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: UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.
Doing business as: ECU HEALTH
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: 56-2141073

E Telephone number: (252) 847-5129

G Gross receipts $ 458,208,549

F Name and address of principal officer: MICHAEL WALDRUM
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

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: 1998

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	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
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	8
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)	823,336	412,592
9	Program service revenue (Part VIII, line 2g)	386,710,348	441,590,171
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,726,459	15,903,844
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,050	8,280
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	401,268,193	457,914,887

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	366,550	645,800
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)	200,795,757	226,920,546
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)	237,528,884	253,074,686
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	438,691,191	480,641,032
19	Revenue less expenses. Subtract line 18 from line 12	(37,422,998)	(22,726,145)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	508,370,578	923,704,229
21	Total liabilities (Part X, line 26)	760,817,116	775,986,427
22	Net assets or fund balances. Subtract line 21 from line 20	(252,446,538)	147,717,802

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
Signature of officer — Date: 7/30/2026

BRIAN DUNN, CFO
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)
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.	56-2141073
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) _____.
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 $ 441,171,728 including grants of $ 645,800) (Revenue $ 441,598,451)

(SEE ON SCHEDULE O)

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 441,171,728

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	893		
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 CJ 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	11		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	8		
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 NONE

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	40.0									
CHIEF EXECUTIVE OFFICER	14.0			✔				1,759,349	0	393,250
(2) WILLIAM FLOYD	40.0									
CHIEF OPERATING OFFICER	2.0			✔				1,063,343	0	296,412
(3) ANDY ZUKOWSKI	40.0									
CHIEF FINANCIAL OFFICER	10.0			✔				902,109	0	190,261
(4) NITI ARMISTEAD, MD	40.0									
CHIEF CLINICAL OFFICER & CHIEF QUALITY OFFICER	0.0			✔				771,115	0	192,402
(5) JAY BRILEY	2.0									
PRESIDENT, ECU HEALTH MEDICAL CENTER	42.0			✔				0	696,480	202,489
(6) DONNETTE HERRING	40.0									
CHIEF INFORMATION OFFICER	0.0				✔			640,616	0	181,465
(7) RYAN HICKEY	40.0									
CHIEF STRATEGY OFFICER	0.0				✔			602,817	0	199,158
(8) TRISH BAISE	40.0									
CHIEF NURSE EXECUTIVE	2.0				✔			649,752	0	144,699
(9) JENNIFER MARKHAM	40.0									
CHIEF LEGAL OFFICER	0.0				✔			642,088	0	130,510
(10) RICHARD MEDFORD	40.0									
CHIEF MEDICAL INFORMATION OFFICER	0.0				✔			660,810	0	76,617
(11) VAN SMITH	40.0									
PRESIDENT, ECU HEALTH COMMUNITY HOSPITALS	8.0			✔				527,546	0	205,074
(12) JULIE OEHLERT	40.0									
CHIEF EXPERIENCE OFFICER	0.0				✔			538,206	0	156,408
(13) JOSEPH PYE	40.0									
CHIEF MED OFF-AMB QUAL POP HTH	0.0				✔			462,986	0	135,920
(14) BRIAN DUNN	40.0									
SVP, FINANCIAL SERVICES	4.0				✔			467,705	0	100,082

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) KELLY WEATHERLY	40.0									
CHIEF HUMAN RESOURCES OFFICER	0.0				✔			456,247	0	97,579
(16) VICKI HADDOCK	40.0									
FORMER KEY EMPLOYEE	0.0						✔	321,251	0	211,801
(17) MICHELLE TAYLOR	0.0									
VP, FINANCIAL SVCS-OPERATIONS	40.0					✔		356,309	0	159,166
(18) DAVID MICHAEL	40.0									
FORMER KEY EMPLOYEE	0.0						✔	413,956	0	92,576
(19) DEAN MINER	40.0									
ASSOCIATE CMIO, AMBULATORY	0.0					✔		411,418	0	93,434
(20) TERESA ANDERSON	40.0									
SVP QUALITY	0.0				✔			340,147	0	160,294
(21) CHRISTINA BOWEN	40.0									
CHIEF WELL-BEING OFFICER	0.0					✔		438,817	0	50,458
(22) JASON BUSKIRK	40.0									
VP, ENTERPRISE DATA & ANALYTICS	0.0					✔		427,447	0	49,982
(23) ANDREW MONTGOMERY	40.0									
VP SUPPLY CHAIN	0.0				✔			384,394	0	49,493
(24) SABRINA SIMS	40.0									
VP, REVENUE CYCLE	0.0					✔		365,849	0	63,958
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								13,604,277	696,480	3,633,488
c Total from continuation sheets to Part VII, Section A								412,046	0	275,349
d Total (add lines 1b and 1c)								14,016,323	696,480	3,908,837

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 436

		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
HURON CONSULTING GROUP INC, 550 W VAN BUREN STREET SUITE 550, CHICAGO, IL 60607	CONSULTING	15,675,481
GUIDEHOUSE, 150 N RIVERSIDE PLAZA SUITE 2100, CHICAGO, IL 60606	CONSULTING	9,494,408
MEDCOST, P.O. BOX 24042, WINSTON -SALEM, NC 27114	ADMIN FEES	6,102,496
TEK SYSTEMS, P.O. BOX 198568, ATLANTA, GA 30384-8568	CONSULTING	3,581,019
PRESS GANEY ASSOCIATES INC, P.O. BOX 88335, MILWAUKEE, WI 53288-0335	SERVICE CONTRACTS	2,722,447

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 108

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	412,592				
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f			412,592			
Program Service Revenue				Business Code				
	2a	SUPPORTED ORGANIZATIONS		900099	441,590,171	441,590,171		
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			441,590,171			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			7,642,063			7,642,063
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a	8,280				
	b	Less: rental expenses	6b	0				
	c	Rental income or (loss)	6c	8,280	0			
	d	Net rental income or (loss)			8,280	8,280		
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	8,555,443	0			
	b	Less: cost or other basis and sales expenses	7b	0	293,662			
	c	Gain or (loss)	7c	8,555,443	(293,662)			
	d	Net gain or (loss)			8,261,781			8,261,781
	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							
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions			457,914,887	441,598,451	0	15,903,844

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	645,800	645,800		
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	15,023,962	15,023,962		
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	162,742,747	162,742,747		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,716,384	8,716,384		
9 Other employee benefits	28,005,526	28,005,526		
10 Payroll taxes	12,431,927	12,431,927		
11 Fees for services (nonemployees):				
a Management				
b Legal	1,537,562		1,537,562	
c Accounting	54,086		54,086	
d Lobbying	414,035		414,035	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,736,204	1,736,204		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	65,945,886	32,313,484	33,632,402	0
12 Advertising and promotion	5,649,722	5,649,722		
13 Office expenses	9,578,047	5,746,828	3,831,219	
14 Information technology	32,324,226	32,324,226		
15 Royalties				
16 Occupancy	3,341,778	3,341,778		
17 Travel	1,799,487	1,799,487		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	23,069,369	23,069,369		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,094,558	43,094,558		
23 Insurance	5,168,598	5,168,598		
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	56,728,876	56,728,876		
b ALL OTHER EXPENSES	2,602,868	2,602,868		
c BAD DEBT	29,384	29,384		
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	480,641,032	441,171,728	39,469,304	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		7,482,193	2	855,946
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	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		3,232,669	8	7,801,684
	9	Prepaid expenses and deferred charges		13,922,096	9	15,461,001
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 273,175,716			
	b	Less: accumulated depreciation	10b 154,924,717	109,585,511	10c	118,250,999
	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		889,972	14	889,972
	15	Other assets. See Part IV, line 11		373,258,137	15	780,444,627
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		508,370,578	16	923,704,229
Liabilities	17	Accounts payable and accrued expenses		124,174,453	17	116,552,939
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		557,479,411	20	529,075,274
	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		0	23	0
	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		79,163,252	25	130,358,214
	26	**Total liabilities.** Add lines 17 through 25		760,817,116	26	775,986,427
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		(252,446,538)	27	147,717,802
	28	Net assets with donor restrictions		0	28	0
		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		(252,446,538)	32	147,717,802
	33	Total liabilities and net assets/fund balances		508,370,578	33	923,704,229

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	457,914,887
2	Total expenses (must equal Part IX, column (A), line 25)	2	480,641,032
3	Revenue less expenses. Subtract line 2 from line 1	3	(22,726,145)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	(252,446,538)
5	Net unrealized gains (losses) on investments	5	43,373,886
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	379,516,599
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	147,717,802

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) JAMES WALTON, IV VP, FACILITIES AND PROPERTIES	40.0 0.0				✓			228,890	0	173,524
(26) MARK DUNN CHIEF DIVERSITY, INCLUSION AND TALENT MGMT	40.0 0.0				✓			183,156	0	0
(27) DEBORAH DAVIS SECRETARY	2.0 2.0	✓						0	0	101,825
(28) ANDY TEWARI, MD VICE CHAIRMAN	2.0 0.0	✓						0	0	0
(29) BOB GRECZYN CHAIRMAN	2.0 0.0	✓						0	0	0
(30) DIANE TAYLOR BOARD MEMBER	2.0 4.0	✓						0	0	0
(31) ERNIE EVANS BOARD MEMBER	2.0 2.0	✓						0	0	0
(32) JIMMY GARRIS TREASURER	2.0 2.0	✓						0	0	0
(33) MARCUS ALBERNAZ, MD ASSISTANT SECRETARY	2.0 2.0	✓						0	0	0
(34) PHILIP ROGERS BOARD MEMBER	2.0 2.0	✓						0	0	0
(35) SHIRLEY CARRAWAY BOARD MEMBER (THRU 12/24)	2.0 0.0	✓						0	0	0
(36) TONY KHOURY BOARD MEMBER (AS OF 03/25)	2.0 2.0	✓						0	0	0
(37) VERN DAVENPORT BOARD MEMBER	2.0 2.0	✓						0	0	0
(38) WILLIAM MONK, JR 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
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.	56-2141073

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 10

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) (SEE STATEMENT)						
(B)						
(C)						
(D)						
(E)						
Total					229,612,000	0

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.)

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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART IV, SECTION E, LINE 3A - ORGANIZATION HAVE THE POWER TO REGULARLY APPOINT OR ELECT A MAJORITY OF THE OFFICER, DIRECTORS, OR TRUSTEES	ECU HEALTH MAINTAINS CONTROL OVER THE MANAGEMENT OF ECU HEALTH MEDICAL CENTER THROUGH RESTRICTIVE PROVISIONS IN THE ARTICLES OF INCORPORATION AND CORPORATE POLICIES ADDRESSING FINANCIAL MANAGEMENT. IN ADDITION, THE STANDING COMMITTEES OF THE BOARD OF DIRECTORS SERVE AS THE COMMITTEES FOR ECU HEALTH MEDICAL CENTER OR HOLD RESERVED POWERS. THE CHIEF EXECUTIVE OFFICER OF ECU HEALTH SELECTS AND POINTS A PRESIDENT OF THE CORPORATION. ECU HEALTH MAINTAINS CONTROL OVER THE MANAGEMENT OF THE ECU HEALTH COMMUNITY HOSPITALS THROUGH (1) ELECTION OF THE MEMBERS OF THE BOARD; (2) APPOINTMENT AND REMOVAL OF THE OFFICERS; (3) RESTRICTIVE PROVISIONS IN THE ARTICLE OF INCORPORATION; AND (4) CORPORATE POLICIES ADDRESSING FINANCIAL MANAGEMENT. IN ADDITION, THE STANDING COMMITTEES OF THE BOARD OF DIRECTORS SERVE AS THE COMMITTEES FOR THE ECU HEALTH COMMUNITY HOSPITALS. THE CHIEF EXECUTIVE OFFICER OF ECU HEALTH SERVES AS PRESIDENT OF THE CORPORATION PURSUANT TO THE ARTICLES AND SERVES AS CHAIRMAN OF THE BOARD. THE CHIEF FINANCIAL OFFICER OF ECU HEALTH SERVES AS SECRETARY AND TREASURER. THE BOARD OF DIRECTORS OF ECU HEALTH CONSISTS OF ELEVEN (11) MEMBERS, OF WHOM 55% OF SHALL BE CURRENT OR FORMER APPOINTMENT OF ECU HEALTH MEDICAL CENTER'S BOARD OF TRUSTEES. THE ECU HEALTH ARTICLES OF RESTATEMENT REQUIRE THAT, AT ALL TIMES, A MAJORITY OF THE MEMBERS OF THE ECU HEALTH'S BOARD OF DIRECTORS SHALL BE CURRENTLY SERVING MEMBERS OF THE ECU HEALTH MEDICAL CENTER'S BOARD OF TRUSTEES. FURTHER, AT ALL TIMES, AT LEAST ONE DIRECTOR OR TRUSTEE FROM EACH OF THE SUPPORTED ENTITIES SHALL SERVE ON THE ECU HEALTH BOARD OF DIRECTORS.
SCHEDULE A, PART IV, SECTION E, LINE 3B - SUBSTANTIAL DIRECTION OVER POLICIES/PROGRAMS/ACTIVITIES	PURSUANT TO ECU HEALTH MEDICAL CENTER'S ARTICLES OF INCORPORATION, (I) ECU HEALTH MUST APPROVE ANY AMENDMENTS TO ECU HEALTH MEDICAL CENTER'S ARTICLES OF INCORPORATION OR BYLAWS, AND (II) THE CHIEF EXECUTIVE OFFICER OF ECU HEALTH HAS GENERAL CHARGE OF THE BUSINESS AFFAIRS AND PROPERTY OF ECU HEALTH MEDICAL CENTER. ECU HEALTH MAINTAINS CONTROL OVER THE MANAGEMENT AND POLICIES OF THE OTHER SUPPORTED ORGANIZATIONS THROUGH RESTRICTIVE PROVISIONS IN THEIR ARTICLES OF INCORPORATION AND BYLAWS AND THROUGH THE DIRECT OR INDIRECT RIGHT TO APPOINT AND REMOVE WITHOUT CAUSE A MAJORITY OF THE BOARD OF DIRECTORS FOR EACH. THE CHIEF EXECUTIVE OFFICER OF ECU HEALTH ALSO SERVES AS THE CHAIRMAN OF THE BOARD OF DIRECTORS FOR EACH OF THE SUPPORTED ORGANIZATIONS, OTHER THAN ECU HEALTH MEDICAL CENTER.

Part I

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.)

Part I

Line 12g. **Information about the supported organization(s).** (continued)

(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)
PITT COUNTY MEMORIAL HOSPITAL	56-0585243	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		0	0
VIDANT MEDICAL GROUP, LLC	38-3740839	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).	✓		229,612,000	0
THE OUTER BANKS HOSPITAL, INC.	56-2112733	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		0	0
EAST CAROLINA HEALTH	56-2003393	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		0	0
EAST CAROLINA HEALTH - BERTIE	56-2072002	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		0	0
EAST CAROLINA HEALTH - CHOWAN	56-2101090	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		0	0
EAST CAROLINA HEALTH - HERITAGE	56-2093700	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		0	0
EAST CAROLINA HEALTH - BEAUFORT	45-2436270	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		0	0
DUPLIN GENERAL HOSPITAL	56-6011594	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		0	0
HALIFAX REGIONAL MEDICAL CENTER	56-0989789	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		0	0

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
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number
56-2141073

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
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number
56-2141073

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		$ 412,592	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number: 56-2141073

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: UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number 56-2141073

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

(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

(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)**
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.	56-2141073

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?	✔		154,382
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✔	
i Other activities?	✔		259,653
j Total. Add lines 1c through 1i			414,035
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	39% OF DUES TO AHA ARE ALLOCATED TO LOBBYING. JASON LOWRY WAS PAID $103,428 TO PERFORM LOBBYING ACTIVITIES. DANIEL VAN LIERE WAS PAID $50,954 TO PERFORM LOBBYING ACTIVITIES. CONNECT C, LLC WAS PAID $72,000 TO PERFORM LOBBYING ACTIVITIES. JONES STREET CONSULTING WAS PAID $30,000 TO PERFORM LOBBYING ACTIVITIES. RICHARD CARLTON LAW WAS PAID $18,000 TO PERFORM LOBBYING ACTIVITIES. BALLANTINE COMPANY WAS PAID $18,000 TO PERFORM LOBBYING ACTIVITIES. JENKINS CONSULTING WAS PAID $15,000 TO PERFORM LOBBYING ACTIVITIES. FIDEO GROUP WAS PAID $20,000 TO PERFORM LOBBYING ACTIVITIES.

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
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number
56-2141073

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		1,320,706		1,320,706
b Buildings		11,992,377	5,941,065	6,051,312
c Leasehold improvements				
d Equipment		133,557,147	82,257,025	51,300,122
e Other		126,305,486	66,726,627	59,578,859
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				118,250,999

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) ASSETS LTD. FOR IMPROVEMENTS	677,065,815
(2) OTHER RECEIVABLES	49,516,251
(3) DEFERRED OUTFLOWS FROM REFUNDING AND PENSION	48,286,644
(4) OTHER ASSETS	5,575,874
(5) ASSETS HELD BY TRUSTEE	43
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	780,444,627

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) OTHER LIABILITY	87,590,194
(3) NET PENSION LIABILITY	26,265,019
(4) DEFERRED INFLOW	9,032,001
(5) RESERVE FOR PROFESSIONAL LIABILITY	7,471,000
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	130,358,214

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	ECU HEALTH HAS BEEN DETERMINED TO QUALIFY AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ECU HEALTH HAS REVIEWED ITS TAX POSITIONS FOR ALL OPEN YEARS AND HAS CONCLUDED THAT NO MATERIAL LIABILITIES EXIST AS OF SEPTEMBER 30, 2025 AND 2024. ECU HEALTH FILES TAX RETURNS WITH THE U.S. FEDERAL AND STATE OF NORTH CAROLINA JURISDICTIONS. WITH FEW EXCEPTIONS, ECU HEALTH IS NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2022.

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

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
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
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number
56-2141073

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		73,562,210
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	0			73,562,210
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			73,562,210

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL

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

UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number

56-2141073

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)	13-1788491	501(C)(3)	268,000				CHARITABLE
(2) GREENVILLE-ENC ALLIANCE PO BOX 1714, GREENVILLE, NC 27835	56-1912849	501(C)(3)	100,000				CHARITABLE
(3) (SEE STATEMENT)	13-5613797	501(C)(3)	50,000				CHARITABLE
(4) (SEE STATEMENT)	56-1995352	501(C)(3)	50,000				CHARITABLE
(5) (SEE STATEMENT)	56-6000229	GOVT ENTITY	25,000				CHARITABLE-HOUSING
(6) (SEE STATEMENT)	56-1846599	501(C)(3)	17,000				CHARITABLE
(7) GREAT 100 GALA PO BOX 4875, GREENSBORO, NC 27404-4875	56-1705456	501(C)(3)	15,000				CHARITABLE
(8) (SEE STATEMENT)	27-4754653	501(C)(3)	10,000				CHARITABLE
(9) (SEE STATEMENT)	53-0179971	501(C)(3)	10,000				CHARITABLE
(10) LITTLE LEAGUE SOFTBALL PO BOX 4433, GREENVILLE, NC 27836	23-1688231	501(C)(3)	10,000				CHARITABLE
(11) LUNG CANCER INITIATIVE 5171 GENWOOD AVENUE, RALEIGH, NC 27612	26-2300885	501(C)(3)	10,000				CHARITABLE
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16

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) RONALD MCDONALD HOUSE 529 MOYE BOULEVARD, GREENVILLE, NC 27834	56-1420505	501(C)(3)	10,000				CHARITABLE
(13) ECU FOUNDATION 1000 E. 5TH STREET, MAIL STOP 301, GREENVILLE, NC 27858	56-6093187	501(C)(3)	9,500				CHARITABLE
(14) FOOD BANK OF CENTRAL & EASTERN NC INC 1924 CAPITAL BOULEVARD, RALEIGH, NC 27604	56-1283426	501(C)(3)	5,000				CHARITABLE
(15) NORTH CAROLINA FREE ENTERPRISE FOUNDATION 3700 GLENWOOD AVENUE, SUITE 310, RALEIGH, NC 27612	56-1782403	501(C)(3)	5,000				CHARITABLE
(16) THE UNIVERSITY OF NC CENTER FOR PUBLIC MEDIA D/B/A PBS NORTH CAROLINA 10 UNC-TV DRIVE, RESEARCH TRIANGLE PARK, NC 27709-4900	56-6172047	501(C)(3)	5,000				CHARITABLE

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	ECU HEALTH 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	AMERICAN CANCER SOCIETY 250 WILLIAMS STREET, NW, SUITE 400, ATLANTA, GA 30303-1002
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE, DALLAS, TX 75231-5129
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NORTH CAROLINA EASTERN ECONOMIC DEVELOPMENT CORP 216 SOUTH BROAD STREET, STE 200, EDENTON, NC 27932
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CITY OF GREENVILLE-WEST GREENVILLE AFFORDABLE HOUSING 500 S GREENE STREET, GREENVILLE, NC 27834
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NORTH CAROLINA PROFESSIONALS HEALTH PROGRAM 220 HORIZON DRIVE, SUITE 201, RALEIGH, NC 27615
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	1-OF-US INC 8024 GLENWOOD AVENUE, SUITE 200, RALEIGH, NC 27612
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	B'NAI B'RITH INTERNATIONAL 1120 20TH STREET NW, SUITE 300 NORTH, WASHINGTON, DC 20036

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
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number
56-2141073

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 ☑ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☑ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ 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 CHIEF EXECUTIVE OFFICER	(i)	1,011,508	729,088	18,753	341,625	51,625	2,152,599	0
		(ii)	0	0	0	0	0	0	0
2	WILLIAM FLOYD CHIEF OPERATING OFFICER	(i)	834,288	229,055	0	230,679	48,238	1,342,260	0
		(ii)	0	0	0	14,859	2,636	17,495	0
3	ANDY ZUKOWSKI CHIEF FINANCIAL OFFICER	(i)	704,511	197,598	0	142,069	48,192	1,092,370	0
		(ii)	0	0	0	0	0	0	0
4	NITI ARMISTEAD, MD CHIEF CLINICAL OFFICER & CHIEF QUALITY OFFICER	(i)	600,387	170,728	0	142,545	49,857	963,517	0
		(ii)	0	0	0	0	0	0	0
5	JAY BRILEY PRESIDENT, ECU HEALTH MEDICAL CENTER	(i)	0	0	0	9,213	2,667	11,880	0
		(ii)	539,950	156,530	0	147,012	43,597	887,089	0
6	DONNETTE HERRING CHIEF INFORMATION OFFICER	(i)	502,010	138,606	0	132,353	49,112	822,081	0
		(ii)	0	0	0	0	0	0	0
7	RYAN HICKEY CHIEF STRATEGY OFFICER	(i)	470,856	131,961	0	151,520	47,638	801,975	0
		(ii)	0	0	0	0	0	0	0
8	TRISH BAISE CHIEF NURSE EXECUTIVE	(i)	431,297	218,455	0	102,031	42,668	794,451	0
		(ii)	0	0	0	0	0	0	0
9	JENNIFER MARKHAM CHIEF LEGAL OFFICER	(i)	502,525	139,563	0	101,200	29,310	772,598	0
		(ii)	0	0	0	0	0	0	0
10	RICHARD MEDFORD CHIEF MEDICAL INFORMATION OFFICER	(i)	537,852	122,958	0	66,300	10,317	737,427	0
		(ii)	0	0	0	0	0	0	0
11	VAN SMITH PRESIDENT, ECU HEALTH COMMUNITY HOSPITALS	(i)	415,805	111,741	0	150,398	43,958	721,902	0
		(ii)	0	0	0	7,954	2,764	10,718	0
12	JULIE OEHLERT CHIEF EXPERIENCE OFFICER	(i)	417,694	120,512	0	109,786	46,622	694,614	0
		(ii)	0	0	0	0	0	0	0
13	JOSEPH PYE CHIEF MED OFF-AMB QUAL POP HTH	(i)	376,505	86,481	0	88,151	47,769	598,906	0
		(ii)	0	0	0	0	0	0	0
14	BRIAN DUNN SVP, FINANCIAL SERVICES	(i)	380,041	87,664	0	47,900	52,182	567,787	0
		(ii)	0	0	0	0	0	0	0
15	KELLY WEATHERLY CHIEF HUMAN RESOURCES OFFICER	(i)	353,383	102,864	0	46,900	50,679	553,826	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) VICKI HADDOCK FORMER KEY EMPLOYEE	(i)	263,322	57,929	0	168,711	43,090	533,052	0
	(ii)	0	0	0	0	0	0	0
(17) MICHELLE TAYLOR VP, FINANCIAL SVCS-OPERATIONS	(i)	290,640	65,669	0	111,841	47,325	515,475	0
	(ii)	0	0	0	0	0	0	0
(18) DAVID MICHAEL FORMER KEY EMPLOYEE	(i)	337,252	76,704	0	42,200	50,376	506,532	0
	(ii)	0	0	0	0	0	0	0
(19) DEAN MINER ASSOCIATE CMIO, AMBULATORY	(i)	332,861	78,557	0	42,400	51,034	504,852	0
	(ii)	0	0	0	0	0	0	0
(20) TERESA ANDERSON SVP QUALITY	(i)	277,638	62,509	0	113,792	46,502	500,441	0
	(ii)	0	0	0	0	0	0	0
(21) CHRISTINA BOWEN CHIEF WELL-BEING OFFICER	(i)	356,813	82,004	0	43,900	6,558	489,275	0
	(ii)	0	0	0	0	0	0	0
(22) JASON BUSKIRK VP, ENTERPRISE DATA & ANALYTICS	(i)	307,255	120,192	0	40,300	9,682	477,429	0
	(ii)	0	0	0	0	0	0	0
(23) ANDREW MONTGOMERY VP SUPPLY CHAIN	(i)	312,908	71,486	0	38,400	11,093	433,887	0
	(ii)	0	0	0	0	0	0	0
(24) SABRINA SIMS VP, REVENUE CYCLE	(i)	281,481	64,895	19,473	34,682	29,276	429,807	0
	(ii)	0	0	0	0	0	0	0
(25) JAMES WALTON, IV VP, FACILITIES AND PROPERTIES	(i)	184,906	43,984	0	130,427	43,097	402,414	0
	(ii)	0	0	0	0	0	0	0
(26) MARK DUNN CHIEF DIVERSITY, INCLUSION AND TALENT MGMT	(i)	0	0	183,156	0	0	183,156	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 1A - TRAVEL FOR COMPANIONS	DURING THE YEAR AN OFFICER'S SPOUSE ACCOMPANIED THE BOARD MEMBER ON A BUSINESS TRIP THAT WAS TAKEN ON BEHALF OF THE ORGANIZATION. THE SPOUSAL TRAVEL WAS TREATED AS A TAXABLE BENEFIT.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	MARK DUNN RECEIVED A SEVERANCE PAYMENT OF $183,156.

SCHEDULE K (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number
56-2141073

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DSP7	04/01/2015	323,487,711	SEE PART VI		✔		✔		✔
B	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	000000000	10/23/2019	54,065,000	SEE PART VI		✔		✔		✔
C	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	000000000	03/03/2022	94,710,000	SEE PART VI		✔		✔		✔
D	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	000000000	06/15/2022	149,080,000	SEE PART VI		✔		✔		✔

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	12,940,000	9,510,000	17,605,000	46,480,000
2	Amount of bonds legally defeased	101,920,000			
3	Total proceeds of issue	331,133,890	54,072,613	94,710,000	149,080,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	19,782,750			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,579,709	173,473		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	170,187,251	3,867,613		
11	Other spent proceeds	138,584,180	50,031,527	94,710,000	149,080,000
12	Other unspent proceeds				
13	Year of substantial completion	2018	2019		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		✔	✔			✔	✔	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	✔		✔		✔			✔
16	Has the final allocation of proceeds been made?	✔		✔		✔		✔	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✔		✔		✔		✔	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✔		✔		✔		✔
2	Are there any lease arrangements that may result in private business use of bond-financed property?		✔		✔		✔		✔
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		✔		✔		✔		✔
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		✔		✔		✔		✔
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6	Total of lines 4 and 5	0.00 %		0.00 %		0.00 %		0.00 %	
7	Does the bond issue meet the private security or payment test?		✔		✔		✔		✔
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✔		✔		✔		✔
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✔		✔		✔		✔	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✔		✔		✔		✔
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		✔		✔		✔		✔
b	Exception to rebate?		✔		✔		✔	✔	
c	No rebate due?	✔		✔		✔			✔
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	06/01/2024		06/01/2024		06/01/2022			
3	Is the bond issue a variable rate issue?		✔		✔	✔			✔

Part IV Arbitrage *(continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✔		✔		✔		✔
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		✔		✔		✔		✔
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		✔		✔		✔		✔
7	Has the organization established written procedures to monitor the requirements of section 148?	✔		✔		✔		✔	

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number
56-2141073

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	000000000	06/02/2025	114,075,000	SEE PART VI		✔		✔		✔
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	114,075,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	114,075,000			
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		✔						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	✔							
16	Has the final allocation of proceeds been made?	✔							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✔							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✔						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		✔						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		✔						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		✔						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6	Total of lines 4 and 5	0.00 %		%		%		%	
7	Does the bond issue meet the private security or payment test?		✔						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✔						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✔							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✔						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		✔						
b	Exception to rebate?	✔							
c	No rebate due?		✔						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		✔						

Part IV Arbitrage *(continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✔						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		✔						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		✔						
7	Has the organization established written procedures to monitor the requirements of section 148?	✔							

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

(SEE STATEMENT)

Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - LINE A	PROCEEDS USED TO (A) REFUND SERIES 2008D BONDS (ISSUED 12/10/2008) AND (B) FUND CANCER CENTER CONSTRUCTION, TWO NEW OUTPATIENT CLINICS AND VARIOUS EQUIPMENT.
SCHEDULE K, PART I, COLUMN (F) - LINE B	PROCEEDS USED TO (A) REFUND SERIES 2012A BONDS (ISSUED 5/3/2012), HRMC SERIES 2016 BONDS (ISSUED 9/1/2016), HRMC SERIES 2011 BONDS (ISSUED 7/1/2011) AND HRMC TAXABLE NOTE (ISSUED 9/27/2016) AND (B) PURCHASE A MEDICAL TRANSPORTATION HELICOPTER.
SCHEDULE K, PART I, COLUMN (F) - LINE C	PROCEEDS USED TO REFUND SERIES 2019A BONDS (ISSUED 10/23/2019).
SCHEDULE K, PART I, COLUMN (F) - LINE D	PROCEEDS USED TO REFUND SERIES 2011 BONDS (ISSUED 6/23/2011) AND SERIES 2013 A&B BOND (ISSUED 8/22/2013).
SCHEDULE K, PART I, COLUMN (F) - LINE E	PROCEEDS USED TO REFUND SERIES 2021A TAXABLE BONDS (ISSUED 3/25/2021)
SCHEDULE K, PART II, LINE 3 - COLUMNS A & B	INCLUDES INVESTMENT EARNINGS ON BOND PROCEEDS.
SCHEDULE K, PART IV, LINE 2C - COLUMN A	ISSUER NAME: NORTH CAROLINA MEDICAL CARE COMMISSION THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 06/01/2024
SCHEDULE K, PART IV, LINE 2C - COLUMN B	ISSUER NAME: NORTH CAROLINA MEDICAL CARE COMMISSION THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 06/01/2024
SCHEDULE K, PART IV, LINE 2C - COLUMN C	ISSUER NAME: NORTH CAROLINA MEDICAL CARE COMMISSION THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 06/01/2022

SCHEDULE L (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

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

UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number

56-2141073

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . . . $												

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) (SEE STATEMENT)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Part IV Business Transactions Involving Interested Persons (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ELE, INC.	ERNEST L. EVANS (BOARD MEMBER)	$115,404	LEASES OFFICE SPACE TO ECU HEALTH		✓

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

UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number

56-2141073

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	OVERVIEW OF UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA D/B/A ECU HEALTH: AT ECU HEALTH, WE ARE COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITIES. EASTERN NORTH CAROLINA RESIDENTS LOOK TO OUR HOSPITALS FOR QUALITY HEALTH CARE. WE WORK HARD TO UPHOLD THE TRUST THAT OUR COMMUNITIES PLACE IN US. THROUGH A CLEAR VISION, DISCIPLINED LEADERSHIP AND COMMITTED EMPLOYEES, ECU HEALTH SERVES THE NEEDS OF THE REGION, INCLUDING THOSE WHO ARE UNDERSERVED AND NEED US THE MOST. OUR MISSION AT ECU HEALTH TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE AND COMMUNITIES WE SERVE, TOUCH AND SUPPORT, DRIVES US FAR BEYOND CARING FOR PATIENTS WITHIN THE CONFINES OF OUR HOSPITAL WALLS. IT CALLS US TO HELP MAKE EASTERN NORTH CAROLINA A BETTER, HEALTHIER PLACE TO LIVE. 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, LONG-TERM CARE, 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 AND PITT 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

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

UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number

56-2141073

Return Reference - Identifier	Explanation
	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 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 HEALTHY CAROLINIAN 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 OF ITS FOUNDATION. 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 A COMPREHENSIVE REVIEW OF COMMUNITY MEMBER FEEDBACK AND SECONDARY HEALTH DATA. COMMUNITY ALLIANCES, PARTNERS AND ORGANIZATIONS, INCLUDING LOCAL HEALTH DEPARTMENTS, PARTICIPATE IN THIS REVIEW. A LIST OF THE MOST PRESSING HEALTH ISSUES IS 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 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. 5. PROVIDED BELOW ARE A FEW HIGHLIGHTS OF THE COMMUNITY BENEFIT AND EDUCATION ACTIVITIES: 5A. 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 HEALTHY COMMUNITY COALITIONS, INCLUDING HEALTHY CAROLINIANS OF THE OUTER BANKS. - SUPPORT OF LOCAL FEDERALLY QUALIFIED HEALTH CENTER - SUPPORT FOR HEALTHY NEIGHBORS FAITH HEALTH PARTNERSHIP - SUPPORT FOR SCHOOL HEALTH PARTNERSHIPS

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Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number

56-2141073

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION (CONTINUATION):	5B. 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. 5C. 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. 5D. 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. 5E. 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 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 WITH THE INTERNAL REVENUE SERVICE.
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 TO ESTABLISH COMPENSATION	THE TOP MANAGEMENT OFFICIAL IS THE CEO WHO IS AN EMPLOYEE OF ECU 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.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).
FORM 990, PART VII, SECTION A - BOARD DIRECTOR COMPENSATION	AMOUNTS PAID TO BOARD DIRECTOR ARE RELATED TO PRIOR YEAR EMPLOYMENT AGREEMENTS AND NOT THE INDIVIDUAL'S ROLE ON THE BOARD OF DIRECTORS.
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	65,945,886	32,313,484	33,632,402	0
Total	**65,945,886**	**32,313,484**	**33,632,402**	**0**

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number

56-2141073

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	374,854,599
CAPITAL CONTRIBUTED TO VIDANT INTEGRATED CARE	2,517,000
CAPITAL CONTRIBUTED TO COASTAL PLAINS NETWORK	2,145,000
TOTAL	**379,516,599**

FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

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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
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Employer identification number
56-2141073

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) VIDANT INTEGRATED CARE, LLC D/B/A ECU HEALTH ALLIANCE, LLC (56-2141073) 2335 HEMBY LANE, GREENVILLE, NC 27834	CLINICALLY INTEGRATED NETWORK	NC	0	41,963	ECU HEALTH
(2) COASTAL PLAINS NETWORK, LLC (46-5731823) 800 W.H. SMITH BLVD, GREENVILLE, NC 27835	ACCOUNTABLE CARE ORGANIZATION	NC	0	3,504,570	ECU HEALTH
(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	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) (SEE STATEMENT)												
(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) (SEE STATEMENT)									
(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.

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

			Yes	No
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)	ACCESS EAST, INC.	A	307,390	INTERCOMPANY INVOICES
(2)	ACCESS EAST, INC.	L	(2,208,389)	INTERCOMPANY INVOICES
(3)	ACCESS EAST, INC.	O	(4,172)	INTERCOMPANY INVOICES
(4)	ACCESS EAST, INC.	P	(255,690)	INTERCOMPANY INVOICES
(5)	ACCESS EAST, INC.	Q	4,928,848	INTERCOMPANY INVOICES
(6)	(SEE STATEMENT)			

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) ACCESS EAST, INC. (56-1949493) 2410 STATONSBURG RD, STANTON SQUARE, GREENVILLE, NC 27834	HEALTHCARE	NC	501(C)(3)	10	ECU HEALTH		✓
(2) DUPLIN GENERAL HOSPITAL D/B/A ECU HEALTH DUPLIN HOSPITAL (56-6011594) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HOSPITAL	NC	501(C)(3)	3	ECU HEALTH		✓
(3) EAST CAROLINA HEALTH - BEAUFORT D/B/A ECU HEALTH BEAUFORT HOSPITAL (45-2436270) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HOSPITAL	NC	501(C)(3)	3	ECU HEALTH		✓
(4) EAST CAROLINA HEALTH - BERTIE D/B/A ECU HEALTH BERTIE HOSPITAL (56-2072002) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HOSPITAL	NC	501(C)(3)	3	ECU HEALTH		✓
(5) EAST CAROLINA HEALTH - CHOWAN D/B/A ECU HEALTH CHOWAN HOSPITAL (56-2101090) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HOSPITAL	NC	501(C)(3)	3	ECU HEALTH		✓
(6) EAST CAROLINA HEALTH - HERITAGE D/B/A ECU HEALTH EDGECOMBE HOSPITAL (56-2093700) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HOSPITAL	NC	501(C)(3)	3	ECU HEALTH		✓
(7) EAST CAROLINA HEALTH D/B/A ECU HEALTH COMMUNITY HOSPITALS (56-2003393) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HOSPITAL	NC	501(C)(3)	3	ECU HEALTH		✓
(8) HALIFAX REGIONAL MEDICAL CENTER, INC. D/B/A ECU HEALTH NORTH HOSPITAL (56-0989789) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HOSPITAL	NC	501(C)(3)	3	ECU HEALTH		✓
(9) HEALTHACCESS, INC. (56-1396133) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HEALTHCARE	NC	501(C)(3)	12 TYPE II	ECU HEALTH		✓
(10) PCMH MANAGEMENT, INC D/B/A ECU HEALTH PROPERTIES (56-1690740) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	MED PROP MGMT	NC	501(C)(2)		ECU HEALTH		✓
(11) 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		✓
(12) ROANOKE VALLEY HEALTH SERVICES, INC. (56-1925492) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HEALTHCARE	NC	501(C)(3)	3	ECU HEALTH		✓
(13) THE OUTER BANKS HOSPITAL, INC. D/B/A OUTER BANKS HEALTH (56-2112733) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HOSPITAL	NC	501(C)(3)	3	EC HEALTH		✓
(14) VIDANT MEDICAL GROUP, LLC. D/B/A ECU HEALTH PHYSICIANS (38-3740839) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HEALTHCARE	NC	501(C)(3)	10	ECU HEALTH		✓
(15) EAST CAROLINA HEALTH D/B/A ECU HEALTH COMMUNITY HOSPITALS (91-1997979) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	HOSPITAL	NC	501(C)(3)	3	ECU HEALTH		✓

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SURGICENTER OF EASTERN CAROLINA (26-2558314) 2100 STANTONSBURG RD, GREENVILLE, NC 27835	AMBULATORY SURGICAL SERVICES	NC	PITT COUNTY MEMORIAL HOSPITAL, INC. D/B/A ECU HEALTH MEDICAL CENTER	RELATED	11,087,175	11,305,046		✓			✓	55.00

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHANNEL MARKER INSURANCE COMPANY, SPC P.O. BOX 1085, GRAND CAYMAN, KY-1102, CJ	SELF-INSURANCE	CAYMAN ISLANDS	ECU HEALTH	C CORPORATION	12,064,936	73,451,895	100.00	✓	

Part V **Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) CHANNEL MARKER INSURANCE COMPANY, SPC	R	27,261,743	INTERCOMPANY INVOICES
(7) CHANNEL MARKER INSURANCE COMPANY, SPC	S	2,728,258	INTERCOMPANY INVOICES
(8) CHANNEL MARKER INSURANCE COMPANY, SPC	S	26,709,792	INTERCOMPANY INVOICES
(9) COASTAL PLAINS NETWORK LLC	B	2,144,632	ACTUAL CASH
(10) COASTAL PLAINS NETWORK LLC	L	-1,144,616	INTERCOMPANY INVOICES
(11) ECU HEALTH BEAUFORT HOSPITAL	Q	10,463	INTERCOMPANY INVOICES
(12) ECU HEALTH BERTIE HOSPITAL	A	-7,097	INTERCOMPANY INVOICES
(13) ECU HEALTH BERTIE HOSPITAL	L	-3,053,839	INTERCOMPANY INVOICES
(14) ECU HEALTH BERTIE HOSPITAL	Q	1,113,347	INTERCOMPANY INVOICES
(15) ECU HEALTH CHOWAN HOSPITAL	A	-139,987	INTERCOMPANY INVOICES
(16) ECU HEALTH CHOWAN HOSPITAL	L	-8,308,703	INTERCOMPANY INVOICES
(17) ECU HEALTH CHOWAN HOSPITAL	Q	1,853,399	INTERCOMPANY INVOICES
(18) ECU HEALTH DUPLIN HOSPITAL	L	-7,007,932	INTERCOMPANY INVOICES
(19) ECU HEALTH DUPLIN HOSPITAL	Q	5,097,196	INTERCOMPANY INVOICES
(20) ECU HEALTH EDGECOMBE HOSPITAL	A	-2,104,881	INTERCOMPANY INVOICES
(21) ECU HEALTH EDGECOMBE HOSPITAL	L	-12,487,156	INTERCOMPANY INVOICES
(22) ECU HEALTH EDGECOMBE HOSPITAL	Q	5,183,393	INTERCOMPANY INVOICES
(23) ECU HEALTH MEDICAL CENTER	A	-24,572,719	INTERCOMPANY INVOICES
(24) ECU HEALTH MEDICAL CENTER	A	6,588,058	INTERCOMPANY INVOICES
(25) ECU HEALTH MEDICAL CENTER	C	-594,373,979	ACTUAL CASH
(26) ECU HEALTH MEDICAL CENTER	J	-59,601	INTERCOMPANY INVOICES
(27) ECU HEALTH MEDICAL CENTER	K	247,983	INTERCOMPANY INVOICES
(28) ECU HEALTH MEDICAL CENTER	L	-265,721,768	INTERCOMPANY INVOICES
(29) ECU HEALTH MEDICAL CENTER	M	135	INTERCOMPANY INVOICES
(30) ECU HEALTH MEDICAL CENTER	P	200,718	INTERCOMPANY INVOICES

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(31) ECU HEALTH MEDICAL CENTER	P	-19,190,341	INTERCOMPANY INVOICES
(32) ECU HEALTH MEDICAL CENTER	Q	13,923,023	INTERCOMPANY INVOICES
(33) ECU HEALTH NORTH HOSPITAL	A	-405,582	INTERCOMPANY INVOICES
(34) ECU HEALTH NORTH HOSPITAL	L	-13,348,216	INTERCOMPANY INVOICES
(35) ECU HEALTH NORTH HOSPITAL	Q	6,668,660	INTERCOMPANY INVOICES
(36) ECU HEALTH PHYSICIANS	B	229,168,467	ACTUAL CASH
(37) ECU HEALTH PHYSICIANS	L	-18,518,651	INTERCOMPANY INVOICES
(38) ECU HEALTH PHYSICIANS	M	249,983	INTERCOMPANY INVOICES
(39) ECU HEALTH PHYSICIANS	O	4,520,778	INTERCOMPANY INVOICES
(40) ECU HEALTH PHYSICIANS	P	-2,095,492	INTERCOMPANY INVOICES
(41) ECU HEALTH PHYSICIANS	Q	32,312,194	INTERCOMPANY INVOICES
(42) ECU HEALTH PROPERTIES (PMI)	K	2,762,071	INTERCOMPANY INVOICES
(43) ECU HEALTH PROPERTIES (PMI)	L	-361,594	INTERCOMPANY INVOICES
(44) ECU HEALTH PROPERTIES (PMI)	P	-4,534	INTERCOMPANY INVOICES
(45) ECU HEALTH PROPERTIES (PMI)	Q	1,387,407	INTERCOMPANY INVOICES
(46) ECU HEALTH ROANOKE-CHOWAN HOSPITAL	A	-330,694	INTERCOMPANY INVOICES
(47) ECU HEALTH ROANOKE-CHOWAN HOSPITAL	L	-13,748,230	INTERCOMPANY INVOICES
(48) ECU HEALTH ROANOKE-CHOWAN HOSPITAL	O	-114,958	INTERCOMPANY INVOICES
(49) ECU HEALTH ROANOKE-CHOWAN HOSPITAL	Q	4,404,460	INTERCOMPANY INVOICES
(50) HEALTHACCESS, INC.	B	11,842,314	ACTUAL CASH
(51) HEALTHACCESS, INC.	L	-3,151,074	INTERCOMPANY INVOICES
(52) HEALTHACCESS, INC.	P	2,553,709	INTERCOMPANY INVOICES
(53) HEALTHACCESS, INC.	Q	355,097	INTERCOMPANY INVOICES
(54) MOYE MEDICAL ENDOSCOPY CENTER LLC	L	-1,496	INTERCOMPANY INVOICES
(55) MOYE MEDICAL ENDOSCOPY CENTER LLC	P	-181,307	INTERCOMPANY INVOICES
(56) MOYE MEDICAL ENDOSCOPY CENTER LLC	Q	1,843	INTERCOMPANY INVOICES

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(57) ROANOKE VALLEY HEALTH SERVICES, INC.	B	443,842	ACTUAL CASH
(58) ROANOKE VALLEY HEALTH SERVICES, INC.	P	-16,462	INTERCOMPANY INVOICES
(59) ROANOKE VALLEY HEALTH SERVICES, INC.	Q	18,593	INTERCOMPANY INVOICES
(60) THE OUTER BANKS HOSPITAL, INC.	C	-6,600,000	ACTUAL CASH
(61) THE OUTER BANKS HOSPITAL, INC.	L	-10,348,326	INTERCOMPANY INVOICES
(62) THE OUTER BANKS HOSPITAL, INC.	O	90,047	INTERCOMPANY INVOICES
(63) THE OUTER BANKS HOSPITAL, INC.	Q	6,930,483	INTERCOMPANY INVOICES
(64) VIDANT INTERGRATED CARE LLC	B	2,516,837	ACTUAL CASH
(65) VIDANT INTERGRATED CARE LLC	L	-1,468,858	INTERCOMPANY INVOICES
(66) VIDANT RADIATION ONCOLOGY (VRO)	L	-52,600	INTERCOMPANY INVOICES
(67) VIDANT RADIATION ONCOLOGY (VRO)	P	-41,087	INTERCOMPANY INVOICES
(68) VIDANT RADIATION ONCOLOGY (VRO)	Q	253,638	INTERCOMPANY INVOICES