BE DONE TO DEVELOP FINANCIALLY SUSTAINABLE SOLUTIONS TO ADDRESS MEDICAL DEBT THAT INCLUDES HEALTH INSURANCE PLANS, PROVIDERS, EMPLOYERS, BUSINESS LEADERS AND GOVERNMENT PARTNERS. NORTH CAROLINA HOSPITALS MAY CHOOSE TO IMPLEMENT A MEDICAL DEBT RELIEF PROGRAM TO MAXIMIZE MEDICAID REIMBURSEMENT UNDER HASP. UNDER THE PROGRAM, HOSPITALS MUST RELIEVE ALL MEDICAL DEBT DEEMED UNCOLLECTIBLE DATING BACK TO JANUARY 1, 2024, WITH A TEN YEAR LOOK BACK PERIOD, FOR ANY PATIENTS WHO ARE NORTH CAROLINA RESIDENTS ACTIVELY ENROLLED IN MEDICAID OR MANAGED MEDICAID, ARE BELOW CERTAIN FEDERAL POVERTY LEVELS, OR MEET OTHER CRITERIA. DURING THE YEAR ENDED SEPTEMBER 30, 2025, ECU HEALTH AMENDED ITS PATIENT FINANCIAL ASSISTANCE POLICIES TO ADHERE TO THE REQUIRED ELIGIBILITY REQUIREMENTS OF THE PROGRAM. MOST PEOPLE STRUGGLING WITH MEDICAL DEBT ARE INSURED. NO MATTER HOW GENEROUS, HOSPITAL FINANCIAL ASSISTANCE WILL NEVER BE A SUBSTITUTE FOR A HEALTH INSURANCE PLAN THAT COVERS PREVENTIVE AND NECESSARY CARE AT AN AFFORDABLE PRICE ON THE FRONT AND BACK END OF COVERAGE. ECU HEALTH PROVIDES HIGH-QUALITY CARE FOR EVERYONE WHO WALKS THROUGH OUR DOORS, REGARDLESS OF THEIR ABILITY TO PAY. INABILITY TO PAY FOR SERVICES SHOULD NOT DETER ANYONE FROM SEEKING NEEDED MEDICAL CARE. THAT IS WHY ECU HEALTH HAS DEVELOPED AND COMMITTED TO PRINCIPLES AND GUIDELINES FOR ASSISTING UNINSURED PATIENTS, AS WELL AS UNDERINSURED PATIENTS, AND GUIDELINES FOR DEBT COLLECTION, THAT PROVIDE SIGNIFICANT PATIENT ASSISTANCE AND PROTECTION. ECU HEALTH IS COMMITTED TO HELPING PATIENTS PLAN FOR MEDICAL BILLS BY OFFERING FINANCIAL COUNSELING AND FINANCIAL ASSISTANCE PROGRAMS AND WORK HARD TO INFORM PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICIES. IN 2025, ECU HEALTH PROVIDED $98.4 MILLION IN CHARITY CARE AND FORGAVE $8.3 MILLION IN BAD DEBT.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7 - OTHER BENEFITS	COMMUNITY HEALTH IMPROVEMENT SERVICES & COMMUNITY BENEFIT OPERATIONS (E) ECU HEALTH BERTIE HOSPITAL: BERTIE HOSPITAL COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALED $163,356 IN REPORTED EXPENSE AND SERVED 377 INDIVIDUALS. KEY AREAS INCLUDED ADVANCE CARE PLANNING OF $34,387, COMMUNITY HEALTH IMPROVEMENT OF $80,540, PUBLIC PROGRAM ENROLLMENT ASSISTANCE OF $33,250, HEALTH SCREENINGS FOR BLOOD PRESSURE, BLOOD SUGAR, AND CHOLESTEROL OF $10,068, COMMUNITY HEALTH EDUCATION OF $3,828, AND FLU SHOT CLINIC OF $1,283. THESE ACTIVITIES SUPPORTED PREVENTIVE CARE, CHRONIC DISEASE AWARENESS, AND ASSISTANCE CONNECTING INDIVIDUALS TO PUBLIC PROGRAMS AND RESOURCES. COMMUNITY BENEFIT OPERATIONS TOTALED $4,562 AND REFLECT COSTS ASSOCIATED WITH COORDINATING COMMUNITY BENEFIT ACTIVITIES AND ADMINISTERING GRANT AND PLANNING FUNCTIONS. COMMUNITY HEALTH IMPROVEMENT SERVICES CAPTURE THE DIRECT SERVICE DELIVERY COSTS, WHILE COMMUNITY BENEFIT OPERATIONS SUPPORT THE FOUNDATIONAL WORK NEEDED TO SUPPORT AND MANAGE THESE PROGRAMS. BERTIE HOSPITAL PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS, REPORTING $167,918 IN COMMUNITY BENEFIT EXPENSES, NO OFFSETTING REVENUE, AND A NET COMMUNITY BENEFIT EXPENSE OF $167,918. ECU HEALTH CHOWAN HOSPITAL: CHOWAN HOSPITAL COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALED $465,179 AND SERVED 1,870 INDIVIDUALS. MAJOR COST COMPONENTS INCLUDED COMMUNITY HEALTH IMPROVEMENT OF $208,187, PUBLIC PROGRAM ENROLLMENT ASSISTANCE OF $188,877, ADVANCE CARE PLANNING OF $31,330, COMMUNITY HEALTH EDUCATION OF $13,465, MULTIPLE COMMUNITY-BASED SCREENINGS FOR BLOOD PRESSURE, CANCER, AND SKIN CANCER OF $20,955, FLU SHOT CLINIC OF $1,228, AND SUPPORT GROUPS OF $1,137. THESE PROGRAMS FOCUSED ON DISEASE PREVENTION, EARLY DETECTION, HEALTH EDUCATION, AND IMPROVING ACCESS TO SERVICES FOR VULNERABLE POPULATIONS. COMMUNITY BENEFIT OPERATIONS TOTALED $5,972 AND SUPPORTED STAFF TIME AND ADMINISTRATIVE FUNCTIONS RELATED TO COMMUNITY BENEFIT PLANNING, COORDINATION, AND GRANT MANAGEMENT. PROGRAM DELIVERY EXPENSES ARE REFLECTED UNDER COMMUNITY HEALTH IMPROVEMENT SERVICES, WHILE OPERATIONAL SUPPORT COSTS ARE REPORTED SEPARATELY TO ALIGN WITH IRS GUIDANCE. CHOWAN HOSPITAL PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS, REPORTING 11 ACTIVITIES THAT SERVED 1,870 INDIVIDUALS, WITH A TOTAL COMMUNITY BENEFIT EXPENSE OF $471,151, NO OFFSETTING REVENUE, AND A NET COMMUNITY BENEFIT EXPENSE OF $471,151. ECU HEALTH DUPLIN HOSPITAL: DUPLIN HOSPITAL COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALED $299,591 AND SERVED 3,674 INDIVIDUALS. KEY SERVICE AREAS INCLUDED ADVANCE CARE PLANNING OF $35,511, COMMUNITY HEALTH IMPROVEMENT OF $74,306, PUBLIC PROGRAM ENROLLMENT ASSISTANCE OF $129,453, HEALTH SCREENINGS FOR BLOOD PRESSURE, BLOOD SUGAR, AND CHOLESTEROL OF $54,475, COMMUNITY HEALTH EDUCATION OF $3,662, AND SUPPORT GROUPS OF $2,184. THESE SERVICES SUPPORTED DISEASE PREVENTION, CHRONIC CONDITION MANAGEMENT, AND ACCESS TO BENEFITS AND CARE COORDINATION. COMMUNITY BENEFIT OPERATIONS TOTALED $154,502 AND REFLECT ASSIGNED STAFF TIME DEVOTED TO PLANNING, COORDINATING, AND SUPPORTING COMMUNITY HEALTH INITIATIVES ACROSS DUPLIN COUNTY. COMMUNITY HEALTH IMPROVEMENT SERVICES REPRESENT DIRECT PROGRAM DELIVERY COSTS, WHILE OPERATIONAL COSTS REFLECT THE INFRASTRUCTURE NEEDED TO SUPPORT SUSTAINED COMMUNITY ENGAGEMENT AND IMPLEMENTATION. DUPLIN HOSPITAL PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS, REPORTING 7 ACTIVITIES THAT SERVED 3,674 INDIVIDUALS, WITH A TOTAL COMMUNITY BENEFIT EXPENSE OF $454,093, NO OFFSETTING REVENUE, AND A NET COMMUNITY BENEFIT EXPENSE OF $454,093. ECU HEALTH EDGECOMBE HOSPITAL: EDGECOMBE HOSPITAL COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALED $461,680 AND SERVED 370 INDIVIDUALS. MAJOR COST COMPONENTS INCLUDED COMMUNITY HEALTH IMPROVEMENT OF $238,002, PUBLIC PROGRAM ENROLLMENT ASSISTANCE OF $172,820, ADVANCE CARE PLANNING OF $34,884, COMMUNITY HEALTH EDUCATION OF $9,293, COMMUNITY BENEFITS OF $5,389, AND HEALTH SCREENINGS SUCH AS PROSTATE CANCER SCREENING OF $1,292. THESE SERVICES SUPPORTED EARLY DETECTION, PREVENTION, EDUCATION, AND CONNECTION TO RESOURCES FOR IDENTIFIED COMMUNITY NEEDS. COMMUNITY BENEFIT OPERATIONS TOTALED $3,074 AND REPRESENT STAFF TIME AND ADMINISTRATIVE SUPPORT FOR PLANNING, COORDINATION, AND OVERSIGHT OF COMMUNITY BENEFIT ACTIVITIES. DIRECT PROGRAM COSTS ARE CAPTURED WITHIN COMMUNITY HEALTH IMPROVEMENT SERVICES, WHILE OPERATIONAL EXPENSES ARE APPROPRIATELY REPORTED UNDER OPERATIONS. EDGECOMBE HOSPITAL PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS, REPORTING 8 ACTIVITIES THAT SERVED 370 INDIVIDUALS, WITH A TOTAL COMMUNITY BENEFIT EXPENSE OF $464,754, NO OFFSETTING REVENUE, AND A NET COMMUNITY BENEFIT EXPENSE OF $464,754. ECU HEALTH NORTH HOSPITAL: NORTH HOSPITAL COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALED $301,948 AND SERVED 41,347 INDIVIDUALS. SIGNIFICANT COST COMPONENTS INCLUDED PUBLIC PROGRAM ENROLLMENT ASSISTANCE OF $193,150, COMMUNITY HEALTH IMPROVEMENT OF $72,261, ADVANCE CARE PLANNING OF $36,007, AND COMMUNITY HEALTH EDUCATION AND SCREENINGS OF $530. PUBLIC PROGRAM ENROLLMENT ASSISTANCE ACCOUNTED FOR THE MAJORITY OF INDIVIDUALS SERVED, REFLECTING EFFORTS TO CONNECT RESIDENTS WITH BENEFITS, INSURANCE, AND SUPPORTIVE SERVICES. COMMUNITY BENEFIT OPERATIONS TOTALED $96,972 AND FUNDED ASSIGNED STAFF AND OPERATIONAL COSTS NECESSARY TO COORDINATE, MANAGE, AND PROMOTE COMMUNITY HEALTH PROGRAMS. AS WITH OTHER ENTITIES, COMMUNITY HEALTH IMPROVEMENT SERVICES REFLECT DIRECT SERVICE COSTS, WHILE COMMUNITY BENEFIT OPERATIONS ACCOUNT FOR THE PERSONNEL AND SYSTEMS THAT SUPPORT

Return Reference - Identifier	Explanation
	PROGRAM IMPLEMENTATION. NORTH HOSPITAL PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS, REPORTING 10 ACTIVITIES THAT SERVED 41,347 INDIVIDUALS, WITH A TOTAL COMMUNITY BENEFIT EXPENSE OF $398,920, NO OFFSETTING REVENUE, AND A NET COMMUNITY BENEFIT EXPENSE OF $398,920. ECU HEALTH ROANOKE CHOWAN HOSPITAL: ROANOKE-CHOWAN HOSPITAL (RCH) COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALED $307,191 IN REPORTED EXPENSE AND SERVED 1,478 INDIVIDUALS. KEY COST COMPONENTS INCLUDED ADVANCE CARE PLANNING OF $34,544, COMMUNITY HEALTH IMPROVEMENT OF $72,532, PUBLIC PROGRAM ENROLLMENT ASSISTANCE OF $179,467, HEALTH EDUCATION FOR THE COMMUNITY OF $12,267, HEALTH SCREENINGS OF $5,832, AND SUPPORT GROUPS OF $2,549. EXAMPLES OF COMMUNITY HEALTH IMPROVEMENT ACTIVITIES INCLUDED COMMUNITY EDUCATION AND AWARENESS INITIATIVES, BREAST CANCER SCREENINGS, AND SUPPORT GROUPS. PUBLIC PROGRAM ENROLLMENT ASSISTANCE REPRESENTED A SIGNIFICANT INVESTMENT, SUPPORTING INDIVIDUALS WITH ACCESS TO BENEFITS AND HEALTH-RELATED RESOURCES TO ADDRESS IDENTIFIED COMMUNITY NEEDS. COMMUNITY BENEFIT OPERATIONS TOTALED $10,001 AND REFLECT ASSIGNED STAFF TIME SUPPORTING PLANNING, COORDINATION, AND OVERSIGHT OF COMMUNITY HEALTH PROGRAMS AND BENEFIT STRATEGY. COMMUNITY HEALTH IMPROVEMENT SERVICES ACCOUNT FOR THE DIRECT PROGRAMMATIC COSTS, WHILE COMMUNITY BENEFIT OPERATIONS CAPTURE THE INFRASTRUCTURE AND STAFF SUPPORT REQUIRED TO OPERATIONALIZE AND SUSTAIN THESE EFFORTS. RCH PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS, REPORTING 8 ACTIVITIES THAT SERVED 1,478 INDIVIDUALS, WITH A TOTAL COMMUNITY BENEFIT EXPENSE OF $317,192, NO OFFSETTING REVENUE, AND A NET COMMUNITY BENEFIT EXPENSE OF $317,192. HEALTH PROFESSIONAL EDUCATION (F) ECU HEALTH BERTIE HOSPITAL: BERTIE HOSPITAL SUPPORTED HEALTH PROFESSIONS EDUCATION BY PROVIDING CLINICAL TRAINING SETTINGS AND PRECEPTORSHIP OPPORTUNITIES FOR INDIVIDUALS PURSUING HEALTHCARE CAREERS. THE HOSPITAL REPORTED 2 ACTIVITIES, SERVING 26 INDIVIDUALS, WITH A TOTAL COMMUNITY BENEFIT EXPENSE OF $101,847 AND NET COMMUNITY BENEFIT EXPENSE OF $101,847. REPORTED HEALTH PROFESSIONS EDUCATION EXPENSE INCLUDED NURSING EDUCATION OF $46,499 AND OTHER ALLIED HEALTH PROFESSIONS EDUCATION OF $55,348. NURSING EDUCATION ACTIVITIES SUPPORTED STUDENT CLINICAL EXPERIENCES AND PRECEPTORSHIPS THAT PROVIDED HANDS ON LEARNING IN A HOSPITAL SETTING. ALLIED HEALTH EDUCATION EXPENSES SUPPORTED CLINICAL TRAINING OPPORTUNITIES FOR LEARNERS IN OTHER HEALTHCARE DISCIPLINES, CONTRIBUTING TO WORKFORCE DEVELOPMENT EFFORTS IN THE REGION. THESE EDUCATION ACTIVITIES DEMONSTRATE BERTIE HOSPITAL'S COMMITMENT TO DEVELOPING THE FUTURE HEALTHCARE WORKFORCE BY OFFERING SUPERVISED CLINICAL LEARNING ENVIRONMENTS THAT SUPPORT SKILL BUILDING, PROFESSIONAL DEVELOPMENT, AND EXPOSURE TO RURAL HEALTHCARE SETTINGS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7 - OTHER BENEFITS	ECU HEALTH CHOWAN HOSPITAL: CHOWAN HOSPITAL SUPPORTED HEALTH PROFESSIONS EDUCATION THROUGH CLINICAL TRAINING AND PRECEPTORSHIPS FOR STUDENTS PURSUING NURSING AND ALLIED HEALTH PROFESSIONS. THE HOSPITAL REPORTED 2 ACTIVITIES, SERVING 120 INDIVIDUALS, WITH A TOTAL COMMUNITY BENEFIT EXPENSE OF $501,918 AND NET COMMUNITY BENEFIT EXPENSE OF $501,918. REPORTED HEALTH PROFESSIONS EDUCATION EXPENSES INCLUDED NURSING INTERNSHIPS AND PRECEPTORSHIPS TOTALING $348,301 AND OTHER ALLIED HEALTH PROFESSIONS EDUCATION TOTALING $153,617. THESE ACTIVITIES PROVIDED STUDENTS WITH DIRECT CLINICAL EXPERIENCE IN HOSPITAL DEPARTMENTS UNDER THE SUPERVISION OF LICENSED PROFESSIONALS, SUPPORTING WORKFORCE READINESS AND EXPERIENTIAL LEARNING. THROUGH THESE EDUCATIONAL INVESTMENTS, CHOWAN HOSPITAL CONTRIBUTED TO THE PREPARATION OF FUTURE HEALTHCARE PROFESSIONALS WHILE STRENGTHENING THE LOCAL AND REGIONAL HEALTHCARE WORKFORCE PIPELINE. ECU HEALTH DUPLIN HOSPITAL: DUPLIN HOSPITAL SUPPORTED HEALTH PROFESSIONS EDUCATION THROUGH EXTENSIVE CLINICAL TRAINING AND PRECEPTORSHIP OPPORTUNITIES FOR HEALTHCARE STUDENTS. THE HOSPITAL REPORTED 3 ACTIVITIES, SERVING 392 INDIVIDUALS, WITH A TOTAL COMMUNITY BENEFIT EXPENSE OF $1,348,813 AND A NET COMMUNITY BENEFIT EXPENSE OF $1,348,813. REPORTED HEALTH PROFESSIONS EDUCATION EXPENSE INCLUDED MEDICAL STUDENT EDUCATION OF $7,124, NURSING INTERNSHIPS AND PRECEPTORSHIPS TOTALING $508,544, AND OTHER ALLIED HEALTH PROFESSIONS EDUCATION TOTALING $833,145. THESE ACTIVITIES SUPPORTED A WIDE RANGE OF LEARNERS THROUGH CLINICAL ROTATIONS, HANDS-ON TRAINING, AND SUPERVISED INSTRUCTION. THE HOSPITAL'S INVESTMENT REFLECTS A SIGNIFICANT COMMITMENT TO WORKFORCE DEVELOPMENT AND THE PREPARATION OF FUTURE HEALTHCARE PROFESSIONALS TO SERVE THE COMMUNITY. ECU HEALTH EDGECOMBE HOSPITAL: EDGECOMBE HOSPITAL SUPPORTED HEALTH PROFESSIONS EDUCATION BY PROVIDING STRUCTURED CLINICAL TRAINING AND SUPERVISED EDUCATIONAL EXPERIENCES FOR HEALTHCARE STUDENTS. THE HOSPITAL REPORTED 2 ACTIVITIES, SERVING 188 INDIVIDUALS, WITH A TOTAL COMMUNITY BENEFIT EXPENSE OF $317,886 AND A NET COMMUNITY BENEFIT EXPENSE OF $317,886. REPORTED HEALTH PROFESSIONS EDUCATION EXPENSE INCLUDED NURSING INTERNSHIPS AND PRECEPTORSHIPS TOTALING $236,887 AND OTHER ALLIED HEALTH PROFESSIONS EDUCATION TOTALING $80,999. NURSING CLINICAL TRAINING PROVIDED STUDENTS WITH HANDS ON EXPERIENCE UNDER LICENSED PRECEPTORS, WHILE ALLIED HEALTH EDUCATION SUPPORTED ADDITIONAL HEALTHCARE DISCIPLINES THROUGH CLINICAL ROTATIONS. THESE ACTIVITIES SUPPORTED WORKFORCE DEVELOPMENT AND HELPED PREPARE FUTURE HEALTHCARE PROVIDERS TO MEET COMMUNITY HEALTH NEEDS. ECU HEALTH ROANOKE CHOWAN HOSPITAL: ROANOKE CHOWAN HOSPITAL SUPPORTED HEALTH PROFESSIONS EDUCATION BY OFFERING CLINICAL TRAINING SETTINGS AND PRECEPTORSHIPS FOR INDIVIDUALS PURSUING HEALTHCARE CAREERS. THE HOSPITAL REPORTED 3 ACTIVITIES, SERVING 203 INDIVIDUALS, WITH A TOTAL COMMUNITY BENEFIT EXPENSE OF $336,409 AND A NET COMMUNITY BENEFIT EXPENSE OF $336,409. REPORTED HEALTH PROFESSIONS EDUCATION EXPENSE INCLUDED MEDICAL STUDENT EDUCATION OF $38,054, NURSING INTERNSHIPS AND PRECEPTORSHIPS OF $140,747, AND OTHER ALLIED HEALTH PROFESSIONS EDUCATION OF $157,608. THESE ACTIVITIES PROVIDED SUPERVISED CLINICAL EXPERIENCES ACROSS MULTIPLE DISCIPLINES, ALLOWING STUDENTS TO DEVELOP ESSENTIAL SKILLS IN REAL WORLD HEALTHCARE ENVIRONMENTS AND SUPPORTING LONG TERM WORKFORCE READINESS IN THE SERVICE AREA. CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY BENEFIT (I) ECU HEALTH BERTIE HOSPITAL: ECU HEALTH BERTIE REPORTED $102,796 IN TOTAL CASH AND IN KIND CONTRIBUTIONS, BENEFITING 14,699 PERSONS, WITH DOCUMENTED EXAMPLES INCLUDING COMMUNITY BENEFIT GRANT FUNDING OF $99,400 SUPPORTING 15 PROGRAMS (BENEFITING 14,100 PERSONS) AND BLOOD DRIVE ACTIVITY WITH EXPENSE $1,907 SUPPORTING 33 UNITS COLLECTED (ESTIMATED 99 PERSONS SERVED). ADDITIONAL DOCUMENTED CASH DONATIONS INCLUDE A $1,000 DONATION TO THE GOOD SHEPHERD FOOD PANTRY (BENEFITING 500 PERSONS) AND OTHER IN-KIND CONTRIBUTIONS OF $489. ECU HEALTH CHOWAN HOSPITAL: ECU HEALTH CHOWAN REPORTED $113,918 IN TOTAL CASH AND IN KIND CONTRIBUTIONS, BENEFITING 74,675 PERSONS. DOCUMENTED EXAMPLES INCLUDE COMMUNITY BENEFIT GRANT FUNDING OF $95,500 SUPPORTING MULTIPLE COMMUNITY PROGRAMS. ADDITIONAL IN KIND CONTRIBUTIONS TOTALED $18,418 AND INCLUDED BENEVOLENT CASE MANAGEMENT SUPPORT AND WELLNESS RELATED DONATIONS TO COMMUNITY ORGANIZATIONS AND SCHOOLS. BLOOD DRIVE ACTIVITY TOTALED $2,400 IN EXPENSE, SUPPORTING 20 UNITS COLLECTED, WITH AN ESTIMATED 60 PERSONS SERVED. THESE ACTIVITIES REFLECT CHOWAN HOSPITAL'S FINANCIAL AND IN KIND SUPPORT OF COMMUNITY ORGANIZATIONS AND INITIATIVES ALIGNED WITH IDENTIFIED HEALTH NEEDS. ECU HEALTH DUPLIN HOSPITAL: ECU HEALTH DUPLIN REPORTED $113,670 IN TOTAL CASH AND IN KIND CONTRIBUTIONS, BENEFITING 36,808 PERSONS. DOCUMENTED EXAMPLES INCLUDE COMMUNITY BENEFIT GRANT FUNDING OF $86,700 SUPPORTING COMMUNITY BASED PROGRAMS AND INITIATIVES. ADDITIONAL IN KIND CONTRIBUTIONS TOTALED $26,970 AND INCLUDED BENEVOLENT CASE MANAGEMENT SUPPORT, BOARD AND COALITION PARTICIPATION, AND DONATED RESOURCES TO COMMUNITY ORGANIZATIONS. BLOOD DRIVE ACTIVITY TOTALED $3,786 IN EXPENSE, SUPPORTING 28 UNITS COLLECTED, WITH AN ESTIMATED 84 PERSONS SERVED. THESE CONTRIBUTIONS SUPPORT ACCESS TO CARE, PREVENTION, AND COMMUNITY PARTNERSHIPS ACROSS DUPLIN COUNTY. ECU HEALTH EDGECOMBE HOSPITAL:

Return Reference - Identifier	Explanation
	ECU HEALTH EDGECOMBE REPORTED $213,465 IN TOTAL CASH AND IN KIND CONTRIBUTIONS, BENEFITING 18,123 PERSONS. DOCUMENTED EXAMPLES INCLUDE COMMUNITY BENEFIT GRANT FUNDING OF $95,250 SUPPORTING COMMUNITY BASED PROGRAMS AND CASH DONATIONS TOTALING $6,000 TO NONPROFIT ORGANIZATIONS. IN KIND CONTRIBUTIONS TOTALED $112,215 AND INCLUDED BENEVOLENT CASE MANAGEMENT ASSISTANCE AND DONATED EQUIPMENT AND SERVICES. ADDITIONAL IN KIND SUPPORT INCLUDED FUNDRAISING ACTIVITIES BENEFITING LOCAL NONPROFIT ORGANIZATIONS. BLOOD DRIVE ACTIVITY TOTALED $3,009 IN EXPENSE, SUPPORTING 21 UNITS COLLECTED, WITH AN ESTIMATED 63 PERSONS SERVED. THESE ACTIVITIES DEMONSTRATE EDGECOMBE HOSPITAL'S FINANCIAL AND IN KIND INVESTMENT IN COMMUNITY HEALTH AND NONPROFIT PARTNERSHIPS. ECU HEALTH NORTH HOSPITAL: ECU HEALTH NORTH REPORTED $123,544 IN TOTAL CASH AND IN KIND CONTRIBUTIONS, BENEFITING 66,302 PERSONS. DOCUMENTED EXAMPLES INCLUDE COMMUNITY BENEFIT GRANT FUNDING OF $92,500 SUPPORTING MULTIPLE PROGRAMS AND BENEVOLENT FUND SUPPORT AND OTHER IN KIND CONTRIBUTIONS TOTALING $31,044. ADDITIONAL IN KIND DONATIONS INCLUDED BLOOD DRIVE SUPPORT AND RELATED MATERIALS. BLOOD DRIVE ACTIVITY TOTALED $4,174 IN EXPENSE, SUPPORTING 30 UNITS COLLECTED, WITH AN ESTIMATED 90 PERSONS SERVED. THESE CONTRIBUTIONS REFLECT NORTH HOSPITAL'S COMMITMENT TO SUPPORTING COMMUNITY PARTNERS AND HEALTH RELATED CHARITABLE INITIATIVES. ECU HEALTH ROANOKE CHOWAN HOSPITAL: ECU HEALTH ROANOKE CHOWAN REPORTED $146,823 IN TOTAL CASH AND IN KIND CONTRIBUTIONS, BENEFITING 18,002 PERSONS. DOCUMENTED EXAMPLES INCLUDE COMMUNITY BENEFIT GRANT FUNDING OF $95,000 SUPPORTING MULTIPLE COMMUNITY INITIATIVES AND CASH DONATIONS TOTALING $11,750 TO LOCAL ORGANIZATIONS AND EVENTS. IN KIND CONTRIBUTIONS, INCLUDING BENEVOLENT CASE MANAGEMENT SUPPORT AND OTHER DONATED SERVICES AND SUPPLIES, TOTALED $40,073. BLOOD DRIVE ACTIVITY TOTALED $440 IN EXPENSE, SUPPORTING 4 UNITS COLLECTED, WITH AN ESTIMATED 12 PERSONS SERVED. THESE CONTRIBUTIONS REFLECT ROANOKE CHOWAN HOSPITAL'S COMMITMENT TO FINANCIAL SUPPORT OF COMMUNITY PARTNERS AND POPULATION HEALTH EFFORTS.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	13,956,944

Return Reference - Identifier	Explanation
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	ECU HEALTH BERTIE HOSPITAL: ECU HEALTH BERTIE HOSPITAL REPORTED TWO COMMUNITY BUILDING ACTIVITIES WITH 4 STAFF HOURS, $884 IN TOTAL EXPENSE, $0 IN DIRECT OFFSETTING REVENUE, AND $884. EXAMPLES OF THESE ACTIVITIES INCLUDE COALITION BUILDING PARTICIPATION THROUGH A COMMUNITY PARTNER BOARD/COMMITTEE MEETING ($442), AND WORKFORCE DEVELOPMENT SUPPORT THROUGH PHYSICIAN RECRUITMENT ACTIVITY ($442). ECU HEALTH CHOWAN HOSPITAL: ECU HEALTH CHOWAN HOSPITAL REPORTED 6 COMMUNITY BUILDING ACTIVITIES TOTALING 299.5 STAFF HOURS, SERVING 41 PERSONS, WITH $140,548 IN TOTAL EXPENSE, $0 DIRECT OFFSETTING REVENUE, AND $140,548 NET EXPENSE. EXAMPLES OF COMMUNITY HEALTH PROMOTION ACTIVITIES OCCURRED THROUGH WORKFORCE PIPELINE DEVELOPMENT, CROSS SECTOR COORDINATION, AND CAPACITY BUILDING WITH COMMUNITY PARTNERS. WORKFORCE DEVELOPMENT IS SUPPORTED THROUGH PHYSICIAN RECRUITMENT OF $1,451 AND THE HEALTH SCIENCE ACADEMY PROGRAM EXPENSE OF $87,919, SERVING 41 STUDENTS, WHICH IS A COMMUNITY BUILDING ACTIVITY AND REFLECTS STRUCTURED CAREER PATHWAY DEVELOPMENT. IN ADDITION, THE HOSPITAL REPORTED COALITION BUILDING ACTIVITY TOTALS OF $30,158, ALONG WITH COMMUNITY SUPPORT ACTIVITY TOTALS OF $14,489, ECONOMIC DEVELOPMENT ACTIVITY TOTALS OF $6,232, AND DISASTER PREPAREDNESS ACTIVITY TOTALS OF $299, ALL OF WHICH SUPPORT COORDINATION AND INFRASTRUCTURE THAT CAN IMPROVE ACCESS TO RESOURCES AND STRENGTHEN COMMUNITY SYSTEMS. ECU HEALTH DUPLIN HOSPITAL: ECU HEALTH DUPLIN HOSPITAL REPORTED 4 COMMUNITY BUILDING ACTIVITIES TOTALING 124 STAFF HOURS, SERVING 372 PERSONS, WITH $163,522 IN TOTAL EXPENSE, $0 DIRECT OFFSETTING REVENUE, AND $163,522 NET EXPENSE. THESE ACTIVITIES SUPPORT COMMUNITY HEALTH BY STRENGTHENING THE WORKFORCE PIPELINE AND IMPROVING CROSS SECTOR READINESS AND COORDINATION. WORKFORCE DEVELOPMENT IS REFLECTED IN HEALTH SCIENCES ACADEMY & APPRENTICESHIP EXPENSES OF $154,552, SERVING 250 STUDENTS, AND HEALTH CAREERS PROMOTION PROGRAM TOTALS OF $3,692, SERVING 122 PERSONS, WHICH COLLECTIVELY SUPPORT EXPOSURE TO HEALTH CAREERS AND STRUCTURED WORKFORCE DEVELOPMENT. ADDITIONAL COMMUNITY BUILDING CATEGORIES INCLUDE COMMUNITY SUPPORT PROGRAM TOTALS OF $4,006 AND ECONOMIC DEVELOPMENT PROGRAM TOTALS OF $1,272, SUPPORTING COMMUNITY CAPACITY AND PARTNERSHIP INFRASTRUCTURE THAT CAN IMPROVE ACCESS TO RESOURCES AND ALIGNMENT ACROSS LOCAL SYSTEMS. ECU HEALTH EDGECOMBE HOSPITAL: ECU HEALTH EDGECOMBE HOSPITAL REPORTED 3 COMMUNITY BUILDING ACTIVITIES TOTALING 492 STAFF HOURS, SERVING 1,290 PERSONS, WITH $65,260 IN TOTAL EXPENSE, $0 DIRECT OFFSETTING REVENUE, AND $65,260 NET EXPENSE. THESE ACTIVITIES PROMOTE COMMUNITY HEALTH PRIMARILY THROUGH WORKFORCE PIPELINE DEVELOPMENT AND SUSTAINED COMMUNITY PARTNERSHIP ENGAGEMENT. WORKFORCE DEVELOPMENT IS REFLECTED IN HEALTH CAREERS PROMOTION PROGRAM TOTALS OF $34,922, SERVING 1,290 PERSONS, WHICH SUPPORTS EXPOSURE TO HEALTHCARE CAREERS AND CAREER PATHWAY READINESS. THE HOSPITAL ALSO REPORTED COMMUNITY SUPPORT BOARD/COMMITTEE ENGAGEMENT TOTALING $14,580, AND PHYSICIAN RECRUITMENT ACTIVITY TOTALING $15,758, WHICH SUPPORTS WORKFORCE CAPACITY IN A RURAL SERVICE AREA AND STRENGTHENS COMMUNITY SYSTEMS THAT ENABLE ACCESS TO CARE. ECU HEALTH NORTH HOSPITAL: ECU HEALTH NORTH REPORTED 1 COMMUNITY BUILDING ACTIVITY TOTALING 95.5 STAFF HOURS, SERVING 1,745 PERSONS, WITH $5,830 IN TOTAL EXPENSE, $0 DIRECT OFFSETTING REVENUE, AND $5,830 NET EXPENSE. THE COMMUNITY BUILDING WORK PRIMARILY SUPPORTS WORKFORCE PIPELINE DEVELOPMENT THROUGH HEALTH CAREERS PROMOTION, WHICH TOTALED 94.00 STAFF HOURS, SERVED 1,745 PERSONS, AND REFLECTED $5,830 IN EXPENSE, SUPPORTING COMMUNITY CAPACITY BY EXPOSING STUDENTS AND COMMUNITY MEMBERS TO HEALTHCARE CAREER PATHWAYS. THE HOSPITAL ALSO REPORTED COMMUNITY HEALTH IMPROVEMENT ADVOCACY ACTIVITY OF 1.50 STAFF HOURS WITH $0 EXPENSE, REFLECTING PARTICIPATION THAT SUPPORTS HEALTH KNOWLEDGE AND COMMUNITY COORDINATION. ECU HEALTH ROANOKE CHOWAN HOSPITAL: ECU HEALTH ROANOKE CHOWAN HOSPITAL REPORTED 5 COMMUNITY BUILDING ACTIVITIES TOTALING 75 STAFF HOURS, SERVING 193 PERSONS, WITH $114,438 IN TOTAL EXPENSE, $0 DIRECT OFFSETTING REVENUE, AND $114,438 NET EXPENSE. THESE ACTIVITIES PROMOTE COMMUNITY HEALTH THROUGH WORKFORCE DEVELOPMENT AND CROSS SECTOR COORDINATION. WORKFORCE DEVELOPMENT IS SUPPORTED THROUGH HEALTH SCIENCE ACADEMY EXPENSES TOTALING $106,980, SERVING 90 STUDENTS, WHICH REFLECTS STRUCTURED CAREER PATHWAY DEVELOPMENT AND EARLY EXPOSURE TO HEALTH CAREERS, AND HEALTH CAREERS PROMOTION PROGRAM OF $1,960. THE HOSPITAL ALSO REPORTED COALITION BUILDING ACTIVITY (OPIOID COALITION PARTICIPATION) TOTALING $662 AND COMMUNITY SUPPORT ACTIVITY TOTALING $2,749, ALONGSIDE ECONOMIC DEVELOPMENT ACTIVITY TOTALING $2,087, WHICH COLLECTIVELY SUPPORT COMMUNITY INFRASTRUCTURE AND COORDINATED ACTION AMONG PARTNERS.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	BAD DEBT IS BASED ON AGING CATEGORIES, CURRENT ECONOMIC CONDITIONS AND HISTORICAL COLLECTION EXPERIENCE; AND IS RECORDED IN THE PERIOD IN WHICH COLLECTION IS CONSIDERED DOUBTFUL.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	IN CONNECTION WITH THE PRESUMPTIVE ELIGIBILITY CONSIDERATION OF THE AFFORDABLE CARE ACT, ECU HEALTH ENTITIES DO NOT REFLECT ANY BAD DEBT IN CONNECTION WITH FAP-ELIGIBLE PATIENTS. THESE PATIENTS ARE PRESUMED TO BE PART OF THE MEDICAID POPULATION AND AFFORDED COVERAGE AS SUCH.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE FINANCIAL STATEMENTS OF ECU HEALTH ARE PRESENTED ON A CONSOLIDATED BASIS; THE TEXT OF THE FOOTNOTE FROM PAGE 30 IS PRESENTED BELOW: PATIENT ACCOUNTS RECEIVABLE, NET PATIENT ACCOUNTS RECEIVABLES ARE REPORTED NET OF ESTIMATED ALLOWANCES FOR CONTRACTUAL ADJUSTMENTS AND ALLOWANCES FOR BAD DEBTS AND ARE RECORDED IN THE PERIOD IN WHICH COLLECTION IS CONSIDERED DOUBTFUL. ESTIMATED ALLOWANCES FOR BAD DEBTS ARE APPROXIMATELY $157.8 MILLION AS OF SEPTEMBER 30, 2025.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	THE SHORTFALL OF MEDICARE REVENUE TO MEDICARE WAS CALCULATED ACCORDING TO THE COST TO CHARGE RATIO. ALLOWABLE COSTS OF CARE SHOULD BE CONSIDERED COMMUNITY BENEFIT BECAUSE IN THE AREA SERVED BY ECU HEALTH, THERE ARE NO OTHER PROVIDERS AVAILABLE TO PROVIDE THE REQUIRED SERVICES. THEREFORE, THE CARE WOULD BECOME A GOVERNMENT OBLIGATION AND IS TREATED AS A COMMUNITY BENEFIT PROVIDED BY ECU HEALTH.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	RECOMMENDED PATIENT ACCOUNTS WILL CONTINUE TO GO THROUGH THE ACCOUNTS RECEIVABLE BILLING CYCLE AS NORMAL. WHEN THE ACCOUNT REACHES THE CUSTOMER SERVICE/COLLECTIONS MANAGER, FINANCIAL COUNSELING SUPERVISOR OR PATIENT ACCOUNTS SUPERVISOR, BASED ON THE INFORMATION GIVEN, A DECISION WILL BE MADE WHETHER TO PROCEED WITH COLLECTION OR REFER THE ACCOUNT FOR APPROVAL OF CHARITY CARE. THE PROCESS WILL OCCUR AS FOLLOWS: I.FINANCIAL COUNSELORS WILL TRY TO LOCATE THIRD PARTY PAYORS. IF NOT ELIGIBLE FOR ANY THIRD-PARTY COVERAGE (INCLUDING CHARITIES), THEY MAY, BASED UPON THE FINANCIAL INFORMATION RECEIVED, RECOMMEND THE PATIENT FOR CHARITY CARE. II.PATIENT COUNSELORS WILL REVIEW FOR ANY THIRD-PARTY PAYORS AND VERIFY EMPLOYMENT AND ASSETS. A CHARITY CARE APPLICATION WILL NEED TO BE COMPLETED ALONG WITH TAX RETURN, PAY STUBS, SOCIAL SECURITY AWARD LETTER AND OTHER FINANCIAL INFORMATION AS MAY BE REQUIRED. III.THE PATIENT ACCOUNTS SUPERVISOR, FINANCIAL COUNSELING SUPERVISOR OR CUSTOMER SERVICE/COLLECTIONS MANAGER, BASED UPON ACCOUNT BALANCE AND THE INFORMATION GIVEN, WILL MAKE A DECISION WHETHER TO PROCEED WITH COLLECTION OR REFER THE PATIENT ACCOUNT FOR APPROVAL FOR CHARITY CARE. PRESUMPTIVE ELIGIBILITY FOR CHARITY CARE - THERE ARE OCCASIONS IN WHICH A PATIENT MAY APPEAR ELIGIBLE FOR A CHARITY CARE DISCOUNT, BUT THERE IS NO FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO SUPPORT FINANCIAL AID. A. SOME PATIENTS ARE PRESUMED TO BE ELIGIBLE FOR CHARITY CARE DISCOUNTS ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES (E.G., HOMELESSNESS PATIENTS WITH NO INCOME, BANKRUPTCY, DECEASED PATIENTS WITH NO ESTATE OR SPOUSE, ETC.) B. THROUGH THE ASSISTANCE OF A THIRD-PARTY VENDOR AND CERTAIN ALGORITHMS, IN CONJUNCTION WITH OUR CHARITY POLICY GUIDELINES, ALL ACCOUNTS, PRIOR TO OUTSIDE COLLECTION AGENCY REFERRAL, WILL BE TESTED FOR PRESUMPTIVE CHARITY. C. THE ACCOUNTS DEEMED CHARITY WILL BE ADJUSTED OFF AND THE REMAINING ACCOUNTS WILL BE REFERRED TO AN OUTSIDE COLLECTION AGENCY. D. ONCE THE AGENCY HAS HAD THE ACCOUNTS FOR SIX MONTHS AND HAS DEEMED THEM UNCOLLECTIBLE, THE ACCOUNTS WITH BALANCES OF $1,580 OR GREATER WILL REMAIN WITH THE AGENCY AND BE KEPT ON THE PATIENT'S CREDIT FILE. E. THE ACCOUNTS RETURNED TO THE HOSPITAL WILL BE PLACED IN A UNIQUE FINANCIAL CLASS AND WILL NOT BE PURSUED FOR COLLECTIONS
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	THE ORGANIZATION ASSESSES COMMUNITY NEED IN CONJUNCTION WITH THE STATE AFFILIATED COUNTY HEALTH DEPARTMENTS AND OTHER LOCAL HEALTH CARE ORGANIZATIONS. THIS HAS BEEN DESCRIBED IN DETAIL IN SCHEDULE H, PART V, SECTION C, LINES 5 AND 11.
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND AT REGISTRATION FOR PATIENTS. IN ADDITION, FACE TO FACE FINANCIAL COUNSELING IS AVAILABLE TO PATIENTS AND THEIR FAMILIES IN THE CENTRAL BUSINESS OFFICE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	ECU HEALTH BERTIE HOSPITAL THE PRIMARY SERVICE AREA FOR ECU HEALTH BERTIE HOSPITAL IS BERTIE COUNTY. BERTIE COUNTY ENCOMPASSES 741 SQUARE MILES, 42 SQUARE MILES OF WHICH ARE WATER. BERTIE COUNTY IS COMPRISED OF EIGHT TOWNSHIPS: ASKEWVILLE, AULANDER, COLERAIN, KELFORD, LEWISTON-WOODVILLE, POWELLSVILLE, ROXOBEL AND WINDSOR. MORE THAN THREE-QUARTERS (83%) OF BERTIE COUNTY'S POPULATION RESIDES IN RURAL AREAS. THE MOST RECENT CHNA INDICATES: BERTIE COUNTY HAS A POPULATION OF 17,165, MAKING UP LESS THAN 1% OF NORTH CAROLINA'S TOTAL POPULATION. THE POPULATION OF BERTIE COUNTY IS PROJECTED TO DECLINE 1.19% ANNUALLY BETWEEN NOW AND 2029. RACE AND ETHNICITY: BERTIE COUNTY HAS A DISTINCTLY DIFFERENT RACIAL COMPOSITION COMPARED TO NORTH CAROLINA OVERALL, WITH A PREDOMINANTLY BLACK POPULATION. MORE THAN HALF (60%) OF BERTIE COUNTY RESIDENTS IDENTIFY AS BLACK (NON-HISPANIC) VERSUS THE STATE'S 20.4%. WHITE (NON-HISPANIC) RESIDENTS MAKE UP 34.8% OF THE POPULATION. ASIAN, AMERICAN INDIAN AND ALASKA NATIVE, AND NATIVE HAWAIIAN AND PACIFIC ISLANDER ARE THE LEAST REPRESENTED RACIAL GROUPS IN BERTIE COUNTY, TOGETHER MAKING UP 1% OF THE POPULATION. BY ETHNICITY, LESS THAN 2% OF THE COUNTY'S POPULATION IS HISPANIC. THIS IS LOWER THAN THE STATE PROPORTION (11.4%). AGE AND SEX: THE AGE DISTRIBUTION OF BERTIE COUNTY SKEWS OLDER WITH NEARLY A QUARTER (22.0%) OF THE POPULATION BEING OLDER THAN 65 VERSUS THE STATE (17.7%). THE PERCENTAGES OF MIDDLE-AGED ADULTS 45 TO 64 IS HIGHER THAN THE STATE (27.7% VS. STATE'S 25.1%). THE PERCENTAGE OF CHILDREN UNDER 15 (14.6%) IS LOWER THAN THE STATE AVERAGE (17.9%), AND THE COUNTY HAS A LOWER PROPORTION OF RESIDENTS AGES 15 TO 44 (35.7% VS. STATE'S 39.3%). THE PROPORTION OF FEMALES (51.8%) IS SLIGHTLY HIGHER THAN THE STATE AVERAGE (51.0%), WITH MALES COMPRISING 48.2% OF THE POPULATION COMPARED TO THE STATE'S 49.0%. LANGUAGE: APPROXIMATELY 2% OF BERTIE COUNTY RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, COMPARED TO AROUND 12.7% OF NORTH CAROLINA RESIDENTS. ONLY 1% OF COUNTY RESIDENTS SPEAK SPANISH AT HOME, SUGGESTING A PREDOMINANCE OF ENGLISH SPEAKERS. DISABILITY STATUS: THE PERCENTAGE OF THE POPULATION IN BERTIE COUNTY WITH A DISABILITY (23.5%) IS HIGHER THAN BOTH THE STATE (13.3%) AND NATIONAL (12.9%) AVERAGES. VETERAN STATUS: THE VETERAN POPULATION IN BERTIE COUNTY (6.6%) IS LOWER THAN THE STATE AVERAGE OF 7.8%. ECONOMIC INDICATORS: BERTIE COUNTY IS RANKED AS A TIER 1 COUNTY BY THE NC DEPARTMENT OF COMMERCE. THE 40 MOST DISTRESSED COUNTIES ARE DESIGNATED AS TIER 1. BERTIE COUNTY'S MEDIAN HOUSEHOLD INCOME OF $38,343 WAS LOWER THAN THE MEDIAN HOUSEHOLD INCOME IN NORTH CAROLINA OF $64,316. THE OVERALL UNEMPLOYMENT RATE OF 6.4% IS HIGHER THAN THE STATE AVERAGE OF 5.1%. BERTIE COUNTY HAS A HIGHER RATE OF POVERTY THAN NC. 19.1% OF HOUSEHOLDS WERE BELOW THE FEDERAL POVERTY LEVEL (FPL) – HIGHER THAN THE PERCENTAGE AT THE STATE (10.1%) OR NATIONAL (9.5%) LEVEL. BERTIE COUNTY HAS A HIGHER PERCENTAGE (34.4%) OF HOUSEHOLDS RECEIVING FOOD STAMPS/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM. THIS IS SIGNIFICANTLY HIGHER THAN THE AVERAGE OF NORTH CAROLINA (13.4%) AND INDICATIVE OF A HIGHER LEVEL OF FOOD INSECURITY AMONG COUNTY HOUSEHOLDS. ECU HEALTH CHOWAN HOSPITAL THE PRIMARY SERVICE AREA FOR ECU HEALTH CHOWAN IS CHOWAN COUNTY. CHOWAN COUNTY ENCOMPASSES 233 SQUARE MILES, 61 OF WHICH ARE WATER. THE MAJOR TOWN IN CHOWAN COUNTY IS EDENTON, THE COUNTY SEAT. OTHER CHOWAN COUNTY COMMUNITIES INCLUDE TYNER, ROCKY HOCK, AND YEOPIM. THE MAJORITY (68%) OF CHOWAN COUNTY'S POPULATION RESIDES IN RURAL AREAS. THE MOST RECENT CHNA INDICATES: CHOWAN COUNTY HAS A POPULATION OF 13,484, MAKING UP LESS THAN 1% OF NORTH CAROLINA'S TOTAL POPULATION. THE POPULATION OF CHOWAN COUNTY IS PROJECTED TO DECLINE 0.12% ANNUALLY BETWEEN NOW AND 2029. RACE AND ETHNICITY: NEARLY ONE-THIRD OF CHOWAN COUNTY'S POPULATION (32.4%) IDENTIFIES AS NON-HISPANIC BLACK, WHICH IS SIGNIFICANTLY HIGHER THAN BOTH THE STATE (20.4%) AND NATIONAL (12.5%) AVERAGES. THE MAJORITY OF THE COUNTY'S POPULATION (60.2%) IDENTIFIES AS NON-HISPANIC WHITE, WHICH IS COMPARABLE TO THE STATE (61.2%) AND NATIONAL (60.6%) FIGURES. CHOWAN COUNTY HAS NOTABLY LOWER PROPORTIONS OF RESIDENTS WHO IDENTIFY AS ASIAN, AMERICAN INDIAN & ALASKA NATIVE, AND NATIVE HAWAIIAN AND PACIFIC ISLANDER COMPARED TO BOTH STATE AND NATIONAL AVERAGES, AS WELL AS RESIDENTS IDENTIFYING AS SOME OTHER RACE ALONE OR TWO OR MORE RACES. BY ETHNICITY, 4.1% OF THE COUNTY'S POPULATION IS HISPANIC. THIS IS LOWER THAN THE STATE PROPORTION (11.4%). AGE AND SEX: THE AGE DISTRIBUTION OF CHOWAN COUNTY SKEWS OLDER WITH OVER A QUARTER (26.0%) OF THE POPULATION BEING OLDER THAN 65 VERSUS THE STATE (17.7%). THE PERCENTAGES OF MIDDLE-AGED ADULTS 45 TO 64 IS COMPARABLE TO THE STATE (25.2% VS. STATE'S 25.1%). THE PERCENTAGE OF CHILDREN UNDER 15 (16.7%) IS LOWER THAN THE STATE AVERAGE (17.9%), AND THE COUNTY HAS A LOWER PROPORTION OF RESIDENTS AGES 15 TO 44 (32.1% VS. STATE'S 39.3%). THE PROPORTION OF FEMALES (52.1%) IS SLIGHTLY HIGHER THAN THE STATE AVERAGE (51.0%), WITH MALES COMPRISING 47.9% OF THE POPULATION COMPARED TO THE STATE'S 49.0%. LANGUAGE: APPROXIMATELY 4% OF CHOWAN COUNTY RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, COMPARED TO AROUND 12.7% OF NORTH CAROLINA RESIDENTS. APPROXIMATELY 3% OF COUNTY RESIDENTS SPEAK SPANISH AT HOME, SUGGESTING A PREDOMINANCE OF ENGLISH SPEAKERS. DISABILITY STATUS: THE PERCENTAGE OF THE POPULATION IN CHOWAN COUNTY WITH A DISABILITY (16.5%) IS HIGHER THAN BOTH THE STATE (13.3%) AND NATIONAL (12.9%) AVERAGES.

Return Reference - Identifier	Explanation
	VETERAN STATUS: THE VETERAN POPULATION IN CHOWAN COUNTY (9.7%) IS HIGHER THAN THE STATE AVERAGE OF 7.8%. ECONOMIC INDICATORS: CHOWAN COUNTY IS RANKED AS A TIER 2 COUNTY BY THE NC DEPARTMENT OF COMMERCE. CHOWAN COUNTY'S MEDIAN HOUSEHOLD INCOME OF $51,495 WAS LOWER THAN THE MEDIAN HOUSEHOLD INCOME IN NORTH CAROLINA OF $64,316. THE OVERALL UNEMPLOYMENT RATE OF 4.3% IS SLIGHTLY LOWER THAN THE STATE AVERAGE OF 5.1%. CHOWAN COUNTY HAS A HIGHER RATE OF POVERTY THAN NC. 15% OF HOUSEHOLDS WERE BELOW THE FEDERAL POVERTY LEVEL (FPL) – HIGHER THAN THE PERCENTAGE AT THE STATE (10.1%) OR NATIONAL (9.5%) LEVEL. APPROXIMATELY ONE IN FOUR (24.6%) CHOWAN COUNTY HOUSEHOLDS RECEIVED FOOD STAMPS/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, SIGNIFICANTLY HIGHER THAN THE AVERAGE OF NORTH CAROLINA (13.4%) AND INDICATIVE OF A HIGHER LEVEL OF FOOD INSECURITY AMONG COUNTY HOUSEHOLDS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	ECU HEALTH DUPLIN HOSPITAL THE PRIMARY SERVICE AREA FOR ECU HEALTH DUPLIN HOSPITAL IS DUPLIN COUNTY, NORTH CAROLINA. DUPLIN COUNTY COVERS A TOTAL OF 820 SQUARE MILES, INCLUDING 815 SQUARE MILES OF LAND AND 5 SQUARE MILES OF WATER. DUPLIN IS COMPRISED OF 10 MUNICIPALITIES: KENANSVILLE, WARSAW, BEULAVILLE, WALLACE, ROSE HILL, MAGNOLIA, FAISON, CALYPSO, TEACHEY, AND GREENEVERS. ALL OF DUPLIN COUNTY'S POPULATION RESIDES IN RURAL AREAS. THE MOST RECENT CHNA INDICATES: DUPLIN COUNTY HAS A POPULATION OF 47,000, MAKING UP LESS THAN 1% OF NORTH CAROLINA'S TOTAL POPULATION. THE POPULATION OF DUPLIN COUNTY IS PROJECTED TO DECLINE 0.47% ANNUALLY BETWEEN NOW AND 2029. RACE AND ETHNICITY: NON-HISPANIC WHITE RESIDENTS MAKE UP THE LARGEST GROUP IN DUPLIN AT 52.4%, WHICH IS LOWER THAN NORTH CAROLINA (61.2%). NON-HISPANIC BLACK RESIDENTS COMPRISE 23.7% OF THE POPULATION, HIGHER THAN THE STATE (20.4%) AVERAGE. THE COUNTY HAS A NOTABLY HIGHER PERCENTAGE OF INDIVIDUALS IDENTIFYING AS SOME OTHER RACE ALONE (15.7%) COMPARED TO STATE (6.3%). THE ASIAN (0.4%), AMERICAN INDIAN ALASKAN NATIVE (0.4%), AND NATIVE HAWAIIAN PACIFIC ISLANDER (0.0%) POPULATIONS ARE LOWER THAN STATE AVERAGES. THE PERCENTAGE OF RESIDENTS IDENTIFYING AS MULTIRACIAL (6.8%) IS LIKE THE STATE'S AVERAGE (7.2%). BY ETHNICITY, 23.5% OF THE COUNTY'S POPULATION IS HISPANIC. THIS IS DOUBLE THE STATE PROPORTION (11.4%). AGE AND SEX: DUPLIN HAS A HIGHER PERCENTAGE OF RESIDENTS BELOW AGE 15 (19.4%) COMPARED TO NORTH CAROLINA (17.9%). THE PERCENTAGE OF RESIDENTS BETWEEN 15 AND 44 (36.5%) IS LOWER THAN STATE (39.3%). THE PERCENTAGE OF RESIDENTS AGED 45 TO 64 (24.8%) IS SLIGHTLY LOWER COMPARED TO THE STATE (25.1%). THE PROPORTION OF RESIDENTS 65 AND OLDER (19.3%) IS HIGHER THAN THE STATE (17.7%). THE PROPORTION OF FEMALES (50.6%) IS COMPARABLE TO THE STATE AVERAGE (51.0%), WITH MALES COMPRISING 49.4% OF THE POPULATION COMPARED TO THE STATE'S 49.0%. LANGUAGE: APPROXIMATELY 23% OF DUPLIN COUNTY RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, COMPARED TO AROUND 12.7% OF NORTH CAROLINA RESIDENTS. APPROXIMATELY 21% OF COUNTY RESIDENTS SPEAK SPANISH AT HOME. DISABILITY STATUS: THE PERCENTAGE OF THE POPULATION IN DUPLIN COUNTY WITH A DISABILITY (17%) IS HIGHER THAN BOTH THE STATE (13.3%) AND NATIONAL (12.9%) AVERAGES. VETERAN STATUS: THE VETERAN POPULATION IN DUPLIN COUNTY (8%) IS SLIGHTLY HIGHER THAN THE STATE AVERAGE OF 7.8%. ECONOMIC INDICATORS: DUPLIN COUNTY WAS RANKED AS A TIER 2 COUNTY BY THE NC DEPARTMENT OF COMMERCE. DUPLIN COUNTY'S MEDIAN HOUSEHOLD INCOME OF $49,735 WAS LOWER THAN THE MEDIAN HOUSEHOLD INCOME IN NORTH CAROLINA OF $64,316. THE OVERALL UNEMPLOYMENT RATE OF 5.4% IS SLIGHTLY HIGHER THAN THE STATE AVERAGE OF 5.1%. DUPLIN COUNTY HAS A HIGHER RATE OF POVERTY THAN NC. 13.2% OF HOUSEHOLDS WERE BELOW THE FEDERAL POVERTY LEVEL (FPL) - HIGHER THAN THE PERCENTAGE AT THE STATE (10.1%) OR NATIONAL (9.5%) LEVEL. APPROXIMATELY ONE IN FOUR (23.1%) DUPLIN COUNTY HOUSEHOLDS RECEIVED FOOD STAMPS/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, SIGNIFICANTLY HIGHER THAN THE AVERAGE OF NORTH CAROLINA (13.4%) AND INDICATIVE OF A HIGHER LEVEL OF FOOD INSECURITY AMONG COUNTY HOUSEHOLDS. ECU HEALTH EDGECOMBE HOSPITAL THE PRIMARY SERVICE AREA FOR ECU HEALTH EDGECOMBE HOSPITAL IS EDGECOMBE COUNTY, NORTH CAROLINA. EDGECOMBE COUNTY IS LOCATED IN THE INNER COASTAL PLAIN REGION OF NORTH CAROLINA, CHARACTERIZED BY THE PRESENCE OF LOW-LYING AREAS, WINDING RIVERS, AND ROLLING HILLS. IT COVERS A TOTAL OF 506 SQUARE MILES, INCLUDING 505 SQUARE MILES OF LAND AND ONE SQUARE MILE OF WATER. EDGECOMBE COUNTY IS COMPRISED OF TEN MUNICIPALITIES: TARBORO, LEGGETT, ROCKY MOUNT, MACCLESFIELD, SHARPSBURG, PRINCEVILLE, PINETOPS, CONETOE, SPEED, AND WHITAKERS. NEARLY HALF (45%) OF EDGECOMBE COUNTY'S POPULATION RESIDES IN RURAL AREAS. THE MOST RECENT CHNA INDICATES: EDGECOMBE COUNTY HAS A POPULATION OF 47,626, MAKING UP LESS THAN 1% OF NORTH CAROLINA'S TOTAL POPULATION. THE POPULATION OF EDGECOMBE COUNTY IS PROJECTED TO DECLINE 0.59% ANNUALLY BETWEEN NOW AND 2029. RACE AND ETHNICITY: NON-HISPANIC BLACK RESIDENTS COMPRISE THE MAJORITY AT 56.7%, WHICH IS SIGNIFICANTLY HIGHER THAN NORTH CAROLINA'S 20.4%. NON-HISPANIC WHITE RESIDENTS MAKE UP 35.5% OF THE POPULATION, CONSIDERABLY LOWER THAN THE STATE'S 61.2%. THE COUNTY HAS LOWER PERCENTAGES OF ASIAN (0.3% VS. 3.5% STATE) AND SOME OTHER RACE ALONE (4.1% VS. 6.3% STATE) POPULATIONS. THE PERCENTAGE OF RESIDENTS IDENTIFYING AS TWO OR MORE RACES (3.6%) IS ABOUT HALF THE STATE AVERAGE (7.2%). BY ETHNICITY, 6% OF THE COUNTY'S POPULATION IS HISPANIC. THIS IS NOTABLY LOWER THAN THE STATE'S AVERAGE (11.4%). AGE AND SEX: THE COUNTY HAS A SLIGHTLY HIGHER PERCENTAGE OF RESIDENTS BELOW 15 (18.1%) COMPARED TO THE STATE (17.9%). THE PERCENTAGE OF RESIDENTS BETWEEN 15 AND 44 (35.1%) IS LOWER THAN THE STATE AVERAGE (39.3%), WHILE THE PROPORTION AGES 45 TO 64 (26.1%) IS SLIGHTLY HIGHER THAN NORTH CAROLINA'S (25.1%). MOST NOTABLY, EDGECOMBE COUNTY HAS A SIGNIFICANTLY HIGHER PERCENTAGE OF RESIDENTS 65 AND OLDER (20.7%) COMPARED TO THE STATE AVERAGE (17.7%). THE PROPORTION OF FEMALES (52.9%) IS HIGHER THAN THE STATE AVERAGE (51.0%), WITH MALES COMPRISING 47.1% OF THE POPULATION COMPARED TO THE STATE'S 49.0%. LANGUAGE: APPROXIMATELY 6% OF EDGECOMBE COUNTY RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, COMPARED TO AROUND 12.7% OF NORTH CAROLINA RESIDENTS. APPROXIMATELY 5% OF COUNTY RESIDENTS SPEAK SPANISH AT HOME. DISABILITY STATUS: THE PERCENTAGE OF EDGECOMBE COUNTY'S POPULATION WITH A DISABILITY (16%) IS NOTABLY HIGHER THAN THE STATE AVERAGE OF 13.3%. VETERAN STATUS: THE VETERAN POPULATION IN EDGECOMBE COUNTY (8%) IS SLIGHTLY HIGHER THAN

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	THE STATE AVERAGE OF 7.8%. ECONOMIC INDICATORS: EDGECOMBE COUNTY WAS RANKED AS A TIER 1 COUNTY BY THE NC DEPARTMENT OF COMMERCE. THE 40 MOST DISTRESSED COUNTIES ARE DESIGNATED AS TIER 1. EDGECOMBE COUNTY'S MEDIAN HOUSEHOLD INCOME OF $43,724 WAS LOWER THAN THE MEDIAN HOUSEHOLD INCOME IN NORTH CAROLINA OF $64,316. THE OVERALL UNEMPLOYMENT RATE OF 8.6% IS HIGHER THAN THE STATE AVERAGE OF 5.1%. EDGECOMBE COUNTY HAS A HIGHER RATE OF POVERTY THAN NC. 17.7% OF HOUSEHOLDS WERE BELOW THE FEDERAL POVERTY LEVEL (FPL) - HIGHER THAN THE PERCENTAGE AT THE STATE (10.1%) OR NATIONAL (9.5%) LEVEL. SLIGHTLY MORE THAN ONE IN THREE (35.4%) EDGECOMBE COUNTY HOUSEHOLDS RECEIVED FOOD STAMPS/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, SIGNIFICANTLY HIGHER THAN THE AVERAGE OF NORTH CAROLINA (13.4%) AND INDICATIVE OF A HIGHER LEVEL OF FOOD INSECURITY AMONG COUNTY HOUSEHOLDS.
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	ECU HEALTH ROANOKE-CHOWAN HOSPITAL THE PRIMARY SERVICE AREA FOR ECU HEALTH ROANOKE CHOWAN HOSPITAL IS HERTFORD COUNTY. HERTFORD COUNTY IS LOCATED IN THE INNER COASTAL PLAIN REGION OF NORTH CAROLINA, CHARACTERIZED BY THE PRESENCE OF LOW-LYING AREAS, WINDING RIVERS, AND ROLLING HILLS. IT COVERS A TOTAL OF 360 SQUARE MILES, INCLUDING 353 SQUARE MILES OF LAND AND 7 SQUARE MILES OF WATER. HERTFORD COUNTY IS COMPRISED OF SIX MUNICIPALITIES: AHOSKIE, COFIELD, COMO, HARRELLSVILLE, MURFREESBORO, AND WINTON. THE MAJORITY (77%) OF HERTFORD COUNTY'S POPULATION RESIDES IN RURAL AREAS. THE MOST RECENT CHNA INDICATES: HERTFORD COUNTY HAS A POPULATION OF 20,815, MAKING UP LESS THAN 1% OF NORTH CAROLINA'S TOTAL POPULATION. THE POPULATION OF THE COUNTY IS PROJECTED TO DECLINE 0.96% ANNUALLY BETWEEN NOW AND 2029. RACE AND ETHNICITY: IN HERTFORD COUNTY, NON-HISPANIC BLACK RESIDENTS COMPRISE THE MAJORITY AT 57.5%, A PERCENTAGE SIGNIFICANTLY HIGHER THAN NORTH CAROLINA'S 20.4%. NON-HISPANIC WHITE RESIDENTS MAKE UP 35.0% OF THE POPULATION, WHICH IS CONSIDERABLY LOWER THAN THE STATE'S 61.2%. THE COUNTY HAS LOWER PERCENTAGES OF ASIAN (0.6% VS. 3.5% STATE) AND SOME OTHER RACE ALONE (2.3% VS. 6.3% STATE) POPULATIONS. AMERICAN INDIAN AND ALASKA NATIVE RESIDENTS MAKE UP 1.0% OF THE HERTFORD COUNTY POPULATION, SIMILAR TO THE STATE AVERAGE (1.2%), WHILE NATIVE HAWAIIAN AND PACIFIC ISLANDER RESIDENTS COMPRISE A NEGLIGIBLE PERCENTAGE. THE PERCENTAGE OF RESIDENTS IDENTIFYING AS TWO OR MORE RACES (3.6%) IS LOWER THAN THE STATE AVERAGE (7.2%). BY ETHNICITY, 7.7% OF THE COUNTY'S POPULATION IS HISPANIC. THIS IS NOTABLY LOWER THAN THE STATE'S AVERAGE (11.4%). AGE AND SEX: THE AGE DISTRIBUTION OF HERTFORD COUNTY SKEWS OLDER THAN THE STATE. HERTFORD COUNTY HAS A LOWER PERCENTAGE OF RESIDENTS BELOW 15 (15.0%) COMPARED TO NORTH CAROLINA (17.9%). THE PERCENTAGE OF RESIDENTS BETWEEN 15 AND 44 (39.6%) IS SIMILAR TO THE STATE AVERAGE (39.3%), WHILE THE PROPORTION AGED 45-64 (24.6%) IS SLIGHTLY LOWER THAN NORTH CAROLINA'S (25.1%). MOST NOTABLY, HERTFORD COUNTY HAS A HIGHER PERCENTAGE OF RESIDENTS 65 AND OLDER (20.8%) COMPARED TO THE STATE AVERAGE (17.7%), THE PROPORTION OF FEMALES (52%) IS HIGHER THAN THE STATE AVERAGE (51.0%), WITH MALES COMPRISING 48% OF THE POPULATION COMPARED TO THE STATE'S 49.0%. LANGUAGE: APPROXIMATELY 5% OF HERTFORD COUNTY RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, COMPARED TO AROUND 12.7% OF NORTH CAROLINA RESIDENTS. APPROXIMATELY 3% OF COUNTY RESIDENTS SPEAK SPANISH AT HOME. DISABILITY STATUS: THE PERCENTAGE OF HERTFORD COUNTY'S POPULATION WITH A DISABILITY (21%) IS NOTABLY HIGHER THAN THE STATE AVERAGE OF 13.3%. VETERAN STATUS: THE VETERAN POPULATION IN HERTFORD COUNTY (7.9%) IS COMPARABLE TO THE STATE AVERAGE OF 7.8%. ECONOMIC INDICATORS: HERTFORD COUNTY WAS RANKED AS A TIER 1 COUNTY BY THE NC DEPARTMENT OF COMMERCE. THE 40 MOST DISTRESSED COUNTIES ARE DESIGNATED AS TIER 1. HERTFORD COUNTY'S MEDIAN HOUSEHOLD INCOME OF $44,580 WAS LOWER THAN THE MEDIAN HOUSEHOLD INCOME IN NORTH CAROLINA OF $64,316. THE OVERALL UNEMPLOYMENT RATE OF 7.2% IS HIGHER THAN THE STATE AVERAGE OF 5.1%. HERTFORD COUNTY HAS A HIGHER RATE OF POVERTY THAN NC. 15.7% OF HOUSEHOLDS WERE BELOW THE FEDERAL POVERTY LEVEL (FPL) - HIGHER THAN THE PERCENTAGE AT THE STATE (10.1%) OR NATIONAL (9.5%) LEVEL. APPROXIMATELY 39% OF HERTFORD COUNTY HOUSEHOLDS RECEIVED FOOD STAMPS/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS. THIS IS NEARLY TRIPLE THE STATE RATE OF 13.4%, INDICATING A SIGNIFICANTLY HIGHER LEVEL OF FOOD INSECURITY AMONG COUNTY HOUSEHOLDS.

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SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	ECU HEALTH NORTH THE PRIMARY AND SECONDARY SERVICE AREAS FOR ECU HEALTH NORTH HOSPITAL INCLUDE HALIFAX AND NORTHAMPTON COUNTIES. HALIFAX IS LOCATED IN THE INNER COASTAL PLAIN REGION OF NORTH CAROLINA, CHARACTERIZED BY THE PRESENCE OF LOW-LYING AREAS, WINDING RIVERS, AND ROLLING HILLS. IT COVERS A TOTAL OF 730 SQUARE MILES, INCLUDING 724 SQUARE MILES OF LAND AND 6 SQUARE MILES OF WATER. HALIFAX IS COMPRISED OF SEVEN MUNICIPALITIES: CITY OF ROANOKE RAPIDS, TOWN OF ENFIELD, TOWN OF HALIFAX, TOWN OF HOBGOOD, TOWN OF LITTLETON, TOWN OF SCOTLAND NECK, AND TOWN OF WELDON. MORE THAN HALF (56%) OF HALIFAX COUNTY'S POPULATION RESIDES IN RURAL AREAS. NORTHAMPTON COUNTY COVERS A TOTAL OF 551 SQUARE MILES, INCLUDING 537 SQUARE MILES OF LAND AND 14 SQUARE MILES OF WATER. NORTHAMPTON IS COMPRISED OF NINE TOWNS: JACKSON, RICH SQUARE, GASTON, GARYSBURG, CONWAY, SEABOARD, WOODLAND, SEVERN, AND LASKER. NEARLY ALL (88%) OF NORTHAMPTON COUNTY'S POPULATION RESIDES IN RURAL AREAS. THE MOST RECENT CHNA INDICATES: HALIFAX COUNTY HAS A POPULATION OF 47,468, MAKING UP LESS THAN 1% OF NORTH CAROLINA'S TOTAL POPULATION. THE POPULATION OF HALIFAX COUNTY IS PROJECTED TO DECLINE 0.64% ANNUALLY BETWEEN NOW AND 2029. RACE AND ETHNICITY: NON-HISPANIC BLACK RESIDENTS COMPRISE 51.3% OF THE POPULATION, SIGNIFICANTLY HIGHER THAN NORTH CAROLINA'S 20.4%. NON-HISPANIC WHITE RESIDENTS MAKE UP 39.1% OF THE POPULATION, CONSIDERABLY LOWER THAN THE STATE'S 61.2%. THE COUNTY HAS A HIGHER PERCENTAGE OF AMERICAN INDIAN AND ALASKA NATIVE RESIDENTS (3.5%) COMPARED TO THE STATE AVERAGE (1.2%), WHILE ASIAN AND NATIVE HAWAIIAN AND PACIFIC ISLANDER RESIDENTS MAKE UP SMALLER PROPORTIONS OF THE POPULATION. BY ETHNICITY, 3.2% OF THE COUNTY'S POPULATION IS HISPANIC. THIS IS LOWER THAN THE STATE PROPORTION (11.4%). AGE AND SEX: THE AGE DISTRIBUTION OF HALIFAX COUNTY SHOWS SOME NOTABLE DIFFERENCES FROM STATE AVERAGES. THE COUNTY HAS A LOWER PERCENTAGE OF RESIDENTS BELOW 15 (16.7%) COMPARED TO NORTH CAROLINA (17.9%). THE PERCENTAGE OF RESIDENTS BETWEEN 15 AND 44 (34.6%) IS LOWER THAN THE STATE AVERAGE (39.3%), WHILE THE PROPORTION AGED 45 TO 64 (26.7%) IS SLIGHTLY HIGHER THAN NORTH CAROLINA'S (25.1%). THE PERCENTAGE OF RESIDENTS 65 AND OLDER (22.0%) IS NOTABLY HIGHER THAN THE STATE AVERAGE (17.7%). THE PROPORTION OF FEMALES (52.1%) IS SLIGHTLY HIGHER THAN THE STATE AVERAGE (51.0%), WITH MALES COMPRISING 47.9% OF THE POPULATION COMPARED TO THE STATE'S 49.0%. LANGUAGE: APPROXIMATELY 4% OF HALIFAX COUNTY RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, COMPARED TO 12.7% OF NORTH CAROLINA RESIDENTS A LITTLE OVER 2% OF COUNTY RESIDENTS SPEAK SPANISH AT HOME, SUGGESTING A PREDOMINANCE OF ENGLISH SPEAKERS. DISABILITY STATUS: THE PERCENTAGE OF THE POPULATION IN HALIFAX COUNTY WITH A DISABILITY (20%) SKEWS HIGHER THAN THAT OF THE STATE AVERAGE OF 13.3%. VETERAN STATUS: THE VETERAN POPULATION IN HALIFAX COUNTY (5.7%) IS LOWER THAN THE STATE AVERAGE OF 7.8%. ECONOMIC INDICATORS: HALIFAX COUNTY IS RANKED AS A TIER 1 COUNTY BY THE NC DEPARTMENT OF COMMERCE. THE 40 MOST DISTRESSED COUNTIES ARE DESIGNATED AS TIER 1. HALIFAX COUNTY'S MEDIAN HOUSEHOLD INCOME OF $38,316 WAS LOWER THAN THE MEDIAN HOUSEHOLD INCOME IN NORTH CAROLINA OF $64,316. THE OVERALL UNEMPLOYMENT RATE OF 9.3% IS SIGNIFICANTLY HIGHER THAN THE STATE AVERAGE OF 5.1%. HALIFAX COUNTY HAS A HIGHER RATE OF POVERTY THAN NC. APPROXIMATELY ONE-QUARTER (24.8%) OF HALIFAX COUNTY HOUSEHOLDS WERE BELOW THE FEDERAL POVERTY LEVEL (FPL) - HIGHER THAN THE PERCENTAGE AT THE STATE (10.1%) OR NATIONAL (9.5%) LEVEL. IN HALIFAX COUNTY 38.2% OF HOUSEHOLDS RECEIVED FOOD STAMPS/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, SIGNIFICANTLY HIGHER, NEARLY TRIPLE, THAN THE AVERAGE OF NORTH CAROLINA (13.4%) AND INDICATIVE OF A HIGHER LEVEL OF FOOD INSECURITY AMONG COUNTY HOUSEHOLDS. NORTHAMPTON COUNTY HAS A POPULATION OF 16,806, MAKING UP LESS THAN 1% OF NORTH CAROLINA'S TOTAL POPULATION. THE POPULATION OF THE COUNTY IS PROJECTED TO DECLINE 1.02% ANNUALLY BETWEEN NOW AND 2029. RACE AND ETHNICITY: NORTHAMPTON COUNTY'S RACIAL COMPOSITION DIFFERS MARKEDLY FROM STATE AVERAGES. NON-HISPANIC BLACK RESIDENTS COMPRISE THE MAJORITY AT 55.7% OF THE POPULATION, WHICH IS SIGNIFICANTLY HIGHER THAN THE STATE PROPORTION OF 20.4%. NON-HISPANIC WHITE RESIDENTS MAKE UP 39.0% OF THE POPULATION, CONSIDERABLY LOWER THAN THE STATE (61.2%). THE COUNTY HAS MUCH SMALLER PERCENTAGES OF ALL OTHER RACIAL GROUPS COMPARED TO STATE AVERAGES: ASIAN (0.2% VS. 3.5% STATE), AMERICAN INDIAN ALASKA NATIVE (0.3% VS. 1.2% STATE), VERY FEW NATIVE HAWAIIAN AND PACIFIC ISLANDER RESIDENTS, SOME OTHER RACE ALONE (1.3% VS. 6.3% STATE), AND TWO OR MORE RACES (3.5% VS. 7.2% STATE). BY ETHNICITY, 2.1% OF THE COUNTY'S POPULATION IS HISPANIC. THIS IS LOWER THAN THE STATE PROPORTION (11.4%). AGE AND SEX: THE AGE DISTRIBUTION OF NORTHAMPTON COUNTY SKEWS OLDER THAN THE STATE. NORTHAMPTON COUNTY HAS A NOTABLY OLDER POPULATION COMPARED TO STATE AVERAGES. THE COUNTY HAS A SIGNIFICANTLY HIGHER PERCENTAGE OF RESIDENTS AGED 65 AND OLDER (27.3% VS. STATE'S 17.7%). THE PERCENTAGE OF ADULTS BETWEEN 45-64 IS HIGHER THAN THE STATE (27.5% VS. STATE'S 25.1%). THE COUNTY HAS A LOWER PROPORTION OF RESIDENTS BETWEEN 15 AND 44 (30.0% VS. STATE'S 39.3%) AND THE PERCENTAGE OF CHILDREN UNDER 15 (15.2%) IS ALSO LOWER THAN THE STATE AVERAGE (17.9%). THE PROPORTION OF FEMALES (53%) IS HIGHER THAN THE STATE AVERAGE (51.0%), WITH MALES COMPRISING 47% OF THE POPULATION COMPARED TO THE STATE'S 49.0%. LANGUAGE: APPROXIMATELY 7% OF NORTHAMPTON COUNTY RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, COMPARED TO AROUND 12.7% OF NORTH CAROLINA RESIDENTS. LESS THAN 2% OF COUNTY RESIDENTS SPEAK SPANISH AT HOME, SUGGESTING A PREDOMINANCE OF ENGLISH SPEAKERS. DISABILITY STATUS: THE PERCENTAGE OF THE POPULATION IN NORTHAMPTON COUNTY WITH A DISABILITY (19%) SKEWS HIGHER THAN THAT OF THE STATE AVERAGE OF 13.3%. VETERAN STATUS: THE VETERAN POPULATION IN NORTHAMPTON COUNTY (6.9%) IS LOWER THAN THE

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	STATE AVERAGE OF 7.8%. ECONOMIC INDICATORS: NORTHAMPTON COUNTY IS RANKED AS A TIER 1 COUNTY BY THE NC DEPARTMENT OF COMMERCE. THE 40 MOST DISTRESSED COUNTIES ARE DESIGNATED AS TIER 1. NORTHAMPTON COUNTY'S MEDIAN HOUSEHOLD INCOME OF $39,942 WAS LOWER THAN THE MEDIAN HOUSEHOLD INCOME IN NORTH CAROLINA OF $64,316. THE OVERALL UNEMPLOYMENT RATE OF 7.6% IS HIGHER THAN THE STATE AVERAGE OF 5.1%. NORTHAMPTON COUNTY HAS A HIGHER RATE OF POVERTY THAN NC. IN NORTHAMPTON COUNTY 19.9% OF HOUSEHOLDS WERE BELOW THE FEDERAL POVERTY LEVEL (FPL) - THIS IS HIGHER THAN THE STATE (10.1%) LEVEL. NEARLY ONE-THIRD (32.4%) OF NORTHAMPTON COUNTY HOUSEHOLDS RECEIVED FOOD STAMPS/SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM). THIS IS MORE THAN TWICE THE STATE RATE OF 13.4%, SUGGESTING A SIGNIFICANTLY HIGHER LEVEL OF FOOD INSECURITY AMONG COUNTY HOUSEHOLDS. ADDITIONALLY, SEE INFORMATION POSTED AT HTTPS://WWW.ECUHEALTH.ORG/ABOUT-US/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	THIS HAS BEEN DESCRIBED IN DETAIL IN SCHEDULE H, PART V, SECTION C, LINES 5 AND 11. ADDITIONALLY, SEE INFORMATION POSTED AT HTTPS://WWW.ECUHEALTH.ORG/ABOUT-US/COMMUNITY/HEALTH-NEEDS ASSESSMENT/
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	OUR MISSION AT ECU HEALTH IS TO IMPROVE THE HEALTH AND WELL-BEING OF EASTERN NORTH CAROLINA. OUR VISION IS TO BECOME THE NATIONAL MODEL FOR RURAL HEALTH AND WELLNESS BY CREATING A PREMIER, TRUSTED HEALTH CARE DELIVERY SYSTEM WHILE REMAINING TRUE TO OUR VALUES OF INTEGRITY, COMPASSION, EDUCATION, ACCOUNTABILITY, SAFETY AND TEAMWORK. OUR OPERATIONAL IMPERATIVES DRIVE ECU HEALTH PERFORMANCE AND OUTCOMES. THESE IMPERATIVES ARE EXPERIENCE, FINANCE, QUALITY, WELL-BRING, EQUITY & INCLUSION. WE KEEP PATIENTS, FAMILIES, TEAM MEMBERS AND COMMUNITIES AT THE CENTER OF EVERYTHING THAT WE DO. WE ARE MANAGING LIVES THROUGH A MODERN DELIVERY SYSTEM OF HEALTH CARE IN AN ACADEMIC AND RURAL SETTING TO DELIVER SAFE, HIGHLY RELIABLE HUMAN CENTERED CARE. ECU HEALTH IS A NORTH CAROLINA NON-PROFIT CORPORATION WITH HEADQUARTERS IN GREENVILLE, NORTH CAROLINA. ECU HEALTH AND ITS AFFILIATES OPERATE AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT SERVES A TOTAL MARKET OF APPROXIMATELY 1.4 MILLION PEOPLE IN 29 CONTIGUOUS COUNTIES IN EASTERN NORTH CAROLINA. THE HEALTH SYSTEM INCLUDES HOSPITALS, PHYSICIAN PRACTICES, OUTPATIENT SERVICES, HOME HEALTH, HOSPICE, AND WELLNESS SERVICES. THE HEALTH SYSTEM'S OWNED HOSPITALS ARE ECU HEALTH MEDICAL CENTER, WHICH IS A TERTIARY CARE HOSPITAL AND AN ACADEMIC MEDICAL CENTER, THAT INCLUDES THE ECU HEALTH BEAUFORT HOSPITAL AS A DEPARTMENT OPERATING AS A CAMPUS OF ECU HEALTH MEDICAL CENTER AND SEVEN OTHER ACUTE CARE HOSPITALS: ECU HEALTH ROANOKE-CHOWAN HOSPITAL, ECU HEALTH EDGECOMBE HOSPITAL, ECU HEALTH CHOWAN HOSPITAL, ECU HEALTH BERTIE HOSPITAL, ECU HEALTH DUPLIN HOSPITAL, ECU HEALTH NORTH HOSPITAL, AND THE OUTER BANKS HOSPITAL. ECU HEALTH MEDICAL CENTER SERVES AS THE TEACHING HOSPITAL FOR THE BRODY SCHOOL OF MEDICINE, EAST CAROLINA SCHOOLS OF NURSING AND ALLIED HEALTH, PITT COMMUNITY COLLEGE AND BEAUFORT COMMUNITY COLLEGE. THE SYSTEM ALSO SERVES AS A REGIONAL REFERRAL CENTER FOR EASTERN NORTH CAROLINA. IN OUR RURAL HEALTH CARE SETTING, WE ARE FACED WITH UNIQUE CHALLENGES. ONE OF THE CHALLENGES IS ACCESS TO CARE. FACTORS INFLUENCING ACCESS INCLUDE PATIENT FACTORS SUCH AS TRANSPORTATION NEEDS AS WELL AS PROVIDER AND STAFFING SHORTAGES. SHORTAGES IN STAFFING INFLATE THE COST OF PROVIDING CARE THROUGH THE USE OF LOCUM AND TEMPORARY LABOR AND CAUSE ADDITIONAL FINANCIAL STRAINS RELATED TO THE HIGH PERCENTAGE OF GOVERNMENT PAYORS AS WELL AS THE UNINSURED POPULATION IN OUR REGION. ALL COUNTIES IN WHICH ECU HEALTH OPERATES ARE DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREA (HPSA). AS A RESULT, OUR EMERGENCY DEPARTMENTS BECOME A PRIMARY CARE ACCESS POINT AND CAUSE OVERLOAD ON THE SYSTEM WHICH RESULT IN CAPACITY CONSTRAINTS FOR BEDS NEEDED FOR ADMISSIONS AND BOARDERS WAITING FOR TRANSFERS TO BEHAVIORAL HEALTH FACILITIES. ECU HEALTH HAS MADE A CONSCIOUS DECISION TO PROVIDE CERTAIN SERVICES FOR THE BENEFIT OF THE COMMUNITY ALTHOUGH VOLUMES ARE NOT LARGE ENOUGH TO GENERATE A PROFIT. ONE EXAMPLE OF THESE SERVICES ARE OB SERVICES WHERE LESS THAN 1 BABY IS BORN A DAY IN SOME OF OUR REGIONAL HOSPITALS; HOWEVER, DUE TO OUR RURAL NATURE WE BELIEVE IT WOULD BE DETRIMENTAL TO OUR COMMUNITY TO NOT MAINTAIN THESE SERVICES. ECU HEALTH IS CONTINUOUSLY COLLABORATING ON WAYS TO INCREASE ACCESS SUCH AS THROUGH USE OF TELEMEDICINE TO PROVIDE HIGH LEVEL CARE TO OUR REGIONAL HOSPITALS BY USING RESOURCES AT OUR ACADEMIC MEDICAL CENTER TO KEEP PATIENTS CLOSE TO HOME WHEN POSSIBLE. ADDITIONALLY. SEE INFORMATION POSTED AT HTTPS://WWW.ECUHEALTH.ORG/ABOUT-US/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	NC

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EAST CAROLINA HEALTH

Employer identification number

91-1997979

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) (SEE STATEMENT)	26-4307444	501 (C) (3)	5,500				(SEE STATEMENT)
(2) ROCKY MOUNT FAMILY YMCA, INC. PO BOX 4063, ROCKY MOUNT, NY 27803	56-0543251	501 (C) (3)	5,500				(SEE STATEMENT)
(3) BERTIE COUNTY PO BOX 530, WINDSOR, NY 27983	56-6000273	GOVERNMENT ENTITY	6,000				(SEE STATEMENT)
(4) TOWN OF MURFREESBORO P.O. BOX 628, MURFREESBORO, NY 27855	56-6001298	GOVERNMENT ENTITY	6,700				(SEE STATEMENT)
(5) (SEE STATEMENT)	55-0788873	501 (C) (3)	7,000				WATER TURTLES PROGRAM
(6) AHOSKIE FOOD PANTRY PO BOX 159, AHOSKIE, NY 27910	47-5312847	501 (C) (3)	7,000				FOOD PANTRY SERVICES
(7) THE LIGHTHOUSE HOME PO BOX 636, ROCKY MOUNT, NY 27801	30-0538794	501 (C) (3)	7,000				(SEE STATEMENT)
(8) (SEE STATEMENT)	56-6000286	501 (C) (3)	7,000				(SEE STATEMENT)
(9) DOWN EAST PARTNERSHIP FOR CHILDREN 215 LEXINGTON ST, ROCKY MOUNT, NY 27802	56-1859313	501 (C) (3)	7,500				(SEE STATEMENT)
(10) TOWN OF KENANSVILLE PO BOX 370, KENANSVILLE, NY 28349	56-6001255	GOVERNMENT ENTITY	7,500				(SEE STATEMENT)
(11) TOWN OF WALLACE 316 MURRAY STREET, WALLACE, NY 28466	56-6001361	GOVERNMENT ENTITY	7,500				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 31

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

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

(SEE STATEMENT)

Part II **Grants and Other Assistance to Governments and Organizations in the United States** (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) LAKE GASTON LIONS WILDWOOD FOUNDATION 139 STANLEY ROAD, HENRICO, NY 27842	56-2254142	501 (C) (3)	7,800				WE WALK SMART 2 CANES PROGRAM
(13) ALBEMARLE AREA UNITED WAY PO BOX 293, ELIZABETH CITY, NC 27907	23-7123601	501 (C) (3)	8,000				HEALTH EQUITY ACCESS VIA NC 2-1-1
(14) THE GOOD SHEPHERD FOOD PANTRY PO BOX 100, AULANDER, NY 27805	26-3600603	501 (C) (3)	8,000				YOUTH BACKPACK PROGRAM
(15) BOYS & GIRLS CLUBS OF THE TAR RIVER REGION PO BOX 1622, ROCKY MOUNT, NY 27804	56-0934910	501 (C) (3)	8,000				TRIPLE PLAY PROGRAM
(16) DUPLIN COUNTY HEALTH DEPARTMENT PO BOX 948, KENANSVILLE, NY 28349	56-6000296	GOVERNMENT ENTITY	8,000				PREDIABETES AND DIABETES MANAGEMENT
(17) RURAL OPPORTUNITIES INSTITUTE 3661 SUNSET AVE #5061, ROCKY MOUNT, NY 27804	99-1735506	501 (C) (3)	8,500				TRAUMA INFORMED & RESILIENCE FOCUSED TRAINING AND SUPPORT
(18) TARHEEL HUMAN SERVICES NON-PROFIT PO BOX 1321, BEAULAVILLE, NY 28518	47-4705313	501 (C) (3)	10,000				GAP FUNDING FOR MENTAL HEALTH COUNSELING
(19) BERTIE COUNTY RURAL HEALTH ASSOCIATION PO BOX 628, WINDSOR, NY 27983	56-1420061	501 (C) (3)	10,000				BCRHA MEDICAL TRANSPORTATION
(20) CENTER FOR ENERGY EDUCATION 460 AIRPORT ROAD, ROANOKE RAPIDS, NY 27870	47-2079791	501 (C) (3)	10,000				HEALTH AND WELLNESS LEARNING SERIES FOR RESIDENTS AND STUDENTS
(21) ALBEMARLE DEVELOPMENT CORPORATION 512 S. CHURCH ST., HERTFORD, NY 27944	26-2495965	501 (C) (3)	11,500				MEALS ON WHEELS
(22) CARENET COUNSELING EAST 108 OAKMOUNT DRIVE, GREENVILLE, NY 27858	56-2189431	501 (C) (3)	16,500				ACCESS TO BEHAVIORAL HEALTH CARE
(23) LAKE GASTON RETIREMENT VILLAGE FOUNDATION, INC. 2357 EATON FERRY RD, LITTLETON, NY 27850	26-0804984	501 (C) (3)	17,000				HELPFUL HANDS AND HEARTS RAMPS IT UP
(24) NORTH CAROLINA COOPERATIVE EXTENSION - BERTIE COUNTY P.O. BOX 280, WINDSOR, NY 27983	56-6000276	GOVERNMENT ENTITY	18,900				HANDS ON NUTRITION EDUCATION AND PHYSICAL ACTIVITY FOR THE COMMUNITY
(25) HERTFORD COUNTY PO BOX 188, WINTON, NY 27986	56-6001523	GOVERNMENT ENTITY	22,000				SENIOR PREVENTION INFORMATION & COMMUNITY EDUCATION
(26) FOOD BANK OF CENTRAL AND EASTERN NORTH CAROLINA 1924 CAPITAL BLVD, RALEIGH, NY 27604	56-1283426	501 (C) (3)	27,000				NOURISHING FAMILIES IN DUPLIN COUNTY
(27) ROANOKE CHOWAN COMMUNITY HEALTH CENTER 120 HEALTH CENTER DR., AHOSKIE, NY 27910	42-1638714	501 (C) (3)	30,700				PRESCRIPTION ASSISTANCE PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) RIPE FOR REVIVAL 161 ENGLISH ROAD, ROCKY MOUNT, NY 27804	85-2733560	501 (C) (3)	35,600				PAY WHAT YOU CAN MOBILE MARKET BUS
(29) NC MEDASSIST 4428 TAGGART CREEK RD. STE 101, CHARLOTTE, NY 28208	56-2018957	501 (C) (3)	40,500				MEDICATION ASSISTANCE PROGRAM
(30) FOOD BANK OF THE ALBEMARLE PO BOX 1704, ELIZABETH CITY, NY 27906	56-1341658	501 (C) (3)	52,000				SUPPLEMENTAL FOOD PROGRAMS
(31) TOWN OF WALLACE 316 MURRAY STREET, WALLACE, NC 28466	56-6001361	GOVT ENTITY		361,668	ASSESSED TAX VALUE	LOT AND BUILDING COMPRISED OF 0.59 ACRES AND 3,426 SQUARE FEET OF BUILDING.	DONATION OF LAND FOR BETTERMENT OF COMMUNITY

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE ALL DISBURSEMENTS MADE IN ACCORDANCE WITH ITS DOCUMENT RETENTION POLICY. ALL GRANTS AND ASSISTANCE ARE APPROVED AT THE APPROPRIATE LEVEL OUTLINED IN ITS POLICY AND PROCEDURES.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	KRISTI OVERTON JOHNSON MINISTRIES 101 WEST 14TH ST. SUITE 110, GREENVILLE, NY 27858
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	PERQUIMANS COUNTY SCHOOLS FOUNDATION, INC. 411 EDENTON ROAD ST., HERTFORD, NY 27944
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NC COOPERATIVE EXTENSION - CHOWAN COUNTY CENTER 730 N GRANVILLE ST SUITE A, EDENTON, NY 27932
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	KRISTI OVERTON JOHNSON MINISTRIES: VICTORIOUS LIVING PRISON OUTREACH
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ROCKY MOUNT FAMILY YMCA, INC.: BEFORE BARRIERS (CHRONIC DISEASES PREVENTION & MANAGEMENT)
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BERTIE COUNTY: VETERANS TRANSPORTATION ASSISTANCE PROGRAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	TOWN OF MURFREESBORO: MURFREESBORO RECREATION AND COMMUNITY HEALTH
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE LIGHTHOUSE HOME: OPIATE CRISIS PEER SUPPORT SPECIALIST
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	NC COOPERATIVE EXTENSION - CHOWAN COUNTY CENTER: NUTRITION EDUCATION CLASSES AND CAMPS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DOWN EAST PARTNERSHIP FOR CHILDREN: ENGAGING COMMUNITY PARTNERS TO SUSTAIN A HEALTH COMMUNITY
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	TOWN OF KENANSVILLE: SAFE RESURFACING OF KENAN PARK PLAYGROUND
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	TOWN OF WALLACE: LEVELING THE PLAYING FIELD PROGRAM

SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
EAST CAROLINA HEALTH

Employer identification number
91-1997979

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	✔	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✔
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✔
b	Any related organization?	5b		✔
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✔
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MICHAEL WALDRUM, MD CHAIRMAN	(i)	0	0	0	0	0	0	0
		(ii)	1,011,508	729,088	18,753	341,625	51,625	2,152,599	0
2	ANDY ZUKOWSKI SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0
		(ii)	704,511	197,598	0	142,069	48,192	1,092,370	0
3	JAY BRILEY FORMER PRESIDENT, ECU HEALTH COM HOSP	(i)	0	0	0	0	0	0	0
		(ii)	539,950	156,530	0	156,225	46,264	898,969	0
4	VAN SMITH ECUH COMM HOSP PRESIDENT	(i)	0	0	0	0	0	0	0
		(ii)	415,805	111,741	0	158,352	46,722	732,620	0
5	ANTHONY CHUNG ANESTHESIOLOGIST	(i)	631,374	0	0	0	61,672	693,046	0
		(ii)	0	0	0	0	0	0	0
6	PATRICK HEINS PRESIDENT, ECUH EDGECOMBE	(i)	334,477	91,709	0	176,492	20,218	622,896	0
		(ii)	0	0	0	0	0	0	0
7	BRIAN HARVILL PRESIDENT, ECUH CHOWAN, ECUH BERTIE & ECUH ROANOKE-CHOWAN	(i)	352,027	101,033	0	80,535	54,019	587,614	0
		(ii)	0	0	0	0	0	0	0
8	JEFFERY DIAL PRESIDENT, ECUH DUPLIN	(i)	266,437	83,064	3,627	132,693	50,039	535,860	0
		(ii)	0	0	0	0	0	0	0
9	MICHELLE TAYLOR VP OF FINANCE & OPERATIONS	(i)	0	0	0	0	0	0	0
		(ii)	290,640	65,669	0	111,841	47,325	515,475	0
10	DEBRA HERNANDEZ FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
		(ii)	312,418	71,717	0	83,620	24,111	491,866	0
11	DENNIS CAMPBELL FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
		(ii)	262,354	70,681	0	51,902	43,410	428,347	0
12	CHARLES ALFORD VP FINANCIAL SERVICES (EDGE & RCH)	(i)	229,742	43,123	0	121,417	6,687	400,969	0
		(ii)	0	0	0	0	0	0	0
13	CYNTHIA MAYO VP PATIENT CARE SERVICES EDGE	(i)	174,877	40,644	0	58,220	45,526	319,267	0
		(ii)	0	0	0	0	0	0	0
14	DELORES MORRIS VP, PATIENT CARE SERVICES-VROA	(i)	181,404	40,644	0	68,196	21,702	311,946	0
		(ii)	0	0	0	0	0	0	0
15	LUCINDA CRAWFORD VP, FINANCIAL SERVICES DUPLIN	(i)	165,038	37,998	0	79,587	21,988	304,611	0
		(ii)	0	0	0	0	0	0	0
16	SEE NEXT PAGE	(i)							
		(ii)							

Part II **Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
(16) KELLY SEXTON MGR, PHARMACY	(i)	215,935	1,500	0	33,942	48,519	299,896	0
	(ii)	0	0	0	0	0	0	0
(17) TODD WARLITNER VP FINANCE-CRITICAL ACCESS HOSPITALS	(i)	108,949	25,489	0	14,165	23,929	172,532	0
	(ii)	72,632	16,993	0	9,444	15,953	115,022	0
(18) TAMMI ROOS ANESTHESIOLOGIST	(i)	239,180	0	0	31,026	16,118	286,324	0
	(ii)	0	0	0	0	0	0	0
(19) DANA BYRUM VP PT CARE SERVICES CHO	(i)	177,111	40,644	0	60,553	7,774	286,082	0
	(ii)	0	0	0	0	0	0	0
(20) SHELLI SIMMONS MGR, PHARMACY	(i)	223,762	1,500	0	37,286	23,379	285,927	0
	(ii)	0	0	0	0	0	0	0
(21) LEIGH GURLEY MGR, PHARMACY	(i)	215,426	1,500	0	46,674	21,922	285,522	0
	(ii)	0	0	0	0	0	0	0
(22) JASON HARRELL PRESIDENT, ECUH NORTH	(i)	227,503	0	0	25,319	29,593	282,415	0
	(ii)	0	0	0	0	0	0	0
(23) CHRISTINA MILLER VP, PATIENT CARE SERVICES DUPLIN	(i)	185,378	40,986	0	22,722	15,556	264,642	0
	(ii)	0	0	0	0	0	0	0
(24) EDNA DUNN VP, PATIENT CARE SERVICES	(i)	158,658	0	69,231	15,776	1,677	245,342	0
	(ii)	0	0	0	0	0	0	0

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	THE TOP MANAGEMENT OFFICIAL IS THE PRESIDENT WHO IS AN EMPLOYEE OF EAST CAROLINA HEALTH. THE COMPENSATION IS DETERMINED BY THE COMPENSATION AND BENEFITS COMMITTEE OF THE ECU HEALTH BOARD USING COMPARATIVE DATA FROM LIKE ORGANIZATIONS AND INPUT FROM CONSULTANTS. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS ALSO DETERMINED BY THE COMPENSATION AND BENEFITS COMMITTEE OF THE ECU HEALTH BOARD USING COMPARATIVE DATA FROM LIKE ORGANIZATIONS AND INPUT FROM CONSULTANTS. ALL COMPENSATION DISCUSSIONS AND ACTIONS ARE DOCUMENTED AND APPROVED IN THE MINUTES OF THE COMMITTEE.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	EDNA DUNN RECEIVED A SEVERANCE PAYMENT OF $69,231.

Form 990 Item H

Subordinates for Group Return

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EAST CAROLINA HEALTH

Employer identification number

91-1997979

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	OVERVIEW OF UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA: OUR MISSION AT ECU HEALTH IS TO IMPROVE THE HEALTH AND WELL-BEING OF EASTERN NORTH CAROLINA. OUR MISSION, VISION AND VALUES CONTINUE TO LEAD US ON A VOYAGE TO EXCELLENCE. BECAUSE THE PEOPLE WE TAKE CARE OF ARE OUR NEIGHBORS, FRIENDS AND FAMILY THEY DESERVE THE BEST. ECU HEALTH IS A NORTH CAROLINA NON-PROFIT CORPORATION WITH HEADQUARTERS IN GREENVILLE, NORTH CAROLINA. ECU HEALTH AND ITS AFFILIATES OPERATE AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT SERVES A TOTAL MARKET OF APPROXIMATELY 1.4 MILLION PEOPLE IN 29 CONTIGUOUS COUNTIES IN EASTERN NORTH CAROLINA. THE HEALTH SYSTEM INCLUDES HOSPITALS, PHYSICIAN PRACTICES, OUTPATIENT SERVICES, HOME HEALTH, HOSPICE, AND WELLNESS SERVICES. THE HEALTH SYSTEM'S OWNED HOSPITALS ARE ECU HEALTH MEDICAL CENTER, WHICH IS A TERTIARY CARE HOSPITAL AND AN ACADEMIC MEDICAL CENTER, THAT INCLUDES THE ECU HEALTH BEAUFORT HOSPITAL AS A DEPARTMENT OPERATING AS A CAMPUS OF ECU HEALTH MEDICAL CENTER AND SEVEN OTHER ACUTE CARE HOSPITALS: ECU HEALTH ROANOKE-CHOWAN HOSPITAL, ECU HEALTH EDGECOMBE HOSPITAL, ECU HEALTH CHOWAN HOSPITAL, ECU HEALTH BERTIE HOSPITAL, ECU HEALTH DUPLIN HOSPITAL, ECU HEALTH NORTH HOSPITAL, AND THE OUTER BANKS HOSPITAL. ECU HEALTH MEDICAL CENTER SERVES AS THE TEACHING HOSPITAL FOR THE BRODY SCHOOL OF MEDICINE, EAST CAROLINA SCHOOLS OF NURSING AND ALLIED HEALTH, PITT COMMUNITY COLLEGE AND BEAUFORT COMMUNITY COLLEGE. THE SYSTEM ALSO SERVES AS A REGIONAL REFERRAL CENTER FOR EASTERN NORTH CAROLINA. THE SYSTEM'S NINE OWNED HOSPITALS ARE LICENSED TO OPERATE 1,708 BEDS. EACH HOSPITAL IS LICENSED BY THE DIVISION OF FACILITY SERVICES OF THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES AND APPROVED AS A PROVIDER BY THE MEDICARE AND MEDICAID PROGRAMS. ECU HEALTH AND ITS HOSPITALS AND AFFILIATE ORGANIZATIONS PROVIDE SERVICES TO PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. IN FISCAL YEAR 2025 ECU HEALTH'S COMBINED PATIENT CARE STATISTICS WERE: INPATIENT ADMISSIONS, 68,570; INPATIENT DAYS OF CARE, 385,908; SURGERIES, 54,577; BIRTHS, 6,394; AND OUTPATIENT VISITS, 482,146. OUR SYSTEM'S WORKFORCE INCLUDED 13,578 EMPLOYEES. EACH OF ECU HEALTH'S HOSPITALS OPERATES AN EMERGENCY ROOM, WHICH IS OPEN 24 HOURS A DAY. ECU HEALTH MEDICAL CENTER ALSO OFFERS A FULL SPECTRUM OF TRAUMA SERVICES. EMERGENCY AND TRAUMA SERVICES ARE PROVIDED TO PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. IN FISCAL YEAR 2025 ECU HEALTH PROVIDED CARE TO 277,498 EMERGENCY ROOM PATIENTS. ECU HEALTH'S BOARD OF DIRECTORS CONSISTS OF 11 VOTING MEMBERS, SIX OF WHOM MUST BE CURRENT OR FORMER PITT COUNTY, NORTH CAROLINA APPOINTEES OF ECU HEALTH MEDICAL CENTER'S BOARD OF TRUSTEES AND FIVE OF WHOM MUST BE CURRENT OR FORMER BOARD OF GOVERNORS OF THE UNIVERSITY OF NORTH CAROLINA APPOINTEES OF ECU HEALTH MEDICAL CENTER'S BOARD OF TRUSTEES. ECU HEALTH MEDICAL CENTER, IN AFFILIATION WITH THE BRODY SCHOOL OF MEDICINE, WHICH IS OWNED BY THE STATE OF NORTH CAROLINA, OPERATES 30 RESIDENT-TRAINING PROGRAMS WITH OVER 400 MEDICAL RESIDENTS. THIS RELATIONSHIP ENABLES ECU HEALTH MEDICAL CENTER AND THE BRODY SCHOOL OF MEDICINE TO COMBINE THEIR RESOURCES FOR THE PROVISION OF QUALITY PATIENT CARE, MEDICAL EDUCATION AND RESEARCH FOR THE RESIDENTS OF EASTERN NORTH CAROLINA. THE BRODY SCHOOL OF MEDICINE HAS THREE IMPORTANT GOALS: EDUCATING PRIMARY CARE PHYSICIANS, MAKING MEDICAL CARE MORE READILY AVAILABLE TO THE PEOPLE OF EASTERN NORTH CAROLINA, AND PROVIDING OPPORTUNITIES TO MINORITY AND DISADVANTAGED STUDENTS. AS A NON-PROFIT ORGANIZATION, ECU HEALTH REINVESTS ALL EXCESS OF REVENUES OVER EXPENSES IN PROGRAMS, SERVICES, AND FACILITIES THAT PROVIDE ACCESS TO PATIENT CARE AND HEALTH SERVICES TO THE CITIZENS OF EASTERN CAROLINA. OVERVIEW OF ECU HEALTH COMMUNITY BENEFIT PROGRAMS 1. EASTERN NORTH CAROLINA IS COMPRISED OF 1.4 MILLION PEOPLE LIVING IN 14,000 SQUARE MILES. BOUNDARIES ARE FROM I-95 EAST TO THE COAST, AND FROM THE VIRGINIA LINE DOWN TO AND INCLUDING ONSLOW COUNTY. THE AREA IS LARGELY RURAL AND LARGELY POOR, WITH HIGHER THAN STATE OR NATIONAL AVERAGE RATES FOR POVERTY AND UNINSURED. HEALTH STATUS INDICATORS SHOW INCREASED INCIDENCE OF DISEASE IN THE REGION, ESPECIALLY CANCER, HEART DISEASE AND STROKE. ECU HEALTH DETERMINES PRIORITIES FOR TARGET POPULATIONS BY WORKING IN CONCERT WITH MEDICAL AND COMMUNITY AGENCY PARTNERS IN ONGOING ASSESSMENT OF THE MOST PRESSING HEALTH CARE NEEDS. MANY EFFORTS OVER THE PAST DECADE HAVE FOCUSED ON DIABETES, PEDIATRIC ASTHMA, SCHOOL HEALTH, INJURY PREVENTION, ACCESS TO CARE, NUTRITION ENHANCEMENT, PHYSICAL ACTIVITIES AND CHRONIC DISEASE SCREENINGS. ALSO, SPECIAL PROGRAMS TO MANAGE THE CARE OF MEDICAID ENROLLEES, ADDRESS ACCESS TO BOTH MEDICAL CARE AND MEDICATIONS FOR THE UNINSURED, AND COORDINATION OF SERVICES FOR CHILDREN WITH OBESITY HAVE

Return Reference - Identifier	Explanation
	BEEN UNDERTAKEN. THE POPULATIONS THAT ARE SERVED BY ADDRESSING THESE ISSUES ARE LARGELY THE POOR, THE UNDERSERVED, AND MINORITIES. DETERMINATION OF SPECIFIC POPULATIONS TO ADDRESS OCCURS WHEN PARTNERS SUCH AS THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, LOCAL HEALTH DEPARTMENTS, COUNTY COALITIONS, TASK FORCES, AND PHYSICIANS IDENTIFY A QUANTIFIABLE NEED, AND COMMUNITY PARTNERS ARE ENGAGED TO WORK TOGETHER WITH THE HEALTH SYSTEM. 2. FUNDING FOR COMMUNITY HEALTH PROGRAMS IS OBTAINED FROM BOTH THE OPERATING FUNDS OF ECU HEALTH ENTITIES AND EXTERNAL GRANT-AWARDING ORGANIZATIONS. THE ECU HEALTH BOARD ANNUALLY PROVIDES FINANCIAL SUPPORT FOR THE COMMUNITY BENEFIT INITIATIVES PROGRAM BASED WITHIN EACH ECU HEALTH HOSPITAL. FUNDS ARE AWARDED TO COMMUNITY AGENCIES THAT SUCCESSFULLY DEMONSTRATE BOTH NEED AND A WELL-DESIGNED PLAN TO ADDRESS ONE OF THE HEALTH PRIORITIES IDENTIFIED IN THE COMMUNITY HEALTH ASSESSMENT PROCESS. THESE FUNDS ARE THEN AWARDED TO COMMUNITY AGENCIES THAT SUCCESSFULLY DEMONSTRATE BOTH NEED AND A WELL-DESIGNED PLAN TO ADDRESS ONE OF THE FOUNDATION'S PRIORITY CATEGORIES. IN ADDITION, EACH ECU HEALTH HOSPITAL FINANCIALLY SUPPORTS COMMUNITY HEALTH RESOURCES WITHIN ITS OPERATING BUDGET. PROGRAMS VARY ACCORDING TO THE HOSPITAL'S FINANCIAL ABILITY AND COMMUNITY NEED, BUT ALL INCLUDE COLLABORATIVE EFFORTS WITH LOCAL HEALTH DEPARTMENTS, INCLUDING HEALTH SCREENINGS AND EDUCATION TO TARGETED POPULATIONS. ECU HEALTH ALSO HAS A SUCCESSFUL TRACK RECORD OF OBTAINING COMMUNITY HEALTH PROGRAM SUPPORT FROM EXTERNAL AGENCIES THAT AWARD GRANT FUNDING TO APPROVE PROJECTS. THE ECU HEALTH GRANTS OFFICE WAS ESTABLISHED IN 2008 AND SERVES AS THE CENTRAL POINT FOR GRANT MINING, ACQUISITION AND MANAGEMENT OF GRANTS AWARDED TO ECU HEALTH HOSPITALS FOR COMMUNITY-BASED PROGRAMS. GRANT FUNDS ARE UTILIZED TO DEMONSTRATE THE EFFECTIVENESS OF A PROPOSED COMMUNITY PROGRAM, MEASURE THE OUTCOMES ACHIEVED, AND GARNER LONG-TERM SUSTAINABILITY FROM EITHER THE HEALTH SYSTEM, OTHER COMMUNITY AGENCIES OR AS A COLLABORATIVE PROGRAM. MANY COMMUNITY HEALTH PROGRAMS ARE COLLABORATIVE IN NATURE WITH LOCAL SERVICE AGENCIES, AND OFTEN A PORTION OF THE GRANT FUNDS ARE USED TO SUPPORT RESOURCES OR SERVICES IN THESE AGENCIES 3. COMMUNITY HEALTH PRIORITIES ARE DETERMINED FOLLOWING THE COMPLETION OF A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS. THE COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDES INPUT FROM COMMUNITY MEMBERS RECEIVED THROUGH COMMUNITY SURVEYS AND FOCUS GROUP DISCUSSIONS, AS WELL AS A REVIEW OF SECONDARY HEALTH DATA. COMMUNITY ALLIANCES, PARTNERS AND ORGANIZATIONS, INCLUDING LOCAL HEALTH DEPARTMENTS, PARTICIPATE IN THIS REVIEW. A LIST OF THE MOST PRESSING HEALTH ISSUES ARE COMPILED FOR EACH COMMUNITY AND THEN PRIORITIZED FOLLOWING AN ASSESSMENT OF CURRENT HEALTH RESOURCES TO ADDRESS THE IDENTIFIED HEALTH ISSUES. ESTABLISHED RESOURCES/COALITIONS AND NEW PARTNERSHIPS ARE FORMED TO ADDRESS THE IDENTIFIED HEALTH PRIORITIES 4. COMMUNITY HEALTH PRIORITIES ARE ALSO ESTABLISHED IN RESPONSE TO A COMPELLING NEED IDENTIFIED BY HEALTH PRACTITIONERS OR COMMUNITY GROUPS. ECU HEALTH IS FORTUNATE TO HAVE A STRONG COLLABORATIVE PARTNERSHIP WITH EAST CAROLINA UNIVERSITY AND WORKS CLOSELY WITH THE SCHOOLS WITHIN THE HEALTH SCIENCES DIVISION, ESPECIALLY THE BRODY SCHOOL OF MEDICINE. PROVIDED BELOW ARE A FEW HIGHLIGHTS OF THE COMMUNITY BENEFIT AND EDUCATION ACTIVITIES: COMMUNITY HEALTH IMPROVEMENT SERVICES: COMMUNITY HEALTH IMPROVEMENT SERVICES ARE PROGRAMS AND SERVICES THAT MEET AN IDENTIFIED NEED AND ARE OFFERED TO THE COMMUNITY AT LITTLE OR NO CHARGE. ECU HEALTH HOSPITALS SPONSOR PROGRAMS THAT IMPROVE ACCESS TO HEALTH CARE FOR THE UNDERSERVED AND ENHANCE THE IDENTIFICATION AND MANAGEMENT OF CHRONIC DISEASES, SUCH AS CANCER, DIABETES AND HEART DISEASE. HERE ARE A FEW EXAMPLES OF THESE PROGRAMS: - MEDICAL ASSISTANCE PROGRAMS FOR UNINSURED PATIENTS - SUPPORT FOR COMMUNITY COALITIONS FOCUSED ON HEALTH - SUPPORT OF LOCAL FEDERALLY QUALIFIED HEALTH CENTER - SUPPORT FOR HEALTHY NEIGHBORS FAITH HEALTH PARTNERSHIP - SUPPORT FOR SCHOOL HEALTH PARTNERSHIP

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EAST CAROLINA HEALTH

Employer identification number

91-1997979

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	HEALTH PROFESSIONAL EDUCATION: PREPARING FUTURE HEALTH CARE PROFESSIONALS IS IMPORTANT TO US. OUR HOSPITALS PROVIDE CLINICAL SETTINGS FOR STUDENTS OF HEALTH PROFESSIONS, SUCH AS FUTURE PHYSICIANS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS. WE ALSO SUPPORT STUDENTS THROUGH DEFERRED FORGIVABLE LOANS AND INTERNSHIPS INCLUDING RESIDENT TRAINING, NURSING CLINIC SITES, ALLIED HEALTH PROFESSIONALS, AND FINANCIAL SUPPORT OF NURSING PROGRAMS. RESEARCH: EAST CAROLINA UNIVERSITY (ECU) CONDUCTS RESEARCH TO EVALUATE NEW TREATMENTS AND PROTOCOLS. THESE STUDIES HELP HEALTH PROFESSIONALS EVERYWHERE PROVIDE QUALITY CARE TO PATIENTS. ECU HEALTH SUPPORTS THIS THROUGH VARIOUS MEANS INCLUDING SUPPORTING THE INSTITUTIONAL REVIEW BOARD AT ECU AND PROVIDING STUDY SITES. FINANCIAL AND IN-KIND CONTRIBUTIONS: ECU HEALTH DONATES MONEY AND IN-KIND SERVICES TO COMMUNITY GROUPS AND ACTIVITIES THAT SHARE OUR MISSION OF IMPROVING HEALTH. THEY INCLUDE MEALS ON WHEELS, THE BLOOD CONNECTION BLOOD DRIVES, MEDICAL SUPPLIES TO EMERGENCY MEDICAL SERVICES, FREE MEDICATIONS TO QUALIFYING PATIENTS, AND LOCAL HIGH SCHOOL AND COMMUNITY COLLEGE ALLIED HEALTH PROGRAMS. ECU HEALTH HOSPITALS ARE KEY PARTNERS IN FUNDRAISING FOR ORGANIZATIONS SUCH AS THE UNITED WAY, AMERICAN HEART ASSOCIATION, AND THE AMERICAN CANCER SOCIETY. COMMUNITY BUILDING: COMMUNITY-BUILDING ACTIVITIES INCLUDE PROGRAMS THAT ARE NOT DIRECTLY RELATED TO HEALTH CARE BUT ADDRESS UNDERLYING ISSUES THAT IMPACT THE HEALTH OF COMMUNITIES. POVERTY, CRIME, HOMELESSNESS, WORKFORCE DEVELOPMENT AND ECONOMIC DEVELOPMENT ALL AFFECT THE OVERALL HEALTH OF COMMUNITIES. ECU HEALTH HAS PROVIDED SUPPORT FOR OUR LOCAL CHAMBERS OF COMMERCE, INVESTMENTS IN COMMUNICATION INFRASTRUCTURE VIA INFORMATION TECHNOLOGY CONNECTIONS, SUPPORT FOR THE TEEN LEADERSHIP ACADEMY, RECRUITMENT OF PHYSICIANS TO OUR RURAL COMMUNITIES, AND PROGRAMS THAT ENCOURAGE STUDENTS TO PURSUE HEALTH CAREERS.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $156,463,057 INCLUDING GRANTS OF $643,797)(REVENUE $216,255,456) HOSP. SVCS PROVIDED AT ADD. FACILITIES
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE BOARD OF DIRECTORS OF UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC. D/B/A ECU HEALTH ELECTS THE BOARD OF DIRECTORS OF EAST CAROLINA HEALTH D/B/A ECU HEALTH COMMUNITY HOSPITALS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE 990 IS MADE AVAILABLE TO BOARD MEMBERS BY POSTING TO A BOARD MEMBER'S WEBSITE. ANY BOARD MEMBER WHO DOES NOT HAVE THE ABILITY TO ACCESS THE RETURN IN THIS MANNER WILL RECEIVE A COPY VIA ELECTRONIC OR REGULAR MAIL. THE RETURN IS ALSO REVIEWED BY THE CHIEF FINANCIAL OFFICER, CHIEF GENERAL COUNSEL AND THE CHIEF AUDIT AND COMPLIANCE OFFICER OF ECU HEALTH PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ALL OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A YEARLY COMPREHENSIVE CONFLICT OF INTEREST QUESTIONNAIRE. THESE ARE REVIEWED BY LEGAL COUNSEL AND ANY POTENTIAL OR ACTUAL CONFLICTS ARE BROUGHT TO THE BOARD FOR DISPOSITION. BOARD MEMBERS ARE INSTRUCTED TO REPORT ANY POTENTIAL CONFLICTS ARISING DURING THE YEAR FOR REVIEW. BOARD MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON ISSUES IN WHICH THEY ARE DEEMED TO HAVE A CONFLICT.
FORM 990, PART VI, LINE 15 - PROCESS FOR DETERMINING COMPENSATION	THE COMPENSATION IS DETERMINED BY THE COMPENSATION AND BENEFITS COMMITTEE OF THE ECU HEALTH BOARD USING COMPARATIVE DATA FROM LIKE ORGANIZATIONS AND INPUT FROM CONSULTANTS. THIS PROCESS IS PERFORMED EVERY YEAR. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS ALSO DETERMINED BY THE COMPENSATION AND BENEFITS COMMITTEE OF THE ECU HEALTH BOARD USING COMPARATIVE DATA FROM LIKE ORGANIZATIONS AND INPUT FROM CONSULTANTS. THIS PROCESS IS PERFORMED EVERY YEAR. ALL COMPENSATION DISCUSSIONS AND ACTIONS ARE DOCUMENTED AND APPROVED IN THE MINUTES OF THE COMMITTEE.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND COMBINED FINANCIAL STATEMENTS AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	

(a) Description	**(b)** Total Expenses	**(c)** Program Service Expenses	**(d)** Management and General Expenses	**(e)** Fundraising Expenses
CONTRACTED SERVICES	157,547,420	124,424,338	33,123,082	0
Total	**157,547,420**	**124,424,338**	**33,123,082**	**0**

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EAST CAROLINA HEALTH

Employer identification number

91-1997979

Return Reference - Identifier	Explanation
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	**(a)** Description / **(b)** Amount NET ASSET TRANSFER 32,866,747 **TOTAL** **32,866,747**
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
EAST CAROLINA HEALTH

Employer identification number
91-1997979

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DUPLIN HEALTH CARE SERVICES, LLC (56-6011594) 401 N. MAIN STREET, KENANSVILLE, NC 28439	HEALTHCARE	NC	0	0	DUPLIN GEN.H
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) (SEE STATEMENT)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

			Yes	No
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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		✔
b	Gift, grant, or capital contribution to related organization(s)	1b		✔
c	Gift, grant, or capital contribution from related organization(s)	1c	✔	
d	Loans or loan guarantees to or for related organization(s)	1d		✔
e	Loans or loan guarantees by related organization(s)	1e		✔
f	Dividends from related organization(s)	1f		✔
g	Sale of assets to related organization(s)	1g		✔
h	Purchase of assets from related organization(s)	1h		✔
i	Exchange of assets with related organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	✔	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	✔	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	✔	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	✔	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✔	
o	Sharing of paid employees with related organization(s)	1o	✔	
p	Reimbursement paid to related organization(s) for expenses	1p	✔	
q	Reimbursement paid by related organization(s) for expenses	1q	✔	
r	Other transfer of cash or property to related organization(s)	1r		✔
s	Other transfer of cash or property from related organization(s)	1s		✔

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

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

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II **Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA D/B/A ECU HEALTH (56-2141073) 2100 STANTONSBURG ROAD, GREENVILLE, NC 27835	HEALTHCARE	NC	501(C)(3)	12 TYPE III-FI	N/A		✓
(2) PITT COUNTY MEMORIAL HOSPITAL, INC. D/B/A ECU HEALTH MEDICAL CENTER (56-0585243) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HOSPITAL	NC	501(C)(3)	3	ECU HEALTH		✓
(3) VIDANT MEDICAL GROUP, LLC. D/B/A ECU HEALTH PHYSICIANS (38-3740839) 2100 STANTONSBURG ROAD, GREENVILLE, NC 27835	HEALTHCARE	NC	501(C)(3)	10	ECU HEALTH		✓
(4) EAST CAROLINA HEALTH D/B/A ECU HEALTH COMMUNITY HOSPITALS (56-2003393) 2100 STANTONSBURG ROAD, GREENVILLE, NC 27835	HOSPITAL	NC	501(C)(3)	3	ECU HEALTH		✓
(5) PCMH MANAGEMENT, INC D/B/A ECU HEALTH PROPERTIES (56-1690740) 2100 STANTONSBURG ROAD, GREENVILLE, NC 27835	MED PROP MGMT	NC	501(C)(2)		ECU HEALTH		✓
(6) HEALTHACCESS, INC. (56-1396133) 2100 STANTONSBURG ROAD, GREENVILLE, NC 27835	HEALTHCARE	NC	501(C)(3)	12 TYPE II	ECU HEALTH		✓
(7) THE OUTER BANKS HOSPITAL, INC. D/B/A OUTER BANKS HEALTH (56-2112733) 2100 STANTONSBURG ROAD, GREENVILLE, NC 27835	HOSPITAL	NC	501(C)(3)	3	EC HEALTH		✓
(8) ACCESS EAST, INC. (56-1949493) 2410 STANTONSBURG RD, STANTON SQUARE, GREENVILLE, NC 27835	HEALTHCARE	NC	501(C)(3)	10	ECU HEALTH		✓
(9) ROANOKE VALLEY HEALTH SERVICES, INC. (56-1925492) 2100 STANTONSBURG ROAD, GREENVILLE, NC 27835	HEALTHCARE	NC	501(C)(3)	3	ECU HEALTH		✓

ECU Health

Financial Statements
Year Ended September 30, 2025

ECU Health

Financial Statements

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Independent Auditor's Report

To the Board of Directors
University Health Systems of Eastern Carolina, Inc.
d/b/a ECU Health
Greenville, North Carolina

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the business-type activities and the aggregate remaining fund information of University Health Systems of Eastern Carolina, Inc. d/b/a ECU Health (ECU Health) as of and for the year ended September 30, 2025, and the related notes to the financial statements, which collectively comprise ECU Health's basic financial statements, as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the business-type activities and the aggregate remaining fund information of ECU Health as of September 30, 2025, and the respective changes in financial position and where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of ECU Health and to meet our ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ECU Health's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

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

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the accompanying Management's Discussion and Analysis (unaudited) and the other required supplementary information (unaudited) as listed on the table of contents, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited

procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the basic financial statements that collectively comprise ECU Health's basic financial statements. The accompanying supplementary information, as listed in the table of contents, are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The consolidating and combining information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating supplementary information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

The combining schedules are prepared by management in accordance with the financial reporting provisions of Article 1 of the Amended and Restated Master Trust Indenture, dated February 1, 2006 (as amended between ECU Health and U.S. Bank National Association), (the MTI), which is a basis of accounting other than the principles generally accepted in the United States of America. In our opinion, the combining information is fairly stated, in all material respects, in accordance with the financial reporting provisions of Article 1 of the MTI, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 17, 2025 on our consideration of ECU Health's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of ECU Health's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering ECU Health's internal control over financial reporting and compliance.

BDO USA, P.C.

December 17, 2025

Management's Discussion and Analysis (Unaudited)

Annual Financial Report

The discussion and analysis of the University Health Systems of Eastern Carolina, Inc. d/b/a ECU Health, formerly Vidant Health, (the Parent Corporation) financial performance provides an overview of the health system's financial activities for the year ended September 30, 2025. The Parent Corporation, along with its nine component units (the Health System or ECU Health), are nonprofit, tax-exempt corporations. ECU Health consists of the Parent Corporation and its blended component units: Pitt County Memorial Hospital, Inc. d/b/a ECU Health Medical Center (VMC), East Carolina Health, Inc. d/b/a ECU Health Community Hospitals (VCOM), Coastal Plains Network (CPN), Channel Marker Insurance Company, SPC (CMIC), ECU Health Physicians (VMG) which includes Roanoke Valley Health Services, Inc. (RVHS), PCMH Management, Inc. d/b/a ECU Health Properties (VP), Access East, Inc. (Access East), HealthAccess, Inc. (HealthAccess) and Vidant Integrated Care, LLC d/b/a ECU Health Alliance, LLC (VIC). The financial statements of VMC include the activities of ECU Health Medical Center, East Carolina Health-Beaufort, Inc. d/b/a ECU Health Beaufort Hospital—A Campus of ECU Health Medical Center (VBEA), Moye Medical Endoscopy Center, LLC d/b/a ECU Health Endoscopy Center—Greenville (MMEC), SurgiCenter of Eastern Carolina, LLC d/b/a ECU Health SurgiCenter (VSC), and Vidant Radiation Oncology, LLC d/b/a ECU Health Radiation Oncology (VRO). The financial statements of VCOM also include the activities of East Carolina Health-Bertie d/b/a ECU Health Bertie Hospital (BER), East Carolina Health-Chowan d/b/a ECU Health Chowan Hospital (CHO), East Carolina Health-Heritage, Inc. d/b/a ECU Health Edgecombe Hospital (EDG), Duplin General Hospital d/b/a ECU Health Duplin Hospital (DUP), East Carolina Health, Inc. d/b/a ECU Health Roanoke-Chowan Hospital (ROA), Halifax Regional Medical Center, Inc. d/b/a ECU Health North (NOR) and The Outer Banks Hospital, Inc. d/b/a Outer Banks Health (OBH).

ECU Health is a health care delivery system headquartered in Greenville, North Carolina, that provides primarily hospital and other health care–related services to the citizens of eastern North Carolina. As of September 30, 2025, ECU Health has a total of 1,708 licensed beds and is anchored by VMC, a 1,116-bed teaching and tertiary hospital, which is affiliated with the Brody School of Medicine at East Carolina University. As of September 30, 2025, VCOM includes seven hospitals with a total of 592 licensed beds, which are located in communities throughout eastern North Carolina. Please read this information in conjunction with ECU Health's financial statements of its business-type activities, which begin on page 18. The financial statements also include comprehensive notes that describe the Health System, its history and significant accounting policies.

Financial Highlights

- In 2025, ECU Health's admissions increased by 0.6% and total surgeries decreased by 2.6%, while total patient days and outpatient visits increased 0.1% and 7.0%, respectively. In 2024, ECU Health's admissions and total surgeries increased by 8.7% and 6.2%, respectively, while total patient days and outpatient visits increased 3.7% and 4.3%, respectively.

- ECU Health's income from operations for the years ended September 30, 2025 and 2024, was $125.4 million and $110.5 million, respectively. ECU Health's operating margins for 2025 and 2024 were 3.2% and 2.9%, respectively (the operating margin percentage includes interest expense as an operating expense but does not include any grant funding from the federal or state government).

- ECU Health's operating cash flow margins (income from operations plus depreciation and amortization divided by total revenues) for the years ended September 30, 2025 and 2024, were 8.2% and 8.0%, respectively (the operating cash flow margin percentage does not include any grant funding from the federal or state government).

- ECU Health's net nonoperating revenue for the years ended September 30, 2025 and 2024, were $19.1 million and $71.9 million, respectively. Investment income for the year ended September 30, 2025, was $76.2 million, consisting of dividends, interest income and realized gains on investments of $31.9 million, plus unrealized gains on investments of $44.3 million. Interest expense on long-term debt was $(25.9) million for the year. Other included an unrealized gain on the interest rate swap of $0.6 million, unrestricted contributions received of $5.0 million, repayment of $(3.2) million of CARES Act funding, and other nonoperating expenses of $(33.6) million. Investment income for the year ended September 30, 2024, was $110.4 million, consisting of dividends, interest income and realized gains on investments of $42.5 million, plus unrealized gains on investments of $67.9 million. Interest expense on long-term debt was $(26.9) million for the year ended September 30, 2024. Other included an unrealized loss on the interest rate swap of $(1.0) million, gain on equity method investments of $2.2 million, unrestricted contributions received of $5.0 million, and other nonoperating expenses of $(17.8) million for the year ending September 30, 2024.

- ECU Health's increase in net position for the years ended September 30, 2025 and 2024, was $127.5 million and $172.7 million, respectively.

- ECU Health's unrestricted cash and internally designated investments for capital improvements at September 30, 2025 and 2024, totaled $1,156.2 million and $1,003.3 million, respectively.

Overview of the Financial Statements

ECU Health presents three basic financial statements of its business-type activities: statement of net position; statement of revenues, expenses and changes in net position; and statement of cash flows. The statements and related notes provide information about the financial activity of ECU Health.

The statement of net position presents the financial position on September 30, 2025 and shows the assets and deferred outflows owned by ECU Health and the liabilities owed to others and deferred inflows. The statement of net position includes information that reflects ECU Health's assets and deferred outflows relative to its obligations to bondholders, suppliers, team members and other creditors. The excess of assets and deferred outflows over liabilities and deferred inflows represents ECU Health's net position.

The statement of revenues, expenses and changes in net position reports the financial results from operations during the fiscal year. The statement shows how much ECU Health's net position increased during the past year as a result of operating and nonoperating activities and other changes.

The statement of cash flows describe the flow of cash into and out of ECU Health during the fiscal year. The statement reports cash flows received during the year from operations, management of current assets and liabilities, contributions, investing activities and other sources. The statement also reports how cash was used for investment in capital projects and equipment, contributions and transfers, and other uses, as well as related financing activities.

ECU Health presents a pension trust fund. The statement of fiduciary net position – pension trust fund includes the assets and net position of the Health System's team members' pension plans that are held in a fiduciary capacity. The statement of changes in fiduciary net position reports the additions and deductions to these fiduciary funds during the period. The pension trust fund does not issue separate financial statements; however, it is included as the aggregate remaining fund information of the Health System.

Nonfinancial factors would also need to be considered in evaluating the overall financial health of ECU Health, including, but not limited to, changes in ECU Health's market share, patient base and the quality of service provided by ECU Health, as well as local, state and national economic and regulatory matters and policy changes.

Summary Financial Statements of The Business-Type Activities of ECU Health

Financial Position

The ECU Health condensed statements of net position are presented below:

Condensed Statements of Net Position
(Dollars in Thousands)

September 30,	**2025**	2024
Current assets	**$ 1,219,101**	$ 1,139,356
Assets limited as to use—other	**809,279**	736,304
Capital assets, net	**866,822**	828,511
Other assets	**8,934**	10,217
Total assets	**2,904,136**	2,714,388
Deferred outflows	**129,502**	169,938
Total assets and deferred outflows	**$ 3,033,638**	$ 2,884,326
Current liabilities	**$ 628,486**	$ 555,914
Long-term liabilities	**791,189**	855,425
Total liabilities	**1,419,675**	1,411,339
Deferred inflows	**55,769**	42,251
Net investment in capital assets	**260,808**	259,370
Restricted—noncontrolling interests	**52,340**	51,508
Restricted—other	**3,442**	3,439
Unrestricted	**1,241,604**	1,116,419
Total net position	**1,558,194**	1,430,736
Total liabilities, deferred inflows and net position	**$ 3,033,638**	$ 2,884,326

At September 30, 2025, ECU Health's statement of net position includes total assets and deferred outflows of $3.0 billion and net position of $1.6 billion. From September 30, 2024 to 2025, and from September 30, 2023 to 2024, total assets and deferred outflows increased by $149.3 million and $238.9 million, respectively, while net position increased by $127.5 million and $172.7 million, respectively.

Current assets consist primarily of cash available for operations, patient receivables, other receivables, settlements due from third-party payors, inventories and prepaid expenses. In 2025, current assets were $1,219.0 million and increased by $79.7 million from 2024. Cash and cash equivalents increased by $86.8 million, patient accounts receivable decreased by $16.1 million, other receivables increased by $23.6 million, and third-party settlements decreased by $19.5 million. In 2025, the increase in cash and cash equivalents was a result of Healthcare Access and Stabilization Program (HASP) receipts, investment gains and operating improvements.

In 2024, current assets were $1,139.4 million and increased by $175.3 million from 2023. Cash and cash equivalents increased by $211.8 million, patient accounts receivable decreased by $34.4 million, other receivables decreased by $3.8 million, and third-party settlements decreased by $11.6 million. In 2024, the increase in cash and cash equivalents was a result of HASP receipts, investment gains and operating improvements.

Assets limited as to use consist primarily of investments in equity securities and bonds that are internally designated for future capital improvements and totaled $809.3 million and $736.3 million at September 30, 2025 and 2024, respectively. These funds increased by $73.0 million and $106.6 million in 2025 and 2024, respectively. ECU Health's cash and investment position increased in 2025 due to strong cash flow provided by operating activities and HASP.

Capital assets, net of accumulated depreciation and amortization, totaled $866.8 million at September 30, 2025, and increased by $38.3 million in 2025. Capital assets, net of accumulated depreciation and amortization, totaled $828.5 million at September 30, 2024, and increased by $10.5 million in 2024. These changes are described on page 15 in the discussion of capital assets.

Other assets include intangible assets, other than goodwill, and other long-term receivables and totaled $8.9 million at September 30, 2025. Other assets include intangible assets, other than goodwill, and other long-term receivables and totaled $10.2 million at September 30, 2024.

Deferred outflows decreased by $40.4 million from adjustments related to deferred losses on various bond refunding transactions, goodwill and deferred assets related to various pension items.

Current liabilities consist primarily of accounts payable, accrued expenses, settlements due to third-party payors, the current portion of reserves established for professional liability losses, line of credit, current maturities of long-term debt, current portion of lease liability and current portion of subscription software. At September 30, 2025, current liabilities were $628.5 million and increased by $72.6 million from 2024. Accounts payable decreased by $0.9 million, estimated settlements due to third-party payors decreased by $15.9 million, accrued expenses increased by $32.3 million, current reserves for professional liability losses increased by $3.4 million, line of credit increased by $50.0 million, current maturities of long-term debt increased by $2.4 million, current lease liability increased by $0.4 million and current subscription software increased by $0.9 million.

At September 30, 2024, current liabilities were $555.9 million and increased by $116.5 million from 2023. Accounts payable increased by $30.6 million, estimated settlements due to third-party payors increased by $17.9 million, accrued expenses increased by $60.6 million, current reserves for professional liability losses increased by $1.5 million, current maturities of long-term debt increased by $3.3 million, current lease liability increased by $1.1 million and current subscription software increased by $1.7 million.

Long-term liabilities consist primarily of long-term debt, net pension liability, professional liability losses, long-term lease liability, subscription software, other liabilities and noncontrolling interest. Long-term liabilities were $791.2 million at September 30, 2025, and decreased by $64.2 million. Long-term debt, less current maturities, decreased by $27.7 million, net pension liability decreased by $52.3 million, reserve for professional liability increased by $7.3 million, long-term lease liability, less current maturities, is in line with last year, subscription software, less current maturities, increased by $4.5 million and other liabilities increased by $4.0 million. Long-term debt, less current maturities, decreased primarily as a result of the decrease in net pension liability due to investment gains which impacted the value.

Long-term liabilities were $855.4 million at September 30, 2024, and decreased by $80.9 million. Long-term debt, less current maturities, decreased by $16.2 million, net pension liability decreased by $66.1 million, reserve for professional liability increased by $4.1 million, long-term lease liability, less current maturities, increased by $0.7 million, subscription software, less current maturities, decreased by $1.6 million and other liabilities decreased by $1.7 million. Long-term debt, less current maturities, decreased primarily as a result of the decrease in net pension liability due to investment gains which impacted the value.

Changes in Net Position

The ECU Health condensed statements of revenues, expenses and changes in net position are presented below:

Condensed Statements of Revenues, Expenses and Changes in Net Position
(Dollars in Thousands)

Year Ended September 30,	**2025**	2024
Operating Revenues		
Net patient service revenue	**$ 2,841,704**	$ 2,695,480
Other operating revenues	**250,984**	186,958
Total operating revenues	**3,092,688**	2,882,438
Operating Expenses		
Salaries and wages	**1,306,994**	1,201,660
Employee benefits	**299,627**	308,945
Supplies and other	**1,225,219**	1,133,895
Depreciation and amortization	**126,948**	120,871
Lease activity	**8,455**	6,571
Total operating expenses	**2,967,243**	2,771,942
Operating Income	**125,445**	110,496

Year Ended September 30,	**2025**	2024
Nonoperating revenues (expenses):		
Interest expense	**(25,878)**	(26,866)
Federal and state grant funds	**(3,233)**	-
Investment income (loss), net and other	**48,162**	98,794
Total nonoperating revenues, net	**19,051**	71,928
Income before noncontrolling interests	**144,496**	182,424
Income applicable to noncontrolling interests	**(13,872)**	(13,386)
Increase in Net Position—ECU Health	**$ 130,624**	$ 169,038
Net position—beginning of year	**$ 1,430,736**	$ 1,258,032
Contributions (to) from members and other, net	**(3,166)**	3,666
Increase in net position—ECU Health	**130,624**	169,038
Increase in net position	**127,458**	172,704
Net position—end of year	**$ 1,558,194**	$ 1,430,736

Income from operations for 2025 and 2024 was $125.4 million and $110.5 million, respectively. The related operating margins for 2025 and 2024 were 3.2% and 2.9%, respectively. The operating margin percentages include interest expense as an operating expense, but excludes federal and state grant funding.

During 2025, operating revenues were $3.1 billion and increased by 7.3%, while operating expenses increased by 7.0%. Operating revenues increased during 2025 due to increases in outpatient visits of 7.0%, an increase of 4.3% in visits at VMC and an increase of $10.4% in visits at VCOM hospitals. Inpatient activity increased by 0.6%, an increase of 0.7% in admissions at VMC and an increase of 0.4% in admissions at VCOM hospitals. Operating revenues for 2025 included $4.7 million of favorable reimbursement settlements and other prior fiscal year adjustments.

During 2024, operating revenues were $2.9 billion and increased by 16.5%, while operating expenses increased by 12.1%. Operating revenues increased during 2024 due to increases in inpatient activity of 8.7%, an increase of 8.5% in admissions at VMC and an increase of 9.0% in admissions at VCOM hospitals. Surgical volumes increased 6.2%. Operating revenues for 2024 included $13.2 million of favorable reimbursement settlements and other prior fiscal year adjustments as well as $42.1 million for 3 months of HASP revenue, net of assessments relating to fiscal year 2023.

During 2025, salaries and benefits increased by 6.4% to $1.6 billion due to pay for performance, incentives and market salary adjustments. Supplies and other expense increased by 8.1% to $1.2 billion. Depreciation and amortization expense increased by 6.0% to $126.9 million. Lease activity expense increased by 28.8% to $8.5 million.

Total net nonoperating revenue is $19.1 million in 2025, as compared to net nonoperating revenue of $71.9 million in 2024. Nonoperating activity consists primarily of investment income, interest expense, gain on interest rate swap and unrestricted contributions. Income from investments was $76.2 million in 2025 and decreased by $34.2 million as compared to 2024. ECU Health's 2025 investment income of $76.2 million consisted of unrealized gains on investments of $44.3 million and dividends and interest income and realized gains on investments of $31.9 million. Other income consisted primarily of an unrealized gain on ECU Health's interest rate swap of $0.6 million in addition to $33.6 million of other nonoperating expenses. Investment income was lower in 2025 as compared to 2024 due to overall decline in financial markets in 2025. In 2025, unrestricted contributions totaled $5.0 million and was in line with 2024 levels. Interest expense on ECU Health's debt totaled $25.9 million, a decrease of $1.0 million as compared to 2024. Gain on equity method investments totaled $0.0 million, a decrease of $2.2 million as compared to 2024.

Total net nonoperating revenue is $71.9 million in 2024, as compared to net nonoperating revenue of $53.7 million in 2023. Nonoperating activity consists primarily of investment income, interest expense, gain on interest rate swap and unrestricted contributions. Income from investments was $110.4 million in 2024 and increased by $25.7 million as compared to 2023. ECU Health's 2024 investment income of $110.4 million consisted of unrealized gains on investments of $67.9 million and dividends and interest income and realized gains on investments of $42.5 million. Other income consisted primarily of an unrealized loss on ECU Health's interest rate swap of $1.0 million in addition to $17.8 million of other nonoperating expenses. Investment income was higher in 2024 as compared to 2023 due to overall improvement in financial markets in 2024. In 2024, unrestricted contributions totaled $5.0 million and increased by $2.3 million over 2023 levels. Interest expense on ECU Health's debt totaled $26.9 million, an increase of $0.7 million as compared to 2023. Gain on equity method investments totaled $2.2 million, an increase of $1.3 million as compared to 2023.

Income applicable to noncontrolling interests consists of noncontrolling interest due to Chesapeake General Hospital for their 40% ownership in OBH and the noncontrolling interest due to the local physicians for their 45% ownership in VSC. Income applicable to noncontrolling interests for 2025 totaled $13.9 million and increased by $0.5 million as compared to 2024. Income applicable to noncontrolling interests for 2024 totaled $13.4 million and increased by $0.2 million as compared to 2023.

Cash Flows

The ECU Health condensed statements of cash flows are presented below:

Condensed Statements of Cash Flows
(Dollars in Thousands)

Year Ended September 30,	**2025**	2024
Cash flows:		
Operating activities	**$ 286,198**	$ 393,321
Noncapital financing activities	**(50,828)**	(23,166)
Capital and related financing activities	**(151,667)**	(181,324)
Investing activities	**3,091**	22,961
Net increase in cash and cash equivalents	**86,794**	211,792
Cash and cash equivalents—beginning of year	**312,801**	101,009
Cash and cash equivalents—end of year	**$ 399,595**	$ 312,801

ECU Health's cash and cash equivalents increased by $86.8 million and $211.8 million in 2025 and 2024, respectively. Cash flows from operating activities were $286.2 million in 2025 and $393.3 million in 2024 and decreased by $107.1 million and increased by $436.3 million in 2025 and 2024, respectively. ECU Health's total cash position at September 30, 2025, was $1,156.2 million, an increase of approximately $152.9 million from September 30, 2024. The 2025 increase in cash was due to strong cash flow provided by operating activities, HASP funding, line of credit and investment earnings. Days cash on hand, an important metric for ECU Health's bond ratings, increased from 134.9 days at September 30, 2024, to 147.2 days at September 30, 2025.

Net cash outflows for capital and noncapital financing activities were $202.5 million in 2025. In 2025, cash was used to fund capital asset additions of $115.9 million, to make principal payments on long-term obligations of $73.5 million, and to make interest payments of $21.8 million. In 2024, cash was used to fund capital asset additions of $101.5 million to make principal payments on long-term debt of $66.8 million, and to make interest payments of $22.8 million.

Net cash flow provided by investing activities was $3.1 million in 2025 and $23.0 million in 2024. ECU Health had dividends and interest income and realized gains on investments of $31.9 million and $42.5 million in 2025 and 2024, respectively. Net sales of securities and investments used $32.6 million and $40.7 million of cash in 2025 and 2024, respectively. During 2025 and 2024, respectively, ECU Health distributed $13.0 million and $12.8 million of earnings to noncontrolling members in joint ventures.

Capital Assets and Administration

Capital Assets

ECU Health's investment in capital assets consisted of the following at:

September 30,	**2025**	2024
Land	**$ 41,294**	$ 41,294
Land improvements	**44,743**	44,439
Buildings and improvements	**1,264,525**	1,225,801
Equipment	**877,682**	937,216
Right-to-use leased assets	**77,193**	67,272
Right-to-use subscription assets	**113,950**	78,731
Construction in progress	**54,609**	34,028
Total Capital Assets	**2,473,996**	2,428,781
Accumulated depreciation and amortization	**(1,607,174)**	(1,600,270)
Capital Assets, Net	**$ 866,822**	$ 828,511

At September 30, 2025 and 2024, ECU Health had $866.8 million and $828.5 million invested in capital assets, respectively. A summary of these assets is presented in Note 7 to the financial statements. During 2025, ECU Health's net investment in capital assets of $115.9 million, excluding accruals and capitalized interest, was higher than its net depreciation and amortization expense of $126.9 million.

In fiscal year 2026, ECU Health expects to invest approximately $135.0 million in capital assets. The Health System expects to spend approximately $13.3 million for information systems, nearly $54.7 million in building renovations, $10.5 million for contingency, and more than $56.5 million in new and replacement equipment purchases throughout the region, including VMC and the VCOM hospitals.

Economic Outlook

ECU Health's primary service area covers 29 counties in eastern North Carolina. Greenville is home to East Carolina University (ECU), part of the state of North Carolina public university system and a number of community colleges in the state community college system which provide a pipeline for talent. The eastern North Carolina region has a strong collaboration with ECU and community colleges as well as government and industry partners. The population consists of rural areas and a high dependency on government programs.

The HASP program enacted by the State of North Carolina in March 2023 is a federally funded program through CMS to enhance Medicaid reimbursement. HASP provides for increased reimbursements to hospitals like ECU Health. The expansion of Medicaid in North Carolina has expanded Medicaid coverage to additional lives in the service area and also requires hospital assessments to fund the program. These programs are currently expected to have a positive impact to ECU Health to allow us to continue to provide the necessary services to the residents of eastern North Carolina.

Statement on Risks Related to the One Big Beautiful Bill (OBBB) Act

ECU Health's future financial trajectory and operating results are subject to certain risks and uncertainties due to the recently enacted One Big Beautiful Bill (OBBB) Act. This new legislation is expected to significantly impact our primary revenue sources, particularly with changes to Medicare and Medicaid reimbursement rates and expanded patient cost-sharing requirements.

As described in the accompanying financial statements, these regulatory changes create significant risks, including an increase in uncompensated care and a potential decrease in patient volumes. This could put pressure on our operating margins and increase the administrative burden associated with verifying coverage and addressing patient financial inquiries. The full financial impact is uncertain and will depend on multiple factors, including patient utilization trends and ECU Health's successful implementation of cost-containment and operational efficiency strategies. Management is conducting financial modeling to assess these risks and develop appropriate strategies, but there can be no assurance that ECU Health will be able to fully mitigate the adverse financial effects of the OBBB Act.

Contacting Financial Management

If you have questions about this report or need additional information, please contact ECU Health's Chief Financial Officer at ECU Health, 2100 Stantonsburg Road, P.O. Box 6028, Greenville, North Carolina 27835-6028.

Financial Statements

ECU Health

Statement of Net Position

(in $000's)

September 30,		2025
Assets and Deferred Outflows of Resources		
Current Assets		
Cash and cash equivalents	$	399,595
Patient accounts receivable, net		438,104
Other receivables		80,832
Estimated settlements due from third-party payors		187,269
Lease receivable, current portion		141
Inventories		72,040
Prepaid expenses		32,040
Assets limited as to use—professional liability losses, current		9,080
Total Current Assets		1,219,101
Assets Limited as to Use		
Internally designated for capital improvements		734,360
Internally designated for professional liability losses		58,435
Other cash limited as to use		16,484
Total Assets Limited as to Use, Net of Current		809,279
Capital Assets, Net		866,822
Other Noncurrent Assets		
Other intangible assets, net		2,656
Other assets		6,171
Lease receivable, less current portion		107
Total Other Noncurrent Assets		8,934
Total Assets		2,904,136
Deferred Outflows of Resources		129,502
Total Assets and Deferred Outflows of Resources	$	3,033,638

ECU Health

Statement of Net Position (continued)

(in $000's)

September 30,		2025
Liabilities, Deferred Inflows of Resources and Net Position		
Current Liabilities		
Accounts payable	$	140,663
Accrued expenses		309,393
Estimated settlements due to third-party payors		56,288
Current portion of professional liability losses		9,080
Line of credit		50,000
Current maturities of long-term debt		33,437
Lease liability, current portion		10,923
Subscription software, current portion		18,702
Total Current Liabilities		628,486
Long-Term Liabilities		
Long-term debt, less current maturities		523,575
Net pension liability		153,299
Professional liability losses, less current portion		36,173
Lease liability, less current portion		26,525
Subscription software, less current portion		14,697
Other liabilities		36,920
Total Liabilities		1,419,675
Deferred Inflows of Resources		55,769
Total Liabilities and Deferred Inflows of Resources		1,475,444
Net Position		
Net investment in capital assets		260,808
Restricted—noncontrolling interests		52,340
Restricted—other		3,442
Unrestricted		1,241,604
Total Net Position		1,558,194
Total Liabilities, Deferred Inflows of Resources and Net Position	$	3,033,638

See accompanying notes to financial statements.

ECU Health

Statement of Revenues, Expenses and Changes in Net Position

(in $000's)

Year Ended September, 30		2025
Operating Revenues		
Net patient service revenue, net of provision of bad debts	$	2,841,704
Other operating revenues		250,984
Total Operating Revenues		3,092,688
Operating Expenses		
Salaries and wages		1,306,994
Employee benefits		299,627
Supplies and other		1,225,219
Depreciation and amortization		126,948
Lease activity		8,455
Total Operating Expenses		2,967,243
Operating Income		125,445
Nonoperating Revenues (Expenses)		
Interest expense		(25,878)
Investment income, net		76,156
Other		(31,227)
Total Nonoperating Revenues, Net		19,051
Income Before Noncontrolling Interests		144,496
Income applicable to noncontrolling interests		(13,872)
Increase in Net Position - ECU Health	$	130,624
Net Position - Beginning of Year	$	1,430,736
Distributions to noncontrolling interests		(13,040)
Other		(3,998)
Income before noncontrolling interests		144,496
Increase in Net Position		127,458
Net Position - End of Year	$	1,558,194

See accompanying notes to financial statements.

ECU Health

Statement of Cash Flows

(in $000's)

Year ended September 30,		2025
Operating Activities		
Receipts from payments by or on behalf of patients	$	2,837,824
Receipts from other operations		254,883
Payments to employees for wages and benefits		(1,578,940)
Payments to vendors and suppliers		(1,227,569)
Net Cash Provided by Operating Activities		286,198
Noncapital Financing Activities		
Noncapital grants and contributions received		4,968
Noncapital grants and contributions paid		(25,238)
Distributions to noncontrolling interests		(13,040)
Other nonoperating expense		(14,285)
Federal and state grant funds		(3,233)
Net Cash Used in Noncapital Financing Activities		(50,828)
Capital and Related Financing Activities		
Capital asset additions		(115,882)
Proceeds from issuance of long-term debt		9,482
Principal payments on long-term obligations		(73,465)
Line of credit activity		50,000
Interest paid related to capital financing activities		(21,802)
Net Cash Used in Capital and Related Financing Activities		(151,667)
Investing Activities		
Purchases of investment securities		(420,321)
Proceeds from sales and maturities of investment securities		387,762
Investment income		32,399
Change in other assets		3,251
Net Cash Provided by Investing Activities		3,091
Net Increase in Cash and Cash Equivalents		86,794
Cash and Cash Equivalents—Beginning of Year		312,801
Cash and Cash Equivalents—End of Year	$	399,595

ECU Health

Statement of Cash Flows (continued)

(in $000's)

Year Ended September 30,		**2025**
Reconciliation of Operating Income to Net Cash Provided by Operating Activities		
Operating income	**$**	**125,445**
Adjustments to reconcile operating income to net cash provided by operating activities:		
Depreciation and amortization		**126,948**
Provision for bad debts		**31,260**
Gain on disposal of capital assets		**(71)**
Changes in operating assets and liabilities:		
Patient accounts receivable		**(15,128)**
Other receivables		**(23,637)**
Inventories		**(670)**
Prepaid expenses		**(1,054)**
Estimated settlements due from/to third-party payors		**3,625**
Accounts payable		**(2,779)**
Accrued expenses		**32,127**
Other liabilities		**3,970**
Professional liability losses		**10,608**
Change in net pension liability, deferred outflows and deferred inflows of resources, net		**(4,446)**
Net Cash Provided by Operating Activities	**$**	**286,198**
Supplemental Disclosure of Noncash Information		
Accounts payable related to capital asset additions	**$**	**10,100**
Amortization of deferred loss on refunding and bond discounts and premiums in interest expense	**$**	**3,900**

See accompanying notes to financial statements.

ECU Health

Statement of Fiduciary Net Position—Pension Trust Funds

(in $000's)

September 30,		**2025**
Assets		
Investments at fair value:		
Equity securities and mutual funds	**$**	**861,580**
Alternative funds		**143,910**
Cash equivalents		**16,061**
Total Investments		**1,021,551**
Liabilities		
Accounts payable		**442**
Total Liabilities		**442**
Net Position Restricted for Pension Benefits		**1,021,109**
Total Liabilities and Net Position Restricted for Pension Benefits	**$**	**1,021,551**

See accompanying notes to financial statements.

ECU Health

Statement of Changes in Fiduciary Net Position—Pension Trust Funds

(in $000's)

Year ended September 30,		2025
Additions		
Investment earnings:		
Net increase in fair value of investments	$	90,540
Interest and dividends		3,457
Net Investment Earnings		93,997
Employer pension contributions		28,512
Total Additions		122,509
Deductions		
Benefit payments		56,109
Administrative expenses		2,568
Total Deductions		58,677
Net Increase in Fiduciary Net Position		63,832
Net Position Restricted for Pension Benefits Beginning of Year		957,277
End of year	$	1,021,109

See accompanying notes to financial statements.

1. Organization and Blended Component Units

University Health Systems of Eastern Carolina, Inc. d/b/a ECU Health, formerly Vidant Health, (the Parent Corporation) was incorporated on November 24, 1998, and is a nonprofit, tax-exempt corporation. The Parent Corporation, along with its affiliates (the Health System or ECU Health), is a health care delivery system providing hospital and other health care related services to the citizens of eastern North Carolina. ECU Health is not considered to be a component unit of any governmental organization.

Pitt County Memorial Hospital, Inc. d/b/a ECU Health Medical Center (VMC or the Hospital) is required to pay Pitt County annual payments in lieu of taxes and to partially reimburse Pitt County for its contribution to the North Carolina Medicaid Program. A number of the Hospital's Board of Directors are appointed by the County of Pitt (Pitt County) (see detailed discussion under the nucleus of the reporting entity section below); however, the facilities are not owned by Pitt County. The payment in lieu of taxes to Pitt County was approximately $2.3 million for the year ended September 30, 2025. The Medicaid payment was approximately $0.8 million for the year ended September 30, 2025. Because these payments are considered nonexchange transactions between governmental entities, the annual payments are recognized as components of nonoperating expenses in the statement of revenues, expenses and changes in net position.

Nucleus of the reporting entity: The financial statements of the business-type activities of the Health System present the financial position and results of operations of the Parent Corporation and its affiliates: VMC, which includes the activities of ECU Health Medical Center, East Carolina Health-Beaufort, Inc. d/b/a ECU Health Beaufort Hospital—A Campus of ECU Health Medical Center (VBEA), East Carolina Health, Inc. d/b/a ECU Health Community Hospitals (VCOM), ECU Health Physicians (VMG) which includes Roanoke Valley Health Services, Inc. (RVHS), Coastal Plains Network (CPN), Channel Marker Insurance Company, SPC (CMIC), PCMH Management, Inc. d/b/a ECU Health Properties (VP), Access East, Inc. (Access East), HealthAccess, Inc. (HealthAccess) and Vidant Integrated Care, LLC d/b/a ECU Health Alliance, LLC (VIC). The component units, which are described below, are referred to as affiliates throughout the financial statements. The Parent Corporation has blended the affiliates in a single column with the Parent Corporation in these financial statements based on the interrelationship of these component units and the Parent Corporation. See Note 18 for the presentation of the separate condensed financial information of the Parent Corporation and the major component units.

ECU Health's Board of Directors has certain reserve powers as it relates to VMC's actions. ECU Health's Board of Directors appoints the members of VCOM's Board of Directors. VMC, VCOM and several other component units are obligated in some manner for the debt of the Parent Corporation (see The Combined Group section below). All of the component units operate under substantially the same senior management team, operate to provide services entirely or almost entirely to ECU Health, and ECU Health employs substantially all of the team members of the component units. In addition, the team members are covered under common benefit plans, which are managed by ECU Health.

The Parent Corporation's Board of Directors consists of eleven voting members, six of whom must be current or former Pitt County appointees of VMC's Board of Trustees and five of whom must be current or former University of North Carolina (UNC) appointees of VMC's Board of Trustees. The Vice Chancellor of Health Sciences for East Carolina University also serves ex officio without voting rights. No more than nine current members of VMC's Board of Trustees may serve simultaneously as members of the Parent Corporation's Board of Directors. At all times, a majority, or six members, of the Parent Corporation's Board of Directors must be current members of VMC's Board of Trustees. Appointments are for terms of three years, and thereafter members may be reappointed for one additional successive term of three years.

ECU Health has determined it has a fiduciary responsibility over three defined benefit pension plans (pension plans) that are offered to some of the team members of the Health System. The pension plans are included in the financial statements as a fiduciary fund.

The business-type activities of the Health System consist of the Parent Corporation and the following entities:

ECU Medical Center: VMC is a tax-exempt 501(c)(3) corporation formed for the purpose of providing health care services to the citizens of eastern North Carolina. VMC is an academic teaching hospital, a regional referral center and a community general hospital. VMC consolidates the financial statements of the Hospital and its affiliates: Moye Medical Endoscopy Center, LLC d/b/a ECU Health Endoscopy Center—Greenville (MMEC), SurgiCenter of Eastern Carolina, LLC d/b/a ECU Health SurgiCenter (VSC), and Vidant Radiation Oncology, LLC d/b/a ECU Health Radiation Oncology (VRO). Effective January 27, 2024, VMC acquired the remaining 50% ownership of VRO becoming the sole member. The purpose of VRO is to direct, operate and maintain radiation therapy centers in eastern North Carolina. VSC's financial statements are consolidated into ECU Health with the 45% interest owned by physicians reported as a noncontrolling interest.

The Hospital is the primary affiliated teaching hospital for the Brody School of Medicine at East Carolina University (Brody School of Medicine), which is physically adjacent to the Hospital. The Hospital and the Brody School of Medicine are committed to providing access to quality medical service to all citizens of Pitt County and eastern North Carolina. See Note 17.

Effective October 1, 2021, BEA became a provider-based department operating as a campus of VMC. ECU Health has a lease agreement with Beaufort County to lease and control Beaufort Regional Health System's assets through September 2041. The initial transaction required an upfront payment by ECU Health to Beaufort County, which approximated the net present value of future lease payments and other expenses. ECU Health recorded the upfront payment as the consideration for the transaction and allocated that consideration to the assets and liabilities acquired. At the end of the lease term, ECU Health is entitled to complete title and ownership of VBEA for a purchase price of $10.0 million.

ECU Community Hospitals: VCOM is a tax-exempt 501(c)(3) corporation formed in 1996 to enhance the quality and management of nonprofit hospitals and health care system services through the operation of community health facilities for the benefit of the residents of eastern North Carolina. VCOM includes the operations of VCOM and its affiliates:

- VCOM owns and operates East Carolina Health, Inc. d/b/a ECU Health Roanoke-Chowan Hospital (ROA), East Carolina Health-Bertie d/b/a ECU Health Bertie Hospital (BER), East Carolina Health-Heritage, Inc. d/b/a ECU Health Edgecombe Hospital (EDG), and Halifax Regional Medical Center, Inc. d/b/a ECU Health North (NOR). NOR was acquired on June 1, 2019, through the execution of a change of control agreement. In consideration for acquiring NOR, ECU Health has committed to providing capital expenditures in the first 10 years for projects and initiatives that ECU Health deems necessary. These entities are component units of VCOM as they provide support exclusively to benefit VCOM.

- VCOM leases East Carolina Health-Chowan d/b/a ECU Health Chowan Hospital (CHO), from Chowan County. At the end of the lease term, November 2, 2028, ownership of the facilities will pass to VCOM, subject to Chowan County's option to buy back the hospital and related facilities for an amount equal to the then fair market value.

- VCOM operates The Outer Banks Hospital, Inc. d/b/a Outer Banks Health (OBH), which is a joint venture between ECU Health (60%) and Chesapeake General Hospital (40%). Chesapeake General Hospital's 40% interest is reported as a noncontrolling interest.

- VCOM operates Duplin General Hospital d/b/a ECU Health Duplin Hospital (DUP) through a lease agreement with Duplin County to lease and control DUP's assets for a 25-year period ending on September 30, 2035. At the end of the lease term, ECU Health is entitled to complete title and ownership of DUP. The transfer of title and ownership is contingent on ECU Health continuing to use the assets for the delivery of health care services.

VCOM recorded the CHO and DUP agreements as capital leases and VMC recorded the BEA agreement as a capital lease. Under the lease agreements, there are no ongoing lease payments required. As of September 30, 2025, the net book value of the assets under these capital leases is approximately $76.3 million.

HealthAccess, Inc.: HealthAccess is a nonprofit, 501(c)(3) tax-exempt corporation formed in 1993 to establish an outreach program for ECU Health by offering support services to other health care providers in eastern North Carolina. HealthAccess offers home health and hospice services (d/b/a ECU Home Health & Hospice). ECU Health appoints all members of the HealthAccess Board.

ECU Health Physicians: VMG provides the capability to lead and manage all aspects of physician organizations. VMG provides a variety of physician services through both stand-alone and hospital-based practice settings. The establishment of VMG has provided strategic alignment and improved the coordination of care throughout the Health System and associated service areas. On June 1, 2019, the operations of RVHS were acquired and are included in the operations of VMG since that date. VMG's financial statements are combined into ECU Health as it is the sole member of VMG.

ECU Health Properties: VP currently owns and operates several office buildings and land in the Health System's service area. The leases consist of office buildings for health system office and clinical services space. VP's financial statements are combined into ECU Health as it is the sole member of VP.

Coastal Plains Network, LLC and Vidant Integrated Care, LLC: CPN and VIC are health care management companies that integrate clinical information and health care services in order to improve value to patients. CPN provides those services primarily for Medicare Shared Savings and VIC provides these services to other payors, including the ECU Health team member plan. These entities are component units of ECU Health as they provide support exclusively to benefit ECU Health.

Channel Marker Insurance Company, SPC: CMIC is a segregated portfolio company and a wholly owned subsidiary of the Parent Corporation, domiciled in the Cayman Islands, formed October 1, 2017. CMIC is providing professional liability (PL) general liability (GL), worker's compensation, cyber, auto and directors and officers / employment practices liability coverage to ECU Health and its wholly owned subsidiaries on a claims-made basis. Effective July 1, 2022, a new cell was created for a non-consolidated entity, the Brody School of Medicine and ECU Physicians.

Access East, Inc.: AE is a nonprofit corporation formed in 1995 for the purpose of supporting the delivery of high-quality, low-cost health care to residents of Pitt County and the surrounding region through a Medicaid Care Management demonstration project, the Community Care Plan of Eastern Carolina. Effective July 1, 2021 with the change the Medicaid Managed Care, AE now partners with the Prepaid Health Plans (PHP) to provide similar services for the Medicaid population as well as providing care management and other services to ECU Health.

The Combined Group: The bonds discussed in Note 8 and the line of credit discussed in Note 9 are collateralized by the accounts of the members of the Obligated Group and Restricted Affiliates (Combined Group). Each member of the Obligated Group has covenanted that it will cause each of its Restricted Affiliates to pay, loan or otherwise transfer to such member of the Obligated Group (i) such amounts as are necessary to make payments due under all master obligations or portions thereof, the proceeds of which were loaned or otherwise made available to or benefited such Restricted Affiliate and (ii) such other amounts as are necessary to enable such member of the Obligated Group to make payments due under all master obligations. As of September 30, 2025, the primary members of the Combined Group were the Parent Corporation and its component units: VMC (excluding VSC and VRO), VCOM (excluding OBH), VP and VMG (excluding RVHS).

Separately issued financial statements of The Outer Banks Hospital, Inc. d/b/a Outer Banks Health (a component unit of VCOM) and CMIC can be obtained by writing to University Health Systems of Eastern Carolina, Inc. d/b/a ECU Health, PO Box 6028, Greenville, NC 27835, Attention: Finance Department.

2. Significant Accounting Policies

Basis of Presentation

ECU Health meets the definition of a governmental reporting entity and follows accounting principles generally accepted in the United States of America. The financial statements are prepared in accordance with the GASB. ECU Health utilizes enterprise fund accounting for its business-type activities whereby revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Revenues are recognized when earned, and expenses are recorded when a liability is incurred regardless of the timing of the related cash flows.

The pension trust funds are fiduciary funds used to account for the assets held in trust for the benefit of the team members of the Health System who participate in the three defined benefit pension plans. The pension plans custodians hold the pension plans assets in custody accounts on behalf of the trust.

Use of Estimates in the Preparation of Financial Statements

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts in the financial statements and the accompanying notes. Actual results could differ from those estimates.

Basis for Consolidation

The financial statements of the business-type activities include the accounts of the Parent Corporation and all of its affiliates as described in Note 1. All significant intercompany accounts and transactions have been eliminated upon consolidation.

Income Taxes

ECU Health and most of its affiliates have been determined to qualify as tax-exempt organizations under section 501(c)(3) of the Internal Revenue Code and are exempt from federal and state income taxes on related income. There was no material amount of income tax expense in 2024.

Patient Accounts Receivable, Net

Patient accounts receivable are reported net of estimated allowances for contractual adjustments and allowances for bad debts and are recorded in the period in which collection is considered doubtful. Estimated allowances for bad debts are approximately $157.8 million as of September 30, 2025.

Net Patient Service Revenue

Net patient service revenue is recorded when services are performed at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and estimated provision for bad debts. Provision for bad debts is included with net patient service revenue. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. The provision for uncollectible patient accounts receivable is based on the duration the patient's account has been outstanding, current economic conditions, and historical collection experience. ECU Health provides care to patients who meet certain criteria under its charity care policy. See Note 3.

Investments and Investment Income

Investments in equities, mutual funds, debt and fixed-income equity securities are recorded at fair value and are included in assets limited as to use on the statement of net position. All investment income and losses, net of applicable fees, including changes in realized and unrealized gains and losses on investments and changes in the fair value of derivative instruments, are recognized as nonoperating revenue or nonoperating expense in the statement of revenues, expenses and changes in net position when earned, net of applicable fees.

Assets limited as to use include (1) internally designated assets set aside for capital improvements and to fund professional liability losses, over which the Board retains control and may at its discretion subsequently use for other purposes, except for the portion of professional liability reserves that are required to be maintained in CMIC, and (2) assets held by a trustee for capital improvements or debt service and the supplemental executive retirement plan. Assets limited as to use consist of cash, cash equivalents and marketable securities.

Operating Revenues and Expenses

The statement of revenues, expenses and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, ECU Health's principal activity. Nonexchange revenues and expenses, including grants, payments to Pitt County and other governmental entities, contributions made to East Carolina University for research and education, and contributions received, are reported as nonoperating revenues and expenses. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Federal and State Grants and Deferred Revenue

ECU Health recognizes revenue from grants when the expenses have been incurred for the purpose specified by the grantor or in accordance with the terms of the agreement. Payments received in advance are reported as deferred revenue. ECU Health is subject to examination by the funding sources of grants to determine its compliance with grant provisions. In the event that expenditures could be disallowed through such examination or review, repayment of such disallowances could be required.

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less when purchased that are not included in assets limited as to use.

Inventories

Inventories, which consist principally of medical, pharmaceutical and dietary supplies, are stated at the lower of cost (first-in, first-out method) or market.

Capital Assets

Capital assets are stated at cost when acquired, or at acquisition value at date of donation, and are depreciated by the straight-line method over their estimated useful lives, as follows:

Capital Asset Classification	Estimated Useful Lives
Land improvements	5-40 years
Buildings and improvements	5-40 years
Equipment	2-20 years
Right of use assets	2-10 years

Expenditures for repairs and maintenance are charged to expense as incurred. The costs of major renewals and betterments are capitalized and depreciated over their estimated useful lives. Upon disposition, the asset and related accumulated depreciation accounts are relieved, and any related gain or loss is credited or charged to nonoperating revenues or expenses. The capitalization threshold (the dollar value above which asset acquisitions are added to the capital asset accounts) is primarily $5,000 for most asset classifications and for items with useful lives greater than two years. Capital assets are reviewed for impairment when events or changes in circumstances suggest that the service utility of the capital asset may have significantly and unexpectedly declined.

Leases

Leased assets are included in capital assets, net of accumulated amortization, lease liability is included in lease liability current portion and long-term portion. Leased assets represent the right to use an underlying asset for the lease term, as specified in the contract, in an exchange or exchange-like transaction. Leased assets are recognized at the commencement date based on the initial measurement of the lease liability, adjusted for payments made to the lessor and amortized in a systematic and rational manner over the shorter of the lease term or the useful life of the underlying asset.

Lease liabilities represent the obligation to make lease payments arising from the lease. Lease liabilities are initially recognized at the commencement date based on the present value of the expected lease payments over the lease term. Subsequently, the lease liability is reduced by the principal portion of the lease payments made and interest expense is recognized ratably over the contract term.

The lease term may include options to extend or terminate the lease when it is reasonably certain that the Health System will exercise that option. The Health System has elected to recognize payments for short-term leases with a lease term of 12 months or less as expenses as incurred, and these leases are not included as lease liabilities or capital assets on the statement of net position but as lease activity within operating expenses.

The individual lease contracts do not provide information about the discount rate implicit in the lease; therefore, the Health System has elected to use their incremental borrowing rate to calculate the present value of the expected lease payments.

Lease receivables represent the right to receive lease payments arising from the lease. Lease receivables are included in lease receivable, current portion, lease receivable, long term portion and deferred inflows. Lease receivables are initially recognized at the commencement date based on the present value of the expected lease payments to be received over the lease term. Subsequently, the lease receivable and deferred inflow are reduced by the principal portion of the lease payments received.

Subscription Software

Subscription software assets are included in capital assets, net of accumulated amortization; subscription software liability is in subscription software current portion, subscription software, long term portion. Subscription software assets represent the right to use another party's IT software, alone or in combination with underlying IT assets, for the subscription term, as specified in the contract, in an exchange or exchange-like transaction. Subscription software assets are recognized at the commencement date based on the initial measurement of the subscription software liability, adjusted for payments made to the IT software party and amortized in a systematic and rational manner over the shorter of the subscription term or the useful life of the underlying IT asset.

Subscription software liabilities represent the obligation to make subscription software payments arising from the subscription. Subscription software liabilities are initially recognized at the commencement date based on the present value of the expected subscription software payments over the subscription term. Subsequently, the subscription software liability is reduced by the principal portion of the subscription software payments made and interest expense is recognized ratably over the subscription term.

The subscription term may include options to extend or terminate the software subscription when it is reasonably certain that the Health System will exercise that option. The Health System has elected to recognize payments for short-term software subscriptions with a subscription term of 12 months or less as expenses as incurred, and these software subscriptions are not included as subscription software liabilities or subscription software assets on the statement of net position but as supplies and other in operating expenses.

The individual subscription software contracts do not provide information about the discount rate implicit in the software subscription; therefore, the Health System has elected to use their incremental borrowing rate to calculate the present value of the expected software subscription payments.

Bond Discounts and Premiums

The discounts and premiums associated with the issuance of the long-term debt was amortized using the effective-interest method over the period to maturity of the debt.

Derivative Financial Instruments

ECU Health's derivative financial instruments consist of an interest rate swap, which is utilized by ECU Health to manage net exposure to interest rate changes associated with its variable-rate debt and to lower its overall borrowing costs. ECU Health entered into the floating to fixed interest rate swap agreement to reduce the market risk associated with the changes in interest rates related to certain of ECU Health's variable-rate revenue bonds. Management has evaluated and determined

(in $000's)

the swap to be an ineffective hedge under the accounting standards, and has recorded its fair value in long-term debt on the statement of net position and includes the gain or loss on the change in the fair value in other nonoperating revenues (expenses) in the statement of revenues, expenses and changes in net position.

Deferred Outflows and Inflows of Resources

In addition to assets, the statement of net position reports a separate section for deferred outflows of resources. This separate financial statement element, deferred outflows, represents a consumption of net position that applies to a future period and so will not be recognized as an expense until then. In addition to liabilities, the statement of net position also reports a separate section for deferred inflows of resources. This separate financial statement element, deferred inflows, represents an acquisition of net position that applies to a future period and so will not be recognized as revenue until then.

Components of deferred outflows and inflows of resources are as follows:

September 30, 2025	Deferred Outflows of Resources	Deferred Inflows of Resources
Loss on refunding of debt (net of amortization)	$ 37,378	$ -
Pensions and OPEB—difference between actual and expected experience, changes in actuarial assumptions, and net differences between projected and actual investment earnings	30,109	(55,522)
Goodwill, net of amortization	31,811	-
Contributions to pension plans and OPEB after measurement date	30,204	-
Deferred lease receivable	-	(247)
Total	$ 129,502	$ (55,769)

Further discussion of deferred outflows and inflows of resources related to pensions and OPEB are included in Notes 14 and 15, respectively.

(in $000's)

Concentration of Credit Risk

ECU Health provides services primarily to the residents of eastern North Carolina without collateral or other proof of ability to pay. Concentrations of credit risk with patients are limited due to the large number of patients served and the formalized agreements with third-party payors. ECU Health has significant patient accounts receivable whose collectability or realizability is dependent upon the performance of certain government programs. The mix of ECU Health's net patient accounts receivable and net patient service revenue at September 30, 2025, is summarized as follows:

	Patient Accounts Receivable, net	Net Patient Service Revenue
Medicare	**30%**	**40%**
Medicaid	**15%**	**29%**
Significant commercial payor	**24%**	**18%**

Net patient service revenue represents the amount of net revenue by primary payor at the time service was performed. Patient accounts receivable, net by payor is based on the primary party who is currently responsible for making payment.

Compensated Absences

ECU Health's team members earn paid time off (PTO) at varying rates depending upon years of service. The maximum amount of PTO that can carry over from one fiscal year is 400 hours. The liabilities recorded for compensated absences that have been earned and are expected to be paid are included in accrued expenses in the statement of net position.

Prior to December 14, 2014, team members also earned sick time hours. As of December 14, 2014, those hours can only be used for qualified short-term disability events, after 40 hours of PTO is used. Certain team members that have unused accumulated sick time hours at retirement may get paid for a portion of these hours. ECU Health estimates the amounts that will be paid out to the eligible team members upon their future retirement and reports that liability in accrued expenses in the statement of net position.

Net Position

Net position is categorized as net investment in capital assets, restricted or unrestricted. Net investment in capital assets consists of capital assets, net of accumulated depreciation, goodwill and assets whose use is limited from the issuance of bonds and reduced by the balances of any outstanding borrowings used to finance the purchase or construction of those assets as well as the deferred outflows that are attributable to those outstanding borrowings. Restricted—noncontrolling interests includes the minority portion of net position interests in various joint ventures that are owned by unconsolidated partners. Restricted—other includes contributions to be used for operation and capital improvements for the benefit of the ROA and its Wellness Center; these contributions are reported in other assets on the statement of net position. The unrestricted component of net position is the net amount of assets, deferred outflows/inflows of resources, and liabilities that is not included in the determination of net investment in capital assets or the restricted components of net position.

The decision to use restricted or unrestricted resources when an expense is incurred is dependent upon the transaction. When both restricted and unrestricted resources are available for use, it is ECU Health's policy to use restricted resources first followed by unrestricted.

Community Benefit

ECU Health furthers its charitable purpose by providing a wide variety of benefits to the community. These services and donations account for a measurable portion of the Health System's costs and serve to promote affordable access to care, health education, community development and healthy lifestyles. See Note 3.

Risk Management

The Health System is exposed to various risks of loss from theft of, damage to and destruction of assets; professional liability; workers' compensation; team member medical expense; and other risk for which ECU Health has self-insured a portion of and purchased commercial insurance coverage for the remaining risks. Settled claims have not exceeded the commercial coverage in either of the two preceding years. See Note 12.
The cost of professional liability losses incurred by ECU Health is accrued in the period the services are rendered. A provision has been made for claims in process of review and for claims incurred but not reported at year-end. The amount of this liability is computed by an independent actuary using historical claims payment experience and industry trends and is recognized on a discounted basis. Liability loss estimates are adjusted based upon changes in experience, and such adjustments are reflected in current operations.

Recently Adopted Accounting and Reporting Pronouncements

For the year ended September 30, 2025, ECU Health adopted GASB Statement No. 101, *Compensated Absences*, and Statement No. 102, *Certain Risk Disclosures*.

GASB 101 improves the recognition and measurement guidance for compensated absences by establishing a unified recognition and measurement model that requires liabilities for compensated absences to be recognized for (1) leave that has not been used and (2) leave that has been used but not yet paid in cash or settled through noncash means. The Statement also amends certain previously required disclosures. The adoption of GASB 101 did not have a material impact on the combined financial statements of ECU Health.

GASB 102 requires disclosures to provide users of the government financial statements with essential information about risks related to a government's vulnerabilities due to certain concentrations or constraints. The disclosures will provide users with timely information regarding certain concentrations or constraints and related events that have occurred or have begun to occur that make a government vulnerable to a substantial impact. As a result, the adoption of GASB 102 required additional disclosure regarding the recently enacted One Big Beautiful Bill Act. See Note 19.

Future Accounting and Reporting Pronouncements

In 2024, the GASB issued Statement No. 103, *Financial Reporting Model Improvements*. The objective of this statement is to improve key components of the financial reporting model to enhance effectiveness in providing information that is essential for decision making and assessing

accountability. Certain application issues are also addressed by this statement. The requirements of this statement are required to be adopted for fiscal years beginning after June 15, 2025, and all reporting periods thereafter. Management is currently evaluating the impacts GASB Statement No. 103 will have on ECU Health's financial statements.

In 2024, the GASB issued Statement No. 104, *Disclosure of Certain Capital Assets*. The objective of this statement is to provide users of financial statements with essential information about certain types of capital assets by requiring certain types of capital assets to be disclosed separately in the capital assets note disclosures required by Statement 34. The requirements of this statement are required to be adopted for fiscal years beginning after June 15, 2025, and all reporting periods thereafter. Management is currently evaluating the impacts GASB Statement No. 104 will have on ECU Health's financial statements.

3. Charity Care and Community Benefits

Charity Care

ECU Health provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates.

ECU Health maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges forgone for services and supplies furnished under its charity care policy and the estimated cost of these services and supplies. ECU Health has a presumptive charity program, which recognizes that there is a segment of the population that should fall within the guidelines of its charity programs, yet do not qualify due to failure to apply or failure to provide income documentation. ECU Health's presumptive charity program seeks to identify and provide financial relief for those patients who would have qualified had their economic situation been known and documented. ECU Health also contracts with an independent third party, which provides assistance in determining which patients qualify for presumptive charity.

ECU Health has estimated its direct and indirect costs of providing charity care under its charity care policy. In order to estimate the cost of providing such care, management calculated a cost-to-charge ratio by comparing the per diem rate from the most recently filed cost report to the Health System's gross bill rate. The cost-to-charge ratio is applied to the charity care charges foregone to calculate the estimated direct and indirect cost of providing charity care. Using the methodology noted above, ECU Health has estimated the costs associated with amounts foregone for patient service revenues of $73.0 million for the year ended September 30, 2025. ECU Health did not receive any funds to subsidize the costs of providing charity care under its charity care policy for the year ended September 30, 2025.

Community Benefits

In addition to providing financial assistance to uninsured patients and in furtherance of its mission, the Health System provides a broad range of benefits and services, including medical education and research opportunities, to the community spanning the geographic region within which ECU Health operates. These community benefits can be measured and categorized as follows:

- Cost of care extended to uninsured and underinsured patients who do not qualify for financial assistance, estimated using applicable cost-to-charge ratios

- Unpaid cost of Medicare and Medicaid services represent the net unreimbursed cost, estimated using the applicable cost-to-charge ratios, of services provided to patients who qualify for federal and/or state government health care benefits

- Community benefit programs include the unreimbursed cost of various medical education programs and costs of various research programs, non-billed medical services, in-kind donations, and other services that meet a community need but do not pay for themselves and would not be provided if based solely on financial considerations alone

4. Net Patient Service Revenue

ECU Health has agreements with third-party payors that provide for payments at amounts different from its established rates. A summary of these arrangements follows:

Medicare: VMC, VMG, HealthAccess and VCOM's inpatient acute care, rehab, psych and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors and cover payment for both operating and capital costs. Direct medical education costs related to Medicare beneficiaries are paid on the basis of reasonable costs. VMC and VCOM are reimbursed for cost-reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by VMC and VCOM and audits thereof by the Medicare Administrative Contractors. BER, CHO and TOBH (the Critical Access Hospitals) have received critical access status, which provides for cost-based reimbursement from the Medicare program. VMC and VCOM's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization. VMC's cost reports have been audited by the Medicare Administrative Contractor through 2020. ROA's, CHO's and BER's Medicare cost reports have been audited by the Medicare Administrative Contractors through 2020. NOR's, DUP's and EDG's Medicare cost reports have been audited by the Medicare Administrative Contractor through 2021. TOBH's Medicare cost reports have been audited by the Medicare Administrative Contractor through 2020. BEA's Medicare cost reports have been audited by the Medicare Administrative Contractor through 2021, which is the final Medicare Cost Report for this entity.

Medicaid: Prior to July 1, 2021, VMC's Medicaid reimbursement is based on the cost for inpatient and outpatient services. VMC was reimbursed at a tentative rate, with final settlement determined after submission of annual cost reports by VMC and audits thereof by the Medicaid fiscal intermediary. VMC's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through 2020.

Prior to July 1, 2021, VCOM's Medicaid reimbursement was based on a payment per discharge system, with case-mix adjustments based on diagnosis-related groups (DRGs) similar to those used in the Medicare program. Outpatient services are paid at a percentage of cost based on the filing of Medicaid cost reports. The Critical Access Hospitals receive cost-based Medicaid reimbursement. VCOM's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through 2018.

VMG and HealthAccess Medicaid reimbursement is based on a payment per discharge system, with case-mix adjustments based on DRGs similar to those used in the Medicare program.

Effective July 1, 2021, North Carolina Department of Health and Human Services (DHHS) converted to Managed Care Medicaid by contracting with select number of Prepaid Health Plans (PHP) to

(in $000's)

manage the care for most individuals covered by Medicaid. The new base rates were developed by the State of North Carolina to be the equivalent of the amount received (including the supplemental payments) on a per patient basis for fiscal year 2020 plus an inflation factor. As of September 30, 2025, ECU has contracted with the majority of the PHP providers.

ECU Health has historically participated in the voluntary North Carolina Medicaid Reimbursement Initiative Program (the MRI Program). The MRI Program allows the Hospital to receive additional annual Medicaid funding for its disproportionate share costs. ECU Health recognizes the revenues related to the MRI Program as net patient service revenue. In March 2012, the Center for Medicare & Medicaid Services (CMS) approved a new disproportionate share plan for North Carolina. The GAP Assessment Program Plan (the GAP Plan) covers all non—state government hospitals and private hospitals in North Carolina, except for the UNC Health Care System—affiliated hospitals, and is essentially a supplemental upper payment limit plan to the existing MRI Program.

Under the provisions of the GAP Plan, ECU Health is assessed an intergovernmental transfer (IGT Payment) by Medicaid; in return, Medicaid makes an upper payment limit (UPL Plan) payment to ECU Health. When both amounts are reasonably estimable and probable of payment, ECU Health recognizes the revenues related to the UPL Plan as net patient service revenue. The IGT Payment is recorded as a deduction from revenue with the Medicaid contractual allowances. Although DHS converted to Managed Care Medicaid effective July 1, 2021, ECU Health can continue to receive funds from these two programs due to the State of North Carolina's reconciliation of the prior plans.

The following table summarizes the transactions recognized by ECU Health related to these plans:

Year Ended September 30,	**2025**
Medicaid managed care revenue	**$ 87,519**
HASP revenue	**401,905**
UPL revenue	**4,254**
IGT payments	**(26,063)**
Direct pay assessment	**(15,909)**
Expansion assessment	**(28,845)**
HASP assessment	**(102,692)**
Total Medicaid Managed Care	**$ 320,169**

ECU Health has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and/or allegations concerning possible violations of fraud and abuse statutes and/or regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the

(in $000's)

imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that ECU Health is in compliance with fraud and abuse as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown and unasserted at this time.

During March 2023, the HASP was enacted by the State of North Carolina and is a federally funded program through CMS to enhance Medicaid reimbursement. HASP provides for increased reimbursements to hospitals and increases hospital assessments to fund the program. For the year ended September 30, 2025, ECU Health recognized $401.9 million, net of assessments of approximately $102.7 million, as net patient service revenue of $299.2 million.

North Carolina hospitals may choose to implement a medical debt relief program to maximize Medicaid reimbursement under HASP. Under the program, hospitals must relieve all medical debt deemed uncollectible dating back to January 1, 2024, with a ten year look back period, for any patients who are North Carolina residents actively enrolled in Medicaid or Managed Medicaid, are below certain federal poverty levels, or meet other criteria. During the year ended September 30, 2025, ECU Health amended its patient financial assistance policies to adhere to the required eligibility requirements of program.

Net patient service revenue for the year ended September 30, 2025 is composed of the following:

	2025
Gross charges at established rates	**$ 7,263,317**
Deductions:	
Medicare adjustments	**2,544,444**
Medicaid adjustments	**688,331**
Other contractual adjustments	**934,556**
Provision for bad debts	**31,260**
Charges forgone for charity care	**223,022**
Net patient service revenue	**$ 2,841,704**

5. Deposits and Investments

Custodial Credit Risk—Deposits

Custodial credit risk is the risk that in the event of a bank failure, ECU Health's deposits may not be returned. ECU Health does not have a deposit policy for custodial credit risk. As of September 30, 2025, $458.0 million of ECU Health's bank balance of $463.8 million was exposed to custodial credit risk, as it exceeded the Federal Deposit Insurance Corporation (FDIC) insurance limit and was not collateralized.

(in $000's)

Investments and Assets Limited as to Use

ECU Health requires that its long-term investments be held in a diversified portfolio that has the following maximum allocation guidelines: Long-Term Investment Fund—fixed income 56.5%, equity 63.5% and real assets 18%.

Following is a summary of the fair value of ECU Health's investments. The investments that represent securities are uninsured and unregistered, for which securities are held by the broker or dealer, or by its trust department or agent, but not in ECU Health's name:

September 30,		**2025**
Investments classified as assets limited as to use:		
Corporate debt and commercial paper	**$**	**117,847**
U.S. Treasury securities		**67,657**
U.S. government-backed securities		**82,724**
Fixed-income mutual funds		**13,382**
Equity and real asset mutual funds		**340,297**
Venture capital and partnerships		**45,329**
		667,236
Cash equivalents		**148,301**
Accrued interest receivable		**2,822**
		818,359
Less amounts classified as current		**9,080**
Total assets limited as to use, net of current	**$**	**809,279**

A summary of investment income follows:

Year Ended September 30,		**2025**
Dividends and interest income	**$**	**31,692**
Net realized gains		**167**
Net unrealized gains		**44,297**
Investment income, net	**$**	**76,156**

Interest Rate Risk

ECU Health holds investments in a variety of investment funds. In general, investments are exposed to various risks, such as interest rate, credit and overall market volatility risk. Interest rate risk represents the potential volatility of the price of debt securities prior to maturity. Securities with longer maturities have more volatile prices than securities of comparable quality with shorter maturities.

(in $000's)

ECU Health does not have a formal policy that dictates the target maturities of its portfolio. As of September 30, 2025, scheduled maturities of debt-type investments classified as limited as to use are as follows:

		Investment Maturities (In Years)			
Investment Type	Fair Value	Less Than 1	1-5	6-10	More Than 10
Corporate debt and commercial paper	$ 117,847	$ 4,882	$ 44,930	$ 36,490	$ 31,545
U.S. Treasury securities	67,657	7,807	45,720	5,344	8,786
U.S. government-backed securities	82,724	17,168	12,091	17,217	36,248
	268,228	$ 29,857	$ 102,741	$ 59,051	$ 76,579
Cash equivalents and accrued interest receivable	151,123				
Fixed-income mutual funds	13,382				
Equity and real asset mutual funds	340,297				
Venture capital and partnerships	45,329				
Total assets limited as to use	$ 818,359				

The cash equivalents in the table above are generally invested in U.S. Treasury securities with original maturity dates of less than 90 days at the time of purchase.

The fair value and durations of the fixed-income mutual funds held were as follows:

September 30, 2025	Fair Value	Weighted Average Duration (Years)
Fund A	$ 10,400	1.61
Fund B	2,982	2.73

Duration is a commonly used measure of the potential volatility of the price of debt securities prior to maturity. Securities with a longer duration have more volatile prices than securities of comparable quality with a shorter duration.

Credit Risk

ECU Health's investment policy objective of short-term investment fund is to generate a rate of return similar to or above short-term money market rate and maintain high liquidity to fund near-term needs for operations and other strategic purposes. The portfolio will be of high quality and well diversified with maturity and duration ranges designed to minimize risk to principal and provide liquidity for withdrawals. The long-term investment fund objective is to maximize returns with reasonable and acceptable levels of risk. To achieve the investment objectives, while assuming acceptable risk levels, the general policy is to diversify investments based on their roles in the funds so as to provide a balance that will enhance total return while avoiding undue risk concentration in

(in $000's)

any single asset class or investment strategy by investing within specific target asset allocations and rebalancing as needed.

The quality ratings of ECU Health's investments classified as assets limited as to use, based on fair value as of September 30, 2025, are as follows:

		Quality Ratings							
Investment Type	Total	AAA	AA	A	BBB	BB	B	CCC	Unrated
Corporate debt and commercial paper	$ 117,847	$ 3,261	$ 2,582	$27,557	$33,119	$12,963	$ 7,373	$ 1,259	$29,733
U.S. Treasury securities	67,657	34,715	-	-	-	-	-	-	32,942
U.S. government-backed securities	82,724	145	5,616	2,903	7,012	3,731	2,821	1,823	58,673
	268,228	$38,121	$ 8,198	$30,460	$40,131	$16,694	$10,194	$ 3,082	$121,348
Cash equivalents and accrued interest receivable	151,123								
Unrated fixed-income mutual funds	13,382								
Equity and real asset mutual funds	340,297								
Venture capital and partnerships	45,329								
Total assets limited as to use	$ 818,359								

6. Fair Value Measurements

Accounting guidance provides a framework for measuring fair value of certain assets and liabilities and requires certain disclosures about fair value measurements. As defined in GASB Statement No. 72, *Fair Value Measurement and Application* (GASB No. 72), fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GASB No. 72 establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy defined by GASB No. 72 and description of the valuation methodologies used for instruments measured at fair value are as follows:

Level 1: Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date.

Level 2: Pricing inputs are other than quoted prices included in Level 1 that are observable for an asset or liability through corroboration with market data at the measurement date.

Level 3: Pricing inputs include those that are significant to the fair value of the financial asset or liability and are not observable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value.

ECU Health's assets and liability measured at fair value on a recurring basis are limited to investments and certain interest rate swaps.

(in $000's)

The fair values of certain investments in mutual funds are estimated using the net asset value (NAV) per share of the investments. As such, they are not included in Level 1, 2 or 3 in the following table. ECU Health may redeem its investments measured at NAV within a stated time period, subject to certain fund availability restrictions. These valuation methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while ECU Health believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

ECU Health has capital commitments to alternative investment funds. At September 30, 2025, the remaining unfunded commitment of $13.4 million will be funded as the managers make capital calls to the funds.

The following table sets forth, by level within the fair value hierarchy, ECU Health's financial assets and liability measured at fair value on a recurring basis:

		Fair Value Measurements at Reporting Date Using			
September 30, 2025	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Measured Using NAV
Financial assets:					
Equity and mutual funds	$ 353,679	$ 89,740	$ -	$ -	$ 263,939
Venture capital and partnerships	45,329	-	-	-	45,329
Cash equivalents	151,123	151,123	-	-	-
Corporate debt and commercial paper	117,847	13,933	103,739	175	-
U.S. Treasury and government-backed securities	150,381	70,633	79,748	-	-
Total financial assets	$ 818,359	$ 325,429	$ 183,487	$ 175	$ 309,268
Financial liabilities:					
Interest rate swap	$ 1,000	$ -	$ -	$ 1,000	$ -

Alternative investments recorded at NAV consisted of the following:

September 30, 2025	Fair Value	Redemption Frequency	Redemption Notice Period
Pimco PAPS Asset Backed Securities	$ 10,400	Daily	1 business day
Dover Street XI Feeder Fund	2,449	*	*
SSGA Russell 2000 R Index	27,964	Daily	1 business day
State Street S&P 500 Index	157,649	Daily	1 business day
SSGA MSCI ACWI EX USA	64,944	Daily	1 business day
Core Plus Fix Income	41,052	Daily	1 business day
Pimco Long Duration Credit Bond Port	2,982	Daily	1 business day
FTV VIII, L.P.	1,135	N/A	N/A
One Rock Capital Partners IV, LP	290	N/A	N/A
Thrive Capital Fund V-A, LP	403	N/A	N/A
	$ 309,268		

(in $000's)

*The nature of investing in private investments is such that investors are subject to constraints that limit the ability to withdrawal capital after such investments are made. It is estimated that the underlying assets of the Dover Street XI Feeder Fund would be liquidated over 10-14 years from the final close (2023).

7. Capital Assets

Capital asset additions, retirements and balances are as follows:

Year Ended September 30, 2025	Beginning of Year	Additions/ Transfers In	Reductions/ Transfers Out	End of Year
Capital Assets at Cost				
Land	$ 41,294	$ -	$ -	$ 41,294
Construction in progress	34,028	47,468	(26,887)	54,609
Total nondepreciable assets	75,322	47,468	(26,887)	95,903
Land improvements	44,439	306	(2)	44,743
Buildings and improvements	1,225,801	40,381	(1,657)	1,264,525
Equipment	937,216	55,982	(115,516)	877,682
Right-to-use leased assets:				
Land	54	18	-	72
Buildings	53,696	11,002	(1,792)	62,906
Equipment	13,522	1,991	(1,298)	14,215
Right-to-use subscription assets	78,731	39,742	(4,523)	113,950
Total depreciable and Amortizable assets	2,353,459	149,422	(124,788)	2,378,093
Total	2,428,781	196,890	(151,675)	2,473,996
Accumulated Depreciation and Amortization				
Land improvements	36,702	1,065	(5)	37,762
Buildings and improvements	759,505	36,625	(1,353)	794,777
Equipment	733,501	48,635	(113,796)	668,340
Right-to-use leased assets:				
Land	38	18	-	56
Buildings	24,368	9,459	(1,704)	32,123
Equipment	7,474	3,293	(1,274)	9,493
Right-to-use subscription assets	38,682	25,941	-	64,623
Total	1,600,270	125,036	(118,132)	1,607,174
Capital Assets, Net	$ 828,511	$ 71,854	$ (33,543)	$ 866,822

(in $000's)

8. Long-Term Obligations

A summary of long-term obligations is as follows:

	September 30, 2024	Additions	Reductions	September 30, 2025	Due Within One Year
Bonds and notes payable:					
Revenue bonds	$ 547,135	$ -	$ (27,270)	$ 519,865	$ 29,040
Notes payable	24,788	9,482	(6,333)	27,937	4,397
	571,923	9,482	(33,603)	547,802	33,437
Interest rate swap agreement	1,565	-	(565)	1,000	-
Net unamortized discount/premium	8,780	-	(570)	8,210	-
Lease liability	36,973	12,908	(12,433)	37,448	10,923
Subscription software	27,988	32,840	(27,429)	33,399	18,702
Total long-term debt	647,229	55,230	(74,600)	627,859	63,062
Other noncurrent liabilities:					
Estimated professional liability losses	34,645	16,756	(6,148)	45,253	9,080
Other liabilities	35,406	8,615	(4,465)	39,556	2,637
Total other noncurrent liabilities	70,051	25,371	(10,613)	84,809	11,717
Total long-term debt and other noncurrent liabilities	$ 717,280	$ 80,601	$ (85,213)	$ 712,668	$ 74,779

Long-term debt consists of the following:

September 30,	2025
Health Care Facilities Revenue Bonds—Series 2025A; maturing incrementally through June 1, 2033; principal payable annually June 1; interest payable monthly at fixed rates	$ 114,075
Health Care Facilities Revenue Bonds—Series 2022A, B & C; maturing incrementally through December 2041; principal payable annually June 1 for Series 2022A and December 1 for Series 2022B & C; interest payable monthly at fixed rates for Series 2022A and variable for Series 2022B & C	178,995
Health Care Facilities Revenue Bonds—Series 2019B; maturing incrementally through June 1, 2033; principal payable annually June 1; interest payable monthly at fixed rates	44,555
Health Care Facilities Revenue Bonds—Series 2015; maturing incrementally through June 1, 2045, principal payable annually June 1; interest payment semiannually June 1 and December 1 at fixed rates	182,240
Notes payable, payment due monthly through June 2034; fixed interest rates	27,937
	547,802

(in $000's)

September 30,		**2025**
Plus (less):		
Interest rate swap agreement		**1,000**
Net unamortized discount/premium		**8,210**
Current maturities of long-term debt		**(33,437)**
Long-term debt, less current maturities	**$**	**523,575**

Bonds Payable

***Series 2025A Bonds*:** In March 2021, ECU Health issued $120.9 million of Series 2021A taxable revenue refunding bonds (Series 2021A Bonds). Proceeds of the Series 2021A Bonds were used to advance refund $101.9 million of outstanding Series 2015 Bonds. As a result, the Series 2015 refunded bonds were considered to be defeased and the liability was removed from the statement of net position in fiscal year 2021. In June 2025, the Series 2021A Bonds were refunded and simultaneously redeemed by tax-exempt fixed rate 2025A Series bonds.

At the time of conversion of the Series 2021A Bonds to Series 2025A Bonds, the taxable rate converted to a tax-exempt fixed rate of 1.83% through 2033, which was locked in as of March 25, 2021, the closing date of the Series 2021A Bonds. Principal payments are due annually on June 1, while interest payments are due monthly.

Series 2022 Bonds: In March 2022, ECU Health issued $94.7 million of Series 2022A tax-exempt revenue refunding bonds (Series 2022A Bonds). Proceeds of the Series 2022A Bonds were used to refund the outstanding balance of the Series 2019A Bonds. As a result, the refunded bonds are considered to be defeased and the liability was removed from the statement of net position in fiscal year 2022. The refunding of the Series 2019A Bonds resulted in a savings of $3.4 million.

In June 2022, ECU Health issued $111.7 million of Series 2022B tax-exempt revenue bonds (Series 2022B Bonds) and $37.4 million of Series 2022C tax-exempt revenue bonds (Series 2022C Bonds). Proceeds of the Series 2022B Bonds were used to refund the outstanding balance of the Series 2013A Bonds and 2013B Bonds. Proceeds of the Series 2022C Bonds were used to refund the outstanding balance of the Series 2011 Bonds. As a result, the refunded bonds are considered to be defeased and the liability was removed from the statement of net position in fiscal year 2022. The refunding of the Series 2013A Bonds, Series 2013B Bonds and Series 2011 Bonds resulted in a savings of $1.6 million in total.

The Series 2022B Bonds initially bore interest based upon a Daily Secured Overnight Financing Rate (SOFR) index formula. Effective November 1, 2024, the 2022C Bonds bear interest based upon a Daily SOFR index formula. The LIBOR-based swap that hedged the Series 2013A and 2013B Bonds, and now hedges the 2022B Bonds, was converted to a Daily SOFR index formula under the ISDA swap protocol, thereby eliminating basis risk between the swap and the 2022B Bonds.

Series 2019 Bonds: In October 2019, ECU Health issued $96.1 million of Series 2019A taxable revenue refunding bonds (Series 2019A Bonds) and $54.1 million of Series 2019B tax-exempt revenue bonds (Series 2019B Bonds) (collectively the Series 2019 Bonds). Proceeds of the Series 2019A Bonds were used to advance refund certain portions of the Series 2012A Bonds totaling $88.0 million. The Series 2019A Bonds were fully refunded as part of the Series 2022A Bonds issued during 2022.

Proceeds of the Series 2019B Bonds were used to refund $33.2 million of the Series 2012A Bonds maturing on June 1, 2033, redeem the outstanding balances of the NOR Series 2011 and Series 2016 bonds and outstanding promissory note together totaling $16.2 million, as well as provide funds of $3.9 million for the purchase of a medical transportation helicopter. The 2019B Bonds are bank-held bonds with a fixed rate of interest of 1.86% through maturity.

In connection with the issuance of the Series 2019 Bonds, effective October 23, 2019, NOR was designated as a restricted affiliate and a member of the Combined Group as defined in the Master Trust Indenture (Amended and Restated) dated February 1, 2006.

Series 2015 Bonds: In April 2015, ECU Health issued Series 2015 tax-exempt revenue bonds (the Series 2015 Bonds). Proceeds of the Series 2015 Bonds were used to advance refund the outstanding balance of the Series 2008D Bonds and pay a portion of the cost of acquiring, constructing and equipping various health care facilities, including the ECU Cancer Care, Eddie and Jo Allison Smith Tower at VMC. The Series 2015 bonds were partially refunded as part of the Series 2021A Bonds issued during 2021.

Covenants and Collateral

The Combined Group is required to comply with certain restrictive covenants relating to its revenue bonds payable. The bonds are collateralized by the accounts receivable of the Combined Group. Certain covenants are measured quarterly.

Notes Payable

Notes payable at September 30, 2025, were $27.9 million. The various notes payable bear interest between 0.09% and 8.01%, and principal amounts are due through 2034. The notes payable are collateralized by certain capital assets.

Swap Agreement

On October 5, 2005, ECU Health entered into a variable to fixed interest rate swap agreement with an effective date of February 16, 2006, and a termination date of December 1, 2028 (the Swap Agreement), for the original purpose of hedging the variable interest rate on the 2006 Refunding Bonds.

The agreement by the counterparty to pay certain amounts to ECU Health pursuant to the Swap Agreement did not alter or affect ECU Health's obligation to pay the principal of, interest on, or redemption price of any of the 2006 Refunding Bonds. Therefore, the Swap Agreement remained in effect upon the refunding of the 2006 Refunding Bonds and refunding of the Series 2013 Bonds. The principal amount and repayment terms of the Series 2013 Bonds did not change significantly from the 2006 Refunding Bonds, other than the interest rate and the principal amount and repayment terms of the Series 2022B Bonds did not change significantly from the Series 2013 Bonds, other than the interest rate. The notional amount of the Swap Agreement at September 30, 2025, was $62.0 million.

In order to secure ECU Health's payment obligations under the Swap Agreement, ECU Health issued Master Obligation, Series 2006A and 2006B (Derivative Agreement) (the Series Derivative Agreement Master Obligation) to the counterparty. The Series Derivative Agreement Master Obligation was

(in $000's)

issued under the Master Indenture and Supplemental Master Trust Indenture No. 8, dated February 1, 2006, between ECU Health and the Master Trustee.

Effective June 14, 2012, the interest rate swap was novated from Citibank N.A. to Wells Fargo Bank N.A. with largely the same terms and conditions of the Series 2006A and 2006B Derivative Agreement. The exception to those terms and conditions was the collateral posting requirement; if the estimated fair value of the swap liability is in excess of $20.0 million, Wells Fargo Bank N.A. will require ECU Health to post collateral. No collateral was posted on September 30, 2025, for the interest rate swap.

The estimated fair value of the swap as of September 30, 2025, was a liability of $1.0 million and has been included in long-term debt in the statement of net position. The change in fair value was a gain of $0.6 million for the year ended September 30, 2025 and is included in other nonoperating revenues (expenses) in the statement of revenues, expenses, and changes in net position, as the swap is considered to be an ineffective hedge under the accounting standards.

Interest Rate Risk

ECU Health is exposed to interest rate risk on their interest rate swap. Interest rate risk is a risk that the underlying bond rate (62% of one-month SOFR plus 0.371%) is less than the fixed rate (3.452% per annum) that ECU Health pays the interest rate swap. As underlying bond rates are increasing, the fair value of the interest rate swap is decreasing. Settlements are made on the first Wednesday of each month.

Debt Service Requirements

Scheduled future debt service requirements of long-term debt, for years subsequent to September 30, 2025, are as follows:

September 30,	Series 2015 Bonds	Series 2019 Bonds	Series 2021 Bonds	Series 2022 Bonds	Other	Total Principal	Interest Payments	Total Debt Service
2026	$ 1,575	$ 1,730	$ 2,075	$ 23,660	$ 4,397	$ 33,437	$ 17,458	$ 50,895
2027	1,620	5,175	2,110	21,025	4,342	34,272	16,398	50,670
2028	-	4,620	8,705	18,175	4,461	35,961	15,294	51,255
2029	-	4,690	8,955	17,765	3,977	35,387	14,178	49,565
2030	-	6,890	22,435	2,940	2,993	35,258	13,416	48,674
2031-2035	20,000	21,450	69,795	50,385	7,767	169,397	54,691	224,088
2036-2040	57,550	-	-	42,400	-	99,950	35,265	135,215
2041-2045	101,495	-	-	2,645	-	104,140	14,276	118,416
	$ 182,240	$ 44,555	$ 114,075	$ 178,995	$ 27,937	$ 547,802	$ 180,976	$ 728,778

9. Line of Credit

On March 28, 2025, ECU Health entered into an agreement with a bank for a $100.0 million revolving line of credit with a maturity date of March 27, 2026. In order to secure ECU Health's payment obligations under the revolving line of credit, ECU Health issued Master Obligation, Series 2025A, to the counterparty. The Master Obligation, Series 2025A, was issued under the Master Indenture and Supplemental Master Trust Indenture No. 38, dated March 1, 2025, between ECU Health and the Master Trustee. The Combined Group is required to comply with certain restrictive covenants

(in $000's)

relating to its revolving line of credit. The interest rate on the line of credit is variable, based on the Adjusted Term SOFR rate plus 0.24% margin. As of September 30, 2025, ECU Health had an outstanding balance of $50.0 million.

10. Lease Liabilities

ECU Health utilizes facilities and equipment for various terms under long-term, non-cancelable lease agreements. The leases expire at various dates through 2034 and provide for renewal options. Certain facility leases provide for increases in future minimum annual rental payments based on defined increases in the Consumer Price Index, subject to minimum increases.

The total minimum lease payments for ECU Health under lease agreements are as follows:

	Right of Use Maturity Schedule		
Years ending September 30:	**Principal**	**Interest**	**Total**
2026	$ 10,923	$ 1,287	$ 12,210
2027	8,298	913	9,211
2028	6,980	589	7,569
2029	4,768	347	5,115
2030	2,723	200	2,923
2031-2034	3,756	253	4,009
	37,448	$ 3,589	$ 41,037
Less current maturity of lease liability	(10,923)		
	$ 26,525		

Right of use assets acquired through outstanding leases are shown in Note 7.

11. Subscription Software Right of Use Maturity Schedules

ECU Health utilizes subscription software for various terms under long-term, non-cancelable subscription agreements. The subscriptions expire at various dates through 2029 and provide for renewal options.

(in $000's)

The total minimum subscription payments for ECU Health under subscription software agreements are as follows:

	Subscription Software Right of Use Maturity Schedule		
Years ending September 30:	**Principal**	**Interest**	**Total**
2026	$ 18,702	$ 1,250	$ 19,952
2027	10,254	657	10,911
2028	4,190	242	4,432
2029	253	79	332
	33,399	$ 2,228	$ 35,627
Less current maturity of lease liability	(18,702)		
	$ 14,697		

Right of use assets acquired through outstanding software subscriptions are shown in Note 7.

12. Commitments and Contingencies

Medical Malpractice Costs

Effective October 1, 2017, CMIC, ECU Health's wholly owned captive, was formed and provides medical professional liability (PL) and general liability (GL) coverage, on a claims-made basis, to ECU Health's wholly owned hospitals, VSC and NewCo Cancer Services, LLC. In March 2018, CMIC began ensuring ECU Health's employed and contract physicians.

ECU Health is self-insured for GL and PL claims up to certain limits for each event and in the annual aggregate, on a claims-made basis. ECU Health also has ten excess of loss reinsurance policies through CMIC. Effective October 1, 2019, OBH was added to ECU Health's PL/GL program under CMIC. A prior acts policy for OBH is provided by CMIC with coverage dates of February 4, 2002 through October 1, 2019. Effective October 1, 2020, NOR was added to ECU Health's PL/GL program under CMIC. A prior acts policy for NOR entities and Emergency Department providers is provided by CMIC with coverage dates through October 1, 2020, per endorsement to the policy.

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for reported claims and claims incurred but not reported. The provision is based on actuarially projected estimates of their cost based on historical loss payment patterns as well as current known facts, discounted at 2% for 2025.

Effective October 1, 2020, coverage is provided by a loss portfolio transfer policy between CMIC and ECU Health for the run-off and legacy PL, GL, and Team Member Benefit liabilities for claims reported through September 30, 2017, and for physician run-off and legacy liabilities for claims reported through March 30, 2018.

Workers' Compensation

ECU Health is self-insured for workers' compensation with an occurrence retention of $1.5 million each occurrence. An excess workers' compensation policy, with statutory limits for each team

member accident or disease, covers claims above the self-insured retention. In addition, the excess workers' compensation policy provides employer's liability coverage with limits of $1.0 million per occurrence and annual aggregate. Ten excess of loss reinsurance liability policies through CMIC provide an annual aggregate limit for employer's liability above the excess workers' compensation policy. The current portion of the liability is included in accrued expenses, and the long-term portion is included in other long-term liabilities.

OBH and VSC were moved into ECU Health's self-insured workers compensation program effective October 1, 2018.

Effective October 1, 2019, the self-insured workers' compensation program moved into CMIC as a deductible buy-down policy.

Effective October 1, 2020, coverage is provided by a loss portfolio transfer policy between ECU Health and CMIC for the run-off and legacy workers' compensation liabilities for claims reported through September 30, 2019.

Cyber Liability

Effective October 1, 2023, CMIC provides cyber liability coverage in two separate ways: 1) a deductible buy-down policy to fund a $1 million cyber liability deductible and 2) A 50% quota share participation with the commercial carriers for the $10 million excess $30 million and $10 million excess $40 million layers.

Auto Liability and Physical Damage

Effective October 1, 2024, CMIC provides a deductible buy-down policy to fund a $500,000 auto physical damage and auto liability per claim deductible.

Directors and Officers/Employment Practices Liability (D&O/EPL)

Effective October 1, 2024, CMIC provides a deductible buy-down policy to fund a $500,000 D&O/EPL per claim deductible.

Medical Coverage

ECU Health is self-insured for team members medical and dental coverage with an excess coverage (stop-loss) policy that covers annual medical costs in excess of $450,000 per participant on a claims-made basis. Effective January 1, 2025, CMIC provides stop-loss coverage of $50,000 excess of $450,000 per participant and $350,000 aggregate deductible above the $500,000 self-insured per participant. Annual costs were approximately $142.9 million for the year ended September 30, 2025, which is included in team member benefits in the statement of revenues, expenses and changes in net position. The medical and dental coverage liability is recorded on the statement of net position in accrued expenses and totaled $21.9 million at September 30, 2025.

Regulatory Matters

Laws and regulations concerning government programs, including Medicare, Medicaid and various research grant programs, are complex and subject to varying interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near

term. As a result of nationwide investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. ECU Health expects that the level of review and audit to which it is subject will increase.

There can be no assurance that regulatory authorities will not challenge ECU Health's compliance with these laws and regulations, and it is not possible to estimate the impact (if any) such claims or penalties would have on ECU Health. Management believes that ECU Health is in compliance with fraud and abuse as well as other applicable government laws and regulations. Management is monitoring compliance through its Corporate Compliance Program.

CMS implemented a project using recovery auditors as part of CMS's further efforts to assure accurate payments. The project uses the recovery auditors to search for potentially inaccurate Medicare payments that may have been made to health care providers and that were not detected through existing CMS program integrity efforts. Once a recovery auditor identifies a claim believed to be inaccurate, the recovery auditor makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment.

Litigation

ECU Health is party to a number of pending or threatened lawsuits arising out of, or incidental to, the ordinary course of business for which it carries professional and general liability coverage and other insurance coverages. In the opinion of management, upon consultation with legal counsel, all of the pending or threatened lawsuits that are determined to result in a probable loss to ECU Health have been properly recorded within the financial statements.

Construction Commitment

ECU Health entered into contracts for various construction projects. ECU Health's outstanding commitments for signed contracts totaled approximately $23.6 million as of September 30, 2025, primarily related to renovations of existing buildings and equipment upgrades.

Leases

ECU Health has a total of $3.1 million of future minimum lease payments under non-cancelable leases for buildings and equipment that do not meet the right of use asset criteria at September 30, 2025. These agreements expire at various times through 2030.

13. Defined Contribution Retirement Plan

ECU Health sponsors a defined contribution retirement plan, with a matching component of 50%, 75% or 100% of the team member's contribution, up to 5% of the team member's salary, for team members who have met the eligibility and years of service requirements of the plan. During 2025, ECU Health contributed approximately $29.8 million to the defined contribution retirement plan, which is included in employee benefits in the statement of revenues, expenses and changes in net position.

(in $000's)

14. Defined Benefit Pension Plans

Defined benefit pension plans disclosures, as required by the Plan sponsor (GASB Statement No. 68):

Plan Description

ECU Health maintains a noncontributory defined benefit pension plan (the Plan) covering some of the team members of ECU Health. Plan participants are now fully vested with over 10 years of service as the Plan was frozen to new team members hired on or after January 1, 2010. The Plan is funded annually by ECU Health and its affiliates in amounts at least equal to the actuarially determined contribution (pension cost). The Plan is considered a governmental entity under section 401(a) of the Internal Revenue Code of 1954. The Plan year is January 1 to December 31. Team members hired after this date are eligible to participate in the defined contribution retirement plan described in Note 13.

Team Members Covered by Benefit Terms

The pension liability at September 30, 2025, is computed using a measurement date as of October 1, 2024 and was determined by an actuarial valuation date of January 1, 2024 rolled forward to September 30, 2025 to calculate the net pension liability as of that date. The participant data utilized in the actuarial computation is as of January 1, 2024, which is rolled forward to the measurement dates using the standard methodology.

Following is the team member participant data utilized:

	VMC	NOR	DUP	Consolidated
Participant data as of January 1:				
Active participants	2,731	163	95	2,989
Inactives with deferred benefits	3,106	201	138	3,445
Inactives receiving payment	3,729	423	178	4,330
Total	9,566	787	411	10,764

Contributions

Actuarially determined contributions are calculated as of October 1, one year prior to the end of the fiscal year in which contributions are reported. ECU Health's funding policy is to make contributions to at least meet the minimum funding requirements for the current year as determined by an independent actuary. ECU Health contributed 100% of the actuarially determined contributions for the year ended September 30, 2025, which approximated $28.5 million, which is recorded as a deferred outflow.

Summary of Significant Accounting Policies

The pension plan is accounted for using the flow of economic resources measurement focus and the accrual basis of accounting. Benefit payments are recognized when due and payable in accordance with benefit terms.

(in $000's)

Investment Management Agreement

In March 2020, the plan sponsor and investment fiduciary committee delegated certain authority to an investment consultant in an arrangement referred to as Outsourced Chief Investment Officer (OCIO). The OCIO provides services with respect to investment program review, investment strategy, asset allocation, selection and monitoring of sub-advisors and investments, investment in advised funds, reporting and investment communication and custody and registration of plan assets.

Actuarial Assumptions

The annual required contribution and the net pension liability recorded on the statement of net position at September 30, 2025, were computed as part of an actuarial valuation performed using the measurement date of October 1, 2024. Significant actuarial assumptions used in that actuarial valuation of the Plan include the following:

Rate of return on plan assets	7.50%
Mortality	Pri-2012 Mortality Table, Scale MP-2021
Projected salary increases	3.00%
Inflation rate	2.50%
Measurement date	October 1, 2024

These assumptions were selected by management at the measurement date.

The long-term expected rate of return on pension plan investments was determined using a building block method in which best-estimate ranges of expected real rates of return (expected returns, net of plan investment expenses and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset Class	Total Allocation	Real Rate of Return
International equity	**45.0%**	**4.49%**
Core U.S. fixed income	**17.0%**	**2.24%**
Hedge funds	**8.0%**	**4.49%**
Real estate	**10.0%**	**4.10%**
Private equity	**10.0%**	**6.73%**
Private debt	**2.5%**	**5.37%**
Multi-asset credit	**7.5%**	**4.68%**
Total	**100.0%**	

(in $000's)

The discount rate used to measure the total pension liability as of September 30, 2025 was 7.5%. The projection of cash flows used to determine the discount rate assumed that employer contributions will be made in amounts equal to the actuarially determined contributions. Based on that assumption, the Plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive team members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

There are six investments in the pension plan that make up $729.9 million and 76.3% of the total investments at September 30, 2025.

The following table sets forth, by level within the fair value hierarchy, ECU Health, NOR and DUP's pension plan financial assets measured at fair value on a recurring basis at the measurement date of September 30, 2024:

		Fair Value Measurements at Measurement Date Using			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level2)	Significant Unobservable Inputs (Level 3)	Measured Using NAV
Financial Assets:					
Mutual funds	$ 779,522	$ -	$ -	$ -	$ 779,522
Venture capital and partnerships	130,855	-	-	-	130,855
Cash equivalents	21,646	21,646	-	-	-
Equity securities	25,620	25,620	-	-	-
Total financial assets	$ 957,643	$ 47,266	$ -	$ -	$ 910,377

At September 30, 2024, the pension plans alternative investments recorded at NAV consisted of the following:

	Fair Value	Redemption Frequency	Redemption Notice Period
Trumbull Property	$ 6,874	Quarterly	60 Days
MFO Aon Collective Investment Formerly Aon Hew Large Cap Equity Index	13,699	Daily	1 Business Day
MRO Aon Collective Investment Formerly Aon Hew Small Cap Equity Index	2,358	Daily	1 Business Day
Aon Core Real Estate	2,783	Quarterly	105 Days
MFO AGT Non-US Active EQ	157,994	Daily	1 Business Day
Russell Small Cap	13,365	Daily	1 Business Day
S&P 500 ® Index	233,344	Daily	1 Business Day
AGT Global Real Estate	7,480	Daily	1 Business Day
Aon Core Real Estate	882	Quarterly	105 Days
Aon Collective Investment Formerly Aon New Bond	148,215	Daily	1 Business Day
AHGT High Yield Plus Bond	7,138	Daily	1 Business Day
Aon Multi-Asset Credit Fund	69,457	Monthly	10 Days
Aon Return Enhancing Alternatives	70,992	Biannual (June 30, December 31)	95 Days

(in $000's)

	Fair Value	Redemption Frequency	Redemption Notice Period
AON Core Real Estate	**49,937**	Quarterly	105 Days
Aon Return Enhancing Alternatives	**1,878**	Biannual (June 30, December 31)	95 Days
Dover Street IX Cayman Fund LP	**28,399**	N/A	N/A
Aon Opportunistic Credit Portfolio LP	**10,675**	N/A	N/A
Oaktree Real Estate Opportunities Fund III, LP	**12,126**	N/A	N/A
FTV VII, L.P	**7,041**	N/A	N/A
One Rock Capital Partners III, LP	**11,351**	N/A	N/A
Trive Capital Fund IV, L.P.	**8,039**	N/A	N/A
Level Equity Growth Partners V, L.P.	**5,890**	N/A	N/A
The Veritas Capital Vantage Fund, L.P.	**4,480**	N/A	N/A
Stepstone Secondaries Fund V, L.P.	**5,282**	N/A	N/A
GTCR Fund XIIIB LP	**3,769**	N/A	N/A
Diversis Capital Partners II, L.P.	**5,185**	N/A	N/A
GTCR Fund XIIIA LP	**1,985**	N/A	N/A
Stepstone Global Partners XI (Cayman) LP	**1,939**	N/A	N/A
Arlington Capital Partners VI, LP	**5,281**	N/A	N/A
Aon PRVT CR OPPS FD II-SUB	**9,985**	N/A	N/A
WPEF IX FEEDER 1 ILP	**1,431**	N/A	N/A
StepStone VC Secondaries Fund VI LP	**431**	N/A	N/A
GTCR FUND XIII/A AIV LP	**692**	N/A	N/A
	$ 910,377		

Sensitivity of the Net Pension Liability to Changes in the Discount Rate

The following presents ECU Health's net pension liability calculated using the discount rate of 7.50% at September 30, 2025, as well as the net pension liability using a discount rate that is 1% lower and 1% higher:

	1% Decrease 6.50%	Current Rate 7.50%	1% Increase 8.50%
Net pension liability, September 30, 2025	**$ 279,265**	**$ 153,299**	**$ 47,714**

Pension Liabilities, Pension Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

For the year ended September 30, 2025, ECU Health recognized pension expense of $22.5 million. Pension expense is included in employee benefits in the statement of revenues, expenses and changes in net position.

(in $000's)

Changes in the net pension liability are summarized in the following table:

	Increase (Decrease)		
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (Asset) (a) - (b)
Balances at September 30, 2024	$ 1,028,547	$ 822,951	$ 205,596
Changes for the year:			
Service cost	**5,936**	**-**	**5,936**
Interest	**73,674**	**-**	**73,674**
Difference between expected and actual experience	**36,006**	**81,430**	**(45,424)**
Employer contributions	**-**	**25,134**	**(25,134)**
Net investment income	**-**	**58,916**	**(58,916)**
Benefit payments	**(49,777)**	**(49,777)**	**-**
Less: North Pension Asset	**(27,733)**	**(25,300)**	**(2,433)**
Net changes	**38,106**	**90,403**	**(52,297)**
Balances at September 30, 2025	**$ 1,066,653**	**$ 913,354**	**$ 153,299**

As of October 1, 2024, the most recent actuarial date, the Plan was 85.6% funded.

At September 30, 2025, ECU Health reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

September 30, 2025	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference between actual and expected experience	**$ 28,459**	**$ (137)**
Changes in actuarial assumptions	**169**	**(19,646)**
Net differences between projected and actual earnings on pension plan investments	**-**	**(34,679)**
Contributions made after the measurement date, not yet recognized in the net pension liability	**28,512**	**-**
Total	**$ 57,140**	**$ (54,462)**

(in $000's)

At September 30, 2025, amounts reported as deferred outflows and inflows of resources related to defined benefit pension, excluding the contributions made after the measurement date, will be recognized in pension expense as follows:

Years ending September 30:	
2026	**$ (9,359)**
2027	**21,832**
2028	**(20,989)**
2029	**(17,318)**
	$ (25,834)

Effective October 1, 2010, ECU Health assumed sponsorship of and full financial responsibility for the DUP defined benefit pension plan (DUP Plan). Effective September 30, 2010, the DUP Plan was amended to freeze the DUP Plan. No participant shall accrue any additional benefits, and each participant's accrued benefit shall be determined based on their average annual compensation and number of years of service at September 30, 2010. DUP made an additional $2.4 million contribution on September 27, 2010, to the DUP Plan in connection with this amendment to fund any unfunded amounts at that time. As of September 30, 2025, the fair value of the plan assets exceeded the gross pension liability, resulting in a net pension asset of approximately $4.3 million, reflected on the statement of net position in prepaid expenses.

Effective June 1, 2019, ECU Health assumed sponsorship of and full financial responsibility for the NOR defined benefit pension plan (NOR Plan). During 2005, the NOR Plan was amended to freeze the NOR Plan. No participant shall accrue any additional benefits, and each participant's accrued benefit shall be determined based on their average annual compensation and number of years of service at 2005. NOR makes annual contributions to the NOR Plan based on actuarial calculations using the projected unit credit actuarial cost model. As of September 30, 2025, the fair value of the plan assets exceeded the gross pension liability, resulting in a net pension asset of approximately $1.3 million, reflected on the statement of net position in prepaid expenses.

Defined Benefit Pension Plans Disclosures, as Required by the Plan (GASB Statement No. 67)

The net pension liability of the Plan as of September 30, 2025, to be reported as the net pension liability of the Health System as of September 30, 2026, was measured as of September 30, 2025. The total pension liability as of September 30, 2025, is based on the liability determined on January 1, 2025, census data and a January 1, 2025, valuation date using update procedures to roll forward to the measurement date of September 30, 2025.

(in $000's)

The components of the net pension liability of the pension plans (the Plan, NOR Plan and DUP Plan) at September 30, 2025, were are follows:

	2025
Total pension liability	$ 1,124,681
Plan fiduciary assets	1,021,551
Net pension liability	$ 103,130
Plan fiduciary net position as a percentage of the total pension liability	90.8%

The following presents the sensitivity of the net pension liability calculated using a 1.0% increase and a 1.0% decrease in the discount rate used to measure the net pension liability and asset:

September 30, 2025	1% Decrease 6.50%	Current Rate 7.50%	1% Increase 8.50%
Net pension liability - the Plan	$ 235,437	$ 110,643	$ 5,721
Net pension asset - NOR Plan	$ (419)	$ (2,688)	$ (4,654)

	1% Decrease 5.25%	Current Rate 6.25%	1% Increase 7.25%
Net pension asset – DUP Plan	$ (3,764)	$ (4,825)	$ (5,726)
Net	$ 231,254	$ 103,130	$ (4,659)

There were no changes in assumptions for the measurement date for the year ended September 30, 2025.

Best estimates of arithmetic real rates of return (expected returns, net of pension plan investment expense and inflation) for major asset classes included in the pension plans asset allocations as of September 30, 2025, are summarized in the following table:

Asset Class	Long-term Expected Real Rate of Return
International equity	4.4%
Core U.S. fixed income	2.6%
Hedge funds	4.4%
Real estate	3.4%
Private equity	7.6%
Multi-asset credit	4.6%

(in $000's)

Investment Capital Commitment

The ECU Health noncontributory defined benefit pension plan has capital commitments to alternative investment funds in the pension plan. At September 30, 2025, the remaining unfunded commitment of $79.2 million will be funded as the managers make capital calls to the funds.

The tables below present the fair value leveling of the pension plans investments as of September 30, 2025 in accordance with GASB Statement No. 72:

September 30, 2025	Level 1	Level 2	Level 3	NAV	Total
Equity and mutual funds	$ 27,128	$ -	$ -	$ 834,452	$ 861,580
Venture capital and partnerships	-	-	-	143,910	143,910
Cash equivalents and accrued interest receivable	16,061	-	-	-	16,061
	$ 43,189	$ -	$ -	$ 978,362	$1,021,551

Interest rate risk exposure is managed by limiting investment maturities in accordance with parameters in the Plan's investment policy. At September 30, 2025, the pension plans had no stated investment maturities and credit ratings.

Supplemental Executive Retirement Plan

ECU Health has also established a noncontributory, nonvesting supplemental executive retirement plan (SERP). For the year ended September 30, 2025, ECU Health recognized expense of approximately $1.1 million. SERP had a net pension obligation of approximately $13.7 million at September 30, 2025.

The SERP is not a qualified plan, and as a result, ECU Health is unable to net the plan's liability against assets held for the plan. ECU Health had funds set aside of approximately $16.5 million at September 30, 2025, in relation to this plan. The liability associated with this plan is recorded in other long-term liabilities, and the assets associated with this plan are recorded in assets limited as to use, other restricted cash.

Effective January 1, 2010, ECU Health froze the plan to new entrants. On November 20, 2012, the ECU Health Board of Directors froze plan benefits of existing participants beginning January 1, 2013. This was replaced by a cash balance plan on that date. There are 33 inactive participants in the plan who are receiving payments and no active participants in the plan.

Contributions

ECU Health's funding policy is to make contributions to meet the minimum funding requirements for the current year as determined by an independent actuary. ECU Health contributed payments to the plan for the year ended September 30, 2025, of approximately $1.1 million.

(in $000's)

Actuarial Assumptions

The annual required contribution and the net pension liability recorded on the statement of net position at September 30, 2025, were computed as part of an actuarial valuation performed as of October 1, 2024, which is also the measurement date. Significant actuarial assumptions used in the actuarial valuation of the plan include a discount rate of 3.81% in 2025 and mortality rates using the Pri-2012 Mortality Table and generationally projected with Scale MP-2021.

Sensitivity of the Net Pension Liability to Changes in the Discount Rate

The following presents ECU Health's net pension liability calculated using the discount rate of 3.81% in 2025, as well as the net pension liability using a discount rate that is 1% lower and 1% higher:

	1% Decrease 2.81%	Current Rate 3.81%	1% Increase 4.81%
Net pension liability, September 30, 2025	**$ 14,963**	**$ 13,680**	**$ 12,577**

Changes in the net SERP pension liability for the year ended September 30, 2025, are summarized in the following table:

	Increase (Decrease)		
	Total Pension Liability (a)	**Plan Fiduciary Net Position (b)**	**Net Pension Liability (Asset) (a) - (b)**
Balances at September 30, 2024	$ 13,770	$ -	$ 13,770
Changes for the year:			
Interest	**540**	**-**	**540**
Difference between expected and actual experience	**186**	**-**	**186**
Changes in assumptions	**326**	**-**	**326**
Benefit payments	**(1,142)**	**-**	**(1,142)**
Net changes	**(90)**	**-**	**(90)**
Balances at September 30, 2025	**$ 13,680**	**$ -**	**$ 13,680**

(in $000's)

At September 30, 2025, ECU Health reported deferred outflows of resources and deferred inflows of sources related to the SERP from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Contributions made after the measurement date, not yet recognized in the net pension liability	$ 1,142	$ -
Total	$ 1,142	$ -

At September 30, 2025, amounts reported as deferred outflows of resources related to the SERP, excluding the contributions made after the measurement date, will be recognized in pension expense in the year ending September 30, 2026.

15. Other Postemployment Benefits

Plan Description

ECU Health sponsors a single employer postretirement health care benefit program (referred to as the Retiree Medical Plan) for all team members hired before July 1, 2008, that satisfies the criteria for receiving retirement benefits under the plan. The Retiree Medical Plan includes eligible retirees, spouses and spouse survivors. All eligible members pay a portion of the expense. Effective July 1, 2008, ECU Health froze the plan to new entrants. The Retiree Medical Plan does not issue stand-alone financial reports.

Membership of the Retiree Medical Plan consisted of the following at October 1, 2024, the date of the latest actuarial valuation:

Retirees eligible for benefits (including eligible spouses)	**56**
Active plan members (including eligible spouses)	**2,282**
Total	**2,338**

Funding Policy

ECU Health has chosen to fund the Retiree Medical Plan on a pay-as-you-go basis. Contributions are not expressed as a percentage of covered payroll, since benefits provided are not payroll related. ECU Health has outsourced the processing of their health claims for the Retiree Medical Plan through a third-party administrator. ECU Health's contributions were $0.6 million as of September 30, 2025 and were 100% of the benefits paid in the plan.

Summary of Significant Accounting Policies

The other postemployment benefits (OPEB) are accounted for using the flow of economic resources measurement focus and the accrual basis of accounting. Postemployment benefit expenses are made from ECU Health's operating assets. No funds are set aside to pay benefits or administration costs.

(in $000's)

Benefit and administration expenses are recognized in the accounting period in which the benefits are provided. No assets are accumulated in a trust to fund the plan. The net OPEB liability is recorded in accrued expenses within the statement of net position.

Actuarial Assumptions

The annual expense and the net OPEB liability recorded on the statement of net position at September 30, 2025, were computed as part of an actuarial valuation performed as of October 1, 2024. Significant actuarial assumptions used in the actuarial valuation of the plan for the year ended September 30, 2025, include the following:

Discount rate	3.81%
Mortality	Pri-2012 Table
Health care participation rate	10.00%
Health care cost trend rate	7.93%
Valuation date	October 1, 2023
Measurement date	October 1, 2024

Health care claims development were based on the average pre-65 claims costs of a blend of retiree and active claim experience based on three years of data and adjusted for population, health care trends and paid-to-incurred basis.

Actuarial methods and assumptions: Projections of benefits for financial reporting purposes are based on the substantive plan (the plan as understood by the employer and the plan members) and include the types of benefits provided at the time of each valuation and the historical pattern of sharing of benefit cost between the employer and plan members at that point.

Sensitivity of the net OPEB liability to changes in the discount rate and health care cost trend rate: The following presents ECU Health's net OPEB liability calculated using the discount rate of 3.81% in 2025, as well as the net OPEB liability using a discount rate that is 1% lower and 1% higher:

	1% Decrease 2.81%	Current Rate 3.81%	1% Increase 4.81%
Net OPEB liability, September 30, 2025	**$ 7,308**	**$ 6,776**	**$ 6,290**

The following presents ECU Health's net OPEB liability calculated using a health care cost trend rate that is 1% lower and 1% higher than the current health care trend rate:

	1% Decrease 6.93%	Current Rate 7.93%	1% Increase 8.93%
Net OPEB liability, September 30, 2025	**$ 6,183**	**$ 6,776**	**$ 7,448**

(in $000's)

Changes in the net OPEB liability for the year ended September 30, 2025, are summarized in the following table:

	Increase (Decrease) in Total Net OPEB Liability
Balance at beginning of year, October 1	$ 5,772
Changes for the year:	
Service cost	85
Interest	233
Differences between expected and actual experience	750
Change in assumptions	250
Benefit payments	(314)
Net changes	1,004
Balance at end of year, September 30	$ 6,776

At September 30, 2025, ECU Health reported deferred outflows of resources and deferred inflows of sources related to the OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference between actual and expected experience	$ 1,140	$ (844)
Changes in actuarial assumptions	341	(216)
Contributions made after the measurement date, not yet recognized in the net OPEB liability	550	-
Total	$ 2,031	$ (1,060)

At September 30, 2025, amounts reported as deferred inflows of resources related to the OPEB, excluding the contributions made after the measurement date, will be recognized in benefit expense as follows:

Years ending September 30:	
2026	$ (108)
2027	130
2028	327
2029	72
	$ 421

(in $000's)

16. Other Nonoperating Revenues and Expenses

Other nonoperating revenues and expenses on the statement of revenues, expenses and changes in net position are composed of the following:

Year Ended September 30,		2025
Mark to market loss on interest rate swap	$	564
Foundation expenses		(3,527)
Payments to Pitt County:		
Payment in lieu of taxes		(2,261)
Medicaid funding		(764)
Investment expense		(1,736)
Federal grants refunded		(3,233)
Contributions made		(25,238)
Unrestricted contributions received		4,968
	$	(31,227)

17. Related Parties

East Carolina University and the Brody School of Medicine: The Hospital is the primary affiliated teaching hospital for the Brody School of Medicine through a formal agreement originally executed on December 17, 1975, and most recently renewed on August 8, 2013, for an additional 20-year period. The Brody School of Medicine reimburses the Hospital for costs associated with the utilization of Hospital facilities. The Hospital reimburses the Brody School of Medicine for any third-party reimbursement resulting from any of the school's costs being included in the Hospital's Medicare and Medicaid cost-reimbursement reports.

The Hospital has recorded receivables of approximately $14.7 million and payables of approximately $5.3 million as of September 30, 2025, with the Brody School of Medicine, which are settled in the normal course of business. These receivables and payables are recorded in other receivables and accrued expenses within the statement of net position, respectively.

Operating expenses recognized related to services received from East Carolina University (ECU) were $43.5 million for the year ended September 30, 2025. Other revenues earned from services provided to ECU were $13.0 million for the year ended September 30, 2025. These revenues and expenses are recorded in other revenue and supplies and other expenses within the statement of revenues, expenses and changes in net position, respectively.

Joint Operating Agreement: Effective January 1, 2022, ECU Health and Brody School of Medicine entered into a joint operating agreement (JOA) to move toward greater clinical integration. The JOA will create closer alignment between ECU Health and Brody School of Medicine and support the combined vision of creating a premier, rural academic health system that cares for 1.4 million people throughout eastern North Carolina.

Under the JOA, ECU Health and the Brody School of Medicine will retain their separate legal entities and continue to report to their respective Boards but will operate as a single clinical enterprise with

an integrated system of care under a new, shared brand known as ECU Health. Most ECU Health entities and ECU physicians will operate under the new brand while the Brody School of Medicine's name will not change. There are no changes to the employment status or benefits of current team members and no assets will be exchanged as a result of the JOA; however, the JOA will operate under the single leadership of the CEO/Dean who fills both the role of the CEO of ECU Health and the Dean of the Brody School of Medicine. The role of CEO/Dean began on July 1, 2021 and is jointly employed by both organizations.

A joint operation committee (JOC) of nine members was formed and serve as a non-fiduciary, oversight and advisory committee responsible for providing advice, guidance and oversight to the CEO/Dean regarding management and oversight of ECU Health. The JOC will be responsible for approving and overseeing strategic planning and budgeting and will be responsible for but not limited to operations, finances, reporting of information, advising on matters of integrated leadership, making recommendations to respective Boards, overseeing reports on performance, growth and direction, stewardship, quality, performance, care delivery models, board liaisons, execution of milestones, providing input on the performance of the CEO/Dean and reviewing risk management and compliance plans and concerns of ECU Health.

ECU Health Foundation: University Health Systems of Eastern Carolina Foundation, Inc. d/b/a ECU Health Foundation (the Foundation) was organized to receive gifts, donations, income and funds for the promotion of health and wellness to the general public and community in eastern North Carolina and all areas served by ECU Health. The Foundation provides these services directly to the Development Councils for BEA, BER, CHO, DUP, EDG, NOR and OBH. VMC provides management services, supplies and labor to the Foundation. VCOM hospitals also provide some administrative services. The Foundation is not required to reimburse VMC or the VCOM hospitals for the cost of these expenses; however, the Foundation recognizes the value of those expenses paid on their behalf as contributed services expense along with corresponding contributed services, or in-kind, revenue in their financial statements.

At September 30, 2025, consolidated assets of the Foundation were approximately $68.4 million and liabilities were approximately $24.2 million. The assets that were restricted for use for the benefit of other entities, primarily ECU Health, were $23.8 million at September 30, 2025. The consolidated net assets of the Foundation had an increase of approximately $6.2 million for the year ended September 30, 2025.

ECU Health Foundation is not included in the financial statements of ECU Health as it does not meet the criteria used that would require consolidation since there is no control by ECU Health. A separate audit of the ECU Health Foundation is issued.

18. Condensed Financial Information

Following is the condensed statement of net position, and the related condensed statement of revenues, expenses and changes in net position and cash flows for the Parent Corporation (primary government) and its significant blended component units:

(in $000's)

Condensed Statement of Net Position:

September 30, 2025	Parent Corporation	VMC	VCOM	Eliminations and Other	Total ECU Health
Current assets	$ 70,089	$ 768,374	$ 340,396	$ 40,242	$ 1,219,101
Assets limited as to use-other	677,066	16,539	42,903	72,771	809,279
Capital assets, net of accumulated depreciation	118,251	462,091	201,948	84,532	866,822
Other assets	6,466	1,746	702	20	8,934
Total assets	871,872	1,248,750	585,949	197,565	2,904,136
Deferred outflows	48,286	55,972	20,330	4,914	129,502
Total assets and deferred outflows	$ 920,158	$ 1,304,722	$ 606,279	$ 202,479	$ 3,033,638
Current liabilities	$ 213,426	$ 240,169	$ 106,555	$ 68,336	$ 628,486
Long-term liabilities	551,928	137,770	43,674	57,817	791,189
Total liabilities	765,354	377,939	150,229	126,153	1,419,675
Deferred inflows	9,032	30,934	11,551	4,252	55,769
Net investment in capital assets	(458,977)	458,333	198,398	63,054	260,808
Restricted-noncontrolling interests	-	3,212	49,128	-	52,340
Restricted-other	-	-	3,442	-	3,442
Unrestricted (deficit)	604,749	434,304	193,531	9,020	1,241,604
Total net position (deficit)	145,772	895,849	444,499	72,074	1,558,194
Total liabilities, deferred inflows and net position	$ 920,158	$ 1,304,722	$ 606,279	$ 202,479	$ 3,033,638

Condensed Statement of Revenues, Expenses and Changes in Net Position:

Year Ended September 30, 2025	Parent Corporation	VMC	VCOM	Eliminations and Other	Total ECU Health
Operating revenues	$ 411,588	$ 2,095,693	$ 692,950	$ (107,543)	$ 3,092,688
Operating expenses:					
Salaries and wages	174,226	577,981	235,085	319,702	1,306,994
Team member benefits	50,940	142,630	59,517	46,540	299,627
Supplies and other	174,920	1,065,811	316,330	(331,842)	1,225,219
Depreciation and amortization	43,095	52,315	19,555	11,983	126,948
Lease activity	3,053	9,875	3,739	(8,212)	8,455
Total operating expenses	446,234	1,848,612	634,226	38,171	2,967,243
Income (loss) from operations	(34,646)	247,081	58,724	(145,714)	125,445
Nonoperating revenues (expenses):					
Interest expense	(23,069)	(25,908)	(3,625)	26,724	(25,878)
Investment gain (loss) and other	81,319	(11,373)	3,748	(28,765)	44,929
Total nonoperating revenues (expenses), net	58,250	(37,281)	123	(2,041)	19,051
Income (loss) before noncontrolling interests	23,604	209,800	58,847	(147,755)	144,496
Income applicable to noncontrolling interest	-	(6,947)	(6,925)	-	(13,872)
Increase in net position	23,604	202,853	51,922	(147,755)	130,624
Transfers between affiliated entities	374,858	(552,057)	28,791	145,242	(3,166)
Net position – beginning of year	(252,690)	1,245,053	363,786	74,587	1,430,736
Net position – end of year	$ 145,772	$ 895,849	$ 444,499	$ 72,074	$ 1,558,194

(in $000's)

Condensed Statement of Cash Flows:

Year Ended September 30, 2025	Parent Corporation	VMC	VCOM	Eliminations and Other	Total ECU Health
Cash flows:					
Operating activities	$ (3,380)	$ 327,802	$ 85,922	$ (124,146)	$ 286,198
Noncapital financing activities	-	(3,233)	-	(47,595)	(50,828)
Capital and related financing activities	(41,655)	(84,227)	(41,178)	15,393	(151,667)
Investing activities	45,035	(213,450)	15,958	155,548	3,091
Net increase (decrease) in cash and cash equivalents	-	26,892	60,702	(800)	86,794
Cash and cash equivalents-beginning of year	-	176,176	125,641	10,984	312,801
Cash and cash equivalents-end of year	$ -	$ 203,068	$ 186,343	$ 10,184	$ 399,595

19. Risks related to legislative and regulatory changes (One Big Beautiful Bill Act)

On July 4, 2025, the U.S. government enacted the "One Big Beautiful Bill Act" (OBBBA), which includes significant tax code changes and modifications to federal healthcare programs, including Medicare and Medicaid. This new law introduces substantial financial and operational risks for ECU Health, and its full impact is not yet known.

Revenue cycle risk: The OBBBA includes provisions that alter eligibility criteria and reduce federal funding for certain Medicaid and Affordable Care Act (ACA) marketplace coverage. These changes are expected to increase the number of uninsured individuals and decrease overall reimbursement rates. These factors could lead to a decline in net patient service revenue and a corresponding increase in uncollectible patient accounts. ECU Health is actively analyzing the potential revenue cycle impacts, which are highly dependent on the state-specific Medicaid policy interpretations and the ultimate number of patients who lose coverage.

Billing and compliance risk: The OBBBA has directed significant federal investment into artificial intelligence (AI) tools designed to detect fraudulent billing and utilization patterns, especially within Medicare and Medicaid programs. While the technology is intended to identify fraudulent use, it creates a risk of false positives billing errors that could lead to increased denied claims, payment delays, and potential penalties. ECU Health is evaluating its billing workflows, software, and compliance protocols to mitigate this risk.

Operational and liquidity risk: Changes to reimbursement rates, coupled with ongoing inflationary pressures on labor and supply costs, may reduce the company's operating margins and cash flow. These factors may affect ECU Health's liquidity and ability to fund strategic initiatives and capital expenditures.

Forward-looking statement: This disclosure is based on current interpretations of the OBBBA and is subject to change. ECU Health has modeled a range of potential financial outcomes based on various assumptions, but the actual impact could differ materially from current estimates. ECU Health will continue to monitor developments and adjust its risk mitigation strategies and financial reporting as more information becomes available.

20. Subsequent Events

The System has evaluated subsequent events from September 30, 2025 through December 17, 2025 (the date of the audit report and the date the financial statements were ready to be issued). No material recognizable events were identified.

Required Supplementary Information (Unaudited)

ECU Health

Required Supplementary Information - Schedule of Changes in the Net Pension Liability and Related Ratios (Unaudited)

(in $000's)

	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
Total Pension Liability										
Service cost	$ 5,936	$ 7,016	$ 7,297	$ 7,520	$ 8,033	$ 8,422	$ 9,831	$ 9,809	$ 11,385	$ 11,685
Interest	73,674	71,822	69,044	67,085	65,025	61,447	58,279	55,756	52,511	50,456
Plan changes**	-	-	-	-	-	-	3,752	-	-	-
Assumption changes	-	(58,040)	2,197	25,982	(2,970)	(2,085)	(3,970)	17,238	6,745	(7,194)
Differences between expected and actual experience	36,006	13,330	8,527	4,991	(297)	(1,279)	(361)	6,517	209	(5,456)
Benefit payments	(49,777)	(48,388)	(45,831)	(42,850)	(38,940)	(34,392)	(30,254)	(27,577)	(24,492)	(19,200)
Net Change in Total Pension Liability	65,839	(14,260)	41,234	62,728	30,851	32,113	37,277	61,743	46,358	30,291
Total Pension Liability - Beginning of Year	1,028,547	1,042,807	1,001,573	938,845	907,994	875,881	808,882	747,139	700,781	670,490
Addition of VNOR liability	-	-	-	-	-	-	29,722	-	-	-
Less: North Pension Asset	(27,733)	-	-	-	-	-	-	-	-	-
Total Pension Liability - End of Year (a)	1,066,653	1,028,547	1,042,807	1,001,573	938,845	907,994	875,881	808,882	747,139	700,781
Plan Fiduciary Net Position										
Employer contributions	25,134	28,845	43,041	33,028	27,591	34,200	29,463	27,303	28,571	26,809
Net investment income	58,916	53,305	61,010	52,826	51,496	48,513	45,158	41,605	38,283	38,545
Differences between expected and actual experience	81,430	18,078	(160,053)	96,478	(22,550)	(20,781)	(7,861)	27,055	4,065	(47,920)
Benefit payments	(49,777)	(48,388)	(45,831)	(42,850)	(38,940)	(34,392)	(30,254)	(27,577)	(24,492)	(19,200)
Net Change in Plan Fiduciary Net Position	115,703	51,840	(101,833)	139,482	17,597	27,540	36,506	68,386	46,427	(1,766)
Plan Fiduciary Net Position—Beginning of Year	822,951	771,111	872,944	733,462	715,865	688,325	623,250	554,864	508,437	510,203
Addition of VNOR net position	-	-	-	-	-	-	28,569	-	-	-
Less: North Pension Asset	(25,300)	-	-	-	-	-	-	-	-	-
Plan Fiduciary Net Position—End of Year (b)	913,354	822,951	771,111	872,944	733,462	715,865	688,325	623,250	554,864	508,437
Net Pension Liability—End of Year (a) - (b)	$ 153,299	$ 205,596	$ 271,696	$ 128,629	$ 205,383	$ 192,129	$ 187,556	$ 185,632	$ 192,275	$ 192,344
Plan Fiduciary Net Position as a Percentage of Total Pension Liability	85.6%	80.0%	73.9%	87.2%	78.1%	78.8%	78.6%	77.1%	74.3%	72.6%
Covered Employee Payroll	$ 261,615	$ 247,101	$ 249,743	$ 254,173	$ 261,364	$ 271,681	$ 281,572	$ 296,700	$ 309,816	$ 333,405
Net Pension Liability as a Percentage of Covered Employee Payroll	58.6%	83.2%	108.8%	50.6%	78.6%	70.7%	66.6%	61.0%	62.1%	57.7%

*The amounts presented for each fiscal year were determined as of the calendar year-end that occurred within the fiscal year.

**The plan was amended on May 3, 2019, so that ad hoc additional accrued benefit adjustments were added for select participants effective December 31, 2018.

ECU Health

Required Supplementary Information - Schedule of Employer Contributions (Unaudited)

(in '000's)

Year Ended September 30,	**2025**	2024	2023	2022	2021	2020	2019	2018	2017	2016
Actuarially determined contribution	**$ 28,492**	$ 25,379	$ 28,845	$ 27,665	$ 27,012	$ 26,906	$ 27,525	$ 28,456	$ 26,011	$ 26,186
Contributions in relation to the actuarially determined contribution	**28,512**	25,379	28,845	43,041	33,028	27,591	34,200	29,462	27,301	28,571
Contribution excess	**$ (20)**	$ -	$ -	$ (15,376)	$ (6,016)	$ (685)	$ (6,675)	$ (1,006)	$ (1,290)	$ (2,385)
Covered employee payroll	**$ 261,615**	$ 247,101	$ 249,743	$ 254,173	$ 261,364	$ 271,681	$ 281,572	$ 304,497	$ 309,816	$ 333,405
Contributions recognized as a percentage of actuarially determined contribution	**100.1%**	100.0%	100.0%	155.6%	122.3%	102.5%	124.3%	103.5%	105.0%	109.1%
Contributions as a percentage of covered employee payroll	**10.9%**	10.3%	11.5%	16.9%	12.6%	10.2%	12.1%	9.7%	8.8%	8.6%

The amounts presented for each fiscal year were determined as of the calendar year-end that occurred within the fiscal year.

Notes to Required Supplementary Information (Unaudited)

Valuation date: October 1, 2024
Actuarial cost method: Projected Unit Credit
Asset valuation method: Five-year smoothing
Inflation: 2.5%
Salary increases: 3.0%
Investment rate of return: 7.50% in 2025 and 2024. 7.00% in 2022 through 2023 (was 7.25% beginning 2018 through 2021), including inflation, previously 7.5% prior to 2018.
Retirement age: Varies by age and service
Mortality: In 2025, 2024 and 2023 Pri-2012 aggregate benefits-weighted table adjusted to 2012 and generationally projected with Scale MP-2021. In 2022 Pri-2012 aggregate benefits-weighted table adjusted to 2012 and generationally projected with Scale MP-2020. In 2021 Pri-2012 aggregate benefits-weighted table adjusted to 2012 and generationally projected with Scale MP-2019. RP-2014 Table for Employees and Healthy Annuitants, Generationally Projected with Scale MP-2014 for 2015, MP-2015 for 2016 and 2017, MP-2016 for 2018, MP-2017 for 2019, MP-2018 for 2020.
Changes in assumptions: In 2025, no substantive changes. In 2024, change in discount rate and investment rate return. In 2023, no substantive changes. In 2022, change in discount rate and investment reutrn. In 2021, change in discount rate and investment rate return. In 2018, change in investment rate return and discount rate. In 2017, changes in the expected retirement rate and termination rate for active employees and change in mortality assumption. In 2020 and prior years, no substantive changes.
The North pension plan liability and net position was acquired as of June 1, 2019.
As of 2025, The North Pension Plan is now a net pension asset; therefore, it is not included in the respective 2025 column in the table above.

ECU Health

Required Supplementary Information - Schedule of Changes in the Net SERP Liability and Related Ratios (Unaudited)

(in '$000s)

	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
Total Pension Liability										
Interest	**$ 540**	$ 551	$ 381	$ 391	$ 473	$ 649	$ 847	$ 810	$ 862	$ 903
Plan changes**	**-**	-	-	-	-	-	(7,085)	-	-	-
Differences between expected and actual experience	**186**	177	195	169	(50)	109	876	(462)	72	-
Changes in assumptions	**326**	(85)	(2,571)	(283)	620	2,680	(1,048)	(2,030)	-	-
Benefit payments	**(1,142)**	(1,142)	(1,142)	(1,142)	(1,115)	(1,115)	(1,534)	(2,710)	(2,532)	(2,085)
Net Change in Total Pension Liability	**(90)**	(499)	(3,137)	(865)	(72)	2,323	(7,944)	(4,392)	(1,598)	(1,182)
Total Pension Liability - Beginning of Year	**13,770**	14,269	17,406	18,271	18,343	16,020	23,964	28,356	29,954	31,136
Total Pension Liabilty - End of Year (a)	**13,680**	13,770	14,269	17,406	18,271	18,343	16,020	23,964	28,356	29,954
Plan Fiduciary Net Position—Beginning of Year*	**-**	-	-	-	-	-	-	-	-	-
Plan Fiduciary Net Position—End of Year (b)*	**-**	-	-	-	-	-	-	-	-	-
Net Pension Liability—End of Year (a) - (b)	**$ 13,680**	$ 13,770	$ 14,269	$ 17,406	$ 18,271	$ 18,343	$ 16,020	$ 23,964	$ 28,356	$ 29,954
Covered Employee Payroll	**	**	**	**	**	**	**	$ 3,427	$ 3,343	$ 3,210
Net Pension Liability as a Percentage of Covered Employee Payroll	**	**	**	**	**	**	**	699.3%	848.2%	933.1%
Actuarially Determined Contribution	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 271	$ 2,085
Contributions in Relation to the Actuarially Determined Contribution	**1,142**	1,142	1,142	1,142	1,115	1,115	1,534	2,710	2,532	2,085
Contribution excess	**$ 1,142**	$ 1,142	$ 1,142	$ 1,142	$ 1,115	$ 1,115	$ 1,534	$ 2,710	$ 2,261	$ -
Contributions Recognized as a Percentage of Actuarially Determined Contribution	**NA**	NA	NA	NA	NA	NA	NA	NA	934.3%	100.0%
Contributions as a Percentage of Covered Employee Payroll	**	**	**	**	**	**	**	79.1%	75.7%	65.0%

Notes to Required Supplementary Information (Unaudited)

Valuation date: January 1, 2024
Actuarial cost method: Entry Age Normal
Discount rate: 3% in 2016 and 2017; 3.65% in 2018; 4.20 in 2019; 2.66% in 2020; 2.21% in 2021; 2.26% in 2022; 4.02% in 2023; 4.09% in 2024; 3.81% in 2025.
Salary increases: NA
Investment rate of return: NA
Retirement age: NA. All inactives.
Mortality: In 2025, 2024 and 2023 Pri-2012 aggregate benefits-weighted table adjusted to 2012 and generationally projected with Scale MP-2021. RP-2014 Table for Employees and Healthy Annuitants, Generationally Projected with Scale MP-2015 for 2016 and 2017, MP-2016 for 2018, MP-2017 for 2019, MP-2018 for 2020. In 2021 Pri-2012 aggregate benefits-weighted table adjusted to 2012 and generationally projected with Scale MP-2019. In 2022 Pri-2012 aggregate benefits-weighted table adjusted to 2012 and generationally projected with Scale MP-2020.
Changes in assumptions: In 2018, 2019, 2020, 2021, 2022, 2023, 2024 and 2025 change in discount rate. In prior years, no substantive changes.

* Although assets are not included to reduce the net pension liability, ECU Health does have assets set aside to fund this liability. See Note 13 to the financial statements.
** All participants that had not yet reached age 62 were impacted by the plan changes during 2019; therefore, there is no longer covered payroll associated with this plan. The financial accounting valuation reflects an ad hoc adjustment for certain participants to reduce the accrued benefit under the plan.

ECU Health

Schedule of Changes in the Net OPEB Liability and Related Ratios (Unaudited)

($000's)

	2025	2024	2023	2022	2021	2020	2019	2018	2017*
Total OPEB liability:									
Service cost	$ 85	$ 74	$ 154	$ 141	$ 165	$ 130	$ 171	$ 187	$ 221
Interest	233	192	188	145	293	347	329	304	305
Differences between expected and actual experience	750	803	(2,590)	1,467	(3,512)	1,374	(572)	-	-
Changes in assumptions	250	199	(664)	478	(1,239)	1,249	724	(496)	-
Benefit payments	(314)	(377)	(721)	(232)	(67)	(698)	(1,999)	(221)	(814)
Net change in total OPEB liability	1,004	891	(3,633)	1,999	(4,360)	2,402	(1,347)	(226)	(288)
Total OPEB liability—beginning	5,772	4,881	8,514	6,515	10,875	8,473	9,820	10,046	10,334
Total OPEB liability—ending	$ 6,776	$ 5,772	$ 4,881	$ 8,514	$ 6,515	$ 10,875	$ 8,473	$ 9,820	$ 10,046

Methods and assumptions used to determine contribution rates:

Valuation date: October 1, 2023
Actuarial cost method: Entry Age Normal
Discount rate: 3.81% in 2025; 4.09% in 2024, 4.02% in 2023, 2.26% in 2022; 2.21% in 2021; 2.66% in 2020; 4.20% in 2019; 3.65% in 2018; 3.00% in 2017
Salary increases: 3.00% in 2025, 2024, 2023, 2022 and 2021. 0.00% in other years
Health care participation rate: 10% in 2025, 2024, 2023, 2022, 2021, 2020 and 2019, 15% in other years
Retirement rates: Age 55 to 57—5% with progressive increases to 100% at age 65
Mortality: In 2025, 2024 and 2023 Pri-2012 aggregate benefits-weighted table adjusted to 2012 generationally projected with Scale MP-2021. In 2022 Pri-2012 aggregate benefits-weighted table adjusted to 2012 and generationally projected with Scale MP-2020. In 2021 Pri-2012 aggregate benefits-weighted table adjusted to 2012 and generationally projected with Scale MP-2019. RP-2014 Table for Employees and Healthy Annuitants, Generationally Projected with Scale MP-2015 for 2017, MP-2016 for 2018, MP-2017 for 2019, MP-2018 for 2020.
Changes in assumptions: In 2025, 2024, 2023 and 2022, change in discount rate. In 2021, change in discount rate and change in the salary scale. In 2020, change in discount rate. In 2019, change in discount rate, change in the retirement age to better reflect past and expended future plan experiences and change in the future retirees health care participation rate from 15% to 10% to better reflect recent plan experience. In 2018, change in discount rate. In 2017, no substantive changes.
Change in benefit terms: There were no changes to benefit terms.

*Certain information prior to 2017 is not available.

Supplementary Information

ECU Health

Consolidating Schedule of Net Position

(in $000's)

September 30, 2025	Consolidated	Eliminations	ECU Health	ECU Health Medical Center	ECU Health Community Hospitals	ECU Health Alliance	Coastal Plains Network	Channel Marker	ECU Health Physicians	ECU Health Properties	Access East, Inc.	HealthAccess, Inc.
Assets and Deferred Outflows of Resources												
Current Assets												
Cash and cash equivalents	$ 399,595	$ -	$ -	$ 203,068	$ 186,343	$ 42	$ 814	$ 2,304	$ 1,020	$ 5,944	$ 60	$ -
Patient accounts receivable, net	438,104	-	383	314,544	97,608	-	-	-	21,639	-	(89)	4,019
Other receivables	80,832	(43,384)	46,443	33,842	7,789	-	2,691	3,717	26,730	802	2,162	40
Estimated settlements due from third-party payors	187,269	-	-	160,502	26,810	-	-	-	(43)	-	-	-
Lease receivable, current portion	141	-	-	-	73	-	-	-	-	68	-	-
Inventories	72,040	-	7,802	46,897	15,138	-	-	-	2,178	1	-	24
Prepaid expenses	32,040	-	15,461	9,521	6,635	-	-	26	247	47	93	10
Assets limited as to use—professional liability losses, current	9,080	-	-	-	-	-	-	9,080	-	-	-	-
Total Current Assets	1,219,101	(43,384)	70,089	768,374	340,396	42	3,505	15,127	51,771	6,862	2,226	4,093
Assets Limited as to Use												
Internally designated for capital improvements	734,360	-	677,066	55	42,903	-	-	-	-	-	14,336	-
Internally designated for professional liability losses	58,435	-	-	-	-	-	-	58,435	-	-	-	-
Other cash limited as to use	16,484	-	-	16,484	-	-	-	-	-	-	-	-
Total Assets Limited as to Use, Net of Current	809,279	-	677,066	16,539	42,903	-	-	58,435	-	-	14,336	-
Capital Assets, Net	866,822	-	118,251	462,091	201,948	-	-	-	40,976	42,163	1,233	160
Other Noncurrent Assets												
Other intangible assets, net	2,656	-	890	1,746	-	-	-	-	-	-	-	20
Other assets	6,171	-	5,576	-	595	-	-	-	-	-	-	-
Lease receivable, less current portion	107	-	-	-	107	-	-	-	-	-	-	-
Total Other Noncurrent Assets	8,934	-	6,466	1,746	702	-	-	-	-	-	-	20
Total Assets	2,904,136	(43,384)	871,872	1,248,750	585,949	42	3,505	73,562	92,747	49,025	17,795	4,273
Deferred Outflows of Resources	129,502	-	48,286	55,972	20,330	-	-	-	3,072	-	999	843
Total Assets and Deferred Outflows of Resources	$ 3,033,638	$ (43,384)	$ 920,158	$ 1,304,722	$ 606,279	$ 42	$ 3,505	$ 73,562	$ 95,819	$ 49,025	$ 18,794	$ 5,116

ECU Health

Consolidating Schedule of Net Position (continued)

(in $000's)

September 30, 2025	Consolidated	Eliminations	ECU Health	ECU Health Medical Center	ECU Health Community Hospitals	ECU Health Alliance	Coastal Plains Network	Channel Marker	ECU Health Physicians	ECU Health Properties	Access East, Inc.	HealthAccess, Inc.
Liabilities, Deferred Inflows of Resources and Net Position												
Current Liabilities												
Accounts payable	$ 140,663	$ (41,225)	$ 47,260	$ 69,199	$ 38,688	$ 85	$ 1,516	$ 6,659	$ 15,433	$ 881	$ 812	$ 1,355
Accrued expenses	309,393	(2,159)	67,692	123,684	50,660	-	-	6,349	50,032	-	10,617	2,518
Estimated settlements due to third-party payors	56,288	-	-	41,700	14,588	-	-	-	-	-	-	-
Current portion of professional liability losses	9,080	-	-	-	-	-	-	9,080	-	-	-	-
Line of credit	50,000	-	50,000	-	-	-	-	-	-	-	-	-
Current maturities of long-term debt	33,437	-	29,040	3,385	872	-	-	-	140	-	-	-
Lease liability, current portion	10,923	-	976	1,957	1,747	-	-	-	6,107	-	88	48
Subscription software, current portion	18,702	-	18,458	244	-	-	-	-	-	-	-	-
Total Current Liabilities	628,486	(43,384)	213,426	240,169	106,555	85	1,516	22,088	71,712	881	11,517	3,921
Long-Term Liabilities												
Long-term debt, less current maturities	523,575	-	500,036	17,893	5,209	-	-	-	437	-	-	-
Net pension liability	153,299	-	26,265	87,854	29,997	-	-	-	6,363	-	1,066	1,754
Professional liability losses, less current portion	36,173	-	7,471	-	272	-	-	24,546	3,884	-	-	-
Lease liability, less current portion	26,525	-	1,903	2,320	7,612	-	-	-	14,543	-	147	-
Subscription software, less current portion	14,697	-	15,083	(386)	-	-	-	-	-	-	-	-
Other liabilities	36,920	-	1,170	30,089	584	-	-	5,072	2	-	-	3
Total Liabilities	1,419,675	(43,384)	765,354	377,939	150,229	85	1,516	51,706	96,941	881	12,730	5,678
Deferred Inflows of Resources	55,769	-	9,032	30,934	11,551	-	-	-	2,566	68	872	746
Total Liabilities and Deferred Inflows of Resources	1,475,444	(43,384)	774,386	408,873	161,780	85	1,516	51,706	99,507	949	13,602	6,424
Net Position												
Net investment in capital assets	260,808	-	(458,977)	458,333	198,398	-	-	-	19,761	42,163	998	132
Restricted—noncontrolling interests	52,340	-	-	3,212	49,128	-	-	-	-	-	-	-
Restricted—other	3,442	-	-	-	3,442	-	-	-	-	-	-	-
Unrestricted (deficit)	1,241,604	-	604,749	434,304	193,531	(43)	1,989	21,856	(23,449)	5,913	4,194	(1,440)
Total Net Position (Deficit)	1,558,194	-	145,772	895,849	444,499	(43)	1,989	21,856	(3,688)	48,076	5,192	(1,308)
Total Liabilities, Deferred Inflows of Resources and Net Position	$ 3,033,638	$ (43,384)	$ 920,158	$ 1,304,722	$ 606,279	$ 42	$ 3,505	$ 73,562	$ 95,819	$ 49,025	$ 18,794	$ 5,116

ECU Health

Consolidating Schedule of Revenues and Expenses

(in '000's)

Year Ended September 30, 2025	Consolidated	Eliminations	ECU Health	ECU Health Medical Center	ECU Health Community Hospitals	ECU Health Alliance	Coastal Plains Network	Channel Marker	ECU Health Physicians	ECU Health Properties	Access East, Inc.	HealthAccess, Inc.
Operating Revenues												
Net patient service revenue, net of provision for bad debts	$ 2,841,704	$ -	$ (153)	$ 1,948,694	$ 672,941	$ -	$ -	$ -	$ 208,328	$ -	$ (142)	$ 12,036
Other operating revenues	250,984	(512,049)	411,741	146,999	20,009	-	2,776	30,401	116,990	8,499	25,508	110
Total Operating Revenues	3,092,688	(512,049)	411,588	2,095,693	692,950	-	2,776	30,401	325,318	8,499	25,366	12,146
Operating Expenses												
Salaries and wages	1,306,994	-	174,226	577,981	235,085	-	-	-	289,912	-	17,259	12,531
Employee benefits	299,627	(6,445)	50,940	142,630	59,517	-	-	2,480	41,321	-	5,737	3,447
Supplies and other	1,225,219	(495,711)	174,920	1,065,811	316,330	2,517	3,219	20,233	123,091	3,316	4,439	7,054
Depreciation and amortization	126,948	-	43,095	52,315	19,555	-	-	-	8,744	2,950	172	117
Lease activity	8,455	(9,893)	3,053	9,875	3,739	-	-	-	973	8	87	613
Total Operating Expenses	2,967,243	(512,049)	446,234	1,848,612	634,226	2,517	3,219	22,713	464,041	6,274	27,694	23,762
Operating Income (Loss)	125,445	-	(34,646)	247,081	58,724	(2,517)	(443)	7,688	(138,723)	2,225	(2,328)	(11,616)
Nonoperating Revenues (Expenses)												
Interest expense	(25,878)	27,561	(23,069)	(25,908)	(3,625)	-	-	-	(822)	-	(11)	(4)
Investment loss, net	76,156	-	59,007	8,761	2,935	-	-	4,650	487	6	307	3
Other	(31,227)	(27,561)	22,312	(20,134)	813	-	-	(270)	(6,387)	-	-	-
Total Nonoperating Revenues (Expenses), Net	19,051	-	58,250	(37,281)	123	-	-	4,380	(6,722)	6	296	(1)
Income (Loss) Before Non-Controlling Interests	144,496	-	23,604	209,800	58,847	(2,517)	(443)	12,068	(145,445)	2,231	(2,032)	(11,617)
Income applicable to noncontrolling interests	(13,872)	-	-	(6,947)	(6,925)	-	-	-	-	-	-	-
Increase (Decrease) in Net Position - ECU Health	$ 130,624	$ -	$ 23,604	$ 202,853	$ 51,922	$ (2,517)	$ (443)	$ 12,068	$ (145,445)	$ 2,231	$ (2,032)	$ (11,617)

ECU Health Medical Center

Consolidating Schedule of Net Position

(in $000's)

Year ended September 30, 2025	Consolidated	Eliminations and Noncontrolling Interests	ECU Health* Medical Center	ECU Health SurgiCenter	ECU Health Radiation Oncology
Assets and Deferred Outflows of Resources					
Current Assets					
Cash and cash equivalents	$ 203,068	$ -	$ 196,398	$ 3,582	$ 3,088
Patient accounts receivable, net	314,544	-	305,268	7,400	1,876
Other receivables	33,842	(612)	33,707	488	259
Estimated settlements due from third-party payors	160,502	-	160,502	-	-
Inventories	46,897	-	45,507	1,390	-
Prepaid expenses	9,521	-	8,326	570	625
Total Current Assets	768,374	(612)	749,708	13,430	5,848
Assets Limited as to Use					
Internally designated for capital improvements	55	-	55	-	-
Other cash limited as to use	16,484	-	16,484	-	-
Total Assets Limited as to Use, Net of Current	16,539	-	16,539	-	-
Capital Assets, Net	462,091	-	449,858	7,577	4,656
Other Noncurrent Assets					
Other intangible assets, net	1,746	-	1,126	-	620
Other assets	-	(4,154)	4,154	-	-
Total Other Noncurrent Assets	1,746	(4,154)	5,280	-	620
Total Assets	1,248,750	(4,766)	1,221,385	21,007	11,124
Deferred Outflows of Resources	55,972	-	37,454	794	17,724
Total Assets and Deferred Outflows of Resources	$ 1,304,722	$ (4,766)	$ 1,258,839	$ 21,801	$ 28,848

*Includes activity of MMEC and BEA

ECU Health Medical Center

Consolidating Schedule of Net Position (continued)

(in $000's)

Year ended September 30, 2025	Consolidated	Eliminations and Noncontrolling Interests	ECU Health* Medical Center	ECU Health SurgiCenter	ECU Health Radiation Oncology
Liabilities, Deferred Inflows of Resources and Net Position					
Current Liabilities					
Accounts payable	$ 69,199	$ (612)	$ 62,140	$ 6,090	$ 1,581
Accrued expenses	123,684	-	119,497	2,368	1,819
Estimated settlements due to third-party payors	41,700	-	41,700	-	-
Current maturities of long-term debt	3,385	-	3,385	-	-
Lease liability, current portion	1,957	-	1,353	-	604
Subscription software, current portion	244	-	244	-	-
Total Current Liabilities	240,169	(612)	228,319	8,458	4,004
Long-Term Liabilities					
Long-term debt, less current maturities	17,893	-	17,893	-	-
Net pension liability	87,854	-	85,657	2,197	-
Lease liability, less current portion	2,320	-	1,982	-	338
Subscription software, less current portion	(386)	-	(386)	-	-
Other liabilities	30,089	-	28,592	1,497	-
Total Liabilities	377,939	(612)	362,057	12,152	4,342
Deferred Inflows of Resources	30,934	-	30,370	564	-
Total Liabilities and Deferred Inflows of Resources	408,873	(612)	392,427	12,716	4,342
Net Position					
Net investment in capital assets	458,333	-	428,545	7,730	22,058
Restricted—noncontrolling interests	3,212	3,212	-	-	-
Unrestricted	434,304	(7,366)	437,867	1,355	2,448
Total Net Position	895,849	(4,154)	866,412	9,085	24,506
Total Liabilities, Deferred Inflows of Resources and Net Position	$ 1,304,722	$ (4,766)	$ 1,258,839	$ 21,801	$ 28,848

*Includes activity of MMEC and BEA

ECU Health Medical Center

Consolidating Schedule of Revenues and Expenses

(in $000's)

Year ended September 30, 2025	Consolidated	Eliminations and Noncontrolling Interests	ECU Health* Medical Center	ECU Health SurgiCenter	ECU Health Radiation Oncology
Operating Revenues					
Net patient service revenue, net of provision for bad debts	$ 1,948,694	$ -	$ 1,874,796	$ 54,070	$ 19,828
Other operating revenues	146,999	(4,408)	150,002	458	947
Total Operating Revenues	2,095,693	(4,408)	2,024,798	54,528	20,775
Operating Expenses					
Salaries and wages	577,981	-	560,480	8,828	8,673
Employee benefits	142,630	-	139,051	2,833	746
Supplies and other	1,065,811	(4,408)	1,036,188	21,638	12,393
Depreciation and amortization	52,315	-	47,946	1,191	3,178
Lease activity	9,875	-	6,430	1,657	1,788
Total Operating Expenses	1,848,612	(4,408)	1,790,095	36,147	26,778
Operating Income (Loss)	247,081	-	234,703	18,381	(6,003)
Nonoperating Revenues (Expenses)					
Interest expense	(25,908)	-	(25,858)	-	(50)
Investment income	8,761	-	8,540	221	-
Other	(20,134)	(8,490)	(8,479)	(3,165)	-
Total Nonoperating Revenues (Expenses), Net	(37,281)	(8,490)	(25,797)	(2,944)	(50)
Income (Loss) Before Non-Controlling Interests	209,800	(8,490)	208,906	15,437	(6,053)
Income applicable to noncontrolling interest	(6,947)	(6,947)	-	-	-
Increase (Decrease) in Net Position—ECU Health Medical Center	$ 202,853	$ (15,437)	$ 208,906	$ 15,437	$ (6,053)

*Includes activity of MMEC and BEA

ECU Health Community Hospitals

Consolidating Schedule of Net Position

(in $000's)

September 30, 2025	Consolidated	Eliminations and Noncontrolling Interests	Outer Banks Health	ECU Health Roanoke-Chowan Hospital	ECU Health Bertie Hospital	ECU Health Edgecombe Hospital	ECU Health Chowan Hospital	ECU Health Duplin Hospital	ECU Health Beaufort Hospital	ECU Health North
Assets and Deferred Outflows of Resources										
Current Assets										
Cash	$ 186,343	$ -	$ 18,895	$ 13,428	$ 33,594	$ 36,623	$ 50,989	$ 25,077	$ 2,651	$ 5,086
Patient accounts receivable, net	97,608	-	21,678	13,727	5,296	15,681	12,102	10,891	(47)	18,280
Other receivables	7,789	(331)	2,912	723	321	1,163	960	711	4	1,326
Estimated settlements due from third-party payors	26,810	-	3,444	4,782	183	4,895	3,456	4,442	642	4,966
Lease receivable, current portion	73	-	68	-	-	-	-	-	-	5
Inventories	15,138	-	2,071	3,231	561	2,471	2,106	1,477	(1)	3,222
Prepaid expenses	6,635	-	183	139	64	329	49	4,354	-	1,517
Total Current Assets	340,396	(331)	49,251	36,030	40,019	61,162	69,662	46,952	3,249	34,402
Assets Limited as to Use										
Internally designated for capital improvements	42,903	-	41,102	-	-	-	-	-	-	1,801
Capital Assets, Net	201,948	-	62,216	24,650	6,387	26,212	22,251	26,515	-	33,717
Other Noncurrent Assets										
Other assets	595	-	-	595	-	-	-	-	-	-
Lease receivable, less current portion	107	-	100	-	-	-	-	-	-	7
Total Other Noncurrent Assets	702	-	100	595	-	-	-	-	-	7
Total Assets	585,949	(331)	152,669	61,275	46,406	87,374	91,913	73,467	3,249	69,927
Deferred Outflows of Resources	20,330	-	-	3,136	-	14,074	2,208	708	-	204
Total Assets and Deferred Outflows of Resources	$ 606,279	$ (331)	$ 152,669	$ 64,411	$ 46,406	$ 101,448	$ 94,121	$ 74,175	$ 3,249	$ 70,131

ECU Health Community Hospitals

Consolidating Schedule of Net Position (Continued)

(in $000's)

September 30, 2025	Consolidated	Eliminations and Noncontrolling Interests	Outer Banks Health	ECU Health Roanoke-Chowan Hospital	ECU Health Bertie Hospital	ECU Health Edgecombe Hospital	ECU Health Chowan Hospital	ECU Health Duplin Hospital	ECU Health Beaufort Hospital	ECU Health North
Liabilities, Deferred Inflows of Resources and Net Position										
Current Liabilities										
Accounts payable	$ 38,688	$ (331)	$ 7,406	$ 5,706	$ 1,824	$ 7,163	$ 3,956	$ 5,608	$ -	$ 7,356
Accrued expenses	50,660	-	10,663	8,468	2,733	8,184	6,311	5,224	69	9,008
Estimated settlements due to third-party payors	14,588	-	2,124	2,178	(5)	2,091	1,431	858	3,158	2,753
Current maturities of long-term debt	872	-	182	187	-	183	-	119	-	201
Lease liability, current portion	1,747	-	1,178	93	1	49	6	275	-	145
Total Current Liabilities	106,555	(331)	21,553	16,632	4,553	17,670	11,704	12,084	3,227	19,463
Long-Term Liabilities										
Long-term debt, less current maturities	5,209	-	669	871	549	719	1,422	491	-	488
Net pension liability	29,997	-	-	11,906	-	7,222	8,899	1,928	-	42
Professional liability losses, less current portion	272	-	272	-	-	-	-	-	-	-
Lease liability, less current portion	7,612	-	7,180	(19)	2	-	2	348	-	99
Other liabilities	584	-	37	100	35	148	55	35	-	174
Total Liabilities	150,229	(331)	29,711	29,490	5,139	25,759	22,082	14,886	3,227	20,266
Deferred Inflows of Resources	11,551	-	168	2,793	-	2,088	1,923	1,153	-	3,426
Total Liabilities and Deferred Inflows of Resources	161,780	(331)	29,879	32,283	5,139	27,847	24,005	16,039	3,227	23,692
Net Position										
Net investment in capital assets	198,398	-	53,007	23,534	5,835	36,946	20,821	25,471	-	32,784
Restricted—noncontrolling interests	49,128	49,128	-	-	-	-	-	-	-	-
Restricted—other	3,442	-	-	3,437	5	-	-	-	-	-
Unrestricted	193,531	(49,128)	69,783	5,157	35,427	36,655	49,295	32,665	22	13,655
Total Net Position	444,499	-	122,790	32,128	41,267	73,601	70,116	58,136	22	46,439
Total Liabilities, Deferred Inflows of Resources and Net Position	$ 606,279	$ (331)	$ 152,669	$ 64,411	$ 46,406	$ 101,448	$ 94,121	$ 74,175	$ 3,249	$ 70,131

ECU Health Community Hospitals

Consolidating Schedule of Revenues and Expenses

(in $000's)

Year Ended September 30, 2025	Consolidated	Eliminations and Noncontrolling Interests	Outer Banks Health	ECU Health Roanoke-Chowan Hospital	ECU Health Bertie Hospital	ECU Health Edgecombe Hospital	ECU Health Chowan Hospital	ECU Health Duplin Hospital	ECU Health Beaufort Hospital	ECU Health North
Operating Revenues										
Net patient service revenue, net of provision for bad debts	$ 672,941	$ -	$ 145,530	$ 90,949	$ 38,610	$ 115,162	$ 89,729	$ 77,307	$ 425	$ 115,229
Other operating revenues	20,009	(90)	4,023	2,548	703	3,377	3,902	1,915	1	3,630
Total Operating Revenues	692,950	(90)	149,553	93,497	39,313	118,539	93,631	79,222	426	118,859
Operating Expenses										
Salaries and wages	235,085	-	56,094	35,523	11,320	37,942	22,901	28,435	-	42,870
Employee benefits	59,517	-	12,168	9,588	2,342	10,471	5,927	7,822	-	11,199
Supplies and other	316,330	(90)	61,011	51,034	11,661	53,491	36,655	31,621	9	70,938
Depreciation and amortization	19,555	-	4,960	2,020	625	3,995	1,952	2,865	-	3,138
Lease activity	3,739	-	636	759	219	456	899	405	-	365
Total Operating Expenses	634,226	(90)	134,869	98,924	26,167	106,355	68,334	71,148	9	128,510
Operating Income (Loss)	58,724	-	14,684	(5,427)	13,146	12,184	25,297	8,074	417	(9,651)
Nonoperating Revenues (Expenses)										
Interest expense	(3,625)	-	(334)	(389)	(53)	(2,151)	(216)	(60)	-	(422)
Investment income	2,935	-	2,224	71	3	69	18	14	-	536
Other	813	-	738	(108)	(135)	(51)	133	154	-	82
Total Nonoperating Revenues (Expenses), Net	123	-	2,628	(426)	(185)	(2,133)	(65)	108	-	196
Income (Loss) Before Non-Controlling Interests	58,847	-	17,312	(5,853)	12,961	10,051	25,232	8,182	417	(9,455)
Income applicable to noncontrolling interest	(6,925)	(6,925)	-	-	-	-	-	-	-	-
Increase (Decrease) in Net Position - ECU Health Community Hospitals	$ 51,922	$ (6,925)	$ 17,312	$ (5,853)	$ 12,961	$ 10,051	$ 25,232	$ 8,182	$ 417	$ (9,455)

ECU Health (Combined Group)

Consolidating Schedule of Net Position

(in '$000s)

September 30, 2025	Consolidated	Eliminations and Noncontrolling Interests	Combined Group	Unrestricted Affiliates
Assets and Deferred Outflows of Resources				
Current Assets				
Cash and cash equivalents	$ 399,595	$ -	$ 369,790	$ 29,805
Patient accounts receivable, net	438,104	-	402,865	35,239
Other receivables	80,832	(10,769)	79,245	12,356
Estimated settlements due from third-party payors	187,269	-	183,868	3,401
Lease receivable, current portion	141	-	73	68
Inventories	72,040	-	68,531	3,509
Prepaid expenses	32,040	-	30,533	1,507
Assets limited as to use—professional liability losses, current	9,080	-	-	9,080
Total Current Assets	1,219,101	(10,769)	1,134,905	94,965
Assets Limited as to Use				
Internally designated for capital improvements	734,360	-	678,922	55,438
Internally designated for professional liability losses	58,435	-	-	58,435
Other cash limited as to use	16,484	-	16,484	-
Total Assets Limited as to Use, Net of Current	809,279	-	695,406	113,873
Capital Assets, Net	866,822	-	790,976	75,846
Other Noncurrent Assets				
Intangible assets, net	2,656	-	2,016	640
Other assets	6,171	(2,598)	8,769	-
Lease receivable, less current portion	107	-	7	100
Total Other Noncurrent Assets	8,934	(2,598)	10,792	740
Deferred Outflows of Resources	129,502	-	109,142	20,360
Total Assets and Deferred Outflows of Resources	$ 3,033,638	$ (13,367)	$ 2,741,221	$ 305,784

ECU Health (Combined Group)

Consolidating Schedule of Net Position (Continued)

(in $000's)

September 30, 2025	Consolidated	Eliminations and Noncontrolling Interests	Combined Group	Unrestricted Affiliates
Liabilities, Deferred Inflows of Resources and Net Position				
Current Liabilities				
Accounts payable	$ 140,663	$ (10,769)	$ 125,573	$ 25,859
Accrued expenses	309,393	-	274,565	34,828
Estimated settlements due to third-party payors	56,288	-	54,164	2,124
Current reserve for professional liability losses	9,080	-	-	9,080
Line of credit	50,000	-	50,000	-
Current maturities of long-term debt	33,437	-	33,255	182
Lease liability, current portion	10,923	-	9,005	1,918
Subscription software, current portion	18,702	-	18,702	-
Total Current Liabilities	628,486	(10,769)	565,264	73,991
Long-Term Liabilities				
Long-term debt, less current maturities	523,575	-	522,906	669
Net pension liability	153,299	-	148,282	5,017
Professional liability losses, less current portion	36,173	-	11,355	24,818
Lease liability, less current portion	26,525	-	18,860	7,665
Subscription software, less current portion	14,697	-	14,697	-
Other liabilities	36,920	(2,598)	32,910	6,608
Total Long-Term Liabilities	791,189	(2,598)	749,010	44,777
Total Liabilities	1,419,675	(13,367)	1,314,274	118,768
Deferred Inflows of Resources	55,769	-	53,419	2,350
Total Liabilities and Deferred Inflows of Resources	1,475,444	(13,367)	1,367,693	121,118
Net Position				
Net investment in capital assets	260,808	-	176,879	83,929
Restricted—noncontrolling interests	52,340	-	52,340	-
Restricted—other	3,442	-	3,442	-
Unrestricted	1,241,604	-	1,140,867	100,737
Total Net Position	1,558,194	-	1,373,528	184,666
Total Liabilities, Deferred Inflows of Resources and Net Position	$ 3,033,638	$ (13,367)	$ 2,741,221	$ 305,784

ECU Health (Combined Group)

Consolidating Schedule of Revenues and Expenses

(in $000's)

Year Ended September 30, 2025	Consolidated	Eliminations and Noncontrolling Interests	Combined Group	Unrestricted Affiliates
Operating Revenues				
Other operating revenues	$ 2,841,704	$ -	$ 2,607,216	$ 234,488
Other revenue	250,984	(35,356)	221,696	64,644
Total Operating Revenues	3,092,688	(35,356)	2,828,912	299,132
Operating Expenses				
Salaries and wages	1,306,994	-	1,200,209	106,785
Employee benefits	299,627	-	271,479	28,148
Supplies and other	1,225,219	(33,699)	1,125,453	133,465
Depreciation and amortization	126,948	-	117,329	9,619
Lease activity	8,455	(1,657)	5,132	4,980
Total Operating Expenses	2,967,243	(35,356)	2,719,602	282,997
Operating Income	125,445	-	109,310	16,135
Nonoperating Revenues (Expenses)				
Interest expense	(25,878)	-	(25,479)	(399)
Investment loss, net	76,156	-	68,751	7,405
Other	(31,227)	-	(28,530)	(2,697)
Total Nonoperating Revenues (Expenses), Net	19,051	-	14,742	4,309
Income Before Non-Controlling Interests	144,496	-	124,052	20,444
Income applicable to noncontrolling interest	(13,872)	(13,872)	-	-
Increase (Decrease) in Net Position - ECU Health	$ 130,624	$ (13,872)	$ 124,052	$ 20,444

Internal Control and Compliance Matters

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Raleigh, NC 27601

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Directors
University Health Systems of Eastern Carolina, Inc.
d/b/a ECU Health
Greenville, North Carolina

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities and the aggregate remaining fund information of University Health Systems of Eastern Carolina, Inc. d/b/a ECU Health (ECU Health), as of and for the year ended September 30, 2025, and the related notes to the financial statements, which collectively comprise ECU Health's basic financial statements, and have issued our report thereon dated December 17, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered ECU Health's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of ECU Health's internal control. Accordingly, we do not express an opinion on the effectiveness of ECU Health's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or team members, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether ECU Health's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering ECU Health's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

BDO USA, P.C.

December 17, 2025

Subsidiary Organizations East Carolina Health

EIN	Status	Address			
Current					
56-2003393	Parent	East Carolina Health	P O Box 6028	Greenville NC	27835-6028
45-2436270	Sub	East Carolina Health - Beaufort, Inc.	P O Box 6028	Greenville NC	27835-6028
56-2072002	Sub	East Carolina Health - Bertie	P O Box 6028	Greenville NC	27835-6028
56-2093700	Sub	East Carolina Health - Heritage, Inc.	P O Box 6028	Greenville NC	27835-6028
56-2101090	Sub	East Carolina Health - Chowan, Inc.	P O Box 6028	Greenville NC	27835-6028
56-6011594	Sub	Duplin General Hospital, Inc.	P O Box 6028	Greenville NC	27835-6028
91-1997979	Sub	East Carolina Health Group Return	P O Box 6028	Greenville NC	27835-6028
56-0989789	Sub	Halifax Regional Medical Center, Inc.	P O Box 6028	Greenville NC	27835-6028