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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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

1a Name of plan
PENSION PLAN OF UNC HEALTH - WAYNE

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

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	Filed with authorized/valid electronic signature.	10/09/2026	DOUGLAS HARRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	CHERYL MARTIN
	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 ☐ 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

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: WAYNE MEMORIAL HOSPITAL, INC.

c Plan Name: PENSION PLAN OF WAYNE MEMORIAL HOSPITAL, INC.

4b EIN: 56-1484844

4d PN: 001

5	Total number of participants at the beginning of the plan year	**5**	924
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)**	203
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	193
b	Retired or separated participants receiving benefits	**6b**	513
c	Other retired or separated participants entitled to future benefits	**6c**	166
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	872
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	27
f	Total. Add lines **6d** and **6e**.	**6f**	899
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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ 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 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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 UNC HEALTH - WAYNE

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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	126510297
b Actuarial value	**2b**	126050920

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	537	99265652	99265652
b For terminated vested participants	179	8093229	8093229
c For active participants	203	22755506	22938257
d Total	919	130114387	130297138

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	36078
c Target normal cost	**6c**	36078

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

08/13/2026
Date

MITZI M. SILVERSTEIN
Type or print name of actuary

26-07184
Most recent enrollment number

AON CONSULTING, INC.
Firm name

336-748-1120
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	2667728
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	2667728
10	Interest on line 9 using prior year's actual return of 3.66 %	0	97639
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
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 5.11 %		0
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		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2765367

Part III Funding Percentages

14	Funding target attainment percentage	14	94.61 %
15	Adjusted funding target attainment percentage	15	94.61 %
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	100.02 %
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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ 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) ☐ Prescribed - combined ☒ Prescribed - separate ☐ 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	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ 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	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☐ Yes	☒ 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**	36078
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	7011585	653763
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**	689841

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	689841	689841

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. ☐ 2019 ☒ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN OF UNC HEALTH - WAYNE

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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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	INVESTMENT MANAGEMENT	157491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING INC.

22-2232264

(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?
11 50 65	ACTUARY	108870	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	INVESTMENT ADVISORY	76828	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

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	TRUSTEE	47452	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SHUMAKER LOOP

34-4439491

(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?
29 50	LEGAL	11644	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(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?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(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

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN OF UNC HEALTH - WAYNE

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WAYNE MEMORIAL HOSPITAL, INC.

D Employer Identification Number (EIN)
56-1484844

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)

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-0737797-187	C	36507013

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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN OF UNC HEALTH - WAYNE

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	705038	780355
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1303225	1341970
(2) U.S. Government securities	1c(2)	18649204	18461719
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	61614501	70820157
(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)	44238330	36507013
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	126510298	127911214
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	126510298	127911214

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)	112458	
(B) U.S. Government securities	2b(1)(B)	572026	
(C) Corporate debt instruments	2b(1)(C)	3032710	
(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)		3717194
(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)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2159410	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2159410

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5823066
(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		11699670
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9896437	
(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)		9896437
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)	234319	
(6) Bank or trust company trustee/custodial fees	2i(6)	47452	
(7) Actuarial fees	2i(7)	108870	
(8) Legal fees	2i(8)	11644	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	32	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		402317
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10298754
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1400916
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) [X] 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) [X] 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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 578518.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN OF UNC HEALTH - WAYNE

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 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** 3

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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
UNC Health - Wayne

Financial Statements and ERISA-Required Supplemental Schedules

Years Ended December 31, 2025 and 2024

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 UNC Health - Wayne

Financial Statements and ERISA-Required Supplemental Schedules

Years ended December 31, 2025 and 2024

Pension Plan of UNC Health - Wayne

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Independent Auditor's Report

To the Plan Administrator
Pension Plan of UNC Health - Wayne
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 UNC Health - Wayne (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, 2025 and 2024, 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 certifications from qualified institutions as of December 31, 2025 and 2024, 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 qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

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BDO is the brand name for the BDO network and for each of the BDO Member Firms.



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, 2025 and supplemental schedule H, line 4j—schedule of reportable transactions for the year ended December 31, 2025, 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 qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

Raleigh, North Carolina
October 2, 2026

Financial Statements

Pension Plan of UNC Health - Wayne

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value:		
Money market fund	**$ 1,341,970**	$ 1,303,225
Collective investment trust	**36,507,013**	44,238,330
Corporate bonds and asset-backed securities	**68,977,792**	56,110,511
U.S. government securities	**18,461,719**	18,649,204
Foreign bonds	**1,842,365**	5,503,990
Total investments, at fair value	**127,130,859**	125,805,260
Receivables-		
Accrued interest and dividends	**780,355**	705,038
Net assets available for benefits	**$ 127,911,214**	$ 126,510,298

See accompanying notes to financial statements.

Pension Plan of UNC Health - Wayne

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31,	**2025**	2024
Additions:		
Investment income:		
Interest and dividends	**$ 3,717,194**	$ 3,220,187
Net appreciation in fair value of investments	**7,982,476**	1,652,138
Total investment income	**11,699,670**	4,872,325
Deductions:		
Benefits paid to participants and beneficiaries	**9,896,437**	10,105,033
Administrative expenses	**402,317**	349,135
Total deductions	**10,298,754**	10,454,168
Net increase (decrease) in net assets available for benefits	**1,400,916**	(5,581,843)
Net assets available for benefits, beginning of year	**126,510,298**	132,092,141
Net assets available for benefits, end of year	**$ 127,911,214**	$ 126,510,298

See accompanying notes to financial statements.

1. Description of Plan

The following description of the Pension Plan of UNC Health - Wayne (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. In November 2025, the Plan's trustee and record-keeper changed from Truist Bank to Principal Bank. The Plan name was changed from the Pension Plan of Wayne Memorial Hospital, Inc. to the Pension Plan of UNC Health – Wayne effective December 18, 2025.

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. For the December 31, 2025 plan year, the Hospital elected to use a portion of the prefunding balance to satisfy the minimum funding requirement of $689,841, and did not make a cash contribution to the Plan. For the December 31, 2024 plan year, there was no minimum funding requirement and the Hospital did not make a cash contribution to the Plan.

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.

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.

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, 2025, and net appreciation in fair value of investments, interest and dividends and investment activity for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank, a qualified institution. Certain information related to investments disclosed in the accompanying financial statements, including investments held at December 31, 2024, and net appreciation in fair value of investments, interest and dividends and investment activity for the year ended December 31, 2024, 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, 2025 or 2024. 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.

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:

December 31, 2025	**Total**	**Level 1**	**Level 2**	**Level 3**
Money market fund	**$ 1,341,970**	**$ 1,341,970**	**$ -**	**$ -**
Collective investment trust	**36,507,013**	**-**	**36,507,013**	**-**
Corporate bonds and asset-backed securities	**68,977,792**	**-**	**68,977,792**	**-**
U.S. government securities	**18,461,719**	**18,461,719**	**-**	**-**
Foreign bonds	**1,842,365**	**-**	**1,842,365**	**-**
Total investments at fair value	**$ 127,130,859**	**$ 19,803,689**	**$ 107,327,170**	**$ -**

December 31, 2024	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	$ -

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, 2024 were as follows:

Assumption	
Mortality table	Pri-2012 mortality table using scale MP-2021 for December 31, 2024 and 2023
Discount rate	6.25% and 5.75% for December 31, 2024 and 2023, 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, 2025. 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:

December 31,	*2024*
Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits:	
Participants currently receiving payments	$ 93,404,411
Other participants	27,714,301
Total Vested Benefit	121,118,712
Non-Vested Benefits	182,334
Total Actuarial Present Value of Accumulated Plan Benefits	$ 121,301,046

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

Year ended December 31,	*2024*
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$ 130,207,322
Increase (decrease) during the year attributable to:	
Assumption and other changes	(6,001,705)
Interest accumulation	7,200,462
Benefits paid	(10,105,033)
Net Decrease	(8,906,276)
Actuarial Present Value of Accumulated Plan Benefits, end of year	$ 121,301,046

The December 31, 2024 actuarial present value of accumulated benefits includes the effect of the change in discount rate from 5.75% to 6.25%.

6. Related Party and Party-In-Interest Transactions

Certain Plan investments are in funds and accounts that are managed by Principal Bank and 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.

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, 2025 and 2024, 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, 2025.

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 2, 2026, the date the financial statements were available to be issued.

ERISA-Required Supplemental Schedules

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan of UNC Health - Wayne
EIN: 56-1484844 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

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		11	1		3	3				
45-49		11	5		2	14	3			
50-54		9	4	2	5	15	14	4		
55-59		11	5	1		17	9	5	1	
60-64	1	3	1	3	3	10	11	6	2	
65-69		2	1	2	1		1			1
70+										

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Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan of UNC Health - Wayne
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 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
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	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
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.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan of UNC Health - Wayne
EIN: 56-1484844 PN: 001

Valuation Compensation	N/A
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
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	
2023 Plan Year	6.00%
2024 Plan Year	5.75% limited to 5.59%
2025 Plan Year	6.25% limited to 5.50%
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, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan of UNC Health - Wayne
EIN: 56-1484844 PN: 001

Table 1

Retirement Rates

	Years of Service	
Age	**<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%

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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

1a Name of plan
PENSION PLAN OF UNC HEALTH - WAYNE

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

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	Douglas B Harrison	10/9/26	DOUGLAS HARRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Cheryl Martin	10/9/26	CHERYL MARTIN
	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

Pension Plan of UNC Health - Wayne

Schedule H, Line 4j - Schedule of Reportable Transactions - Year Ended December 31, 2025

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 (i) - Single Transaction:								
Federated Hermes	Treasury Obligations Fund	$ 9,665,000	$ -	$ -	$ -	$ 9,665,000	$ 9,665,000	$ -
Federated Hermes	Treasury Obligations Fund	-	9,665,000	-	-	9,665,000	9,665,000	-
Federated Hermes	Treasury Obligations Fund	7,170,000	-	-	-	7,170,000	7,170,000	-
Federated Hermes	Treasury Obligations Fund	-	7,394,250	-	-	7,394,250	7,394,250	-
Great Gray	Collective Investment Trust DB Growth Portfolio Inst	-	9,665,000	-	-	5,459,233	9,665,000	4,205,767
Total Category (i)		$ 16,835,000	$ 26,724,250	$ -	$ -	$ 39,353,483	$ 43,559,250	$ 4,205,767
Category (ii) - Series of Transactions by Broker:								
Dominion Energy Gas	Corporate Bond, 5.800% 1/5/35	$ 89,744	$ -	$ -	$ -	$ 89,744	$ 89,744	$ -
Simon Property Group LP	Corporate Bond, 3.375% 6/15/27	-	43,706	-	-	44,400	43,706	(694)
Dominion Energy Gas	Corporate Bond, 5.800% 1/5/35	188,267	-	-	-	188,267	188,267	-
Alexandria Real	Corporate Bond, 2.950% 3/15/34	441,027	-	-	-	441,027	441,027	-
Cigna Corp	Corporate Bond, 2.400% 3/15/30	101,406	-	-	-	101,406	101,406	-
Kimco Realty Corp	Corporate Bond, 6.400% 3/1/34	346,505	-	-	-	346,505	346,505	-
Abbvie Inc	Corporate Bond, 5.050% 3/15/34	109,168	-	-	-	109,168	109,168	-
Houston Gall CMO V-M	Corporate Bond, 5.461 2/5/45	255,000	-	-	-	255,000	255,000	-
U.S. Treasury	U.S. Treasury Strips Zero Cpn 8/15/53	-	135,882	-	-	161,469	135,882	(25,587)
U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/54	-	242,376	-	-	265,941	242,376	(23,565)
Irv Trust CMO V-M	Corporate Bond, 5.730% 3/14/47	390,000	-	-	-	390,000	390,000	-
BHP Billiton Fin	Corporate Bond, 4.900% 2/28/33	-	49,268	-	-	51,180	49,268	(1,912)
Abbvie Inc	Corporate Bond, 5.200% 3/15/35	144,793	-	-	-	144,793	144,793	-

(Continued)

Pension Plan of UNC Health - Wayne

Schedule H, Line 4j - Schedule of Reportable Transactions - Year Ended December 31, 2025

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
U.S. Treasury	U.S. Treasury Notes 4.500% 4/15/27	-	210,927	-	-	209,057	210,927	1,870
Walmart Inc.	Corporate Bond, 4.050% 6/29/48	141,817	-	-	-	141,817	141,817	-
GA Global Funding Tr	Corporate Bond, 5.500% 4/1/32	94,951	-	-	-	94,951	94,951	-
U.S. Treasury	U.S. Treasury Strips Zero Cpn 8/15/50	329,373	-	-	-	329,373	329,373	-
Sumitomo Mitsui Fin	Corporate Bond, 5.520% 1/13/28	-	41,080	-	-	40,000	41,080	1,080
U.S. Treasury	U.S. Treasury Notes 4.625% 2/15/235	-	56,762	-	-	56,839	56,762	(77)
Norfolk Southern Corp	Corporate Bond, 5.100% 5/1/35	54,907	-	-	-	54,907	54,907	-
Ventas Realty Ltd	Corporate Bond, 5.100% 7/15/32	99,391	-	-	-	99,391	99,391	-
Siemens Funding BV	Corporate Bond, 5.900% 5/28/65	163,701	-	-	-	163,701	163,701	-
Anheuser-Busch	Corporate Bond, 5.450% 1/23/39	85,884	-	-	-	85,884	85,884	-
U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/53	223,888	-	-	-	223,888	223,888	-
Plains All American Pip	Corporate Bond, 4.700% 1/15/31	59,919	-	-	-	59,919	59,919	-
U.S. Treasury	U.S. Treasury Notes 4.250% 11/15/35	-	218,208	-	-	210,246	218,208	7,962
U.S. Treasury	U.S. Treasury Notes 3.500% 9/30/27	-	19,963	-	-	19,979	19,963	(16)
U.S. Treasury	U.S. Treasury Notes 4.250% 1/31/30	-	153,891	-	-	149,320	153,891	4,571
U.S. Treasury	U.S. Treasury Notes 3.875% 4/30/30	-	111,250	-	-	109,583	111,250	1,667
U.S. Treasury	U.S. Treasury Notes 4.625% 2/15/55	-	222,810	-	-	209,069	222,810	13,741
Houston Gall CMO V-M	Corporate Bond, 5.462% 2/5/45	-	265,190	-	-	255,000	265,190	10,190
U.S. Treasury	U.S. Treasury Notes 4.250% 8/15/35	632,837	-	-	-	632,837	632,837	-
U.S. Treasury	U.S. Treasury Bonds 4.625% 5/15/54	-	107,796	-	-	122,219	107,796	(14,423)
Toronto-Dom Mtn Conv	Corporate Bond, 4.456% 6/8/32	-	60,015	-	-	56,285	60,015	3,730

(Continued)

Pension Plan of UNC Health - Wayne

Schedule H, Line 4j - Schedule of Reportable Transactions - Year Ended December 31, 2025

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
Texas Instruments	Corporate Bond, 3.875% 3/15/39	31,234		-	-	31,234	31,234	-
Toronto-Dom Mtn Conv	Corporate Bond, 4.456% 6/8/32	-	59,863	-	-	56,456	59,863	3,407
U.S. Treasury	U.S. Treasury Notes 4.250% 8/15/35	40,425	-	-	-	40,425	40,425	-
U.S. Treasury	U.S. Treasury Bonds 4.750% 8/15/55	225,519	-	-	-	225,519	225,519	-
U.S. Treasury	U.S. Treasury Notes 4.625% 2/15/55	-	47,067	-	-	46,043	47,067	1,024
U.S. Treasury	U.S. Treasury Strips Zero Cpn 5/15/49	230,018	-	-	-	230,018	230,018	-
U.S. Treasury	U.S. Treasury Strips Zero Cpn 5/15/46	916,682	-	-	-	916,682	916,682	-
U.S. Treasury	U.S. Treasury Bonds 4.750% 8/15/55	311,924	-	-	-	311,924	311,924	-
U.S. Treasury	U.S. Treasury Notes 3.625% 11/30/30	543,813	-	-	-	543,813	543,813	-
Oracle Corp	Corporate Bond, 4.800% 8/3/28	215,486	-	-	-	215,486	215,486	-
Total Category (ii)		$ 6,467,679	$ 2,046,054	$ -	$ -	$ 8,530,765	$ 8,513,733	$ (17,032)
Category (iii) - Series of Transactions by Issue:								
Federated Hermes	Treasury Obligations Fund	$ 46,866,178	$ -	$ -	$ -	$ 46,866,178	$ 46,866,178	$ -
Federated Hermes	Treasury Obligations Fund	-	48,169,398	-	-	48,169,398	48,169,398	-
Great Gray	Collective Inv Trust DB Growth Portfolio Instl Cl	-	13,554,386	-	-	7,505,969	13,554,386	6,048,417
Total Category (iii)		$ 46,866,178	$ 61,723,784	$ -	$ -	$ 102,541,545	$ 108,589,962	$ 6,048,417

There were no category (iv) transactions for the year ended December 31, 2025.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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 UNC HEALTH - WAYNE

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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	126,510,297
b Actuarial value	**2b**	126,050,920

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	537	99,265,652	99,265,652
b For terminated vested participants	179	8,093,229	8,093,229
c For active participants	203	22,755,506	22,938,257
d Total	919	130,114,387	130,297,138

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	36,078
c Target normal cost	**6c**	36,078

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 MMS
Signature of actuary

08/13/2026
Date

MITZI M. SILVERSTEIN
Type or print name of actuary

2607184
Most recent enrollment number

AON CONSULTING, INC.
Firm name

336-748-1120
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	2,667,728
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	2,667,728
10	Interest on line 9 using prior year's actual return of 3.66%	0	97,639
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.11%		0
	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		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2,765,367

Part III Funding Percentages

14	Funding target attainment percentage	14	94.61%
15	Adjusted funding target attainment percentage	15	94.61%
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	100.02%
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 [X] 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ 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) ☐ Prescribed - combined ☒ Prescribed - separate ☐ 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. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ 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. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ 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**	36,078
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	7,011,585	653,763
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**	689,841

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	689,841	689,841

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. ☐ 2019 ☒ 2020 ☐ 2021

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan of UNC Health - Wayne
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	32.66%	30.58	1681.68
56	14.30%	10.28	575.74
57	13.55%	9.82	559.95
58	12.09%	8.41	487.78
59	15.30%	10.41	613.99
60	20.59%	14.30	857.88
61	30.42%	18.85	1149.95
62	33.78%	19.24	1193.00
63	33.61%	15.65	985.67
64	48.56%	16.88	1080.28
65	50.00%	11.38	739.70
66	40.42%	5.37	354.68
67	39.96%	3.14	210.70
68	38.98%	2.61	177.37
69	36.46%	1.84	127.00
70	100.00%	3.18	222.59
	Total	181.94	11017.94
	Weighted Average		60.56

Schedule SB, Part V — Summary of Plan Provisions

General Information

Original Effective Date	January 1, 1967
Effective Date of Last Amendment	January 1, 2025
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.

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.

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.

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.

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.

(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.

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.

The name of the pension plan was changed from Pension Plan of Wayne Memorial Hospital, Inc. to Pension Plan of UNC Health – Wayne in the 2025 restated plan document.

Pension Plan of UNC Health - Wayne

Schedule H, line 4i – Schedule of Assets (Held at End of Year) – December 31, 2025

EIN\PN: 56-1484844\001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Money market fund:				
	Allspring	Treasury Plus Money Market Fund Inst	$ 1,341,970	**$ 1,341,970**
Collective investment trust:				
	Great Gray	Collective Investment Trust DB Growth Portfolio Instl Cl	16,935,154	**36,507,013**
Corporate bonds and asset-backed securities:				
	Abbvie Inc	Corporate Bond, 5.200% 3/15/35	349,235	**361,970**
	Aercap Irelnad Capital Ltd	Corporate Bond, 3.000% 10/29/28	370,216	**378,101**
	Alexandria Real Esta	Corporate Bond, 2.950% 3/15/34	448,514	**458,110**
	Allstate Corp	Corporate Bond, 4.200% 12/15/46	567,298	**510,445**
	Alphabet Inc	Corporate Bond, 2.300% 5/15/65	320,569	**305,656**
	Amazon.com Inc	Corporate Bond, 2.500% 6/03/50	924,801	**630,552**
	Ameren Illinois Co	Corporate Bond, 3.700% 12/01/47	552,594	**381,295**
	American Electric Power	Corporate Bond, 5.750% 11/01/27	199,354	**206,150**
	American Express Co	Corporate Bond, Var Cpn 7/27/29	413,750	**422,275**
	American Honda Fin Corp	Corporate Bond, 5.800% 10/04/30	128,859	**132,703**
	American Honda Finance	Corporate Bond, 4.400% 9/05/29	234,718	**237,373**
	American Tower Corp	Corporate Bond, 2.750% 1/15/27	259,794	**256,555**
	American Tower Corp	Corporate Bond, 1.875% 10/15/30	435,926	**446,625**
	Amgen Inc	Corporate Bond, 2.300% 2/25/31	427,120	**444,298**
	Amphenol Corp	Corporate Bond, 5.300% 11/15/55	296,265	**286,593**
	Anheuser-Busch Inbev	Corporate Bond, 5.450% 1/23/39	849,037	**879,963**
	Anthem Inc	Corporate Bond, 4.100% 5/15/32	430,023	**433,007**
	Apple Inc	Corporate Bond, 4.375% 5/13/45	1,177,404	**1,011,818**
	Ares Capital Corp	Corporate Bond, 7.000% 1/15/27	200,004	**199,795**
	Arthur J Gallagher & Co	Corporate Bond, 5.150% 2/15/35	295,308	**303,140**
	Astrazeneca PLC	Corporate Bond, 3.000% 5/28/51	147,154	**137,897**
	AT&T Inc	Corporate Bond, 4.900% 11/01/35	379,191	**375,310**
	Avalonbay Cmntys Inc	Corporate Bond, 5.350% 6/01/34	711,926	**732,467**
	Bank of America	Corporate Bond, Var Cpn 6/14/29	509,227	**531,322**
	Berkshire Hathaway	Corporate Bond, 4.300% 5/15/43	284,529	**244,480**
	Black Diam Abs V-q	Corporate Bond, 5.107% 11/22/34	325,000	**324,959**
	Blackstone Private Credit Fund	Corporate Bond, 2.625% 12/15/26	429,824	**437,172**
	Bmo Mort Cmo V-m	Corporate Bond, 6.195% 6/15/58	241,940	**250,917**
	BNP Paribas	Corporate Bond, Var Cpn 1/13/31	646,339	**624,829**
	Bodton Gas Company	Corporate Bond, 3.001% 8/01/29	420,695	**420,460**
	Borgwarner Inc	Corporate Bond, 4.950% 8/15/29	433,985	**439,963**
	BP Cap Markets	Corporate Bond, 2.939% 6/04/51	164,882	**114,530**
	BP Cap Mkts America Inc	Corporate Bond, 2.721% 1/12/32	582,550	**582,893**
	Branch Bkg & Trust	Corporate Bond, Var Cpn 9/17/29	482,133	**486,504**
	Brean Asset Back Cmo	Corporate Bond, 4.250% 10/25/65	246,521	**246,490**
	Brean Asset Cmo V-m	Corporate Bond, 4.500% 7/25/65	399,600	**405,239**
	Brean Asset Cmo V-m	Corporate Bond, 4.750% 5/25/65	210,958	**216,449**
	Burlington Northern Santa Fe	Corporate Bond, 5.150% 9/01/43	624,382	**576,127**
	Cameron Lng LLC	Corporate Bond, 2.902% 7/15/31	481,680	**471,352**
	Canadian National Railway	Corporate Bond, 3.650% 2/03/48	348,940	**342,189**
	Capital One Financial Co	Corporate Bond, Var Cpn 5/10/28	591,920	**596,950**
	Centerpoint Energy Resources	Corporate Bond, 1.750% 10/01/30	480,300	**472,156**

Pension Plan of UNC Health - Wayne

Schedule H, line 4i – Schedule of Assets (Held at End of Year) – December 31, 2025

EIN\PN: 56-1484844\001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Chubb Ina Hldgs Inc	Corporate Bond, 5.000% 3/15/34	358,590	**363,112**
	Cigna Corp	Corporate Bond, 2.400% 3/15/30	373,034	**373,092**
	Cisco Systems Inc	Corporate Bond, 5.050% 2/26/34	59,939	**61,743**
	Cisco Systems Inc	Corporate Bond, 5.500% 1/15/40	611,705	**528,605**
	Citigroup Inc	Corporate Bond, Var Cpn 1/29/31	616,723	**599,066**
	Comcast Corp	Corporate Bond, 4.250% 1/15/33	697,254	**699,148**
	Comcast Corp	Corporate Bond, 3.400% 7/15/46	705,979	**580,617**
	Commonwealth Edison	Corporate Bond, 3.700% 3/01/45	548,392	**449,834**
	Conagra Brands Inc	Corporate Bond, 1.375% 11/01/27	933,782	**931,706**
	Conoco Phillips	Corporate Bond, 5.300% 5/15/53	363,017	**344,674**
	Cons Edison Co of NY	Corporate Bond, 4.450% 3/15/44	538,878	**477,719**
	Consumers Energy Co	Corporate Bond, 5.050% 5/15/35	59,779	**61,037**
	Corebridge Financial Inc	Corporate Bond, Var Cpn 12/15/52	587,919	**593,943**
	Corporate Office Prop LP	Corporate Bond, 2.000% 1/15/29	449,343	**462,310**
	Cps Auto Trust Abs	Corporate Bond, 5.140% 1/15/31	362,263	**366,456**
	Cps Auto Trust Abs	Corporate Bond, 6.440% 7/15/31	451,880	**455,832**
	CVS Health Corp	Corporate Bond, 1.750% 8/21/30	399,814	**421,905**
	Dell Intl LLC	Corporate Bond, 4.750% 4/01/28	50,034	**50,712**
	Dominion Energy Gas	Corporate Bond, 5.800% 1/15/35	486,810	**506,822**
	Drive Auto Rece Abs	Corporate Bond, 6.040% 6/16/29	212,677	**214,714**
	DTE Electric Co	Corporate Bond, 2.950% 3/01/50	659,882	**488,592**
	Duke Energy Indiana LLC	Corporate Bond, 3.750% 5/15/46	527,432	**432,362**
	Duke Energy Indiana LLC	Corporate Bond, 4.300% 3/15/28	242,292	**251,348**
	Eli Lilly & Co	Corporate Bond, 3.950% 3/15/49	236,947	**237,094**
	Emerson Electric Co	Corporate Bond, 5.250% 11/15/39	118,619	**117,301**
	Enel Finance Intl NV	Corporate Bond, 3.500% 4/06/28	601,789	**592,002**
	Energy Transfer LP	Corporate Bond, 6.400% 12/01/30	212,337	**216,042**
	Entergy Texas Inc	Corporate Bond, 5.250% 4/15/35	373,414	**384,604**
	Enterprise Prods Ope	Corporate Bond, 4.600% 1/15/31	304,439	**308,748**
	Epr Properties	Corporate Bond, 4.750% 12/15/26	45,014	**45,130**
	Eversource Energy	Corporate Bond, 2.900% 3/1/27	134,893	**138,057**
	Exxon Mobile Corporation	Corporate Bond, 3.095% 8/16/49	209,228	**198,053**
	Florida Power & Light	Corporate Bond, 5.250% 2/01/41	249,259	**219,220**
	Florida Power & Light	Corporate Bond, 4.050% 10/01/44	274,373	**187,416**
	Ga Global Funding Tr	Corporate Bond, 5.500% 4/01/32	135,324	**137,986**
	General Dynamics Co	Corporate Bond, 4.250% 4/01/40	643,647	**627,768**
	General Motors Financial Co	Corporate Bond, 4.300% 4/6/29	656,736	**693,589**
	Goldman Sachs Group Inc	Corporate Bond, Var Cpn 1/27/32	543,165	**564,115**
	Haleon US Capital LLC	Corporate Bond, 3.625% 3/24/32	725,439	**737,250**
	Hca Inc	Corporate Bond, 5.200% 6/01/28	442,038	**450,815**
	Home Depot Inc	Corporate Bond, 4.500% 12/06/48	818,336	**625,856**
	Honeywell International	Corporate Bond, 5.250% 3/01/54	431,438	**406,393**
	Hyundai Capital America	Corporate Bond, 5.680% 6/26/28	615,099	**629,636**
	Intercontinental Exchange	Corporate Bond, 2.650% 9/15/40	548,597	**453,953**
	Irv Trust Cmo V-m	Corporate Bond, 5.730% 3/14/47	390,000	**395,792**
	John Deere Capital Corp	Corporate Bond, 5.050% 6/12/34	417,088	**433,835**
	Johnson & Johnson	Corporate Bond, 3.550% 3/01/36	190,067	**193,160**
	Johnson & Johnson	Corporate Bond, 3.500% 1/15/48	462,298	**369,221**

Pension Plan of UNC Health - Wayne

Schedule H, line 4i – Schedule of Assets (Held at End of Year) – December 31, 2025

EIN\PN: 56-1484844\001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	JP Morgan Chase & Co	Corporate Bond, Var Cpn 7/24/38	1,048,403	**974,070**
	Kimberly-Clark Corp	Corporate Bond, 3.900% 5/04/47	155,734	**153,174**
	Kimco Realty Corp	Corporate Bond, 2.800% 10/01/26	197,714	**198,264**
	Kimco Realty Corp	Corporate Bond, 6.400% 3/01/34	449,958	**474,372**
	Kinder Morgan Inc	Corporate Bond, 5.100% 8/01/29	427,848	**431,882**
	Lockheed Martin Corp	Corporate Bond, 4.090% 9/15/52	87,316	**87,179**
	Lpl Holdings Inc	Corporate Bond, 5.200% 3/15/30	436,113	**445,149**
	Manuf & Traders Trust Co	Corporate Bond, 3.400% 8/17/27	793,209	**785,206**
	Manulife Financial Corp	Corporate Bond, Var Cpn 2/24/32	558,610	**558,152**
	Mars Inc	Corporate Bond, 5.800% 5/01/65	254,441	**260,905**
	Met Life Glob Funding	Corporate Bond, 3.050% 6/17/29	160,176	**154,125**
	Microsoft Corp	Corporate Bond, 2.921% 3/17/52	1,078,830	**645,214**
	Midamerican Energy Co	Corporate Bond, 4.800% 9/15/43	259,362	**213,695**
	Midamerican Energy Co	Corporate Bond, 4.250% 7/15/49	247,277	**245,706**
	Morgan Stanley	Corporate Bond, Var Cpn 4/28/32	251,518	**254,434**
	Motorola Solutions Inc	Corporate Bond, 5.400% 4/15/34	440,424	**454,362**
	Mplx lp Sr Glbl	Corporate Bond, 5.400% 4/01/35	230,409	**236,502**
	National Rural Util Coop	Corporate Bond, 3.700% 3/15/29	741,018	**740,655**
	National Rural Util Coop	Corporate Bond, 5.800% 1/15/33	161,493	**166,197**
	Natwest Group PLC	Corporate Bond, Var Cpn 6/14/27	420,807	**420,368**
	Nevada Power Co	Corporate Bond, 3.700% 5/01/29	345,999	**344,736**
	New York Life Insurance	Corporate Bond, 3.750% 5/15/50	520,963	**400,243**
	Norfolk Southn Corp	Corporate Bond, 5.100% 5/01/35	54,907	**56,175**
	Nstar Electric Co	Corporate Bond, 5.200% 3/01/35	139,582	**142,905**
	Oge Energy Corp	Corporate Bond, 5.450% 5/15/29	358,984	**362,499**
	Omnicom Group	Corporate Bond, 2.600% 8/01/31	506,552	**517,127**
	Oncor Electric Delivery	Corporate Bond, 3.800% 6/01/49	829,116	**622,174**
	Oracle Corp	Corporate Bond, 6.500% 4/15/38	438,424	**392,496**
	Oracle Corp	Corporate Bond, 4.800% 8/03/28	215,486	**216,071**
	O'Reilly Automotive Inc	Corporate Bond, 1.750% 3/15/31	483,630	**468,901**
	P/p Delta Air Lines/	Corporate Bond, 4.750% 10/20/28	473,486	**472,853**
	Pacific Gas & Electric	Corporate Bond, 3.000% 6/15/28	406,636	**416,945**
	Pagaya Ai Debt Abs	Corporate Bond, 5.064% 5/15/33	910,000	**910,073**
	Pagaya Point Abs	Corporate Bond, 5.861% 1/20/34	460,000	**462,516**
	Paypal Hldgs Inc	Corporate Bond, 5.150% 6/01/34	266,564	**271,771**
	Pepsico Inc	Corporate Bond, 2.875% 10/15/49	215,609	**213,762**
	Philip Morris Intl Inc	Corporate Bond, 4.750% 11/01/31	496,769	**515,630**
	Plains All Amern Pip	Corporate Bond, 4.700% 1/15/31	179,875	**181,015**
	PNC Bank	Corporate Bond, 4.050% 7/26/28	696,214	**685,993**
	Prologis LP	Corporate Bond, 5.000% 3/15/34	695,386	**712,936**
	Prudential Financial Inc	Corporate Bond, 3.000% 3/10/40	157,066	**116,675**
	Public Service Co	Corporate Bond, 5.150% 9/15/35	232,981	**233,050**
	Public Service Electric & Gas	Corporate Bond, 4.050% 5/01/48	109,319	**88,645**
	Public Service Electric & Gas	Corporate Bond, 3.950% 5/01/42	593,226	**525,850**
	Realty Income Corp	Corporate Bond, 5.125% 4/15/35	172,569	**178,005**
	Santander Holdings USA	Corporate Bond, 3.244% 10/05/26	407,243	**412,427**
	Simon Property Group LP	Corporate Bond, 3.800% 7/15/50	285,571	**311,740**
	Southern Cal Edison Co	Corporate Bond, 4.875% 2/01/27	55,051	**55,354**

Pension Plan of UNC Health - Wayne

Schedule H, line 4i – Schedule of Assets (Held at End of Year) – December 31, 2025

EIN\PN: 56-1484844\001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Southern Cal Edison Co	Corporate Bond, 5.150% 6/01/29	199,715	**204,364**
	Southwest Airlines	Corporate Bond, 5.125% 6/15/27	141,074	**141,763**
	State Street Corp	Corporate Bond, Var Cpn 5/18/34	250,014	**258,460**
	Statoil ASA	Corporate Bond, 3.950% 5/15/43	429,842	**395,157**
	Sunoco Logistics Partners	Corporate Bond, 3.900% 7/15/26	507,472	**499,570**
	T Mobile Usa Inc	Corporate Bond, 5.125% 5/15/32	99,882	**102,907**
	T Mobile Usa Inc	Corporate Bond, 5.150% 4/15/34	335,441	**347,558**
	T Mobile Usa Inc	Corporate Bond, 4.350% 1/15/29	94,941	**95,264**
	Telefonica Emisiones	Corporate Bond, 4.103% 3/08/27	161,480	**155,906**
	Texas Instruments In	Corporate Bond, 3.875% 1/15/39	223,599	**223,093**
	Toyota Motor Credit Corp	Corporate Bond, 2.150% 2/13/30	430,064	**445,219**
	Transcanada Pipeline	Corporate Bond, 4.100% 4/15/30	360,290	**365,764**
	Travelers Cos Inc	Corporate Bond, 4.050% 3/07/48	304,430	**247,666**
	Trinity Health Corp	Corporate Bond, 2.632% 12/01/40	206,653	**186,102**
	United Parcel Service	Corporate Bond, 3.750% 11/15/47	603,139	**552,902**
	Unitedhealth Group Inc	Corporate Bond, 4.625% 7/15/35	1,038,026	**1,020,313**
	Ventas Rlty Ltd	Corporate Bond, 5.100% 7/15/32	218,751	**226,138**
	Verizon Communications	Corporate Bond, 4.400% 11/01/34	714,504	**665,726**
	Vici Properties LP	Corporate Bond, 5.125% 11/15/31	288,052	**293,779**
	Virginia Elec & Power Co	Corporate Bond, 5.300% 8/15/33	446,105	**467,154**
	Vr Bank Of America	Corporate Bond, 2.276% 6/19/41	442,420	**460,831**
	Vr Goldman Sachs Gro	Corporate Bond, 4.017% 10/31/38	312,304	**310,224**
	Vr Us Bancorp	Corporate Bond, 2.215% 1/27/28	478,525	**481,254**
	Walmart Inc	Corporate Bond, 4.050% 6/29/48	358,019	**342,002**
	Walmart Inc	Corporate Bond, 4.500% 9/09/52	321,685	**312,666**
	Welltower Inc	Corporate Bond, 2.800% 6/01/31	141,580	**148,210**
	Westlake Automo Abs	Corporate Bond, 5.080% 5/15/31	309,992	**312,424**
	Williams Cos Inc	Corporate Bond, 4.625% 6/30/30	59,952	**60,587**
	Zayo Issuer LLC Abs	Corporate Bond, 5.570% 10/20/55	255,000	**254,383**
	Barclays Commercial Mortgage	CMO, Var Cpn 11/15/56	277,962	**297,332**
	Benchmark Mortgage Trust	CMO, Var Cpn 9/15/48	201,978	**142,948**
	BMO Mortgage Trust	CMO, 6.160% 12/15/56	462,685	**482,522**
	Brean Asset Backed Securities	CMO, Var Cpn 1/25/63	254,213	**267,572**
	Brean Asset Backed Securities	CMO, Var Cpn 3/25/78	326,000	**379,731**
	CF Hippolyta Issuer LLC	ABS, 1.530% 3/15/61	172,263	**139,080**
	DB Master Finance LLC	ABS, 2.045% 11/20/51	220,800	**216,585**
	Drive Auto Receivables Trust	ABS, 4.940% 5/17/32	319,941	**322,634**
	Finance Amer Structured	CMO, 3.000% 2/23/53	132,692	**144,944**
	Finance Amer Structured	CMO, 3.000% 12/25/72	324,360	**356,829**
	FREMF Mortgage Trust	CMO, Var Cpn 8/25/50	343,030	**328,253**
	FREMF Mortgage Trust	CMO, Var Cpn 12/25/51	195,063	**186,044**
	JPMDB Commercial Mortgage	CMO, Var Cpn 3/15/50	764,531	**734,392**
	Mill City Mortgage Trust	ABS, 3.250% 7/25/59	125,659	**118,984**
	Scott Trust	CMO, 5.909% 3/15/28	215,000	**220,624**
	SLG Office Trust	CMO, 2.585% 7/15/41	550,009	**478,290**
	Total corporate bonds and asset-backed securities		71,828,472	**68,977,792**

Pension Plan of UNC Health - Wayne

Schedule H, line 4i – Schedule of Assets (Held at End of Year) – December 31, 2025

EIN\PN: 56-1484844\001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
U.S. government securities:				
	U.S. Treasury	U.S. Treasury Bonds 3.625% 5/15/53	330,690	**327,220**
	U.S. Treasury	U.S. Treasury Bonds 4.375% 8/15/43	428,386	**444,169**
	U.S. Treasury	U.S. Treasury Bonds 4.625% 2/15/35	102,371	**103,801**
	U.S. Treasury	U.S. Treasury Bonds 4.625% 5/15/54	94,073	**81,863**
	U.S. Treasury	U.S. Treasury Bonds 4.625% 11/15/44	166,547	**166,586**
	U.S. Treasury	U.S. Treasury Bonds 4.750% 5/15/55	577,481	**560,116**
	U.S. Treasury	U.S. Treasury Bonds 4.750% 8/15/55	537,442	**530,890**
	U.S. Treasury	U.S. Treasury Bonds 5.000% 5/15/45	273,598	**277,171**
	U.S. Treasury	U.S. Treasury Notes 3.500% 11/30/30	543,885	**544,456**
	U.S. Treasury	U.S. Treasury Notes 4.000% 11/15/35	573,975	**571,665**
	U.S. Treasury	U.S. Treasury Notes 4.250% 8/15/35	1,464,719	**1,460,426**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 5/15/44	1,997,868	**1,361,965**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/45	527,164	**532,868**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 5/15/45	1,439,091	**806,917**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/45	375,321	**291,624**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/46	445,976	**403,133**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/46	1,309,695	**882,173**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/47	191,386	**205,212**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 5/15/47	170,893	**162,221**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/47	1,461,914	**823,475**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 8/15/48	588,991	**412,633**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/48	605,810	**405,827**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 8/15/49	485,261	**304,050**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/49	501,407	**501,795**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/50	1,065,309	**507,078**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/51	401,632	**341,879**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/51	398,080	**331,869**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/52	170,562	**159,246**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/52	609,817	**508,140**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 8/15/54	2,330,219	**1,853,082**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 2/15/48	225,983	**232,547**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 5/15/49	230,018	**219,535**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 8/15/53	365,406	**336,419**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/54	772,426	**698,168**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 5/15/46	920,953	**881,144**
	U.S. Treasury	U.S. Treasury Strips Zero Cpn 11/15/43	231,522	**230,356**
	Total U.S. government securities		22,915,871	**18,461,719**
Foreign bonds:				
	BHP Billiton Fin	4.900% 2/2823 DD 2/28/33	453,661	**459,176**
	Pfizer Invt Enterprises	5.300% 5/19/23 DD 5/19/53	712,339	**667,550**
	Siemens Funding Bv	5.900% 5/28/25 DD 5/28/65	387,669	**392,861**
	Total Energies Cap	4.724% 9/10/24 DD 9/10/34	315,209	**322,778**
	Total foreign bonds		1,868,878	**1,842,365**
	Total Investments per Financial Statements and Form 5500		$ 114,890,345	$ **127,130,859**

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan of UNC Health - Wayne
EIN: 56-1484844 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 7,011,585	January 1, 2025	15	$ 653,763

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 2024 applicable rates and mortality to the 2025 applicable rates and mortality, both based on IRC Section 417(e)(3) and the preceding November rates.
- A change in the unlimited expected rate of return on plan assets from 5.75 percent as of January 1, 2024 to 6.25 percent as of January 1, 2025.

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.