

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>PENSION PLAN OF WAYNE MEMORIAL HOSPITAL, INC.</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WAYNE MEMORIAL HOSPITAL, INC.</u></p> <p><u>POST OFFICE BOX 8001</u> <u>2700 WAYNE MEMORIAL DRIVE</u> <u>GOLDSBORO, NC 27533-8001</u></p>	<p>1c Effective date of plan <u>10/01/1985</u></p> <p>2b Employer Identification Number (EIN) <u>56-1484844</u></p> <p>2c Plan Sponsor's telephone number <u>919-736-1110</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	DOUGLAS HARRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	WILLIAM THOMA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor VICE PRESIDENT - FINANCE, WAYNE MEMORIAL HOSPITAL, INC. POST OFFICE BOX 8001 GOLDSBORO, NC 27533-8001	3b Administrator's EIN 56-6001545 3c Administrator's telephone number 919-736-1110
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	957
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	221
a(2) Total number of active participants at the end of the plan year	6a(2)	203
b Retired or separated participants receiving benefits.....	6b	518
c Other retired or separated participants entitled to future benefits	6c	178
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	899
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	25
f Total. Add lines 6d and 6e	6f	924
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>PENSION PLAN OF WAYNE MEMORIAL HOSPITAL, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WAYNE MEMORIAL HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>56-1484844</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>131968490</u>	
b Actuarial value	2b	<u>139813327</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>529</u>	<u>102191072</u>	<u>102191072</u>
b For terminated vested participants	<u>199</u>	<u>9540204</u>	<u>9540204</u>
c For active participants	<u>221</u>	<u>25076117</u>	<u>25376341</u>
d Total	<u>949</u>	<u>136807393</u>	<u>137107617</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.11 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>37982</u>	
c Target normal cost	6c	<u>37982</u>	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>08/04/2025</u>	Date
	<u>MITZ M. SILVERSTEIN, F.S.A</u>	<u>23-07184</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>336-748-1120</u>	Telephone number (including area code)
	<u>MSC #17848, AON PO BOX 551343 ATLANTA, GA 30355</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2024
v. 240311**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2507066
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	2507066
10	Interest on line 9 using prior year's actual return of <u>10.99</u> %	0	275527
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4718404
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		247244
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		4965648
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	114865
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2667728

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.02 %
15	Adjusted funding target attainment percentage	15	101.97 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.62 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 37982
b Excess assets, if applicable, but not greater than line 31a			31b 37982
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PENSION PLAN OF WAYNE MEMORIAL HOSPITAL, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WAYNE MEMORIAL HOSPITAL, INC.	D Employer Identification Number (EIN) 56-1484844	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SUN LIFE CAPITAL MANAGEMENT

500 FIFTH AVENUE
SUITE 2520
NEW YORK, NY 10110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50	NONE	218790	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CAPFINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	94267	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

TRUIST BANK

56-1074313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 52	NONE	36078	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PENSION PLAN OF WAYNE MEMORIAL HOSPITAL, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WAYNE MEMORIAL HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>56-1484844</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TR CIT DB GROWTH PORT.

b Name of sponsor of entity listed in (a): WILMINGTON TRUST,N.A.

c EIN-PN <u>82-0737797-187</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44238330</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PENSION PLAN OF WAYNE MEMORIAL HOSPITAL, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WAYNE MEMORIAL HOSPITAL, INC.	D Employer Identification Number (EIN) 56-1484844

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	663661	705038
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1147992	1303225
(2) U.S. Government securities	1c(2)	19009867	18649204
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	62058179	61614501
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	43212442	44238330
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	132092141	126510298
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	132092141	126510298

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	125556	
(B) U.S. Government securities.....	2b(1)(B)	478945	
(C) Corporate debt instruments.....	2b(1)(C)	2615686	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3220187
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-3371750	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5023888
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4872325

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10105033	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10105033
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	313057	
(6) Bank or trust company trustee/custodial fees	2i(6)	36078	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		349135
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10454168

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5581843
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 547208.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PENSION PLAN OF WAYNE MEMORIAL HOSPITAL, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WAYNE MEMORIAL HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>56-1484844</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 56-1074313 23-2186884

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		7
---	--	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Pension Plan of Wayne Memorial Hospital, Inc.

**Financial Statements and ERISA-
Required Supplemental Schedules
Years Ended December 31, 2024 and 2023**

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



Pension Plan of Wayne Memorial Hospital, Inc.

Financial Statements and ERISA-Required Supplemental Schedules
Years ended December 31, 2024 and 2023

Pension Plan of Wayne Memorial Hospital, Inc.

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Independent Auditor's Report

To the Plan Administrator
Pension Plan of Wayne Memorial Hospital, Inc.
Goldsboro, North Carolina

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Pension Plan of Wayne Memorial Hospital, Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA ("ERISA Section 103(a)(3)(C) audit"). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency ("qualified institution"), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report,

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP"); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the *Auditor’s Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan’s transactions that are presented and disclosed in the financial statements are in conformity with the Plan’s provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor’s Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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



Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedule H, line 4i—schedule of assets (held at end of year) as of December 31, 2024 and supplemental schedule H, line 4j—schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

Raleigh, North Carolina
October 13, 2025

Financial Statements

Pension Plan of Wayne Memorial Hospital, Inc.

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets		
Investments, at fair value:		
Money market fund	\$ 1,303,225	\$ 1,147,992
Collective investment trust	44,238,330	43,212,442
Corporate bonds and asset-backed securities	56,110,511	54,106,328
U.S. government securities	18,649,204	19,009,867
Foreign bonds	5,503,990	7,951,851
Total investments, at fair value	125,805,260	125,428,480
Receivables:		
Accrued interest and dividends	705,038	663,661
Contributions receivable	-	6,000,000
Total receivables	705,038	6,663,661
Net assets available for benefits	\$ 126,510,298	\$ 132,092,141

See accompanying notes to financial statements.

Pension Plan of Wayne Memorial Hospital, Inc.
Statements of Changes in Net Assets Available for Benefits

<i>Years Ended December 31,</i>	2024	2023
Additions:		
Investment income:		
Interest and dividends	\$ 3,220,187	\$ 2,735,996
Net appreciation in fair value of investments	1,652,138	10,417,285
Total investment income	4,872,325	13,153,281
Hospital contributions	-	6,000,000
Total additions	4,872,325	19,153,281
Deductions:		
Benefits paid to participants and beneficiaries	10,105,033	9,696,628
Administrative expenses	349,135	208,321
Total deductions	10,454,168	9,904,949
Net increase (decrease) in net assets available for benefits	(5,581,843)	9,248,332
Net assets available for benefits, beginning of year	132,092,141	122,843,809
Net assets available for benefits, end of year	\$ 126,510,298	\$ 132,092,141

See accompanying notes to financial statements.

Pension Plan of Wayne Memorial Hospital, Inc.

Notes to Financial Statements

1. Description of Plan

The following description of the Pension Plan of Wayne Memorial Hospital, Inc. (the “Plan”) is provided for general information purposes only. Participants should refer to the comprehensive plan document for a more complete description of the Plan’s provisions.

General

The Plan was adopted effective January 1, 1967 by Wayne Memorial Hospital, Inc., the sponsor of the Plan. The Plan is a noncontributory defined benefit pension plan under Internal Revenue Code (“IRC”) Section 401(a), which covers certain employees of Wayne Memorial Hospital, Inc. and American Management Associates (collectively, the “Hospital” or “Employer”) and their beneficiaries. The Plan covers employees of the Hospital who have completed one year of service and are not leased employees. A participant is credited for a year of service upon completion of 832 hours. Effective December 31, 2004, the Plan was frozen to new entrants and effective December 31, 2017 the Plan was frozen to cease accrual of additional benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The Plan is administered by the Employer’s Finance Committee (the “Committee”). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Hospital’s Board of Directors.

Funding Policy

The Plan’s funding policy is for the Employer to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. The Hospital made contributions to the Plan of \$0 and \$6,000,000 for the plan years ended December 31, 2024 and 2023, respectively, satisfying the minimum funding requirements of \$0 and \$865,356 for the years ended December 31, 2024 and 2023, respectively, as determined by the Plan’s actuary.

Benefit Payments

The Plan generally provides for normal retirement benefits at age 65, early retirement benefits at age 55 and 10 years of service, disability benefits, and survivor benefits. A vested participant who terminates for any reason other than retirement, disability, or death is entitled to the monthly vested termination benefit beginning on his or her normal retirement date in the amount of his or her accrued benefit. The benefit payment is calculated at 1.25% of average compensation for each year of eligible service. Average compensation consists of highest five consecutive calendar years of compensation paid during the ten calendar years prior to the participant’s actual retirement age. The minimum annual retirement benefit is \$600 per year.

Participants may elect to receive their distributions, subject to certain Plan provisions, in the form of various annuity payment options or a lump sum distribution upon retirement or termination. If the participant’s actuarial equivalent of the accrued benefit payable at their normal retirement date is less than \$1,000, the participant is paid a lump-sum payment as soon as practicable after his or her termination date.

Pension Plan of Wayne Memorial Hospital, Inc.

Notes to Financial Statements

Participants become 100% vested at the earlier of completion of five years of vesting service, attainment of normal retirement age, becomes eligible to elect early retirement or qualifies for disability retirement.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by its investment adviser and custodian. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. All other administrative expenses of the Plan are paid by the Employer and excluded from these financial statements. Investment related expenses are included in net appreciation/depreciation in the fair value of investments.

Pension Plan of Wayne Memorial Hospital, Inc.

Notes to Financial Statements

3. Certified Investment Information

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends and investment activity for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Truist Bank, a qualified institution.

4. Fair Value Measurements

Accounting Standards Codification (“ASC”) 820, *Fair Value Measurement*, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument’s level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used at December 31, 2024 or 2023. The following is a description of the valuation methodologies used for assets measured at fair value:

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund preserves and maintains a share price of \$1, is registered with the Securities and Exchange Commission and is deemed to be actively traded.

Pension Plan of Wayne Memorial Hospital, Inc.

Notes to Financial Statements

Collective investment trust: Valued at the net asset value (“NAV”) of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. If the Plan initiates a full redemption of the collective investment trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Corporate and foreign bonds, and asset-backed securities: Investments in bonds and asset-backed securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for identical securities.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy the Plan’s assets at fair value:

<i>December 31, 2024</i>	Total	Level 1	Level 2	Level 3
Money market fund	\$ 1,303,225	\$ 1,303,225	\$ -	\$ -
Collective investment trust	44,238,330	-	44,238,330	-
Corporate bonds and asset-backed securities	56,110,511	-	56,110,511	-
U.S. government securities	18,649,204	18,649,204	-	-
Foreign bonds	5,503,990	-	5,503,990	-
Total investments at fair value	\$ 125,805,260	\$ 19,952,429	\$ 105,852,831	\$ -

<i>December 31, 2023</i>	Total	Level 1	Level 2	Level 3
Money market fund	\$ 1,147,992	\$ 1,147,992	\$ -	\$ -
Collective investment trust	43,212,442	-	43,212,442	-
Corporate bonds and asset-backed securities	54,106,328	-	54,106,328	-
U.S. government securities	19,009,867	19,009,867	-	-
Foreign bonds	7,951,851	-	7,951,851	-
Total investments at fair value	\$ 125,428,480	\$ 20,157,859	\$ 105,270,621	\$ -

Pension Plan of Wayne Memorial Hospital, Inc.

Notes to Financial Statements

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the freeze date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2023 were as follows:

Assumption

Mortality table	Pri-2012 mortality table using scale MP-2021 for December 31, 2023 and 2022
Discount rate	5.75% and 6.00% for December 31, 2023 and 2022, respectively
Retirement age	Retirement age assumptions (using a retirement schedule with graded ages of 55 to 70+ years)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

A summary of the actuarial present value of accumulated plan benefits is shown below:

<i>December 31,</i>	<i>2023</i>
Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits:	
Participants currently receiving payments	\$ 97,471,248
Other participants	32,445,769
Total Vested Benefit	129,917,017
Non-Vested Benefits	290,305
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 130,207,322

Pension Plan of Wayne Memorial Hospital, Inc.

Notes to Financial Statements

The change in the actuarial present value of accumulated plan benefits is as follows:

<i>Year ended December 31,</i>	<i>2023</i>
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	\$ 130,866,922
Increase (decrease) during the year attributable to:	
Assumption and other changes	1,471,674
Interest accumulation	7,565,354
Benefits paid	(9,696,628)
Net Decrease	(659,600)
Actuarial Present Value of Accumulated Plan Benefits, end of year	\$ 130,207,322

The December 31, 2023 actuarial present value of accumulated benefits includes the effect of the change in discount rate from 6.00% to 5.75%.

6. Related Party and Party-In-Interest Transactions

Certain Plan investments are in funds and accounts that are managed by Truist Bank. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

7. Plan Termination

Although it has not expressed any intention to do so, the Hospital has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations.
- c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- d) All nonvested benefits.

Pension Plan of Wayne Memorial Hospital, Inc.

Notes to Financial Statements

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

8. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Plan by a letter dated August 26, 2016 that the Plan and related trust were designed in accordance with the applicable regulations of the IRC. The Plan has been amended since receiving the determination letter, however, Plan management believes that the Plan and the related trust is currently designed and operated in compliance with the applicable requirements of the IRC and continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Risks and Uncertainties

The Plan holds various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

As of December 31, 2024 and 2023, there was one investment held that individually accounted for more than 10% of total investments. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2024.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

10. Subsequent Events

The Plan has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued.

ERISA-Required Supplemental Schedules

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
as of January 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		15	4		3	5				
45-49		10	6		4	13	7			
50-54		10	2	2	3	17	14	6		
55-59		10	5	1		19	9	7	2	
60-64		3	1	4	6	8	11	4	2	1
65-69		1	1	2	1	1	1			
70+										

N-221

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	
Minimum Funding Target Normal Cost	N/A
Maximum Tax Expected Benefit Increase	N/A
Social Security Wage Base Increases	N/A
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 61 for healthy participants that meet the plan's early retirement eligibility. Age 65 for participants that are not eligible for early retirement or are disabled
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are zero years older than their spouses.
Valuation Compensation	N/A

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	5.50%
2023 Plan Year	6.00%
2024 Plan Year	5.75%

Trust Expenses Included in Target Normal Cost

Equal to actual administrative expenses paid from trust fund in prior year

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Table 1

Retirement Rates

Age	Years of Service	
	<30	30+
55	10.00%	50.00%
56	5.00%	25.00%
57	5.00%	25.00%
58	5.00%	25.00%
59	10.00%	25.00%
60	10.00%	35.00%
61	15.00%	50.00%
62	20.00%	50.00%
63	20.00%	50.00%
64	50.00%	50.00%
65	50.00%	50.00%
66	30.00%	50.00%
67	30.00%	50.00%
68	30.00%	50.00%
69	30.00%	50.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	5.00%	45	3.50%
16	5.00%	46	3.50%
17	5.00%	47	3.50%
18	5.00%	48	3.50%
19	5.00%	49	3.50%
20	5.00%	50	3.50%
21	5.00%	51	3.50%
22	5.00%	52	3.50%
23	5.00%	53	3.50%
24	5.00%	54	3.50%
25	5.00%	55+	0.00%
26	5.00%		
27	5.00%		
28	5.00%		
29	5.00%		
30	5.00%		
31	5.00%		
32	5.00%		
33	5.00%		
34	5.00%		
35	4.50%		
36	4.50%		
37	4.50%		
38	4.50%		
39	4.50%		
40	4.00%		
41	4.00%		
42	4.00%		
43	4.00%		
44	4.00%		

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form Is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>

Part II Basic Plan Information —enter all requested information							
1a Name of plan PENSION PLAN OF WAYNE MEMORIAL HOSPITAL, INC.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td>1c Effective date of plan 10/01/1985</td> <td></td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 10/01/1985			
1b Three-digit plan number (PN) ▶	001						
1c Effective date of plan 10/01/1985							
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WAYNE MEMORIAL HOSPITAL, INC. POST OFFICE BOX 8001 2700 WAYNE MEMORIAL DRIVE GOLDSBORO NC 27533-8001	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">2b Employer Identification Number (EIN) 56-1484844</td> <td></td> </tr> <tr> <td>2c Plan Sponsor's telephone number 919-736-1110</td> <td></td> </tr> <tr> <td>2d Business code (see instructions) 622000</td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) 56-1484844		2c Plan Sponsor's telephone number 919-736-1110		2d Business code (see instructions) 622000	
2b Employer Identification Number (EIN) 56-1484844							
2c Plan Sponsor's telephone number 919-736-1110							
2d Business code (see instructions) 622000							

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		<u>10/13/25</u>	DOUGLAS HARRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>11/13/25</u>	WILLIAM THOMA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor VICE PRESIDENT - FINANCE, WAYNE MEMORIAL HOSPITAL, INC. POST OFFICE BOX 8001 GOLDSBORO NC 27533-8001	3b Administrator's EIN 56-6001545 3c Administrator's telephone number 919-736-1110
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	957
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	221
a(2) Total number of active participants at the end of the plan year	6a(2)	203
b Retired or separated participants receiving benefits	6b	518
c Other retired or separated participants entitled to future benefits	6c	178
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	899
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	25
f Total. Add lines 6d and 6e	6f	924
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
---	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Pension Plan of Wayne Memorial Hospital, Inc.

Schedule H, Line 4j - Schedule of Reportable Transactions - Year Ended December 31, 2024 EIN\PN: 56-1484844\001

(a) Identity of party involved	(b) Description of asset including maturity date, rate of interest and maturity in case of loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with Transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain
Category (iii) - Series of Transactions:								
Federated Hermes	Treasury Obligations Fund	\$ 32,466,340	\$ -	\$ -	\$ -	\$ 32,466,340	\$ 32,466,340	\$ -
Federated Hermes	Treasury Obligations Fund	-	32,311,104	-	-	32,311,104	32,311,104	-
Total Category (iii)		\$ 32,466,340	\$ 32,311,104	\$ -	\$ -	\$ 64,777,444	\$ 64,777,444	\$ -

There were no category (i), (ii) or (iv) transactions for the year ended December 31, 2024.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>		

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan PENSION PLAN OF WAYNE MEMORIAL HOSPITAL, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WAYNE MEMORIAL HOSPITAL, INC.	D Employer Identification Number (EIN) 56-1484844
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	131,968,490	
b Actuarial value	2b	139,813,327	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	529	102,191,072	102,191,072
b For terminated vested participants	199	9,540,204	9,540,204
c For active participants	221	25,076,117	25,376,341
d Total	949	136,807,393	137,107,617
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.11%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	37,982	
c Target normal cost	6c	37,982	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Mitzi M. Silverstein <i>MMS</i>	08/04/2025
	Signature of actuary	Date
	MITZI M. SILVERSTEIN, F.S.A.	2307184
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	336-748-1120
	Firm name	Telephone number (including area code)
	MSC #17848, Aon PO Box 551343	
	Atlanta GA 30355	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2,507,066
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	2,507,066
10 Interest on line 9 using prior year's actual return of <u>10.99%</u>	0	275,527
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4,718,404
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24%</u>		247,244
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		4,965,648
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	114,865
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	2,667,728

Part III	Funding Percentages	
14 Funding target attainment percentage	14	100.02%
15 Adjusted funding target attainment percentage	15	101.97%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.62%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 37,982
b Excess assets, if applicable, but not greater than line 31a				31b 37,982
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	30.88%	31.75	1746.52
56	13.45%	11.29	632.22
57	12.78%	10.16	578.85
58	11.53%	9.02	523.05
59	15.50%	12.71	750.00
60	20.32%	15.67	940.25
61	29.70%	22.35	1363.35
62	32.94%	20.66	1280.66
63	31.36%	14.70	925.81
64	48.69%	18.51	1184.49
65	50.00%	12.19	792.16
66	39.56%	4.79	315.94
67	37.32%	3.46	231.70
68	37.38%	2.53	171.98
69	37.18%	1.56	107.83
70	100.00%	3.62	253.22
	Total	194.95	11798.03
	Weighted Average		60.52

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	
Minimum Funding Target Normal Cost	N/A
Maximum Tax Expected Benefit Increase	N/A
Social Security Wage Base Increases	N/A
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 61 for healthy participants that meet the plan's early retirement eligibility. Age 65 for participants that are not eligible for early retirement or are disabled
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are zero years older than their spouses.
Valuation Compensation	N/A

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	5.50%
2023 Plan Year	6.00%
2024 Plan Year	5.75%

Trust Expenses Included in Target Normal Cost

Equal to actual administrative expenses paid from trust fund in prior year

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Table 1

Retirement Rates

Age	Years of Service	
	<30	30+
55	10.00%	50.00%
56	5.00%	25.00%
57	5.00%	25.00%
58	5.00%	25.00%
59	10.00%	25.00%
60	10.00%	35.00%
61	15.00%	50.00%
62	20.00%	50.00%
63	20.00%	50.00%
64	50.00%	50.00%
65	50.00%	50.00%
66	30.00%	50.00%
67	30.00%	50.00%
68	30.00%	50.00%
69	30.00%	50.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	5.00%	45	3.50%
16	5.00%	46	3.50%
17	5.00%	47	3.50%
18	5.00%	48	3.50%
19	5.00%	49	3.50%
20	5.00%	50	3.50%
21	5.00%	51	3.50%
22	5.00%	52	3.50%
23	5.00%	53	3.50%
24	5.00%	54	3.50%
25	5.00%	55+	0.00%
26	5.00%		
27	5.00%		
28	5.00%		
29	5.00%		
30	5.00%		
31	5.00%		
32	5.00%		
33	5.00%		
34	5.00%		
35	4.50%		
36	4.50%		
37	4.50%		
38	4.50%		
39	4.50%		
40	4.00%		
41	4.00%		
42	4.00%		
43	4.00%		
44	4.00%		

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

General Information

Original Effective Date	January 1, 1967
Effective Date of Last Amendment	January 1, 2018
Plan Year	January 1 to December 31
Employer Fiscal Year	July 1 to June 30
Employer ID Number	56 1484844
Plan Administrator's ID Number	56 6001545
Plan Number	001
Plan Administrator	Assistant Vice President of Human Resources of Wayne UNC Health Care.

Eligibility

All employees of the employer who work 1,000 hours a year or more are eligible to participate in the plan.

Employees of American Management Associates are eligible to participate in the plan, effective January 1, 1989.

No new participants will be permitted in plan after January 1, 2005.

Service

Service shall equal total years of service with the employer. Service prior to October 1, 1985 is continuous service, calculated to nearest months. From October 1, 1985 to December 31, 1985, each employee with one hour of service during such period shall receive 25% of a year of service. After January 1, 1986, a year of service is credited for each plan year in which an employee works 1,000 hours.

For vesting purposes, an employee who receives 1,000 hours of service in both the period October 1, 1985 to September 30, 1986, and the period January 1, 1986 to December 31, 1986, shall be credited with two years of service. Effective January 1, 2005 any participant who works 832 hours in a year shall be credited with a year of vesting service.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:

- (1) A leave of absence not in excess of one year granted by the employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) A period of disability during which the participant is being paid directly or indirectly by the employer.
- (4) A period of maternity or paternity leave.

An employee will be given credit for his prebreak service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service; or
- (2) The break in service commenced on or after October 1, 1985, and the employee's number of years of breaks in service is less than the greater of five or his aggregate number of years of service prior to such breaks.

Normal Retirement Date

For participants who entered the plan prior to January 1, 1988, their normal retirement date is the first day of the month coincident with or next following attainment of age 65. For participants who entered the plan on or after January 1, 1988, their normal retirement date is the first day of the month coincident with or next following the later of age 65 and the first day of the plan year which includes the participant's fifth anniversary of participation in the plan.

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for 10 years certain and life thereafter, based on service to normal retirement date, is 1¼% of average compensation for each year of service.

The minimum annual retirement benefit shall be \$600.

In no event shall the normal retirement benefit be less than the accrued benefit as of October 1, 1984.

Effective January 1, 2005, only an electing participant shall continue to accrue further benefits under the plan.

Effective January 1, 2018, no participants will accrue further benefits under the plan.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Delayed Retirement

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the benefit provided under the normal retirement benefit formula based on continued accrual of service and compensation as of the late retirement date. In no event can this benefit be less than the actuarial equivalent of the participant's normal retirement benefit.

Average Compensation

Average compensation is the average of the participant's annual compensation paid during any five consecutive years of service out of the last 10 years of service up to and including the plan year containing the participant's actual retirement age which produces the highest average. Compensation paid includes deferrals under a Section 125 plan or a tax deferred annuity. Earnings for each year shall not exceed the maximum compensation limit of IRC section 401(a)(17).

No compensation earned after December 31, 2017 will be included in the calculation of average compensation.

Accrued Benefit

The accrued benefit of a participant as of any date on or before his normal retirement date equals the product of (1) and (2) where:

- (1) Is a fraction, not exceeding one, the numerator of which is the total number of his years of service as of such date of accrual and the denominator of which is the total number of years of service he would have had if he separated from service on his normal retirement date;
- (2) Is the estimated annual normal retirement benefit based on the average compensation on the accrual date.

Effective January 1, 2005, only an electing participant shall continue to accrue further benefits under the plan.

Effective January 1, 2005, non-electing participants will have their accrued benefit frozen as of January 1, 2005.

Effective January 1, 2018, electing participants will have their accrued benefit frozen as of December 31, 2017.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Early Retirement Benefit

Upon the completion of 10 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit accrued at early retirement date. Payments may begin immediately, with the benefit being reduced 3% for each of the first five years and 5% for each of the next five years by which the payment date precedes the earlier of the normal retirement date and the date the participant would have earned 30 years of vesting service. If a participant terminates after completing 10 or more years of service, but before the attainment of age 55, his accrued benefit may be paid without reduction at the later of the date he would have earned 30 years of vesting service or age 55.

Disability Retirement Benefit

A participant who becomes totally and permanently disabled before his normal retirement date may retire and receive a disability retirement benefit. The benefit is calculated in the same manner as the early retirement benefit. The benefit may be deferred to normal retirement age in order not to duplicate benefits provided by a long-term disability benefit program.

Death Benefit

In the event of a vested married participant's death prior to becoming eligible for early retirement, his surviving spouse, if any, shall receive an annuity computed as if the participant had separated from service on the date of his death, survived to his earliest retirement date, commenced receiving payments of a joint and one-half survivor annuity, and died on the following day. If a vested married inactive participant dies on or before his early retirement date, his surviving spouse, if any, shall receive an annuity computed in the same manner, except that it will be based upon his actual date of termination.

If an active participant or inactive participant dies after becoming eligible for early retirement, his surviving spouse, if any, shall receive an annuity computed as if the participant had begun receiving a joint and one-half survivor annuity on the day before his death.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Severance Benefit

Upon the termination of employment after five or more years of service, a participant shall have a vested interest in his accrued benefit which will be payable at his normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer Than 5	0%
5 or More	100%

In the event that the participant had met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

If the actuarial equivalent of a participant's vested accrued benefit is \$0, the participant shall be deemed to have received a distribution of such vested accrued benefit.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A modified benefit to be paid during the participant's lifetime with one half the modified benefit to be continued to his spouse for her lifetime after his death.
- (2) A modified benefit to be paid during the participant's lifetime with the same modified benefit to be continued to his spouse for her lifetime after his death.
- (3) An increased benefit to be paid for life only.
- (4) A level income benefit which provides greater monthly payments prior to commencement of Federal Social Security distributions and lesser monthly payments thereafter.
- (5) If the actuarial equivalent present value of the participant's vested accrued benefit does not exceed \$5,000, such amount shall be distributed to the participant as a lump sum.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

- (6) Effective for terminations after September 30, 1995, if the actuarial equivalent present value of the participant's vested accrued benefit is \$20,000 or less but greater than \$5,000, the participant may request to receive such amount as a lump sum.

All optional methods of settlement are actuarially equivalent to the normal form of annuity based on the applicable interest rates and mortality table as prescribed by IRC Code section 417(e)(3) using the November segment interest rates.

Cost-of-Living Adjustment for Retired Participants

The monthly retirement benefit for a former participant whose retirement date under the plan was January 1, 1999 or earlier, and remains in pay status as of October 1, 2000, shall be increased as follows:

Two percent (2%) for each full year from such former participant's retirement date through January 1, 2000, with a maximum increase for any retiree of 20%.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the employer shall be liable for any unfunded vested benefits to the extent required by law. If there are any assets remaining after all of the plan's liabilities to participants have been satisfied, such remaining assets shall revert to the Hospital.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the actuarial equivalence factors for survivor benefits and delayed retirement adjustments from the 2023 applicable rates and mortality to the 2024 applicable rates and mortality, both based on IRC Section 417(e)(3) and the preceding November rates.
- A change in the expected rate of return on plan assets from 6.00% as of January 1, 2023 to 5.75% as of January 1, 2024.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
as of January 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		15	4		3	5				
45-49		10	6		4	13	7			
50-54		10	2	2	3	17	14	6		
55-59		10	5	1		19	9	7	2	
60-64		3	1	4	6	8	11	4	2	1
65-69		1	1	2	1	1	1			
70+										

N-221

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	30.88%	31.75	1746.52
56	13.45%	11.29	632.22
57	12.78%	10.16	578.85
58	11.53%	9.02	523.05
59	15.50%	12.71	750.00
60	20.32%	15.67	940.25
61	29.70%	22.35	1363.35
62	32.94%	20.66	1280.66
63	31.36%	14.70	925.81
64	48.69%	18.51	1184.49
65	50.00%	12.19	792.16
66	39.56%	4.79	315.94
67	37.32%	3.46	231.70
68	37.38%	2.53	171.98
69	37.18%	1.56	107.83
70	100.00%	3.62	253.22
	Total	194.95	11798.03
	Weighted Average		60.52

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

General Information

Original Effective Date	January 1, 1967
Effective Date of Last Amendment	January 1, 2018
Plan Year	January 1 to December 31
Employer Fiscal Year	July 1 to June 30
Employer ID Number	56 1484844
Plan Administrator's ID Number	56 6001545
Plan Number	001
Plan Administrator	Assistant Vice President of Human Resources of Wayne UNC Health Care.

Eligibility

All employees of the employer who work 1,000 hours a year or more are eligible to participate in the plan.

Employees of American Management Associates are eligible to participate in the plan, effective January 1, 1989.

No new participants will be permitted in plan after January 1, 2005.

Service

Service shall equal total years of service with the employer. Service prior to October 1, 1985 is continuous service, calculated to nearest months. From October 1, 1985 to December 31, 1985, each employee with one hour of service during such period shall receive 25% of a year of service. After January 1, 1986, a year of service is credited for each plan year in which an employee works 1,000 hours.

For vesting purposes, an employee who receives 1,000 hours of service in both the period October 1, 1985 to September 30, 1986, and the period January 1, 1986 to December 31, 1986, shall be credited with two years of service. Effective January 1, 2005 any participant who works 832 hours in a year shall be credited with a year of vesting service.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:

- (1) A leave of absence not in excess of one year granted by the employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) A period of disability during which the participant is being paid directly or indirectly by the employer.
- (4) A period of maternity or paternity leave.

An employee will be given credit for his prebreak service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service; or
- (2) The break in service commenced on or after October 1, 1985, and the employee's number of years of breaks in service is less than the greater of five or his aggregate number of years of service prior to such breaks.

Normal Retirement Date

For participants who entered the plan prior to January 1, 1988, their normal retirement date is the first day of the month coincident with or next following attainment of age 65. For participants who entered the plan on or after January 1, 1988, their normal retirement date is the first day of the month coincident with or next following the later of age 65 and the first day of the plan year which includes the participant's fifth anniversary of participation in the plan.

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for 10 years certain and life thereafter, based on service to normal retirement date, is 1¼% of average compensation for each year of service.

The minimum annual retirement benefit shall be \$600.

In no event shall the normal retirement benefit be less than the accrued benefit as of October 1, 1984.

Effective January 1, 2005, only an electing participant shall continue to accrue further benefits under the plan.

Effective January 1, 2018, no participants will accrue further benefits under the plan.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Delayed Retirement

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the benefit provided under the normal retirement benefit formula based on continued accrual of service and compensation as of the late retirement date. In no event can this benefit be less than the actuarial equivalent of the participant's normal retirement benefit.

Average Compensation

Average compensation is the average of the participant's annual compensation paid during any five consecutive years of service out of the last 10 years of service up to and including the plan year containing the participant's actual retirement age which produces the highest average. Compensation paid includes deferrals under a Section 125 plan or a tax deferred annuity. Earnings for each year shall not exceed the maximum compensation limit of IRC section 401(a)(17).

No compensation earned after December 31, 2017 will be included in the calculation of average compensation.

Accrued Benefit

The accrued benefit of a participant as of any date on or before his normal retirement date equals the product of (1) and (2) where:

- (1) Is a fraction, not exceeding one, the numerator of which is the total number of his years of service as of such date of accrual and the denominator of which is the total number of years of service he would have had if he separated from service on his normal retirement date;
- (2) Is the estimated annual normal retirement benefit based on the average compensation on the accrual date.

Effective January 1, 2005, only an electing participant shall continue to accrue further benefits under the plan.

Effective January 1, 2005, non-electing participants will have their accrued benefit frozen as of January 1, 2005.

Effective January 1, 2018, electing participants will have their accrued benefit frozen as of December 31, 2017.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Early Retirement Benefit

Upon the completion of 10 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit accrued at early retirement date. Payments may begin immediately, with the benefit being reduced 3% for each of the first five years and 5% for each of the next five years by which the payment date precedes the earlier of the normal retirement date and the date the participant would have earned 30 years of vesting service. If a participant terminates after completing 10 or more years of service, but before the attainment of age 55, his accrued benefit may be paid without reduction at the later of the date he would have earned 30 years of vesting service or age 55.

Disability Retirement Benefit

A participant who becomes totally and permanently disabled before his normal retirement date may retire and receive a disability retirement benefit. The benefit is calculated in the same manner as the early retirement benefit. The benefit may be deferred to normal retirement age in order not to duplicate benefits provided by a long-term disability benefit program.

Death Benefit

In the event of a vested married participant's death prior to becoming eligible for early retirement, his surviving spouse, if any, shall receive an annuity computed as if the participant had separated from service on the date of his death, survived to his earliest retirement date, commenced receiving payments of a joint and one-half survivor annuity, and died on the following day. If a vested married inactive participant dies on or before his early retirement date, his surviving spouse, if any, shall receive an annuity computed in the same manner, except that it will be based upon his actual date of termination.

If an active participant or inactive participant dies after becoming eligible for early retirement, his surviving spouse, if any, shall receive an annuity computed as if the participant had begun receiving a joint and one-half survivor annuity on the day before his death.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Severance Benefit

Upon the termination of employment after five or more years of service, a participant shall have a vested interest in his accrued benefit which will be payable at his normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer Than 5	0%
5 or More	100%

In the event that the participant had met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

If the actuarial equivalent of a participant's vested accrued benefit is \$0, the participant shall be deemed to have received a distribution of such vested accrued benefit.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A modified benefit to be paid during the participant's lifetime with one half the modified benefit to be continued to his spouse for her lifetime after his death.
- (2) A modified benefit to be paid during the participant's lifetime with the same modified benefit to be continued to his spouse for her lifetime after his death.
- (3) An increased benefit to be paid for life only.
- (4) A level income benefit which provides greater monthly payments prior to commencement of Federal Social Security distributions and lesser monthly payments thereafter.
- (5) If the actuarial equivalent present value of the participant's vested accrued benefit does not exceed \$5,000, such amount shall be distributed to the participant as a lump sum.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
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- (6) Effective for terminations after September 30, 1995, if the actuarial equivalent present value of the participant's vested accrued benefit is \$20,000 or less but greater than \$5,000, the participant may request to receive such amount as a lump sum.

All optional methods of settlement are actuarially equivalent to the normal form of annuity based on the applicable interest rates and mortality table as prescribed by IRC Code section 417(e)(3) using the November segment interest rates.

Cost-of-Living Adjustment for Retired Participants

The monthly retirement benefit for a former participant whose retirement date under the plan was January 1, 1999 or earlier, and remains in pay status as of October 1, 2000, shall be increased as follows:

Two percent (2%) for each full year from such former participant's retirement date through January 1, 2000, with a maximum increase for any retiree of 20%.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the employer shall be liable for any unfunded vested benefits to the extent required by law. If there are any assets remaining after all of the plan's liabilities to participants have been satisfied, such remaining assets shall revert to the Hospital.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Pension Plan of Wayne Memorial Hospital, Inc.

Schedule H, line 4i - Schedule of Assets (Held at End of Year) - December 31, 2024 EIN\PN: 56-1484844\001

(a)	(b) <i>Identity of issue, borrower, lessor, or similar party</i>	(c) <i>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</i>	(d) <i>Cost</i>	(e) <i>Current value</i>
Money market fund:				
	Federated Hermes	Treasury Obligations Fund	\$ 1,303,225	\$ 1,303,225
Collective investment trust:				
	Great Gray	Collective Investment Trust DB Growth Portfolio Instl Cl	24,441,123	44,238,330
Corporate bonds and asset-backed securities:				
	Abbvie Inc	Corporate Bond, 5.050% 0/15/34	245,895	242,055
	Allstate Corp	Corporate Bond, 4.200% 12/15/46	566,224	497,748
	Amazon.com Inc	Corporate Bond, 2.500% 6/03/50	922,299	629,413
	Ameren Illinois Co	Corporate Bond, 3.700% 12/01/47	554,291	376,650
	American Electric Power	Corporate Bond, 5.750% 11/01/27	199,354	204,956
	American Express Co	Corporate Bond, Var Cpn 7/27/29	414,884	414,613
	American Honda Finance	Corporate Bond, 4.400% 9/05/29	234,718	228,498
	American Honda Fin Corp	Corporate Bond, 5.800% 10/04/30	129,520	130,209
	American Tower Corp	Corporate Bond, 2.750% 1/15/27	259,831	249,725
	Amgen Inc	Corporate Bond, 2.300% 2/25/31	417,160	417,201
	Anheuser-Busch Inbev Wor	Corporate Bond, 5.450% 01/23/39	613,118	616,316
	Anthem Inc	Corporate Bond, 4.100% 5/15/32	428,104	411,465
	Apple Inc	Corporate Bond, 4.375% 5/13/45	1,179,712	1,001,910
	Ares Capital Corp	Corporate Bond, 7.000% 01/15/27	532,794	544,163
	Arthur J Gallagher & Co	Corporate Bond, 5.150% 2/15/35	222,099	219,366
	AT&T Inc	Corporate Bond, 4.350% 3/01/29	433,560	420,686
	AT&T Inc	Corporate Bond, 1.650% 02/01/28	79,274	81,839
	Avalonbay Cmnty Inc	Corporate Bond, 5.350% 6/01/34	556,437	552,954
	Bank of America	Corporate Bond, Var Cpn 6/14/29	955,250	932,074
	Berkshire Hathaway	Corporate Bond, 4.300% 5/15/43	284,894	237,955
	Blackstone Private Credit Fund	Corporate Bond, 2.625% 12/15/26	419,895	424,058
	Bodton Gas Company	Corporate Bond, 3.001% 8/01/29	416,718	399,282
	Borgwarner Inc	Corporate Bond, 4.950% 8/15/29	434,945	427,618
	BP Cap Markets	Corporate Bond, 2.939% 6/04/51	164,564	111,438
	BP Cap Mkts America Inc	Corporate Bond, 2.721% 1/12/32	351,337	325,166
	Branch Bkg & Trust	Corporate Bond, Var Cpn 9/17/29	481,659	472,880
	Brighthouse Financial Inc	Corporate Bond, 3.700% 6/22/27	230,974	232,858
	Bristol Myers Squibb Co	Corporate Bond, 5.900% 11/15/33	272,478	283,292
	Burlington Northern Santa Fe	Corporate Bond, 5.150% 9/01/43	539,256	483,300
	Cameron Lng LLC	Corporate Bond, 2.902% 7/15/31	377,106	343,946
	Capital One Financial Co	Corporate Bond, Var Cpn 5/10/28	506,593	503,374
	Centerpoint Energy Resources	Corporate Bond, 1.750% 10/01/30	358,270	331,129
	Chubb Ina Hldgs Inc	Corporate Bond, 5.000% 3/15/34	210,933	202,448
	Cigna Corp	Corporate Bond, 2.400% 3/15/30	266,002	251,162

Pension Plan of Wayne Memorial Hospital, Inc.

Schedule H, line 4i - Schedule of Assets (Held at End of Year) - December 31, 2024 EIN\PN: 56-1484844\001

(a)	(b) <i>Identity of issue, borrower, lessor, or similar party</i>	(c) <i>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</i>	(d) <i>Cost</i>	(e) <i>Current value</i>
	Cisco Systems Inc	Corporate Bond, 5.050% 2/26/34	59,939	59,783
	Cisco Systems Inc	Corporate Bond, 5.500% 1/15/40	515,902	413,346
	Citigroup Inc	Corporate Bond, Var Cpn 1/29/31	448,731	402,561
	CNO Global Funding	Corporate Bond, 1.650% 1/06/25	79,798	79,970
	Comcast Corp	Corporate Bond, 4.250% 1/15/33	508,199	480,480
	Comcast Corp	Corporate Bond, 3.400% 7/15/46	703,026	586,329
	Commonwealth Edison Co	Corporate Bond, 3.700% 3/01/45	548,376	438,714
	Conagra Brands Inc	Corporate Bond, 1.375% 11/01/27	541,043	517,480
	Conocophillips	Corporate Bond, 5.300% 05/15/53	362,935	342,291
	Cons Edison Co of NY	Corporate Bond, 4.450% 3/15/44	538,796	468,036
	Corebridge Financial Inc	Corporate Bond, Var Cpn 12/15/52	500,028	502,848
	Corporate Office Prop LP	Corporate Bond, 2.000% 1/15/29	436,188	435,501
	CVS Health Corp	Corporate Bond, 1.750% 08/21/30	387,229	386,660
	DTE Electric Co	Corporate Bond, 2.250% 3/01/30	191,831	167,468
	DTE Electric Co	Corporate Bond, 2.950% 3/01/50	658,769	481,988
	Duke Energy Indiana LLC	Corporate Bond, 3.750% 5/15/46	366,068	253,507
	Duke Energy Indiana LLC	Corporate Bond, 4.300% 03/15/28	454,955	467,576
	Eli Lilly & Co	Corporate Bond, 3.950% 3/15/49	235,785	230,776
	Energy Transfer LP	Corporate Bond, 6.400% 12/01/30	214,541	211,326
	Enterprise Products Oper	Corporate Bond, 2.800% 1/31/30	91,542	90,402
	Eversource Energy	Corporate Bond, 2.900% 03/01/27	131,344	134,383
	Exxon Mobil Corporation	Corporate Bond, 3.095% 08/16/49	207,678	193,195
	Florida Power & Light	Corporate Bond, 5.250% 2/01/41	250,654	213,338
	Florida Power & Light	Corporate Bond, 4.050% 10/01/44	276,438	183,265
	General Dynamics Corp	Corporate Bond, 4.250% 4/01/40	436,399	388,374
	General Motors Financial Co	Corporate Bond, 4.300% 04/06/29	647,776	671,162
	Gilead Sciences Inc	Corporate Bond, 4.000% 9/01/36	298,548	304,318
	Goldman Sachs Group Inc	Corporate Bond, Var Cpn 1/27/32	870,277	808,755
	Haleon US Capital LLC	Corporate Bond, 3.625% 03/24/32	542,123	525,190
	Hca Inc	Corporate Bond, 5.200% 6/01/28	456,541	456,115
	Home Depot Inc	Corporate Bond, 4.500% 12/06/48	722,861	521,062
	Honeywell International	Corporate Bond, 5.250% 3/01/54	431,475	402,685
	Hyundai Capital America	Corporate Bond, 5.680% 06/26/28	332,104	334,792
	Intel Corp	Corporate Bond, 3.734% 12/08/47	508,477	375,915
	Intercontinental Exchange Inc	Corporate Bond, 2.650% 9/15/40	546,161	426,524
	John Deere Capital Corp	Corporate Bond, 5.050% 6/12/34	417,088	418,156
	Johnson & Johnson	Corporate Bond, 3.550% 3/01/36	131,712	126,618
	Johnson & Johnson	Corporate Bond, 3.500% 1/15/48	462,387	360,562
	JP Morgan Chase & Co	Corporate Bond, Var Cpn 6/01/29	230,442	240,795

Pension Plan of Wayne Memorial Hospital, Inc.

Schedule H, line 4i - Schedule of Assets (Held at End of Year) - December 31, 2024 EIN\PN: 56-1484844\001

(a)	(b) <i>Identity of issue, borrower, lessor, or similar party</i>	(c) <i>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</i>	(d) <i>Cost</i>	(e) <i>Current value</i>
	JP Morgan Chase & Co	Corporate Bond, Var Cpn 7/24/38	835,037	716,680
	Kimberly-Clark Corp	Corporate Bond, 3.900% 5/04/47	154,854	152,254
	Kimco Realty Corp	Corporate Bond, 2.800% 10/01/26	197,714	193,450
	Kimco Realty Corp	Corporate Bond, 6.400% 03/01/34	104,570	111,737
	Kinder Morgan Inc	Corporate Bond, 5.100% 8/01/29	363,765	354,950
	Manuf & Traders Trust Co	Corporate Bond, 3.400% 8/17/27	791,073	765,084
	Mastercard Inc	Corporate Bond, 3.650% 6/01/49	543,477	399,832
	Met Life Glob Funding	Corporate Bond, 3.050% 6/17/29	160,223	147,904
	Microsoft Corp	Corporate Bond, 2.921% 3/17/52	1,081,563	650,721
	Midamerican Energy Co	Corporate Bond, 4.800% 9/15/43	260,307	211,002
	Midamerican Energy Co	Corporate Bond, 4.250% 07/15/49	246,294	243,162
	Morgan Stanley	Corporate Bond, Var Cpn 4/28/32	242,142	237,200
	Motorola Solutions Inc	Corporate Bond, 5.400% 4/15/34	174,707	175,072
	National Rural Util Coop	Corporate Bond, 3.700% 3/15/29	738,836	716,745
	National Rural Util Coop	Corporate Bond, 5.800% 1/15/33	37,609	36,207
	Nevada Power Co	Corporate Bond, 3.700% 5/01/29	345,067	333,942
	New York Life Insurance	Corporate Bond, 3.750% 5/15/50	521,235	393,196
	Northrop Grumman Corp	Corporate Bond, 3.250% 1/15/28	405,628	387,144
	Oge Energy Corp	Corporate Bond, 5.450% 5/15/29	361,532	355,726
	Omnicom Group Inc	Corporate Bond, 2.600% 8/01/31	498,149	487,265
	Oncor Electric Delivery	Corporate Bond, 3.800% 6/01/49	829,492	622,050
	Oracle Corp	Corporate Bond, 6.500% 4/15/38	441,528	413,717
	O'Reilly Automotive Inc	Corporate Bond, 1.750% 3/15/31	368,326	332,161
	Pacific Gas & Electric	Corporate Bond, 3.000% 6/15/28	175,258	178,034
	Paypal Hldgs Inc	Corporate Bond, 5.150% 6/01/34	206,467	203,680
	Penske Truck Leasing	Corporate Bond, 1.700% 6/15/26	179,962	171,839
	Pepsico Inc	Corporate Bond, 2.875% 10/15/49	154,486	153,260
	Philip Morris Intl Inc	Corporate Bond, 4.750% 11/01/31	408,239	405,849
	PNC Bank	Corporate Bond, 4.050% 7/26/28	699,877	661,744
	Private Export Funding	Corporate Bond, 4.600% 2/15/34	160,028	156,918
	Prologis LP	Corporate Bond, 1.250% 10/15/30	107,598	102,455
	Prologis LP	Corporate Bond, 5.000% 3/15/34	353,094	341,831
	Prudential Financial Inc	Corporate Bond, 3.000% 3/10/40	157,480	110,710
	Public Service Electric & Gas	Corporate Bond, 4.050% 5/01/48	109,319	87,445
	Public Service Electric & Gas	Corporate Bond, 3.950% 5/01/42	592,084	508,931
	Reynolds American Inc	Corporate Bond, 4.450% 06/12/25	178,623	179,498
	RTX Corp	Corporate Bond, 6.000% 3/15/31	286,912	288,483
	Santander Holdings USA	Corporate Bond, 3.244% 10/05/26	398,425	402,641
	Simon Property Group LP	Corporate Bond, 3.375% 6/15/27	350,164	345,177

Pension Plan of Wayne Memorial Hospital, Inc.

Schedule H, line 4i - Schedule of Assets (Held at End of Year) - December 31, 2024 EIN\PN: 56-1484844\001

(a)	(b) <i>Identity of issue, borrower, lessor, or similar party</i>	(c) <i>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</i>	(d) <i>Cost</i>	(e) <i>Current value</i>
	Simon Property Group LP	Corporate Bond, 3.800% 7/15/50	387,697	415,913
	Southern Cal Edison Co	Corporate Bond, 4.200% 6/01/25	140,037	139,619
	Southern Cal Edison Co	Corporate Bond, 4.875% 2/01/27	55,084	55,170
	Southern Cal Edison Co	Corporate Bond, 5.150% 6/01/29	99,401	100,585
	State Street Corp	Corporate Bond, Var Cpn 5/18/34	417,700	417,333
	Sunoco Logistics Partners	Corporate Bond, 3.900% 7/15/26	517,258	493,425
	Travelers Cos Inc	Corporate Bond, 4.050% 3/07/48	304,538	244,092
	Toyota Motor Credit Corp	Corporate Bond, 2.150% 2/13/30	419,843	420,614
	Trinity Health Corp	Corporate Bond, 2.632% 12/01/40	204,680	177,648
	Union Electric Co	Corporate Bond, 2.950% 6/15/27	346,339	341,148
	United Parcel Service	Corporate Bond, 3.750% 11/15/47	436,503	378,370
	Unitedhealth Group Inc	Corporate Bond, 4.625% 7/15/35	868,106	807,282
	US Bancorp	Corporate Bond, Var Cpn 7/22/28	460,930	461,196
	Verizon Communications	Corporate Bond, 4.016% 12/03/29	678,173	675,706
	Verizon Communications	Corporate Bond, 4.400% 11/01/34	368,953	291,838
	Vici Properties LP	Corporate Bond, 5.125% 11/15/31	149,490	146,319
	Virginia Elec & Power Co	Corporate Bond, 5.300% 08/15/33	171,553	174,129
	Vulcan Matls Co	Corporate Bond, 5.350% 12/01/34	39,956	39,879
	Walmart Inc	Corporate Bond, 4.050% 6/29/48	62,080	41,072
	Walmart Inc	Corporate Bond, 4.500% 9/09/52	321,228	309,659
	Wells Fargo & Company	Corporate Bond, 4.300% 7/22/27	857,996	818,894
	Avis Budget Rental Car Funding	ABS, 6.020% 02/20/30	439,827	456,205
	Barclays Commercial Mortgage	CMO Cl B, Var Cpn 11/15/56	278,219	297,227
	Benchmark Mortgage Trust	CMO Cl T33B, Var Cpn 9/15/48	293,598	158,556
	Benchmark Mortgage Trust	CMO, Var Cpn 9/15/48	202,504	130,475
	Black Diamond Clo Ltd	ABS, Var Cpn 11/22/34	325,000	325,000
	BMO Mortgage Trust	CMO, 6.160% 12/15/56	463,093	476,451
	Brean Asset Backed Securites	CMO, Var Cpn 01/25/63	269,108	276,943
	Brean Asset Backed Securites	CMO, Var Cpn 03/25/78	326,000	357,610
	CF Hippolyta Issuer LLC	ABS, 1.530% 3/15/61	174,320	165,295
	Credit Acceptance Auto Loan	ABS, 1.740% 12/16/30	194,258	193,923
	DB Master Finance LLC	ABS, 2.045% 11/20/51	223,100	211,173
	Drive Auto Receivables Trust	ABS, 4.940% 5/17/32	319,941	314,096
	Finance Amer Structured	CMO, 3.000% 02/23/53	142,007	151,512
	Finance Amer Structured	CMO, 3.000% 12/25/72	352,842	378,124
	FREMF Mortgage Trust	CMO, Var Cpn 8/25/50	343,377	318,830
	FREMF Mortgage Trust	CMO, Var Cpn 12/25/51	195,063	177,784
	JPMDB Commercial Mortgage	CMO, Var Cpn 3/15/50	764,531	721,560
	Katayma Clo Ltd	ABS, Var Cpn 10/20/36	485,000	485,000

Pension Plan of Wayne Memorial Hospital, Inc.

Schedule H, line 4i - Schedule of Assets (Held at End of Year) - December 31, 2024 EIN\PN: 56-1484844\001

(a)	(b) <i>Identity of issue, borrower, lessor, or similar party</i>	(c) <i>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</i>	(d) <i>Cost</i>	(e) <i>Current value</i>
	Magnetite Clo Ltd	ABS, Var Cpn 4/17/34	440,000	440,000
	Mill City Mortgage Trust	ABS, 3.250% 7/25/59	125,722	115,531
	Santander Drive Auto Rec	ABS, 4.490% 8/15/29	744,858	743,406
	Santander Drive Auto Rec	ABS, 5.000% 11/15/29	384,825	386,825
	Santander Drive Auto Rec	ABS, 8.140% 04/16/28	226,079	229,648
	Scott Trust	CMO, 5.909% 03/15/28	215,000	218,298
	SLG Office Trust	CMO, 2.585% 7/15/41	550,972	449,298
	Sound Point Clo Ltd	ABS, Var Cpn 10/20/30	530,418	530,000
	Westlake Automobile Rec	ABS, 5.480% 9/15/27	409,999	412,161
Total corporate bonds and asset-backed securities			60,952,664	56,110,511
U.S. government securities:				
	U.S. Treasury	U.S. Treasury Bonds 3.625% 5/15/53	1,092,089	1,092,944
	U.S. Treasury	U.S. Treasury Bonds 4.125% 8/15/44	359,524	334,839
	U.S. Treasury	U.S. Treasury Bonds 4.250% 11/15/34	379,962	374,967
	U.S. Treasury	U.S. Treasury Bonds 4.375% 8/15/43	1,460,912	1,491,358
	U.S. Treasury	U.S. Treasury Bonds 4.625% 5/15/54	255,640	223,468
	U.S. Treasury	U.S. Treasury Notes 3.500% 9/30/29	44,195	43,299
	U.S. Treasury	U.S. Treasury Notes 3.875% 8/15/34	1,024,827	969,178
	U.S. Treasury	U.S. Treasury Notes 4.000% 2/15/34	95,806	95,735
	U.S. Treasury	U.S. Treasury Notes 4.125% 3/31/29	148,559	148,525
	U.S. Treasury	U.S. Treasury Notes 4.125% 10/31/29	183,685	182,869
	U.S. Treasury	U.S. Treasury Notes 4.125% 11/30/29	439,979	437,968
	U.S. Treasury	U.S. Treasury Notes 4.500% 4/15/27	209,002	211,053
	U.S. Treasury	U.S. Treasury Notes 4.500% 11/15/33	287,470	278,732
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/43	465,524	479,304
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 8/15/43	1,703,723	1,246,560
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 5/15/44	1,508,182	865,513
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/45	500,940	507,836
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 5/15/45	1,409,961	770,969
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/45	361,305	279,504
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/46	445,976	386,355
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/46	1,309,695	847,612
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/47	191,386	197,112
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 5/15/47	170,893	156,106
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/47	1,426,509	793,450
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 8/15/48	588,990	396,825

Pension Plan of Wayne Memorial Hospital, Inc.

Schedule H, line 4i - Schedule of Assets (Held at End of Year) - December 31, 2024 EIN\PN: 56-1484844\001

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	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/48	605,810	391,466
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/49	161,810	163,653
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 8/15/49	791,820	495,737
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/49	135,805	129,555
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/50	1,043,092	496,620
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/51	401,632	335,827
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/51	873,181	683,547
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/52	162,549	159,372
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/52	218,962	156,792
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 8/15/53	167,977	144,683
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/54	271,877	253,676
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 8/15/54	2,809,258	2,426,195
Total U.S. government securities			23,708,507	18,649,204
Foreign bonds:				
	Aercap Irelnad Capital Ltd	3.000% 10/29/2021 DD 10/29/28	364,007	361,124
	Astrazeneca PLC	3.000% 05/28/2021 DD 05/28/51	146,095	134,050
	Bank of Nova Scotia	2.450% 01/10/2022 DD 02/02/32	479,048	459,058
	BHP Billiton Fin	4.900% 02/28/2023 DD 02/28/33	505,590	491,190
	BNP Paribas	Var Cpn 01/13/2020 DD 01/13/31	644,077	588,806
	Canadian National Railway	3.650% 02/06/2018 DD 02/03/48	346,770	338,238
	Enel Finance Intl NV	3.500% 10/06/2017 DD 04/06/28	420,844	390,521
	Manulife Financial Corp	Var Cpn 02/24/2017 DD 02/24/32	419,915	404,691
	Natwest Group PLC	Var Cpn 06/14/2021 DD 06/14/27	414,057	405,531
	Pfizer Invt Enterprises	5.300% 05/19/2023 DD 05/19/53	613,709	561,792
	Santander Uk Group Holdings	Var Cpn 08/21/2020 DD 08/21/26	139,183	141,682
	Statoil ASA	3.950% 05/15/2013 DD 05/15/43	428,767	385,029
	Sumitomo Mitsui Fin	5.520% 01/13/2023 DD 01/13/28	190,000	193,019
	Telefonica Emisiones	4.103% 03/08/2017 DD 03/08/27	165,056	153,529
	Toronto Dominion Bank	4.456% 06/08/2022 DD 06/08/32	280,299	284,262
	Total Energies Cap	4.724% 09/10/2024 DD 09/10/34	218,621	211,468
Total foreign bonds			5,776,038	5,503,990
Total Investments per Financial Statements and Form 5500			\$ 116,181,557	\$ 125,805,260

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan of Wayne Memorial Hospital, Inc.
EIN: 56-1484844 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the actuarial equivalence factors for survivor benefits and delayed retirement adjustments from the 2023 applicable rates and mortality to the 2024 applicable rates and mortality, both based on IRC Section 417(e)(3) and the preceding November rates.
- A change in the expected rate of return on plan assets from 6.00% as of January 1, 2023 to 5.75% as of January 1, 2024.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.