

ANNUAL FUNDING NOTICE

For

WakeMed Pension Plan

Introduction

This notice includes important information about the funding status of your single employer pension plan ("the Plan"). It also includes general information about the benefit payments guaranteed by the Pension Benefit Guaranty Corporation ("PBGC"), a federal insurance agency. All traditional pension plans (called "defined benefit pension plans") must provide this notice every year regardless of their funding status. This notice does not mean that the Plan is terminating. It is provided for informational purposes and you are not required to respond in any way. This notice is required by federal law. This notice is for the plan year beginning January 1, 2023 and ending December 31, 2023 ("Plan Year").

How Well Funded Is Your Plan

The law requires the administrator of the Plan to tell you how well the Plan is funded, using a measure called the "funding target attainment percentage." The Plan divides its Net Plan Assets by Plan Liabilities to get this percentage. In general, the higher the percentage, the better funded the plan. The Plan's Funding Target Attainment Percentage for the Plan Year and each of the two preceding plan years is shown in the chart below. The chart also shows you how the percentage was calculated.

All monetary amounts shown in US Dollars

Funding Target Attainment Percentage			
	2023	2022	2021
1. Valuation Date	01/01/2023	01/01/2022	01/01/2021
2. Plan Assets			
a. Total Plan Assets	96,422,125	102,354,311	94,737,517
b. Funding Standard Carryover Balance	0	0	0
c. Prefunding Balance	0	0	0
d. Net Plan Assets = (a) – (b) – (c)	96,422,125	102,354,311	94,737,517
3. Plan Liabilities	78,437,916	79,759,258	80,765,750
4. Funding Target Attainment Percentage = (2d)/(3)	122.92%	128.32%	117.29%

Plan Liabilities

Plan Liabilities in line 3 of the chart above are estimates of the amount of assets the Plan needs on the Valuation Date to pay for promised benefits under the plan.

Year-End Assets and Liabilities

The asset values in the chart above are measured as of the first day of the Plan Year. They also are "actuarial values." Actuarial values differ from market values in that they do not fluctuate daily based on changes in the stock or other markets. Actuarial values smooth out those fluctuations and can allow for more predictable levels of future contributions. Despite the fluctuations, market values tend to show a clearer picture of a plan's funded status at a given point in time. As of December 31, 2023, the fair market value of the Plan's assets was \$93,048,594. On this same date, the Plan's liabilities, determined using market rates, were \$76,216,170.

Participant Information

The total number of participants and beneficiaries covered by the Plan on the Valuation Date was 3,696. Of this number, 1,990 were current employees, 249 were retired and receiving benefits, and 1,457 were no longer working for the employer and have a right to future benefits.

Funding & Investment Policies

Every pension plan must have a procedure to establish a funding policy for plan objectives. A funding policy relates to how much money is needed to pay promised benefits. The funding policy of the Plan is for WakeMed to make contributions equal to or greater than the minimum amount required by law.

Pension plans also have investment policies. These generally are written guidelines or general instructions for making investment management decisions. The investment policy of the Plan outlines and defines the investment objectives and goals for the pension fund as a whole and establishes investment guidelines, performance criteria and limitations for each investment manager. The policy serves as a reference tool, an operating code and a communication link between the Committee, their investment managers and their other investment professionals. The investment of assets in the Plan shall be consistent with the fiduciary standards set forth in the Employee Retirement Income Security Act of 1974 (ERISA).

Effective February 2024, the board finance committee has adopted a liability driven investing (LDI) approach for the pension plan in an effort to reduce the volatility of the plan's funded status. WakeMed has identified a targeted Glidepath asset allocation based on the funded status of the plan. The targeted Glidepath is intended to be a guide. Management retains the authority to deviate from the specific targeted allocations herein based on a variety of factors including current market dynamics and organizational needs as long as such deviations are within the established ranges for the Plan (which are +/- 5% for each asset class shown below).

Asset Class	85% Funded	90% Funded	95% Funded	100% Funded	105% Funded	110% Funded	115% Funded	120% Funded
Cash	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Core / Core Plus*	45.0%	50.0%	55.0%	60.0%	65.0%	70.0%	75.0%	80.0%
Equity	53.0%	48.0%	43.0%	38.0%	33.0%	28.0%	23.0%	18.0%

* Core/Core Plus will be a blend of Core and Intermediate Govt/Credit fixed income investments to appropriately match pension liabilities' duration.

The investment policy includes guidelines and criteria for the selection of investment managers as well as possible reasons for termination. The policy also includes performance criteria for the total fund and each investment manager. There are also investment criteria for each asset class, detailing allowable securities.

Under the investment policy, the Plan's assets were allocated among the following categories of investments as of the end of the Plan Year. These allocations are percentages of total assets:

Asset Allocations	Percentage
1. Stocks	55%
2. Investment grade debt instruments	43%
3. High-yield debt instruments	0%
4. Real estate	0%
5. Other	2%

Right to Request a Copy of the Annual Report

Pension plans must file annual reports with the US Department of Labor. The report is called the "Form 5500." These reports contain financial and other information. You may obtain an electronic copy of your Plan's annual report by going to www.efast.dol.gov and using the search tool. Annual reports also are available from the US Department of Labor, Employee Benefits Security Administration's Public Disclosure Room at 200 Constitution Avenue, NW, Room N-1515, Washington, DC 20210, or by calling 202.693.8673. Or you may obtain a copy of the Plan's annual report by making a written request to the plan administrator. Annual reports do not contain personal information, such as the amount of your accrued benefits. You may contact your plan administrator if you want information about your accrued benefits. Your plan administrator is identified below under "Where To Get More Information."

Summary of Rules Governing Termination of Single-Employer Plans

If a plan terminates, there are specific termination rules that must be followed under federal law. A summary of these rules follows.

There are two ways an employer can terminate its pension plan. First, the employer can end a plan in a "standard termination" but only after showing the PBGC that such plan has enough money to pay all benefits owed to participants. Under a standard termination, a plan must either purchase an annuity from an insurance company (which will provide you with periodic retirement benefits, such as monthly for life or, if you elect, for a set period of time when you retire) or, if the plan allows and you elect, issue one lump-sum payment that covers your entire benefit. Your plan administrator must give you advance notice that identifies the insurance company (or companies) selected to provide the annuity. The PBGC's guarantee ends upon the purchase of an annuity or payment of the lump-sum. If the plan purchases an annuity for you from an insurance company and that company becomes unable to pay, the applicable state guaranty association guarantees the annuity to the extent authorized by that state's law.

Second, if the plan is not fully-funded, the employer may apply for a distress termination. To do so, however, the employer must be in financial distress and prove to a bankruptcy court or to the PBGC that the employer cannot remain in business unless the plan is terminated. If the application is granted, the PBGC will take over the plan as trustee and pay plan benefits, up to the legal limits, using plan assets and PBGC guarantee funds.

Under certain circumstances, the PBGC may take action on its own to end a pension plan. Most terminations initiated by the PBGC occur when the PBGC determines that plan termination is needed to protect the interests of plan participants or of the PBGC insurance program. The PBGC can do so if, for example, a plan does not have enough money to pay benefits currently due.

Benefit Payments Guaranteed by the PBGC

When the PBGC takes over a plan, it pays pension benefits through its insurance program. Only benefits that you have earned a right to receive and that cannot be forfeited (called vested benefits) are guaranteed. Most participants and beneficiaries receive all of the pension benefits they would have received under their plan, but some people may lose certain benefits that are not guaranteed.

The amount of benefits that PBGC guarantees is determined as of the plan termination date. However, if a plan terminates during a plan sponsor's bankruptcy, then the amount guaranteed is determined as of the date the sponsor entered bankruptcy.

The PBGC maximum benefit guarantee is set by law and is updated each calendar year. For a plan with a termination date or sponsor bankruptcy date, as applicable, in 2024 the maximum guarantee is \$7,108 per month, or \$85,295 per year, for a benefit paid to a 65-year-old retiree with no survivor benefit. If a plan terminates during a plan sponsor's bankruptcy, the maximum guarantee is fixed as of the calendar year in which the sponsor entered bankruptcy. The maximum guarantee is lower for an individual who begins receiving benefits from PBGC before age 65 reflecting the fact that younger retirees are expected to receive more monthly pension checks over their lifetimes. Similarly, the maximum guarantee is higher for an individual who starts receiving benefits from PBGC after age 65. The maximum guarantee by age can be found on PBGC's website, www.pbgc.gov. The guaranteed amount is also reduced if a benefit will be provided to a survivor of the plan participant.

The PBGC guarantees "basic benefits" earned before a plan is terminated, which include:

- pension benefits at normal retirement age;
- most early retirement benefits;
- annuity benefits for survivors of plan participants; and
- disability benefits for a disability that occurred before the date the plan terminated or the date the sponsor entered bankruptcy, as applicable.

The PBGC does not guarantee certain types of benefits:

- The PBGC does not guarantee benefits for which you do not have a vested right, usually because you have not worked enough years for the company.
- The PBGC does not guarantee benefits for which you have not met all age, service, or other requirements.
- Benefit increases and new benefits that have been in place for less than one year are not guaranteed. Those that have been in place for less than five years are only partly guaranteed.
- Early retirement payments that are greater than payments at normal retirement age may not be guaranteed. For example, a supplemental benefit that stops when you become eligible for Social Security may not be guaranteed.
- Benefits other than pension benefits, such as health insurance, life insurance, death benefits, vacation pay, or severance pay, are not guaranteed.
- The PBGC generally does not pay lump sums exceeding \$7,000.

In some circumstances, participants and beneficiaries still may receive some benefits that are not guaranteed. This depends on how much money the terminated plan has and how much the PBGC recovers from employers for plan underfunding.

For additional general information about the PBGC and the pension insurance program guarantees, go to the "General FAQs about PBGC" on PBGC's website at www.pbgc.gov/generalfaq. Please contact your employer or plan administrator for specific information about your pension plan or pension benefit. PBGC does not have that information. See "Where to Get More Information" below.

Where to Get More Information

For more information about this notice, you may contact Mr. Mark Hamer, Senior Benefits Analyst, Benefits, WakeMed Health and Hospitals; Attn: Human Resources, 3000 New Bern Avenue; Raleigh, NC 27610; Telephone Number: (919) 350-6904; Email: mhamer@wakemed.org. For identification purposes, the official plan number is 001 and the plan sponsor's name and employer identification number or "EIN" are WakeMed Health and Hospitals and 56-6017737.

Right to Request a Benefit Statement

Federal law requires the plan administrator to furnish an estimate of each participant's accrued benefit at least once per year upon request. Please contact the WakeMed Pension Service Center at (866) 822-6304 Monday through Friday, 9am to 6pm, ET for more information. Note that you also can view your account information, 24/7/365 by registering for an account through the self service website: <https://eepoint.com/WKM>. Click on "Register Here" in the login box.