

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 6047(e), 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
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>WCA HOSPITAL RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1967</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>WCA HOSPITAL</u> <u>207 FOOTE AVENUE</u> <u>P.O. BOX 840</u> <u>JAMESTOWN, NY 14702-0840</u>	2b Employer Identification Number (EIN) <u>16-0743226</u> 2c Sponsor's telephone number <u>716-487-0141</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>CHARLES C. NAZZARO</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WCA HOSPITAL 207 FOOTE AVENUE P.O. BOX 840 JAMESTOWN, NY 14702-0840	3b Administrator's EIN 16-0743226 3c Administrator's telephone number 716-487-0141
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1532
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	669
b Retired or separated participants receiving benefits.....	6b	465
c Other retired or separated participants entitled to future benefits.....	6c	389
d Subtotal. Add lines 6a , 6b , and 6c	6d	1523
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	9
f Total. Add lines 6d and 6e	6f	1532
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

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

1A 1G 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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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

b General Schedules

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

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan <u>WCA HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WCA HOSPITAL</u>	D Employer Identification Number (EIN) <u>16-0743226</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>40595490</u>
b Actuarial value	2b <u>38598600</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>471</u> <u>24831160</u>
b For terminated vested participants	3b <u>390</u> <u>7903877</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>312779</u>
(2) Vested benefits	3c(2) <u>22545859</u>
(3) Total active	3c(3) <u>671</u> <u>22858638</u>
d Total	3d <u>1532</u> <u>55593675</u>
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 <u>5.94 %</u>
6 Target normal cost	6 <u>285829</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/20/2012</u>
Signature of actuary	Date
<u>KEITH L. NICHOLS, M.A.A.A.</u>	<u>11-04725</u>
Type or print name of actuary	Most recent enrollment number
<u>HALLETT ASSOCIATES, INC.</u>	<u>724-934-2790</u>
Firm name	Telephone number (including area code)
<u>2591 WEXFORD-BAYNE ROAD, SUITE 402</u> <u>SEWICKLEY, PA 15143</u>	
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

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)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of <u>9.55</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		687
b	Interest on (a) using prior year's effective rate of <u>6.60</u> % except as otherwise provided (see instructions)		45
c	Total available at beginning of current plan year to add to prefunding balance.....		732
d	Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....		

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	69.42 %
15	Adjusted funding target attainment percentage.....	15	69.42 %
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	80.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	69.43 %

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)	18(c)	

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
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 1924578
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 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: 2.94%	2nd segment: 5.82%	3rd segment: 6.46 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 62
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 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) 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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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 6)	31a	285829	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	16995075	1638341	
b Waiver amortization installment			
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	1924170	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36	1924170	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1924578	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	408	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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 Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☒ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan WCA HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WCA HOSPITAL	D Employer Identification Number (EIN) 16-0743226	

Part I	Service Provider Information (see instructions)
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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)

PRIME, BUCHHOLZ & ASSOCIATES, INC.

273 CORPORATE DRIVE
PORTSMOUTH, NH 03801

02-0426421

(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	NONE	71565	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PNC BANK, N.A.

620 LIBERTY AVENUE
PITTSBURGH, PA 15222

25-1211909

(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?
18	NONE	25621	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

HALLETT ASSOCIATES, INC.

2591 WEXFORD-BAYNE ROAD, STE 402
SEWICKLEY, PA 15143-8676

25-1592340

(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	NONE	16195	Yes ☐ No ☒	Yes ☐ No ☐	0	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)

IR&M CORE BOND FUND LLC

(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?
28	NONE	15450	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PENSION RESOURCE GROUP

(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?
64	NONE	13667	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

GUGGENHEIM REAL ESTATE PLUS TRUST

(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?
28	NONE	6723	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

BUFFAMANTE WHIPPLE BUTTAFARO, PC

201 W. 3RD ST., STE 300
JAMESTOWN, NY 14701

16-1117932

(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?
10	NONE	5750	Yes ☐ No ☒	Yes ☐ No ☐	0	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 ☐

(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

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

a Name: BUFFAMANTE WHIPPLE BUTTAFARO, PC	b EIN: 16-1117932
c Position: ACCOUNTANT	
d Address: 201 W. 3RD ST., STE. 300 JAMESTOWN, NY 14701	e Telephone: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Explanation: THE PENSION COMMITTEE MADE THE DECISION TO CHANGE AUDITORS THROUGH THE ORDINARY COURSE OF BUSINESS TO UTILIZE THE SAME AUDITORS THAT WE CURRENTLY USE FOR OUR AUDITED FINANCIAL STATEMENTS.

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>WCA HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WCA HOSPITAL</u>	D Employer Identification Number (EIN) <u>16-0743226</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	749000	350000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)	1503118	454286
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)	15388809	15913007
	(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)		
	(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)	23140347	21837582
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	40781274	38554875

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	40781274	38554875
---	-----------	----------	----------

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)	1400000	
(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)		1400000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	26	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(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)		26
(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)	525447	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		525447
(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	428325	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		428325
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		-1717069
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		636729

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2519947	
(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)		2519947
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	5750	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	137970	
(4) Other	2i(4)	199461	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		343181
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2863128

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2226399
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: FREED MAXICK CPAS, P.C.

(2) EIN: 45-4051133

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
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.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 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)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan WCA HOSPITAL RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 WCA HOSPITAL		D Employer Identification Number (EIN) 16-0743226
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
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): _____ 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 14
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		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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 item 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 items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 0.0% Investment-Grade Debt: 0.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 100.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
WCA Hospital Retirement Plan

We were engaged to audit the accompanying statement of net assets available for benefits and of accumulated plan benefits of the WCA Hospital Retirement Plan (the Plan) as of December 31, 2011, and the related statements of changes in net assets available for benefits, and statement of changes in accumulated plan benefits for the year then ended, and the supplemental schedules of (1) Schedule H, Line 4i – Schedule of Assets Held (at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of WCA Hospital Retirement Plan as of and for the year ended December 31, 2010 were audited by other auditors whose report dated October 11, 2011, did not express an opinion on the 2010 financial statements for the same reasons described in the following paragraph.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified or provided by PNC Bank, NA, the custodian of the Plan, except for comparing this information with the related information included in the 2011 financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained a certification from the custodian as of and for the year ended December 31, 2011 that the information provided to the Plan Administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2011 financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the 2011 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974.

Freed Maxick CPAs, P.C.

Buffalo, New York
October 12, 2012

WCA HOSPITAL RETIREMENT PLAN

O. Summary of Principal Plan Provisions

1. Effective Date January 1, 1967
2. Plan Year Ends December 31
3. Eligibility for Participation

Each employee who was a participant on December 31, 1994 shall continue to participate. Otherwise, each employee will be eligible to participate on the first day of the month coincident or next following the date on which he has attained age 21 and completed one Year of Eligibility Service

Plan Participation was frozen as of December 31, 2004.
4. Normal Retirement Date

First of the month coinciding with or next following attainment of age 65 or the 5th anniversary of date of hire, if later
5. Normal Retirement Benefit

A monthly benefit equal to one-twelfth of the greatest of the following:

Frozen Accrued Benefit - the accrued benefit determined under the prior Plan provisions as of December 31, 1994

Basic Benefit – [(A plus B) times C] plus D

 - A. 0.85% times the Average Earnings below the Covered Compensation
 - B. 1.50% times the Average Earnings in excess of Covered Compensation
 - C. Total Years of Credited Service up to 35 years
 - D. 1.00% times the Average Annual Earnings times Years of Credited Service in excess of 35 years

The Years of Credited Service for the Basic Benefit are determined for all years of employment

Extended Benefit – The sum of the Frozen Accrued Benefit and the Basic Benefit determined solely with respect to Years of Credited Service after December 31, 1994

Effective December 31, 2004, all benefit accruals cease

WCA HOSPITAL RETIREMENT PLAN

O. Summary of Principal Plan Provisions (continued)

- | | | |
|-----|----------------------------------|---|
| 6. | <u>Normal Form</u> | Life Annuity |
| 7. | <u>Early Retirement</u> | An immediate monthly annuity equal to the participant's Accrued Benefit reduced by .3% for each month prior to age 65. Any participant who has attained age 55 and completed 10 Years of Vesting Service shall be eligible |
| 8. | <u>Termination Benefit</u> | A participant shall be 100% vested in his accrued benefit upon completion of 5 Years of Vesting Service |
| 9. | <u>Disability Benefit</u> | Equal to 50% of the Accrued Benefit as of the date he is deemed to be Permanently and Totally Disabled, commencing as of his Disability Retirement Date, and continuing until the earlier of the participant's death, recovery, or attainment of Normal Retirement Age |
| 10. | <u>Death Benefit</u> | The spouse of a married participant with a vested accrued benefit shall be entitled to a monthly annuity equal to 50% of the actuarially reduced Joint & 50% Survivorship benefit, commencing on the later of the first day of the month following the participant's Early Retirement Date or the date of death |
| 11. | <u>Optional Forms of Payment</u> | Life Annuity, Life Annuity with 5 or 10 Years Guaranteed, Joint and 100%, 75%, 66.6%, or 50% Survivor Annuity, and a Social Security Leveling Option |
| 12. | <u>Definitions:</u> | |
| | a. Compensation | Total wages for the Plan Year, prorated for Hours of Service less than 2,000 |
| | b. Average Earnings | Average of a Participant's Annual Earnings for the highest 5 years within the last 10 Plan Years in which the Participant earned any Years of Credited Service |

WCA HOSPITAL RETIREMENT PLAN

O. Summary of Principal Plan Provisions (continued)

- | | | |
|----|-----------------------------|--|
| c. | Year of Service | A 12 month period in which the participant is credited with at least 750 hours |
| d. | Years of Vesting Service | A plan year in which the employee is credited with a Year of Service, excluding years prior to age 18 |
| e. | Year of Credited Service | <p>A plan year in which the employee is credited with a Year of Service while the employee is an active participant in the Plan and not a member of any excluded class of employees</p> <p>Effective December 31, 2004, no additional Years of Credited Service will be earned</p> |
| f. | Year of Eligibility Service | An employment year in which the employee is credited with a Year of Service. If the employee fails to complete a Year of Service during their first employment year, the determining period shifts to the plan year |

WCA HOSPITAL RETIREMENT PLAN

SCHEDULE OF ASSETS HELD

December 31, 2011

Identity of issuer	Description of Investment	Cost	Fair Value
Federated US Treasury Cash Reserves Fund #125	Money market fund	\$ 454,286	\$ 454,286
Harbor International Equity Fund	Shares of registered investment companies	2,519,259	3,612,767
Vanguard S&P 500 Index Fund	Shares of registered investment companies	3,047,220	3,546,878
Artisan Funds Inc International Fund	Shares of registered investment companies	4,073,469	3,485,028
PIMCO Real Return Bond Fund	Shares of registered investment companies	3,228,954	3,467,843
Thornburg Value Fund Class I	Shares of registered investment companies	3,728,425	2,885,490
T Rowe Price MidCap Equity Growth Fund	Shares of registered investment companies	1,638,070	2,276,706
CRM MidCap Value Fund	Shares of registered investment companies	\$ 2,204,397	2,131,162
Ishares S&P GS1 Commodity	Shares of registered investment companies	852,431	431,708
Artio International Equity Fund II	Shares of registered investment companies	-	-
		<u>21,292,225</u>	<u>21,837,582</u>
IR&M Core Bond Fund, LLC	Limited partnership and related investments	3,927,637	4,818,091
Aetos Capital Long/Short Strategies Fund, LLC	Limited partnership and related investments	4,305,053	3,838,097
Aetos Capital Multi Strategy Arbitrage Fund LLC	Limited partnership and related investments	2,000,000	2,740,811
Colchester Global Bond Fund	Limited partnership and related investments	1,999,000	2,283,498
Aetos Capital Distressed Investment Strategies Fund LLC	Limited partnership and related investments	1,300,000	1,924,894
Guggenheim Real Estate Plus Trust	Limited partnership and related investments	306,610	307,616
Aetos Capital Opportunities Fund, LLC	Limited partnership and related investments	-	-
		<u>13,838,300</u>	<u>15,913,007</u>
		<u><u>\$ 35,584,811</u></u>	<u><u>\$ 38,204,875</u></u>

This schedule was prepared solely from information certified by
PNC Bank, N.A.

Plan Name: WCA Hospital Retirement Plan

EIN: 16-0743226

Plan Number: 001

Schedule SB Line 26 - Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
25 to 29	0	n/a	1	n/a	3	n/a	2	n/a	0	n/a
30 to 34	0	n/a	2	n/a	4	n/a	13	n/a	0	n/a
35 to 39	0	n/a	1	n/a	12	n/a	13	n/a	4	n/a
40 to 44	0	n/a	1	n/a	16	n/a	7	n/a	19	n/a
45 to 49	0	n/a	0	n/a	24	n/a	24	n/a	19	n/a
50 to 54	0	n/a	2	n/a	21	n/a	26	n/a	26	n/a
55 to 59	0	n/a	1	n/a	14	n/a	19	n/a	27	n/a
60 to 64	0	n/a	1	n/a	10	n/a	6	n/a	10	n/a
65 to 69	0	n/a	0	n/a	2	n/a	3	n/a	1	n/a
70 & up	0	n/a	0	n/a	0	n/a	1	n/a	0	n/a

Attained Age	YEARS OF CREDITED SERVICE									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
25 to 29	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
30 to 34	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
35 to 39	1	n/a	0	n/a	0	n/a	0	n/a	0	n/a
40 to 44	20	n/a	0	n/a	0	n/a	0	n/a	0	n/a
45 to 49	44	n/a	19	n/a	2	n/a	0	n/a	0	n/a
50 to 54	26	n/a	16	n/a	35	n/a	1	n/a	0	n/a
55 to 59	34	n/a	19	n/a	20	n/a	19	n/a	0	n/a
60 to 64	26	n/a	12	n/a	12	n/a	13	n/a	11	n/a
65 to 69	1	n/a	1	n/a	1	n/a	2	n/a	0	n/a
70 & up	0	n/a	0	n/a	1	n/a	0	n/a	0	n/a

Please note: Average Compensation has not been provided as the Plan is frozen.

**WCA HOSPITAL
WCA HOSPITAL RETIREMENT PLAN**

**Adjusted Funding Target Attainment Percentage (AFTAP)
Certification as of for the 2012 Plan Year**

The Pension Protection Act of 2006 (PPA) and Section 436 of the Internal Revenue Code require the calculation of a funding ratio each plan year. This ratio is called the Adjusted Funding Target Attainment Percentage or AFTAP. This percentage is used to determine if the Plan is subject to limitations on plan amendments, lump sum distributions and/or benefit accruals for plan years beginning after 2007.

Assets used for AFTAP

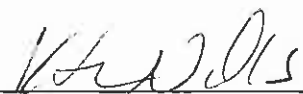
a. Actuarial Value of Plan Assets as of 1/1/2012	\$ 40,884,810
b. Carryover Balance as of 1/1/2012 Before Reduction	-
c. Prefunding Balance as of 1/1/2012 Before Reduction	-
d. Mandatory Balance Reduction	-
e. Carryover Balance as of 1/1/2012 After Mandatory Reduction	-
f. Prefunding Balance as of 1/1/2012 After Mandatory Reduction	-
g. Plan Assets Adjusted for Carryover Balance as of 1/1/2012 (a+b-f-g, not less than zero)	\$ 40,884,810

Liability used for AFTAP

h. Funding Target as of 1/1/2012	\$ 60,513,265
----------------------------------	---------------

AFTAP for the 2012 Plan Year

i. Is (a) / (h) > 100%	No
j. If (i) is "yes", (a)/(h), else (g)/(h)	67.56%



Signature of Enrolled Actuary

9/20/12

Date

Keith L. Nichols, M.A.A.A.

Name of Enrolled Actuary

11-04725

Enrollment Number

All plan provisions, participant information and actuarial assumptions are contained in the 1/1/2012 actuarial valuation report

WCA HOSPITAL RETIREMENT PLAN

P. Actuarial Assumptions and Funding Methods for the January 1, 2011 Valuation

1. Data

- | | |
|-------------------|--|
| a. Valuation Date | January 1, 2011 |
| b. Employee Data | Employee data was supplied by the Hospital as of January 1, 2011 |
| c. Asset Data | Asset data was supplied by PNC Bank as of December 31, 2010 |

2. Rate of Investment Return

- | | |
|----------------------------------|---|
| Funding and Accumulated Benefits | 2.94% per year, for first five years
5.82% per year, for the following fifteen years
6.46% per year, thereafter |
|----------------------------------|---|

3. Salary Scale

n/a

4. Rates of Withdrawal

- | | | | | | | | |
|---|---|-----------|--------|-----------|--------|--------|--------|
| a. Mortality for Funding and Accumulated Benefits | IRS 2011 Static Mortality | | | | | | |
| b. Employee Termination | Table T-7: | | | | | | |
| | <table border="0" style="margin-left: 40px;"> <tr> <td>Age 25</td> <td>9.67%</td> </tr> <tr> <td>Age 40</td> <td>7.75%</td> </tr> <tr> <td>Age 55</td> <td>1.54%</td> </tr> </table> | Age 25 | 9.67% | Age 40 | 7.75% | Age 55 | 1.54% |
| Age 25 | 9.67% | | | | | | |
| Age 40 | 7.75% | | | | | | |
| Age 55 | 1.54% | | | | | | |
| c. Retirement | <table border="0" style="margin-left: 40px;"> <tr> <td>Age 55-61</td> <td>5%</td> </tr> <tr> <td>Age 62-64</td> <td>25%</td> </tr> <tr> <td>Age 65</td> <td>100%</td> </tr> </table> | Age 55-61 | 5% | Age 62-64 | 25% | Age 65 | 100% |
| Age 55-61 | 5% | | | | | | |
| Age 62-64 | 25% | | | | | | |
| Age 65 | 100% | | | | | | |
| d. Disability | 1978 SOA Study of Long-Term Disability Insurance Experience | | | | | | |
| | <table border="0" style="margin-left: 40px;"> <tr> <td>Age 25</td> <td>0.091%</td> </tr> <tr> <td>Age 40</td> <td>0.206%</td> </tr> <tr> <td>Age 55</td> <td>1.065%</td> </tr> </table> | Age 25 | 0.091% | Age 40 | 0.206% | Age 55 | 1.065% |
| Age 25 | 0.091% | | | | | | |
| Age 40 | 0.206% | | | | | | |
| Age 55 | 1.065% | | | | | | |

5. Expenses

Prior year's paid administrative expenses rounded to the next highest \$1,000, plus anticipated PBGC premiums

WCA HOSPITAL RETIREMENT PLAN

P. Actuarial Assumptions and Funding Methods for the January 1, 2011 Valuation (continued)

6. Marriage Rate

80% of participants will have a surviving spouse.
Females are three years younger than males
7. Methods
 - a. Asset Valuation Method

Asset gains or losses are determined each year by calculating the difference between the expected market value (based on the funding rate of interest) and the actual market value of the assets on the valuation date. These gains or losses are then recognized over a 3-year period at 33.33% per year, with the actuarial value of assets subject to a minimum of 90% and a maximum of 110% of the market value
 - b. Actuarial Cost Method

As described in IRC Section 430 and mandated by the Pension Protection Act of 2006, including the relief offered by the Preservation of Access to Medicare Beneficiaries and Pension Relief Act of 2010, specifically the relief provided under Sec. 201(a)(1)(D)(ii) 2 Plus 7 Amortization Schedule
8. Changes in Actuarial Assumptions or Cost Methods

The funding interest rates and mortality table were updated as mandated by the Pension Protection Act of 2006

The employer is assumed to have elected to accept the relief offered by the Preservation of Access to Medicare Beneficiaries and Pension Relief Act of 2010, specifically the relief provided under Sec. 201(a)(1)(D)(ii) 2 Plus 7 Amortization Schedule for the 2011 plan year.

Schedule SB, Line 32 - Schedule of Amortization Bases
EIN: 16-0743226
PN: 001

WCA HOSPITAL RETIREMENT PLAN

Type of Base	PV of Remaining Installments	Valuation Date Established	Number of Years Remaining	Amortization Installment
Shortfall	8,997,960	1/1/2011	9	1,200,164
2, +7 Relief	(1,486,424)	1/1/2011	2	(753,979)
Shortfall	6,832,788	1/1/2010	8	995,848
2, +7 Relief	(598,722)	1/1/2010	1	(598,722)
Shortfall	1,076,546	1/1/2010	5	227,964
Shortfall	2,172,927	1/1/2008	4	567,066
	16,995,075			1,638,341

Schedule SB, line 25 – Change in Method

Plan Name: WCA Hospital Retirement Plan

EIN: 16-0743226

Plan Number: 001

The employer elected to accept the relief offered by the Preservation of Access to Medicare Beneficiaries and Pension Relief Act of 2010, specifically the relief provided under Sec. 201(a)(1)(D)(ii) 2 Plus 7 Amortization Schedule for the 2011 Plan Year.

**AUDITED
FINANCIAL STATEMENTS**

WCA HOSPITAL RETIREMENT PLAN

DECEMBER 31, 2011

WCA HOSPITAL RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
WCA Hospital Retirement Plan

We were engaged to audit the accompanying statement of net assets available for benefits and of accumulated plan benefits of the WCA Hospital Retirement Plan (the Plan) as of December 31, 2011, and the related statements of changes in net assets available for benefits, and statement of changes in accumulated plan benefits for the year then ended, and the supplemental schedules of (1) Schedule H, Line 4i – Schedule of Assets Held (at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of WCA Hospital Retirement Plan as of and for the year ended December 31, 2010 were audited by other auditors whose report dated October 11, 2011, did not express an opinion on the 2010 financial statements for the same reasons described in the following paragraph.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified or provided by PNC Bank, NA, the custodian of the Plan, except for comparing this information with the related information included in the 2011 financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained a certification from the custodian as of and for the year ended December 31, 2011 that the information provided to the Plan Administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2011 financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the 2011 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974.

Freed Maxick CPAs, P.C.

Buffalo, New York
October 12, 2012

WCA HOSPITAL RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

ASSETS	2011	2010
Investments, at fair value:		
Federated US Treasury Cash Reserves Fund	\$ 454,286	\$ 1,503,118
Registered investment companies:		
Harbor International Equity Fund	3,612,767	4,065,129
Vanguard S&P 500 Index Fund	3,546,878	3,474,604
Artisan Funds Inc International Fund	3,485,028	-
PIMCO Real Return Bond Fund	3,467,843	3,100,666
Thornburg Value Fund Class I	2,885,490	3,321,416
T Rowe Price MidCap Equity Growth Fund	2,276,706	2,527,394
CRM MidCap Value Fund	2,131,162	2,290,165
Ishares S&P GS1 Commodity	431,708	446,369
Artio International Equity Fund II	-	3,914,604
	<u>21,837,582</u>	<u>23,140,347</u>
Limited partnerships and similar investments:		
IR&M Core Bond Fund, LLC	4,818,091	3,546,779
Aetos Capital Long/Short Strategies Fund, LLC	3,838,097	3,548,009
Aetos Capital Multi Strategy Arbitrage Fund LLC	2,740,811	2,776,261
Colchester Global Bond Fund	2,283,498	2,127,426
Aetos Capital Distressed Investment Strategies Fund LLC	1,924,894	1,990,234
Guggenheim Real Estate Plus Trust	307,616	995,047
Aetos Capital Opportunities Fund, LLC	-	405,053
	<u>15,913,007</u>	<u>15,388,809</u>
Total investments	38,204,875	40,032,274
Employer contribution receivable	<u>350,000</u>	<u>749,000</u>
Net assets available for benefits	<u>\$ 38,554,875</u>	<u>\$ 40,781,274</u>

See accompanying notes.

WCA HOSPITAL RETIREMENT PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
For the Years Ended December 31,

	<u>2011</u>	<u>2010</u>
Sources of net assets:		
Interest and dividends	\$ 525,473	\$ 331,890
Net appreciation in fair value from investments	-	3,334,861
Employer contributions	1,400,000	1,491,000
Other income	91	1,757
Total sources of net assets	<u>1,925,564</u>	<u>5,159,508</u>
Applications of net assets:		
Benefits paid to participants	2,519,947	2,337,473
Net depreciation in fair value from investments	1,288,835	-
Administrative expenses	343,181	305,778
Total applications of net assets	<u>4,151,963</u>	<u>2,643,251</u>
(Decrease) increase in net assets available for benefits	(2,226,399)	2,516,257
Net assets available for benefits:		
Beginning of year	<u>40,781,274</u>	<u>38,265,017</u>
End of year	<u><u>\$ 38,554,875</u></u>	<u><u>\$ 40,781,274</u></u>

See accompanying notes.

WCA HOSPITAL RETIREMENT PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

January 1,

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 24,831,160	\$ 21,847,862
Other participants	30,449,736	28,336,502
	<u>55,280,896</u>	<u>50,184,364</u>
Non-vested benefits	312,779	456,471
	<u>312,779</u>	<u>456,471</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 55,593,675</u></u>	<u><u>\$ 50,640,835</u></u>

See accompanying notes.

WCA HOSPITAL RETIREMENT PLAN

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the Years Ended January 1,

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits at beginning of year:	\$ 50,640,835	\$ 50,028,189
Increase (decrease) during the year attributable to:		
Benefits accumulated and losses	(1,569,896)	-
Increase in interest due to decrease in discount period	3,266,391	3,185,234
Benefits paid	(2,337,473)	(2,234,963)
Change in actuarial assumptions	5,593,818	(337,625)
Net increase	4,952,840	612,646
Actuarial present value of accumulated plan benefits as of end of the year	\$ 55,593,675	\$ 50,640,835

See accompanying notes.

WCA HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF PLAN

The following is a brief description of the WCA Hospital (the Company) Retirement Plan (the Plan) and is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: WCA Hospital Retirement Plan (the Plan) is a noncontributory defined benefit pension plan that covers substantially all employees of The Woman's Christian Association of Jamestown, NY (Plan Sponsor) hired through December 31, 2004, the effective date for which benefits and participation under the plan were essentially frozen and provides for retirement and death benefits.

Administration: The WCA Hospital Benefits Committee is solely responsible for the general administration of the Plan and carrying out the Plan provisions. The custodian of the Plan's assets is PNC Bank, N.A. Hallett Associates, Inc. serves as the actuary.

Pension benefits: Normal retirement age for the Plan is 65 years. Benefits are based on years of service and annual compensation. The normal benefit form is a monthly annuity payable for life. The Plan permits early retirement between the ages 55 to 64 with 10 years of service. The standard form of benefit for an unmarried participant is a life annuity. The standard form of benefit for a married participant is a Qualified Joint one-half Survivor Annuity. If the value of a participant's account is less than \$5,000, a lump sum payment is permitted by the Plan.

Vesting: Participants became 100% vested after five years of service.

Funding Policy: As described in the plan, it is the Company's intention to make contributions under the plan that meet or exceed the minimum funding requirements as defined in Section 412 of the Internal Revenue Code and ERISA. These contributions will be determined based upon actuarial valuations and recommendations made by the actuary under accepted actuarial principles. The Plan has met the funding requirements of ERISA in 2011 and 2010.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the plan are prepared on the accrual basis of accounting.

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. See Note 3 for discussion of fair value measurements.

Purchases and sales 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) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to employee service rendered through the valuation date. 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. The accumulated plan benefits for active employees are based on their compensation during their years of credited service. 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 valuation date.

WCA HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The Plan elected to accept the relief offered by the Preservation of Access to Medicare Beneficiaries and Pension Relief Act of 2010, specifically the relief provided under Sec. 201 (a)(1)(O)(ii) 2 Plus 7 Amortization Schedule for the 2011 plan year.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Direct costs of administering the Plan are borne by the Plan.

Recently Issued Accounting Pronouncements: In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (Update) 2010-06, "Improving Disclosures About Fair Value Measurements." Topic 820 of the Accounting Standards Codification (ASC) requires new disclosures about transfers into and out of Levels 1 and 2 of the fair value hierarchy and separate disclosures about purchases, sales, issuances and settlements relating to Level 3 measurements. It also clarifies existing fair value disclosures about the level of disaggregation and about inputs and valuation techniques used to measure fair value. The new disclosures and clarifications of existing disclosures are effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures about purchases, sales, issuances and settlements in the roll forward of activity in Level 3 fair value measurements. Those disclosures are effective for periods beginning after December 15, 2010. Disclosures required under Update 2010-06 are included in the notes to the Plan's financial statements for the years ended December 31, 2011 and 2010. Other than requiring additional disclosures, the adoption of this update did not have a material impact on the Plan's financial statements.

In May 2011, the FASB issued Update 2011-04, "Fair Value Measurement". The Update established common requirements for measuring fair value and for disclosing information about fair value measurements in accordance with U.S. generally accepted accounting principles and International Financial Reporting Standards. The amendments in this Update are to be applied prospectively during annual periods beginning after December 15, 2011. Other than requiring additional disclosures, the adoption of this Update will not have a material impact on the Plan's financial statements.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and 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. Actual results could differ from those estimates.

Reclassifications: Certain amounts from the 2010 financial statements have been reclassified to conform to the 2011 presentation.

Subsequent Event: These financial statements have not been updated for subsequent events occurring after October 12, 2012, which is the date these financial statements were available to be issued.

NOTE 3. FAIR VALUE MEASUREMENTS

Financial Accounting Standard Board (FASB) *Accounting Standards Codification (ASC) 820: Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy 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.

WCA HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2: Inputs to 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.

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

The asset or liability's fair value measurement 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Cash reserve fund: Valued at amortized cost, which approximates fair value and is classified as a level 1 investment.

Shares of registered investment companies: Valued at net asset value (NAV) of shares held at year end. The NAV is the closing price reported on the active market on which the securities are traded. Mutual funds are classified as Level 1.

Alternative investments: Other investments include investments in collective and commingled funds, limited partnerships and limited liability companies. These investments are measured primarily on a NAV basis, are available, and are classified as Level 2 or Level 3 if they are subject to certain restrictive provisions relating to redemptions from the investment. At December 31, 2011 and 2010, notice periods for alternative investments generally range from one day to illiquid, according to the provisions of the respective investment agreements.

Investments in venture capital/private equity partnerships and hedge funds are classified as Level 3 in the fair value hierarchy as they are based on the presence of significant unobservable inputs. These securities are estimated using current information obtained from the general partner or investment manager for the respective funds. Investments in venture capital/private equity partnerships are generally estimated using partner's capital balances, and the fair value of investments in hedge funds are generally estimated using NAVs. In cases where the investee has provided its investors with a NAV per share or partner capital balances that have been calculated in accordance with the AICPA Audit and Accounting Guide, *Investment Companies*, the Plan has estimated its fair value by using the NAV provided by the investee as of December 31st.

Investments in venture capital/private equity partnerships are generally made through limited partnerships. Under the terms of such agreements, the Plan may be required to provide additional funding when capital or liquidity calls are made by fund managers. These partnerships may have a limited existence, and they may provide for annual extensions for the purpose of disposing portfolio positions and returning capital to investors. However, depending on market conditions, the inability to execute the fund's strategy, or other factors, a manager may extend the terms of a fund beyond its originally anticipated existence or may wind the fund down prematurely. The Plan cannot anticipate such changes because they generally arise from unforeseeable events, but should they occur they could reduce liquidity or originally anticipated investment returns. Accordingly, the timing and amount of future capital or liquidity calls in any particular future year are uncertain. Such investments generally may not provide redemption options for investors and, subsequent to final closing, do not permit subscriptions by new or existing investors.

WCA HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

Investments in hedge funds have numerous provisions which may restrict the redemptive nature of the investment. Subject to the expiration of the "lock-up" period, the investor has the ability to liquidate its investments periodically as defined by the provisions of the respective investment fund agreements.

In addition, certain investments in hedge funds are subject to redemption "gate" or redemption suspension provisions as defined in the respective investment funds' agreements. The investment manager of the investment funds may restrict or suspend redemption requests for various reasons, including, but not limited to, insufficient liquidity at the investment fund to satisfy redemption requests or to preserve the interests of the shareholders not redeeming from the investment funds. At December 31, 2011 and 2010, no redemption gates or suspension provisions have been imposed on the Plan's investments in hedge funds of funds.

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 table presents the fair values and classification of the Plan's investments measured on a recurring basis as of December 31, 2011 and 2010:

Assets at Fair Value as of December 31, 2011				
	(Level 1)	(Level 2)	(Level 3)	Total
Cash reserve fund	\$ 454,286	\$ -	\$ -	\$ 454,286
Shares of registered investment companies:				
Domestic	14,739,787	-	-	14,739,787
International	7,097,795	-	-	7,097,795
Alternative investments:				
Common Collective Trusts	-	2,283,497 (A)	4,818,091	7,101,588
Private Equity Funds	-	-	307,616	307,616
Hedge Funds	-	-	8,503,803	8,503,803
Total	\$ 22,291,868	\$ 2,283,497	\$13,629,510	\$ 38,204,875

Assets at Fair Value as of December 31, 2010				
	(Level 1)	(Level 2)	(Level 3)	Total
Cash reserve fund	\$ 1,503,118	\$ -	\$ -	\$ 1,503,118
Shares of registered investment companies:				
Domestic	15,160,614	-	-	15,160,614
International	7,979,733	-	-	7,979,733
Alternative investments:				
Common collective trusts	-	-	5,674,205	5,674,205
Private equity funds	-	-	995,047	995,047
Hedge funds	-	-	8,719,557	8,719,557
Total	\$ 24,643,465	\$ -	\$15,388,809	\$ 40,032,274

WCA HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes the changes in assets classified as Level 3:

Balance at January 1, 2010	\$ 15,756,981
Unrealized gains	869,805
Realized gains	59,916
Purchases	3,922,015
Sales	<u>(5,219,908)</u>
Balance at December 31, 2010	15,388,809
Transfers to level 2	(2,127,426)
Unrealized gains	85,925
Realized gains	73,883
Purchases	1,527,937
Sales	<u>(1,319,618)</u>
Balance at December 31, 2011	\$ <u>13,629,510</u>

(A) Asset was transferred to Level 2 from Level 3 due to a change in valuation methodology.

The following information pertains to those alternative investments recorded at net asset value in accordance with U.S. GAAP relating to such investments:

December 31, 2011				
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Redemption Notice Period</u>
Common collective trusts:				
IR&M Core Bond Fund, LLC	\$ 4,818,091	\$ -	Monthly	5 days
Colchester Global Bond Fund	2,283,498	-	Monthly	10 days
Private equity fund:				
Guggenheim Real Estate Plus Trust	307,616	-	Illiquid	
Hedge funds:				
Aetos Capital Long/Short Strategies Fund, LLC	3,838,097	-	Quarterly	90 days
Aetos Capital Multi Strategy Arbitrage Fund, LLC	2,740,811	-	Quarterly	90 days
Aetos Capital Distressed Investment Strategies Fund, LLC	<u>1,924,894</u>	<u>-</u>	Quarterly	90 days
	\$ <u>15,913,007</u>	\$ <u>-</u>		

WCA HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2010				
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Redemption Notice Period</u>
Common collective trusts:				
IR&M Core Bond Fund, LLC	\$ 3,546,779	\$ -	Monthly	5 days
Colchester Global Bond Fund	2,127,426		Monthly	10 days
Private equity fund:				
Guggenheim Real Estate Plus Trust	995,047	-	Illiquid	
Hedge funds:				
Aetos Capital Long/Short Strategies Fund, LLC	3,548,009	-	Quarterly	90 days
Aetos Capital Multi Strategy Arbitrage Fund, LLC	2,776,261	-	Quarterly	90 days
Aetos Capital Distressed Investment Strategies Fund, LLC	1,990,234	-	Quarterly	90 days
Aetos Capital Opportunities Fund, LLC	405,053	-	Quarterly	90 day
	<u>\$ 15,388,809</u>	<u>\$ -</u>		

NOTE 4. INVESTMENTS

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$1,288,835 (appreciated in value by \$3,334,861 - 2010) as follows:

	<u>2011</u>	<u>2010</u>
Shares of registered investment companies	\$ (1,598,210)	\$ 2,405,140
Limited partnerships and similar investments	<u>309,375</u>	<u>929,721</u>
Total (depreciation) appreciation	<u>\$ (1,288,835)</u>	<u>\$ 3,334,861</u>

NOTE 5. ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits, as computed by consulting actuaries from Hallett Associates, Inc. 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 or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used in the valuations as of December 31, 2011 and 2010 are:

Actuarial cost method	Projected Unit Credit
Assumed rate of return on investments	2.94% - 6.46% - January 1, 2011 4.60% - 6.76% - January 1, 2010
Salary increases	N/A

WCA HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5. ACCUMULATED PLAN BENEFITS (CONTINUED)

Retirement	Age 51 – 55 – 5% Age 62 – 64 – 25% Age 65 – 100%
Mortality basis	IRS 2011 Static Mortality – 1/1/11 IRS 2010 Static Mortality – 1/1/10
Employer turnover	100% of Sarason's T-7 withdrawal table
Disability	1978 Society of Actuaries study of long-term disability insurance experience
Expenses	Prior years administrative costs plus anticipated PBGC premiums.

In the valuation there was a change on the discount rate used to calculate the rate of return on investments from 5.40% per year, net of expenses in 2010 to 4.25% per year, net of expenses in 2011. The change resulted in an increase in accumulated plan benefits during the year ended December 31, 2011 by \$5,593,818 (decreased by \$337,635 - 2010). Other changes in actuarial assumptions did not have a material effect on the actuarial present value of accumulated plan benefits.

NOTE 6. PLAN TERMINATION

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:

1. 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.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed subsequently).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. 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. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2011 and 2010 that ceiling is \$4,500 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

WCA HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6. PLAN TERMINATION (CONTINUED)

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

NOTE 7. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service April 22, 2008, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, the related trust is exempt from taxation. The plan has received a determination letter dated April 10, 2012 for the amendment and restatement that was effective January 1, 2011. Subsequent to this determination the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had taken no uncertain tax positions that require recognition or disclosure in the financial statements. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that change in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

WCA HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9. INFORMATION CERTIFIED BY THE CUSTODIAN

The following financial information relating to a Plan's assets at December 31, 2011 and 2010, as well as income and transactions for the years then ended have been derived from information provided by PNC Bank, N.A., the custodian of the Plan, has been certified by them as complete and accurate. The incorporation of this financial information in the accompanying financial statements is based solely on their certification and has not been audited by independent accountants.

	<u>2011</u>	<u>2010</u>
Investments:		
Shares of registered investment companies	\$ 21,837,582	\$ 23,140,347
Limited partnerships and similar investments	\$ 15,913,007	\$ 15,388,809
Cash reserve fund	\$ 454,286	\$ 1,503,118
Transactions for the years ended:		
Interest	\$ 91	\$ 1,757
Dividends	\$ 525,473	\$ 331,890
Net (depreciation) appreciation in fair value of investments	\$ (1,288,835)	\$ 3,334,861

NOTE 10. RELATED PARTY TRANSACTIONS

Certain Plan investments and shares of registered investment companies are managed by Prime Bucholz & Associates, Inc. PNC Bank, N.A. provides certain administrative services to the plan. Administrative, audit, and advisory expenses paid to related parties amounted to \$157,386 for the year ended December 31, 2011 (\$174,339 - 2010).

WCA HOSPITAL RETIREMENT PLAN

SCHEDULE OF ASSETS HELD

December 31, 2011

Identity of issuer	Description of Investment	Cost	Fair Value
Federated US Treasury Cash Reserves Fund #125	Money market fund	\$ 454,286	\$ 454,286
Harbor International Equity Fund	Shares of registered investment companies	2,519,259	3,612,767
Vanguard S&P 500 Index Fund	Shares of registered investment companies	3,047,220	3,546,878
Artisan Funds Inc International Fund	Shares of registered investment companies	4,073,469	3,485,028
PIMCO Real Return Bond Fund	Shares of registered investment companies	3,228,954	3,467,843
Thornburg Value Fund Class I	Shares of registered investment companies	3,728,425	2,885,490
T Rowe Price MidCap Equity Growth Fund	Shares of registered investment companies	1,638,070	2,276,706
CRM MidCap Value Fund	Shares of registered investment companies	\$ 2,204,397	2,131,162
Ishares S&P GS1 Commodity	Shares of registered investment companies	852,431	431,708
Artio International Equity Fund II	Shares of registered investment companies	-	-
		<u>21,292,225</u>	<u>21,837,582</u>
IR&M Core Bond Fund, LLC	Limited partnership and related investments	3,927,637	4,818,091
Aetos Capital Long/Short Strategies Fund, LLC	Limited partnership and related investments	4,305,053	3,838,097
Aetos Capital Multi Strategy Arbitrage Fund LLC	Limited partnership and related investments	2,000,000	2,740,811
Colchester Global Bond Fund	Limited partnership and related investments	1,999,000	2,283,498
Aetos Capital Distressed Investment Strategies Fund LLC	Limited partnership and related investments	1,300,000	1,924,894
Guggenheim Real Estate Plus Trust	Limited partnership and related investments	306,610	307,616
Aetos Capital Opportunities Fund, LLC	Limited partnership and related investments	-	-
		<u>13,838,300</u>	<u>15,913,007</u>
		<u><u>\$ 35,584,811</u></u>	<u><u>\$ 38,204,875</u></u>

This schedule was prepared solely from information certified by
PNC Bank, N.A.

WCA HOSPITAL RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
<u>Category 1 - Single transaction</u>						
<u>Purchases</u>						
Artisan Funds Inc. International Fund	Shares of registered investment company	\$ 4,024,564	\$ -	\$ 4,024,564	\$ 4,024,564	\$ -
<u>Sales</u>						
Artio Global Investment Funds International Equity Funds II Class I	Shares of registered investment company	\$ -	\$ 4,024,564	\$ 3,746,885	\$ 4,024,564	\$ 277,680
<u>Category 3 - Aggregate transactions</u>						
<u>Purchases</u>						
Artisan Funds Inc. International Fund	Shares of registered investment company	\$ 4,073,469	\$ -	\$ 4,073,469	\$ 4,073,469	\$ -
<u>There were no category 2 or 4 transactions during the Plan year.</u>						

This schedule was prepared solely from information certified by
PNC Bank, N.A.

Plan Name: WCA Hospital Retirement Plan

EIN: 16-0743226

Plan Number: 001

Schedule SB Line 22 - Description of Weighted Average Retirement Age

See Schedule SB, Part V attachment (Table O) for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

WCA HOSPITAL RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
<u>Category 1 - Single transaction</u>						
<u>Purchases</u>						
Artisan Funds Inc. International Fund	Shares of registered investment company	\$ 4,024,564	\$ -	\$ 4,024,564	\$ 4,024,564	\$ -
<u>Sales</u>						
Artio Global Investment Funds International Equity Funds II Class I	Shares of registered investment company	\$ -	\$ 4,024,564	\$ 3,746,885	\$ 4,024,564	\$ 277,680
<u>Category 3 - Aggregate transactions</u>						
<u>Purchases</u>						
Artisan Funds Inc. International Fund	Shares of registered investment company	\$ 4,073,469	\$ -	\$ 4,073,469	\$ 4,073,469	\$ -
<u>There were no category 2 or 4 transactions during the Plan year.</u>						

This schedule was prepared solely from information certified by
PNC Bank, N.A.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ 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 WCA HOSPITAL RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ▶</td> <td style="width: 30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WCA HOSPITAL RETIREMENT PLAN	D Employer Identification Number (EIN) 16-0743226		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a		40595490
b Actuarial value	2b		38598600
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	471	24831160
b For terminated vested participants	3b	390	7903877
c For active participants:			
(1) Non-vested benefits	3c(1)		312779
(2) Vested benefits	3c(2)		22545859
(3) Total active	3c(3)	671	22858638
d Total	3d	1532	55593675
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		5.94 %
6 Target normal cost	6		285829

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	09/20/2012 Date
	KEITH L. NICHOLS, M.A.A.A. Type or print name of actuary	11-04725 Most recent enrollment number
	HALLETT ASSOCIATES, INC. Firm name	724-934-2790 Telephone number (including area code)
	2591 WEXFORD-BAYNE ROAD, SUITE 402 SEWICKLEY PA 15143 Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

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	0
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	0
10	Interest on line 9 using prior year's actual return of <u>9.55</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		687
b	Interest on (a) using prior year's effective rate of <u>6.60</u> % except as otherwise provided (see instructions)		45
c	Total available at beginning of current plan year to add to prefunding balance		732
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	0

Part III Funding percentages			
14	Funding target attainment percentage	14	69.42 %
15	Adjusted funding target attainment percentage	15	69.42 %
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	80.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	69.43 %

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
04/14/2011	350000				
07/15/2011	350000				
10/11/2011	350000				
01/13/2012	350000				
09/12/2012	636000				
			Totals ►	18(b)	2036000
				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 1924578
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 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: 2.94 %	2nd segment: 5.82 %	3rd segment: 6.46 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
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 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is eligible for (and is using) 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 6)	31a	285829	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	16995075		1638341
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	1924170	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1924170	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1924578	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	408	
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 Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☒ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☒ 2010 ☒ 2011
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	