

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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>WOOD COUNTY HOSPITAL RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1965</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-4440884</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>419-354-8900</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1965</u>		2b Employer Identification Number (EIN) <u>34-4440884</u>		2c Sponsor's telephone number <u>419-354-8900</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1965</u>											
2b Employer Identification Number (EIN) <u>34-4440884</u>											
2c Sponsor's telephone number <u>419-354-8900</u>											
2d Business code (see instructions) <u>622000</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>WOOD COUNTY HOSPITAL</u> <u>950 WEST WOOSTER STREET</u> <u>BOWLING GREEN, OH 43402-0000</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	Filed with authorized/valid electronic signature. Signature of plan administrator	10/15/2014 Date	MIRIAM BATKE 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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
5 Total number of participants at the beginning of the plan year	5 978
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 589
b Retired or separated participants receiving benefits	6b 145
c Other retired or separated participants entitled to future benefits.....	6c 271
d Subtotal. Add lines 6a , 6b , and 6c	6d 1005
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 13
f Total. Add lines 6d and 6e	6f 1018
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 5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	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)
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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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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>WOOD COUNTY 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>WOOD COUNTY HOSPITAL</u>	D Employer Identification Number (EIN) <u>34-4440884</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 _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>47091171</u>
b Actuarial value	2b <u>46791478</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>158</u> (1) Number of participants <u>10798209</u> (2) Funding Target
b For terminated vested participants.....	3b <u>245</u> <u>5928994</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>4600556</u>
(2) Vested benefits	3c(2) <u>20629875</u>
(3) Total active.....	3c(3) <u>580</u> <u>25230431</u>
d Total.....	3d <u>983</u> <u>41957634</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>6.35 %</u>
6 Target normal cost.....	6 <u>1598345</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>10/14/2014</u>
Signature of actuary		Date
<u>KEVIN H. PRAY</u>		<u>14-04836</u>
Type or print name of actuary		Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>		<u>901-252-4000</u>
Firm name		Telephone number (including area code)
<u>3350 PLAYERS CLUB PARKWAY, STE 200</u> <u>MEMPHIS, TN 38125-8917</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) 2013
v. 130118

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)	3273733	4106004
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1498240	0
9 Amount remaining (line 7 minus line 8)	1775493	4106004
10 Interest on line 9 using prior year's actual return of <u>11.39</u> %	202229	467674
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3470556
b Interest on (a) using prior year's effective interest rate of <u>7.06</u> % except as otherwise provided (see instructions)		309895
c Total available at beginning of current plan year to add to prefunding balance		3780451
d Portion of (c) to be added to prefunding balance		3779702
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)	1977722	8353380

Part III Funding Percentages		
14 Funding target attainment percentage	14	86.89 %
15 Adjusted funding target attainment percentage	15	111.50 %
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	103.21 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2014	4000000				
			Totals ►	18(b)	4000000
				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	
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	3601287

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
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	1598345	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment		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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	1598345	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	1438512	0	1438512
36 Additional cash requirement (line 34 minus line 35).....	36	159833	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	3601287	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3441454	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1438512	
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 an election was made to use PRA 2010 funding relief for this plan:			
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		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>WOOD COUNTY 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>WOOD COUNTY HOSPITAL</u>	D Employer Identification Number (EIN) <u>34-4440884</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>DIMENSIONAL FUND ADVISORS (DFA)</u>	<u>6300 BEE COVE ROAD</u> <u>SUITE 600</u> <u>AUSTIN, TX 78746</u>

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
<u>VANGUARD</u>	<u>100 VANGUARD BLVD.</u> <u>MALVERN, PA 19355</u>

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>SPDR DOW JONES REIT ETF</u>	<u>1 LINCOLN STREET</u> <u>BOSTON, MA 02111-2900</u>

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>WISDOMTREE EMERGING MKTS HIYLD</u>	<u>380 MADISON AVENUE, 21ST FLOOR</u> <u>NEW YORK, NY 10017</u>

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

CHARLES SCHWAB & COMPANY

1958 SUMMIT PARK DRIVE
ORLANDO, FL 32810

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

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

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

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

TOWERS WATSON DELAWARE INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	223116	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 ☐

(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 ☐

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)

(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 ☐

(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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan WOOD COUNTY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 WOOD COUNTY HOSPITAL	D Employer Identification Number (EIN) 34-4440884	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	4000000	4000000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	40599	8886
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	777592	875481
(2) U.S. Government securities	1c(2)		
(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)	3429534	4533932
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	38970524	45543950
(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	47218249	54962249

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		7004
i Acquisition indebtedness	1i		
j Other liabilities	1j	20878	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	20878	7004

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	47197371	54955245
---	-----------	----------	----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4000000	
(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)		4000000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	507	
(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)		507

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	38090	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	874019	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		912109

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	30730097	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	30334899	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		395198

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	820783	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		820783

		(a) Amount	(b) Total
(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)		5036495
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		11165092

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3184102	
(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)		3184102
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)	223116	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		223116
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3407218

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7757874
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: BLUE & CO., LLC

(2) EIN: 35-1178661

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<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>2013</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013					
A Name of plan WOOD COUNTY HOSPITAL RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WOOD COUNTY HOSPITAL				D Employer Identification Number (EIN) 34-4440884	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1294506					
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	18
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) 2013 v. 130118	

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 lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

WOOD COUNTY HOSPITAL RETIREMENT PLAN

**FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULES**

DECEMBER 31, 2013 AND 2012

CPAs / ADVISORS



WOOD COUNTY HOSPITAL
RETIREMENT PLAN

34-4440884/001

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DECEMBER 31, 2013 AND 2012

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REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees
Wood County Hospital Retirement Plan
Bowling Green, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of Wood County Hospital Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility for the 2013 Financial Statements

Our responsibility is to express an opinion on the 2013 financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the 2013 financial statements.

Auditor's Responsibility for the 2012 Financial Statements

Our responsibility is to express an opinion on the 2012 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion on the 2012 Financial Statements paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion on the 2012 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the investment assets held by Key Bank, the trustee of the Plan, and transactions in those assets were excluded from the scope of our audit of the Plan's 2012 financial statements, except for comparing the information provided by the trustee, which is summarized in Note 5, with the related information included in the financial statements.

Disclaimer of Opinion on the 2012 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2012 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2012 financial statements.

In our opinion, the financial statements referred to in the first paragraph of the Plan as of December 31, 2013, and for the year then ended, present fairly, in all material respects, the financial status of the Plan as of December 31, 2013, and changes in its financial status for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit of the Plan's financial statements as of and for the year ended December 31, 2013, was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as listed in the table of contents referred to as "supplemental schedules," as of and for the year ended December 31, 2013, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2013 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Report on Form and Content of the 2012 Financial Statements in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2012 financial statements, other than that derived from the information certified by the trustee, 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 Disclosure under the Employee Retirement Income Security Act of 1974.

Blue : Co., LLC

Columbus, Ohio
October 14, 2014

WOOD COUNTY HOSPITAL
RETIREMENT PLAN

34-4440884/001

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Investments at fair value		
Money market funds	\$ 875,481	\$ 777,592
Mutual funds	45,543,950	38,970,524
Corporate stocks	<u>4,533,932</u>	<u>3,429,534</u>
Total investments	50,953,363	43,177,650
Receivables		
Contributions receivable	4,000,000	4,000,000
Interest and dividends receivable	<u>8,886</u>	<u>40,599</u>
Total receivables	<u>4,008,886</u>	<u>4,040,599</u>
Total assets	54,962,249	47,218,249
Liabilities		
Operating payables	<u>7,004</u>	<u>20,878</u>
Total liabilities	<u>7,004</u>	<u>20,878</u>
Net assets available for plan benefits	<u><u>\$ 54,955,245</u></u>	<u><u>\$ 47,197,371</u></u>

See accompanying notes to financial statements.

WOOD COUNTY HOSPITAL
RETIREMENT PLAN

34-4440884/001

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2013

	<u>2013</u>
Additions	
Employer contributions	\$ 4,000,000
Interest income	507
Dividends	912,109
Net appreciation in fair value of investments	<u>6,252,476</u>
Total additions	11,165,092
Deductions	
Benefit payments	3,184,102
Administrative expenses	<u>223,116</u>
Total deductions	<u>3,407,218</u>
 Net change	 7,757,874
 Net assets available for benefits - beginning of year	 <u>47,197,371</u>
 Net assets available for benefits - end of year	 <u><u>\$ 54,955,245</u></u>

See accompanying notes to financial statements.

WOOD COUNTY HOSPITAL
RETIREMENT PLAN

34-4440884/001

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

1. DESCRIPTION OF THE PLAN

The Wood County Hospital Retirement Plan (the Plan) was adopted by the Board of Trustees of The Wood County Hospital Association (the Plan Sponsor) and is a noncontributory defined benefit plan. The Plan provides for retirement, disability retirement and death benefits and covers all eligible employees of the Plan Sponsor.

Pension Benefits

Employees with three or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The Plan permits early retirement at ages 55-64. Employees may elect to receive their pension benefits in the following forms, 120 monthly payments, joint annuity, life annuity, or lump sum. If employees terminate before rendering three years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Plan Sponsor's contributions.

The Board of Trustees resolved to freeze the Plan effective December 31, 2007. Accrued benefits for individual participants will not increase; however, service will continue to be credited for vesting and retirement purposes.

Death and Disability Benefits

If a vested member of the plan dies, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Members who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age.

Contributions

The Plan Sponsor has agreed to voluntarily contribute such amounts as are necessary on an actuarial basis to provide assets sufficient to meet the benefits to be paid to Plan members. The Plan has met the Employee Retirement Income Security Act of 1974 minimum funding requirements.

Vesting

Benefits become vested upon completion of three years of service and are payable beginning at normal retirement age or upon early or late retirement.

WOOD COUNTY HOSPITAL
RETIREMENT PLAN

34-4440884/001

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by the Employee Retirement Income Security Act of 1974 (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 below).
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, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2013, that ceiling was \$14,561 per month for a 75 year old annuitant. 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.

WOOD COUNTY HOSPITAL
RETIREMENT PLAN

34-4440884/001

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Valuation of Investments

The Plan's 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 sale of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Most significantly, estimates are used in determining the actuarial present value of accumulated plan benefits and valuation of investments. Actual results could differ from those estimates.

Benefit Payments

Retirement benefits are recorded when paid.

Administrative Expenses

All costs incurred with regard to the operation of the Plan are paid by the Plan.

WOOD COUNTY HOSPITAL
RETIREMENT PLAN

34-4440884/001

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

Subsequent Events

The Plan has evaluated events or transactions occurring subsequent to the statement of net assets available for benefits date for recognition and disclosure in the accompanying financial statements through the date the financial statements are available to be issued, which is October 14, 2014.

3. FAIR VALUE OF FINANCIAL INSTRUMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the 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.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The Plan's policy is to recognize transfers, if any, between levels as of the actual date of the event or change in circumstances. No transfers between levels occurred in 2013 and 2012.

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, 2013 and 2012:

**WOOD COUNTY HOSPITAL
RETIREMENT PLAN**

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**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012**

Money Market Funds: Generally transact subscription and redemption activity at a \$1 stable net asset value (NAV); however, on a daily basis, the funds are valued at their daily NAV calculated using the amortized cost of the securities held in the fund.

Mutual funds: Valued at the daily closing prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Corporate stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Assets measured at fair value on a recurring basis as of December 31, 2013 are as follows:

	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 875,481	\$ -	\$ 875,481
Mutual funds				
Large cap	17,332,737	-	-	17,332,737
Mid cap	2,734,244	-	-	2,734,244
Small cap	4,816,003	-	-	4,816,003
Fixed income	16,528,578	-	-	16,528,578
Other	4,132,388	-	-	4,132,388
Corporate stocks				
Large cap	2,465,805	-	-	2,465,805
Mid cap	1,298,178	-	-	1,298,178
Small cap	769,949	-	-	769,949
Total assets at fair value	\$ 50,077,882	\$ 875,481	\$ -	\$ 50,953,363

Assets measured at fair value on a recurring basis as of December 31, 2012 are as follows:

	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 777,592	\$ -	\$ 777,592
Mutual funds				
Large cap	21,441,166	-	-	21,441,166
Fixed income	15,458,542	-	-	15,458,542
Other	2,070,816	-	-	2,070,816
Corporate stocks				
Large cap	1,594,476	-	-	1,594,476
Mid cap	1,361,786	-	-	1,361,786
Small cap	473,272	-	-	473,272
Total assets at fair value	\$ 42,400,058	\$ 777,592	\$ -	\$ 43,177,650

WOOD COUNTY HOSPITAL
RETIREMENT PLAN

34-4440884/001

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

4. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries.

Prior to the freezing of the Plan, benefits for retired or terminated employees or their beneficiaries are based on the employee's credited service and the average of monthly earnings for the five highest consecutive plan years during which the participant is a member of the Plan. The accumulated plan benefits for active employees are based on their credited service and fiscal monthly earnings during the five years preceding the valuation date. 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.

After freezing of the Plan, benefits for retired or terminated employees or their beneficiaries are determined by the sum of the employee's cash balance benefit and the employee's benefit prior to the freezing of the Plan. The cash balance benefit is determined by converting the cash balance account into a monthly single life annuity benefit. The cash balance account is based on the employee's credited service which includes pay credits, interest credits and transition credits. Pay credits are a percentage of compensation which is determined by a participants' age plus credited service. Interest credits are based on the cash balance account at the beginning of the Plan year and the average yield on thirty year Treasury constant maturities. Transition credits are a percentage of compensation with is determined by a participants' age plus credited service for those participants with greater than ten years of credited service and 1,000 hours of service in the Plan year. 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.

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

**WOOD COUNTY HOSPITAL
RETIREMENT PLAN**

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**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012**

Accumulated plan benefit information is as follows:

	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated Plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 9,809,549	\$ 9,730,516
Other participants	<u>27,098,601</u>	<u>24,037,561</u>
Total vested benefits	36,908,150	33,768,077
Nonvested benefits	<u>3,501,921</u>	<u>3,941,840</u>
Actuarial present value of accumulated Plan benefits	<u>\$ 40,410,071</u>	<u>\$ 37,709,917</u>

Changes in the present value of accumulated plan benefits are as follows:

	<u>2013</u>	<u>2012</u>
Accumulated plan benefits - beginning of year	\$ 37,709,917	\$ 36,156,889
Increase attributable to:		
Benefits paid	(3,184,102)	(3,244,502)
Benefits accumulated	1,253,453	1,369,953
Actuarial losses	958,909	759,820
Decrease in the discount period	2,802,849	2,692,844
Change of assumptions	<u>869,045</u>	<u>(25,087)</u>
Net Increase	<u>2,700,154</u>	<u>1,553,028</u>
Accumulated plan benefits - end of year	<u>\$ 40,410,071</u>	<u>\$ 37,709,917</u>

Significant assumptions underlying the actuarial computations are as follows:

	<u>2013</u>	<u>2012</u>
Discount rate	7.25%	7.50%
Life Expectancy	RP-2000 Mortality Tables for males and females, projected to 2015 by Scale AA	
Retirement	Normal retirement age 65 Early retirement age 55	
Actuarial Valuation Method	Projected Unit Credit Cost Method	

WOOD COUNTY HOSPITAL
RETIREMENT PLAN

34-4440884/001

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

5. INVESTMENTS

Bank-administered trust funds hold the Plan's investment assets and execute the purchases and sales of investments. During 2013 the Plan's investments (including investments bought, sold, as well as held at year-end) appreciated in fair value as determined by quoted market prices as follows:

	2013
Corporate stocks	\$ 1,215,981
Mutual funds	<u>5,036,495</u>
Total	<u>\$ 6,252,476</u>

Investments that represent 5 percent or more of the Plan's net assets are as follows:

	2013	2012
Vanguard Total Stk Mkt Index FD	\$ 6,987,152	\$ 11,763,423
Vanguard Short Term Bond Index FD	*	\$ 9,538,315
Vanguard Interim-Term Bond Index	*	\$ 3,818,013
Vanguard Divid Appreciation Idx	Not applicable	\$ 3,716,138
Vanguard Developed Markets Idx	*	\$ 2,520,624
Vanguard FTSE Emerging Markets Etf	*	\$ 2,360,090
Vanguard Short-Term Corp Bond Index	\$ 6,361,910	Not applicable
DFA US Large Cap Value Port Instl	\$ 2,821,952	Not applicable

* Less than 5% of net assets available for benefits

6. TRANSACTIONS WITH PARTIES-IN-INTEREST

Fees paid during the year by the Plan Sponsor for costs of administering the Plan were based on customary and reasonable rates for such services. The Plan has investments in funds managed by the trustee, Key Bank. The Plan has investments in funds held by the custodian, Charles Schwab. Blue & Co., LLC, serves as the Plan auditor. Towers Watson serves as the Plan actuary.

WOOD COUNTY HOSPITAL
RETIREMENT PLAN

34-4440884/001

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

7. INCOME TAX STATUS

The Plan obtained its latest determination letter on January 10, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing Jurisdictions. However, as of the date the financial statements were available to be issued, there were no audits for any tax period in progress. Management believes it is no longer subject to income tax examination for years prior to 2010.

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 changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement 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.

Supplemental Schedules

WOOD COUNTY HOSPITAL RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR FORM 5500, SCHEDULE H, LINE 4i DECEMBER 31, 2013

EIN 34-4440884 Plan 001

(c)				
(a)	(b)	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Identity of Issue, Borrower, Lessor, or Similar Party				
Money Market				
Federated Prime Cash Obligations		Money market	\$ 754,061	\$ 754,061
Federated Government Obligations		Money market	121,420	121,420
Total money market			875,481	875,481
Mutual Funds				
SPDR Dow Jones Reit Etf		Mutual fund	732,211	893,298
Vanguard Developed Markets Idx		Mutual fund	683,159	848,461
Vanguard FTSE Emerging Markets Etf		Mutual fund	444,614	440,609
Vanguard Total Stk Mkt Idx Fd		Mutual fund	4,213,863	6,987,152
Wisdomtree Emerging Markets Hi Yld		Mutual fund	429,518	424,059
Vanguard Short-Term Corp Bond Index		Mutual fund	6,320,610	6,361,910
Vanguard Short-Term Bond Index		Mutual fund	3,749	3,746
Vanguard Interim-Term Bond Index		Mutual fund	2,643,901	2,619,636
* Schwab Govt Money Fund		Mutual fund	595,971	595,971
DFA Five Year Gbl Fixed Incm		Mutual fund	2,725,623	2,633,569
DFA One Year Fixed Incm Port Instl		Mutual fund	2,458,544	2,453,712
DFA Short Term Govt Port Instl		Mutual fund	2,684,109	2,643,118
DFA Two Year Gbl Fixed IncmPort Instl		Mutual fund	2,468,632	2,456,005
DFA Emerging Mkts Port Instl		Mutual fund	435,593	431,849
DFA Intl Small Cap Value Port Instl		Mutual fund	664,400	797,473
DFA Intl Small Co Port Instl		Mutual fund	675,862	779,469

See report of independent auditors on pages 1 and 2.

**WOOD COUNTY HOSPITAL
RETIREMENT PLAN**

**SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, LINE 4i
DECEMBER 31, 2013**

EIN 34-4440884 Plan 001

(b)		(c)	
(a)	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost
			(e) Current Value
	DFA Intl Value Port Instl	Mutual fund	1,435,877
	DFA Large Cap Intl Port Instl	Mutual fund	871,785
	DFA Real Estate Securities Port Instl	Mutual fund	1,305,570
	DFA US Large Cap Value Port Instl	Mutual fund	2,290,516
	DFA US Large Co Portfolio	Mutual fund	2,297,838
	DFA US Micro Cap Port Instl	Mutual fund	1,934,110
	DFA US Small Cap Value Port Instl	Mutual fund	1,932,544
	Total mutual funds		40,248,599

45,543,950

Corporate Stocks

Alcoa Inc	Common stock	49,711	58,890
Alere Inc	Common stock	41,879	58,282
Alexandria real estate equities	Common stock	10,736	9,543
Alleghany Corp Del	Common stock	96,984	123,188
Amazon Com Inc	Common stock	11,778	19,940
American International Group	Common stock	75,856	122,520
Apache Corp	Common stock	42,813	41,251
Apple Inc	Common stock	29,492	39,271
Approach Resources	Common stock	147,175	114,642
Baker Hughes	Common stock	65,012	75,154
Bank of New York Mellon	Common stock	96,093	131,025
Becton Dickinson & Co	Common stock	30,788	44,196

See report of independent auditors on pages 1 and 2.

WOOD COUNTY HOSPITAL
RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, LINE 4i
DECEMBER 31, 2013

EIN 34-4440884 Plan 001

(b)		(c)		
(a)	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Biomed Realty Trust Inc	Common stock	8,986	8,335
	BJ's Restaurants	Common stock	16,547	12,735
	Cameron International Corp	Common stock	52,340	57,744
	Capital One Financial Corp	Common stock	88,498	130,237
	Caterpillar Inc	Common stock	25,262	27,243
	Cerner Corp	Common stock	32,705	51,281
	C H Robinson Worldwide Inc	Common stock	38,903	39,095
	Chesapeake Energy Corp	Common stock	48,372	58,351
	Coca Cola Co	Common stock	38,154	43,376
	Corporate Office PPTYS Trust	Common stock	5,594	5,449
	Covidien Plc	Common stock	37,517	57,885
	Davita Healthcare Partners Inc	Common stock	33,477	35,487
	Dicks Sporting Goods Inc	Common stock	16,367	20,335
	Digital Realty Trust Inc	Common stock	5,563	3,930
	Directv	Common stock	37,066	55,939
	DR Horton Inc	Common stock	9,965	12,946
	Dupont Fabros Technology Inc	Common stock	5,650	5,930
	Ebay	Common stock	49,181	51,024
	Electronic Arts Inc	Common stock	31,724	43,357
	EMC Corp	Common stock	75,876	75,702
	EOG Resources	Common stock	16,074	25,176
	Equifax Inc	Common stock	31,675	62,181

See report of independent auditors on pages 1 and 2.

WOOD COUNTY HOSPITAL
RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, LINE 4i
DECEMBER 31, 2013

EIN 34-4440884 Plan 001

(b)		(c)		
(a)	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Facebook	Common stock	22,442	37,161
	Fastenal Co	Common stock	33,072	35,157
	F5 Networks Inc	Common stock	26,451	29,984
	Forestar Group Inc	Common stock	124,764	136,872
	Fortinet Inc	Common stock	29,361	29,652
	General Electric Co	Common stock	29,090	36,439
	General Motors Co	Common stock	49,796	73,566
	Google Inc	Common stock	32,340	56,036
	Graham Holdings Co	Common stock	48,955	66,332
	HCA Holdings Co	Common stock	16,216	16,699
	Hess	Common stock	53,088	78,850
	Homeaway Inc	Common stock	7,883	12,673
	Ingredion Inc	Common stock	26,204	27,384
	Johnson & Johnson	Common stock	31,641	41,216
	Johnson Controls	Common stock	38,133	61,560
	Joy Global	Common stock	27,945	27,490
	JP Morgan Chase & Co	Common stock	83,948	125,732
	Juniper Networks	Common stock	68,930	79,446
	Kraft Foods Group	Common stock	16,478	20,809
	Lennar Corp	Common stock	4,818	7,912
	Leucadia Natl Corp	Common stock	38,079	60,648
	Liberty Interactive Corp	Common stock	58,319	132,075

See report of independent auditors on pages 1 and 2.

**WOOD COUNTY HOSPITAL
RETIREMENT PLAN**

**SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, LINE 4i
DECEMBER 31, 2013**

EIN 34-4440884 Plan 001

(c)				
(b)				
(a)	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Liberty Media Corp	Common stock	28,457	58,517
	Lin Media	Common stock	6,690	8,613
	Linkedin Corp	Common stock	5,167	10,842
	Loews Corp	Common stock	103,720	125,424
	McGraw Hill Financial Inc	Common stock	16,619	24,242
	Mead Johnson Nutrition Co	Common stock	22,079	27,641
	Monsanto Co	Common stock	29,641	44,289
	MSCI Inc	Common stock	18,313	23,609
	Neustar	Common stock	47,907	69,804
	Nexstar Broadcasting Group	Common stock	5,569	7,802
	Occidental Pete Corp	Common stock	120,393	123,630
	Palo Alto Networks Inc	Common stock	9,900	12,643
	Peabody Energy Corp	Common stock	27,769	30,272
	PMC Sierra	Common stock	67,253	64,943
	Qualcomm Inc	Common stock	46,029	54,203
	Range Resources	Common stock	17,033	22,764
	Realogy Holdings Corp	Common stock	19,774	23,746
	Remy International Inc	Common stock	50,340	69,960
	Shutterfly Inc	Common stock	17,574	18,335
	Signature Group Holdings Inc	Common stock	22,600	21,500
	Sinclair Broadcast Group Inc	Common stock	10,987	13,220
	Skyworks Solutions Inc	Common stock	19,209	25,133

See report of independent auditors on pages 1 and 2.

WOOD COUNTY HOSPITAL RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR FORM 5500, SCHEDULE H, LINE 4i DECEMBER 31, 2013

EIN 34-4440884 Plan 001

(b)		(c)		
(a)	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Spirit Airlines	Common stock	4,598	11,353
	Starz Liberty Capital	Common stock	12,105	18,714
	Taminco	Common stock	121,396	123,281
	Target	Common stock	122,693	120,719
	TE Connectivity LTD	Common stock	31,803	60,621
	Teleflex Inc	Common stock	9,928	12,202
	Time Warner Inc	Common stock	23,940	43,924
	Toll Brothers Inc	Common stock	4,552	7,030
	Tribune	Common stock	15,903	20,124
	Twenty-First Century Fox inc	Common stock	41,420	48,183
	Universal Health SVCS INC	Common stock	6,883	12,189
	Verifone Systems Inc	Common stock	17,313	16,897
	Viacom Inc	Common stock	25,616	39,303
	Volcano Corp	Common stock	35,673	28,624
	Walt Disney Co	Common stock	14,166	24,448
	Weatherford International LTD	Common stock	19,119	21,376
	White Mountains Insurance Group	Common stock	41,600	72,370
	Xylem Inc	Common stock	11,988	14,532
	Yum! Brands Inc	Common stock	36,925	41,577
	Total corporate stocks		3,582,410	4,533,932
	Total Investments		\$ 44,706,490	\$ 50,953,363

* Represents party-in-interest.

See report of independent auditors on pages 1 and 2.

WOOD COUNTY HOSPITAL
RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, LINE 4j
YEAR ENDED DECEMBER 31, 2013

EIN 34-4440884 Plan 001

(a) Identity of party	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single transactions representing 5% or more of assets available for plan benefits at the beginning of the year:								
Vanguard Short-Term Bond Index Fund	Mutual fund	-	4,947,003	-	-	4,888,538	4,947,003	58,465
Vanguard Short-Term Bond Index Fund	Mutual fund	-	4,899,227	-	-	4,910,745	4,899,227	(11,518)
Vanguard Total Stk Mkt Indx Fund	Mutual fund	-	6,399,776	-	-	4,604,416	6,399,776	1,795,360
Federated Prime Cash Obligations	Money market fund	-	16,956,385	-	-	16,956,385	16,956,385	-
Federated Prime Cash Obligations	Money market fund	-	5,144,306	-	-	5,144,306	5,144,306	-
Federated Prime Cash Obligations	Money market fund	16,905,171	-	-	-	16,905,171	16,905,171	-
Federated Prime Cash Obligations	Money market fund	5,839,227	-	-	-	5,839,227	5,839,227	-
Vanguard Short-Term Corp Bd Indx	Mutual fund	6,400,000	-	-	-	6,400,000	6,400,000	-

See report of independent auditors on pages 1 and 2.

**WOOD COUNTY HOSPITAL
RETIREMENT PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, LINE 4j
YEAR ENDED DECEMBER 31, 2013**

EIN 34-4440884 Plan 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Aggregate transactions representing 5% or more of assets available for plan benefits at the beginning of the year:								
Federated Prime Cash Obligations	Money market fund	27,616,658	-	-	-	27,616,658	27,616,658	-
Federated Prime Cash Obligations	Money market fund	-	27,571,632	-	-	27,571,632	27,571,632	-
Ishares Barclays Tips Bond Fund	Mutual fund	138,715	-	-	-	138,715	138,715	-
Ishares Barclays Tips Bond Fund	Mutual fund	-	2,150,132	-	-	1,968,439	2,150,132	181,693
Vanguard Divid Appreciation Idx	Mutual fund	29,306	-	-	-	29,306	29,306	-
Vanguard Divid Appreciation Idx	Mutual fund	-	4,213,619	-	-	3,173,343	4,213,619	1,040,276
Vanguard Short-Term Bond Index	Mutual fund	381,081	-	-	-	381,081	381,081	-
Vanguard Short-Term Bond Index	Mutual fund	-	9,846,230	-	-	9,799,283	9,846,230	46,947
Vanguard Short-Term Bond Index	Mutual fund	1,352,839	-	-	-	1,352,839	1,352,839	-
Vanguard Intern-Term Bond Index	Mutual fund	-	2,388,549	-	-	2,231,721	2,388,549	156,828
Vanguard Intern-Term Bond Index	Mutual fund	6,483,489	-	-	-	6,483,489	6,483,489	-
Vanguard Short-Term Corp Bd Idx	Mutual fund	-	165,000	-	-	162,879	165,000	2,121
Vanguard Short-Term Corp Bd Idx	Mutual fund	155,163	-	-	-	155,163	155,163	-
Vanguard Total Stk Mkt Idx Fd	Mutual fund	-	7,204,776	-	-	5,140,553	7,204,776	2,064,223
DFA Five Year Gbl Fixed	Mutual fund	2,662,333	-	-	-	2,662,333	2,662,333	-
DFA One Year Fixed Incm	Mutual fund	2,450,100	-	-	-	2,450,100	2,450,100	-
DFA Short Term Govt Port	Mutual fund	2,662,333	-	-	-	2,662,333	2,662,333	-
DFA Two Year Gbl Fixed	Mutual fund	2,450,100	-	-	-	2,450,100	2,450,100	-

34-4440884/001

See report of independent auditors on pages 1 and 2.

SCHEDULE H ATTACHMENTS

The required Information is included in the
Accountants Opinion attachment

SCHEDULE H ATTACHMENTS

The required Information is included in the
Accountants Opinion attachment

SCHEDULE SB ATTACHMENTS

**The Required SB Attachment is located in the
Actuary Statement File**

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2013**This Form is Open to Public
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

► **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.

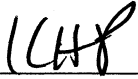
A Name of plan Wood County Hospital Retirement Plan		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Wood County Hospital		D Employer Identification Number (EIN) 34-4440884
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>			
2 Assets:			
a Market value		2a	47,091,171
b Actuarial value		2b	46,791,478
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	158	10,798,209
b For terminated vested participants.....	3b	245	5,928,994
c For active participants:			
(1) Non-vested benefits	3c(1)		4,600,556
(2) Vested benefits	3c(2)		20,629,875
(3) Total active.....	3c(3)	580	25,230,431
d Total.....	3d	983	41,957,634
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	6.35 %
6 Target normal cost.....		6	1,598,345

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	Kevin H. Pray 	10/14/2014
Signature of actuary		Date
Kevin H. Pray		14-04836
Type or print name of actuary		Most recent enrollment number
Towers Watson Delaware Inc.		(901) 252-4000
Firm name		Telephone number (including area code)
3350 Players Club Parkway, Ste 200		
Memphis TN 38125-8917		
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) 2013
v. 130118

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)	3,273,733	4,106,004
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1,498,240	0
9 Amount remaining (line 7 minus line 8)	1,775,493	4,106,004
10 Interest on line 9 using prior year's actual return of <u>11.39</u> %	202,229	467,674
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3,470,556
b Interest on (a) using prior year's effective interest rate of <u>7.06</u> % except as otherwise provided (see instructions)		309,895
c Total available at beginning of current plan year to add to prefunding balance		3,780,451
d Portion of (c) to be added to prefunding balance		3,779,702
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)	1,977,722	8,353,380

Part III Funding Percentages		
14 Funding target attainment percentage	14	86.89 %
15 Adjusted funding target attainment percentage	15	111.50 %
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	103.21 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2014	4,000,000				
Totals ►			18(b)	4,000,000	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	
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	3,601,287
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th		
0		

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
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	1,598,345	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	0		0
b Waiver amortization installment			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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	1,598,345	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	1,438,512	0	1,438,512
36 Additional cash requirement (line 34 minus line 35).....	36	159,833	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	3,601,287	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3,441,454	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,438,512	
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 an election was made to use PRA 2010 funding relief for this plan:			
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		

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Wood County Hospital
EIN/PN	34-4440884/001
Plan Name	Wood County Hospital Retirement Plan
Valuation Date	January 1, 2013
Enrolled Actuary	Kevin H. Pray
Enrollment Number	14-04836

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Wood County Hospital Retirement Plan
EIN / PN:	34-4440884 / 001
Plan Sponsor:	Wood County Hospital
Valuation Date:	January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2013

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Wood County Hospital Retirement Plan
EIN / PN: 34-4440884 / 001
Plan Sponsor: Wood County Hospital
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2013

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	3		15		0		0		0		0		0		0		0		0	
25 - 29	2		30		19		0		0		0		0		0		0		0	
30 - 34	2		24		23		16		0		0		0		0		0		0	
35 - 39	2		19		15		16		6		0		0		0		0		0	
40 - 44	0		25		25		10		8		7		0		0		0		0	
45 - 49	1		11		19		18		9		12		7		0		0		0	
50 - 54	4		14		21		11		9		7		16		11		0		0	
55 - 59	0		16		11		7		8		6		16		13		4		0	
60 - 64	1		4		6		3		6		7		6		3		5		1	
65 - 69	2		2		2		5		1		1		0		1		1		0	
70 & Over	0		1		1		1		0		0		1		1		0		0	

Plan Name: Wood County Hospital Retirement Plan
 EIN / PN: 34-4440884 / 001
 Plan Sponsor: Wood County Hospital
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
● First segment rate	4.94%	1.75%
● Second segment rate	6.15%	4.62%
● Third segment rate	6.76%	5.72%
● Effective interest rate	6.35%	5.01%

Cash balance interest crediting rate

3 year average of prior September 30-Year Treasury rates: 4.00%

Assumed cost of living adjustments

0.00%

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related expenses

The amount included this year for plan-related expenses is \$100,000.

Plan Name: Wood County Hospital Retirement Plan
EIN / PN: 34-4440884 / 001
Plan Sponsor: Wood County Hospital
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Mortality

For non-disabled participants: the prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Disabled mortality

For disabled participants: mortality in accordance with Revenue Ruling 96-7.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Age	Males	Females
55	5.0%	5.0%
56	5.0%	5.0%
57	5.0%	5.0%
58	5.0%	5.0%
59	5.0%	5.0%
60	10.0%	10.0%
61	10.0%	10.0%
62	25.0%	25.0%
63	10.0%	10.0%
64	10.0%	10.0%
65	50.0%	50.0%
66	25.0%	25.0%
67	25.0%	25.0%
68	25.0%	25.0%
69	25.0%	25.0%
70	100.0%	100.0%

The weight average retirement age is 62.5 determined by weighting each potential retirement age by the number of current active employees expected to retire at such age, as determined by the above retirement rates.

Disability rates

Wyatt 1985 Disability Study Class 1 male and female rates.

Plan Name: Wood County Hospital Retirement Plan
EIN / PN: 34-4440884 / 001
Plan Sponsor: Wood County Hospital
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Compensation increases

Future compensation is assumed to increase by 3.00% per annum.

Future increases in maximum benefits and plan compensation limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Representative termination rates not due to disability, retirement, or mortality

Age	Years of Service	
	0-4	5 or more
22	18.00%	6.00%
27	17.20%	5.70%
32	16.40%	5.40%
37	15.60%	5.20%
42	14.80%	5.00%
47	14.20%	4.80%
52	13.60%	4.60%

Form of payment

70% of new terminated vested participants are assumed to elect to receive an immediate lump sum, and 30% are assumed to elect a deferred annuity at age 65. 50% of new retired participants are assumed to elect to receive an immediate lump sum, and 50% are assumed to elect to receive an immediate annuity. Lump sums are converted to annuities using the mortality described in Revenue Ruling 2007-67. The interest rate used in the conversion is the discount rate used for funding purposes.

Marriage

100% of participants are assumed to be married. Male participants are assumed to be three years older than their spouses and female participants are assumed to be three years younger than their spouses.

Employees

It was assumed that there will be no new or rehired employees.

Plan Name: Wood County Hospital Retirement Plan
EIN / PN: 34-4440884 / 001
Plan Sponsor: Wood County Hospital
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Plan compensation

Compensation assumed paid in the current year beginning on the valuations date is the current annual rate of pay.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits.

Target normal cost

Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2012 plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Participant data

The Hospital supplied employee data on a listing as of the valuation date.

Plan Name:	Wood County Hospital Retirement Plan
EIN / PN:	34-4440884 / 001
Plan Sponsor:	Wood County Hospital
Valuation Date:	January 1, 2013

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with Wood County Hospital and, based on that review, is not aware of any significant benefits required to be valued that were not.

Changes in assumptions and methods since last actuarial valuation

The following changes in assumptions and methods were made as part of this valuation:

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2011 to September 2012 and the segment interest rate corridors of MAP-21 were applied.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- The assumed plan-related expenses added to the target normal cost were changed from \$150,000 for 2012 to \$100,000 for 2013.
- The cash balance interest crediting rate was updated from 4.06% to 4.00% (three year average of prior September 30-year Treasury rates).

Plan Name: Wood County Hospital Retirement Plan
EIN / PN: 34-4440884 / 001
Plan Sponsor: Wood County Hospital
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The assumed plan-related expenses added to the target normal cost were changed from \$150,000 for 2012 to \$100,000 for 2013.
- The cash balance interest crediting rate was updated from 4.06% to 4.00% (three year average of prior September 30-year Treasury rates).

Plan Name: Wood County Hospital Retirement Plan
EIN / PN: 34-4440884 / 001
Plan Sponsor: Wood County Hospital
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Effective Date

July 1, 1965. The last amendment reflected herein is effective January 1, 2010.

Plan Year

The 12 month period beginning each January 1.

Members Covered

Employees of Wood County Hospital.

Eligibility for Participation

Employees become a Member of the Plan on the first anniversary of employment if they worked 1,000 hours in the initial year, and have then attained age 20; otherwise, the January 1 following 1,000 hours in a Plan Year, if then attained age 20.

Credited Service

A Member earns one year of Credited Service on the basis of 1,800 but more than 1,000 per the schedule defined in the Plan. For year of separation, a Member earns Credited Service reduced pro-rata for less than 1,000 Hours of Service per the schedule defined in the Plan.

Eligibility Service

An Employee receives one year for each Plan Year in which the Employee is credited with at least 1,000 hours. No Eligibility Service is credited prior to age 18.

Monthly Earnings

Compensation is 1/12th of the Employee's W-2 compensation subject to FICA tax (without regard to dollar limitations) plus TDA and 125 Plan contributions. Prior to January 1, 2008, if a Member is compensated for fewer than 2,080 hours over during a Plan Year, earnings shall be annualized by multiplying the ratio of 2,080 hours over hours actually compensated.

Plan Name:	Wood County Hospital Retirement Plan
EIN / PN:	34-4440884 / 001
Plan Sponsor:	Wood County Hospital
Valuation Date:	January 1, 2013

SCHEDULE SB ATTACHMENTS

Final Average Monthly Earnings

This term refers to the Employee's Monthly Earnings for the highest 5 consecutive Plan Years preceding date of separation, and is frozen as of December 31, 2007.

Covered Compensation

Covered Compensation is an average of the Social Security wage base for the 35 years prior to an individual's Social Security retirement age. For purposes of the plan, this amount is frozen as of December 31, 2007.

Accrued Benefit

The Normal Retirement Benefit based on service and earnings to date.

Normal Retirement Benefit

Eligibility:

Age 65.

Monthly Benefit for Credited Service Prior to January 1, 2008:

Based on the greater of the following formulas:

- (a) Formula effective January 1, 1992 which is 1.4% of Final Average Monthly Earnings multiplied by Credited Service up to a maximum of 40 years, plus .3% of Final Average Monthly Earnings in excess of Covered Compensation multiplied by Credited Service up to a maximum of 35 years; or
- (b) Prior formula for Members on December 31, 1991, which is 1.08% of Final Average Monthly Earnings at December 31, 1991 up to \$833.33 plus 1.5% of Final Average Monthly Earnings at December 31, 1991 in excess of \$833.33, the sum of which is multiplied by Credited Service as of December 31, 1991 up to a maximum of 40 years.

The monthly benefit is frozen as of December 31, 2007.

Cash Balance Benefit for Credited Service After December 31, 2007:

<u>Points (Age Plus Service)</u>	<u>Pay Credits</u>
≤ 40	3%
40 < Points ≤ 50	4%
50 < Points ≤ 60	5%
60 < Points ≤ 70	6%
70 < Points ≤ 80	7%
80 < Points ≤ 90	8%
90 < Points	8%

Plan Name: Wood County Hospital Retirement Plan
EIN / PN: 34-4440884 / 001
Plan Sponsor: Wood County Hospital
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

An employee earns a pay credit for years after December 31, 2007 with at least 1,000 hours worked.

An employee who has attained 10 years of Credited Service as of January 1, 2008 will also receive additional pay credits based on their Points as of January 1, 2008 per the above schedule.

Normal Form of Retirement Income

Single life annuity, if unmarried. 50% Joint & Survivor annuity, if married, actuarially equivalent to the single life amount.

Optional Forms

Single life annuity. 50%, 75% or 100% Joint & Survivor benefit, and full lump sum payment.

Actuarial Equivalence

Conversion of annuity forms: 6% interest, UP-1984 mortality. Lump sum: the 1994 GAR Mortality Table with interest rates equal to the yield rate for 30 year Treasury constant maturity securities for the last month prior to the beginning of the Plan Year of distribution.

Early Retirement Benefit

Eligibility:

Age 55 and 5 years of Eligibility Service.

Monthly Benefit:

Benefit for Credited Service Prior to January 1, 2008:

Accrued retirement benefit as of Early Retirement Date reduced for commencement before age 65 to reflect the increased payout period. The reduction is 5/10% for each of the first 60 months plus 1/3% for each of the next 60 months that the commencement date precedes age 65.

Benefit for Credited Service After December 31, 2007:

Cash Balance account balance.

Unreduced Early Retirement

With at least 40 years of Credited Service or 40 or more years of continuous full time service from date of employment. Benefits payable are determined as under Early Retirement, but unreduced.

Plan Name: Wood County Hospital Retirement Plan
EIN / PN: 34-4440884 / 001
Plan Sponsor: Wood County Hospital
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Disability Benefit

Eligibility:

Age 40 with at least 10 years of Eligibility Service plus eligibility for Federal Social Security Disability Insurance.

Monthly Benefit:

The monthly benefit payable is equal to the Accrued Benefit without actuarial reduction for early commencement. Benefits are subject to reduction by reason of any Workers' Compensation Benefits payable and by reason of any disability or sickness and accident benefits payable under other Hospital-financed programs.

Vested Benefits Upon Termination of Service

Eligibility:

Members are 100% vested upon completion of 5 years of Eligibility Service. Members are 100% vested in the Cash Balance benefit upon completion of 3 years of Eligibility Service.

Monthly Benefit:

Benefits for Credited Service Prior to January, 1 2008:

The accrued retirement benefit becomes payable, with proper application, at age 65; or reduced at age 55 as per Early Retirement.

Benefits for Credited Service After December 31, 2007:

Cash Balance account balance payable immediately.

Death Benefits for Members in Active Service

Eligibility:

All Members eligible for a Vested Retirement Benefit (whether or not actively employed) automatically receive coverage under this Option.

Benefit:

Benefit for Credited Service Prior to January 1, 2008:

In the event of a Vested Member's death prior to benefit commencement, a 50% Survivor Annuity will be paid to the Member's spouse. Cost of this protection is fully subsidized by Wood County Hospital.

Benefit for Credited Service After December 31, 2007:

In the event of a Vested Member's death prior to benefit commencement, the Cash Balance account balance will be paid to the Member's spouse. Cost of this protection is fully subsidized by Wood County Hospital.

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Changes in Plan Provisions

None.

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SCHEDULE SB ATTACHMENTS

**The Required SB Attachment is located in the
Actuary Statement File**

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