Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ___

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
WCA HOSPITAL RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1967

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

WCA HOSPITAL

207 FOOTE AVENUE
P.O. BOX 840
JAMESTOWN, NY 14702-0840

2b Employer Identification Number (EIN)
16-0743226

2c Plan Sponsor's telephone number
716-487-0141

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	CHARLES C. NAZZARO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1425
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	363
a(2) Total number of active participants at the end of the plan year	**6a(2)**	289
b Retired or separated participants receiving benefits	**6b**	738
c Other retired or separated participants entitled to future benefits	**6c**	347
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1374
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	34
f Total. Add lines **6d** and **6e**.	**6f**	1408
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
WCA HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WCA HOSPITAL

D Employer Identification Number (EIN)
16-0743226

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	69730834
b Actuarial value	**2b**	71563154

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	705	35707525	35707525
b For terminated vested participants	357	8449070	8449070
c For active participants	363	13172440	13270669
d Total	1425	57329035	57427264

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.84 %
6 Target normal cost	**6**	130325

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	10/09/2018 Date
KEITH L. NICHOLS, M.A.A.A. Type or print name of actuary	17-04725 Most recent enrollment number
FINDLEY Firm name	724-934-2790 Telephone number (including area code)
2591 WEXFORD-BAYNE ROAD, SUITE 402 SEWICKLEY, PA 15143 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of 4.66 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		21079076
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.04%		1273176
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		22352252
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	124.61%
15	Adjusted funding target attainment percentage	15	124.61%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.83%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is 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**	130325
b Excess assets, if applicable, but not greater than line 31a	**31b**	130325

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	

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

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
WCA HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WCA HOSPITAL

D Employer Identification Number (EIN)
16-0743226

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PRIME, BUCHHOLZ & ASSOCIATES, INC.

273 CORPORATE DRIVE
PORTSMOUTH, NH 03801

02-0426421

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	81199	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK, N.A.

620 LIBERTY AVENUE
PITTSBURGH, PA 15222

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	NONE	31667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY

280 CONGRESS STREET
BOSTON, MA 02210

20-8424953

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	24405	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)

IR&M CORE BOND FUND LLC

100 FEDERAL STREET-33RD FLOOR
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	21937	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HALLETT ASSOCIATES, INC.

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

25-1592340

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	17000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLCHESTER GLOBAL INVESTORS INC.

885 THIRD AVENUE, 24TH FLOOR
NEW YORK, NY 10022

36-7324183

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	14857	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)

FREED MAXICK CPAS, P.C.

800 LIBERTY BUILDING
BUFFALO, NY 14202

45-4051133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	9194	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ

22-2769024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	6975	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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
WCA HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WCA HOSPITAL

D Employer Identification Number (EIN)
16-0743226

Part I 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)	22937621	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	827003	7141979
(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)		
(5) Partnership/joint venture interests	1c(5)	16386906	5483026
(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)	18592920	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	10651477	1124179

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	69395927	13749184
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		13749184
k	Total liabilities (add all amounts in lines 1g through1j)	1k		13749184
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	69395927	0

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1900000	
	(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)		1900000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	834095	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		834095
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	5918911	
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		5918911

		(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8653006
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4199165	
(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)		4199165
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)	26194	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	174065	
(4) Other	2i(4)	105300	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		305559
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4504724
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4148282
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		73544209

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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: FREED MAXICK CPAS, P.C. **(2)** EIN: 45-4051133

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
UPMC BASIC PLAN	25-1423657	333

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4071081. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
WCA HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WCA HOSPITAL

D Employer Identification Number (EIN)
16-0743226

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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): _____

---

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

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

AUDITED
FINANCIAL STATEMENTS

WCA HOSPITAL RETIREMENT PLAN

DECEMBER 31, 2017

WCA HOSPITAL RETIREMENT PLAN

CONTENTS

	Page
Independent Auditor's Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statement of Accumulated Plan Benefits	5
Statement of Changes in Accumulated Plan Benefits	6
Notes to the Financial Statements	7 - 14
Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15
Schedule H, Line 4j - Schedule of Reportable Transactions	16

FreedMaxick CPAs, P.C.

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
WCA Hospital Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of WCA Hospital Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016 and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2016 and the related statement of changes in accumulated plan benefits for the year then ended, 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

Our responsibility is to express an opinion on these 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 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

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 Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by PNC Bank, the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of December 31, 2017 and 2016, and for the years then ended, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion 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 these financial statements.

Emphasis of Matter

As discussed in Note 1 to the financial statements, the Board of Directors of UPMC Chautauqua at WCA, the Plan Sponsor, voted on June 19, 2017 to merge the Plan into the UPMC Basic Retirement Plan effective December 31, 2017. All plan assets and accumulated plan benefits were transferred, or in the process of being transferred, to the UPMC Basic Retirement Plan on December 31, 2017. Our disclaimer of opinion has not been modified with respect to this matter.

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2017 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year then ended are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Freed Maxick CPAs, P.C.

Buffalo, New York
October 10, 2018

WCA HOSPITAL RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

ASSETS	**2017**	**2016**
Investments, at fair value:		
Cash and cash equivalents	**$ 7,141,979**	$ 827,003
Shares of registered investment companies	**-**	18,592,920
Limited partnerships and related investments	**5,483,026**	16,386,906
Hedge funds	**1,124,179**	10,651,477
Total investments	**13,749,184**	46,458,306
Receivable:		
Employer contribution receivable	**-**	22,937,621
Total assets	**13,749,184**	69,395,927
LIABILITIES		
Due to UPMC Basic Retirement Plan	**13,749,184**	-
Net assets available for benefits	**$ -**	$ 69,395,927

See accompanying notes.

WCA HOSPITAL RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31,

	2017	2016
Sources of net assets:		
Employer contributions	**$ 1,900,000**	$ 24,657,621
Interest and dividends	**834,095**	430,152
Net appreciation in fair value of investments	**5,918,911**	1,847,417
Total sources of net assets	**8,653,006**	26,935,190
Applications of net assets:		
Benefits paid to participants	**4,199,165**	3,468,133
Administrative expenses	**305,559**	947,197
Total applications of net assets	**4,504,724**	4,415,330
Increase in net assets available for benefits	**4,148,282**	22,519,860
Transfer to UPMC Basic Retirement Plan (Note 1)	**(73,544,209)**	-
Net assets available for benefits:		
Beginning of year	**69,395,927**	46,876,067
End of year	**$ -**	$ 69,395,927

See accompanying notes.

WCA HOSPITAL RETIREMENT PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31,

		2016
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	**$**	**35,707,525**
Active participants		**13,172,440**
Term vested participants		**8,449,070**
		57,329,035
Non-vested benefits		**98,229**
Total actuarial present value of accumulated plan benefits	**$**	**57,427,264**

See accompanying notes.

WCA HOSPITAL RETIREMENT PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the Year Ending December 31,

		2016
Actuarial present value of accumulated plan benefits at beginning of year:	**$**	**56,612,614**
Increase (decrease) during the year attributable to:		
Benefits accumulation and losses		**(64,076)**
Change in discount period		**3,314,664**
Benefits paid		**(3,468,133)**
Change in actuarial assumptions		**1,032,195**
Net increase		**814,650**
Actuarial present value of accumulated plan benefits at end of year	**$**	**57,427,264**

See accompanying notes.

NOTE 1. DESCRIPTION OF PLAN

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

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

The WCA Hospital Pension Investment Committee (the Committee) is solely responsible for the general administration of the Plan and carrying out the Plan provisions. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Board of Directors. The custodian of the Plan's assets is PNC Bank, NA. Hallett Associates, Inc. serves as the actuary.

On December 1, 2016, the Plan Sponsor became a 3rd tier subsidiary of the University of Pittsburgh Medical Center (UPMC), and WCA Hospital changed its name to UPMC Chautauqua at WCA (d/b/a UPMC Chautauqua WCA). During the year ended December 31, 2017, the Plan Sponsor's parent company, UPMC, made a contribution related to the Plan year ended December 31, 2016 of approximately $22,000,000 to fully fund the actuarial obligations of the Plan. There were no changes to the Plan administration or operations as a result of this transaction.

On June 19, 2017, the Board of Directors of the Plan Sponsor resolved to merge the WCA Hospital Retirement Plan with and into the UPMC Basic Retirement Plan, effective as soon as administratively feasible on or before December 31, 2017. Also effective this date, the participants and accumulated benefits as well as the assets of the WCA Hospital Retirement Plan were transferred to the UPMC Basic Retirement Plan. Although all the assets of the Plan were not fully liquidated and transferred by December 31, 2017, legal title to Plan assets was transferred on the effective date of the merger. Accordingly, a liability has been recorded in the statement of changes in net assets for the year ended December 31, 2017 to reflect the assets to be transferred to the UPMC Basic Retirement Plan subsequent to year end.

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

Vesting: Participants become 100% vested after five years of service. As of December 31, 2017, the effective date of the merger, all participants' accrued benefits became fully vested.

Death and Disability Benefits: If an employee dies and has earned a vested benefit, a death benefit will be paid to the employee's beneficiary and will be calculated in accordance with certain provisions as defined by the Plan. Active employees who become totally and permanently disabled receive disability benefits that are equal to 50% of their normal retirement benefit determined as of the date they become disabled. Disability benefits are paid until normal retirement age, at which time the benefit is recalculated and paid under the normal retirement benefit provision.

Funding Policy: As described in the Plan Document, it is the Company's intention to make contributions under the Plan that meet or exceed the minimum funding requirements as defined in Section 412 of the Internal Revenue Code and ERISA. These contributions will be determined based upon actuarial valuations and recommendations made by the actuary under accepted actuarial principles. The Plan has met the funding requirements of ERISA in 2017 and 2016.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: The Plan's expenses are paid either by the Plan or by the Plan Sponsor, as provided by the Plan Document. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

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

Subsequent Events: These financial statements have not been updated for subsequent events occurring after October 10, 2018, which is the date these financial statements were available to be issued.

NOTE 3. FAIR VALUE MEASUREMENTS

Financial Accounting Standard Board (FASB) *Accounting Standards Codification* (ASC) 820: *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of fair value hierarchy are described as follows:

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

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.

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

The asset's 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.

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, 2017 and 2016.

Cash and cash equivalents: Valued at cost, plus accrued interest.

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

Limited partnerships and related investments: Valued primarily on a NAV basis. The NAV is used as a practical expedient to measure fair value. Limited partnerships and related investments represent alternative investments and valuation is based on the presence of significant unobservable inputs. The value of these assets is estimated using current information obtained from the general partner or investment manager for the respective limited partnership. Investments in limited partnerships are generally estimated using partners' capital balances. Under limited partnership agreements, the Plan may be required to provide additional funding when capital or liquidity calls are made by fund managers. These partnerships may have a limited existence, and the term may be extended or may wind down prematurely. The Plan cannot anticipate such changes, but should they occur, they could reduce liquidity or originally anticipated investment returns. The following represents investment strategies of certain limited partnership investments:

IR&M Core Bond Fund, LLC: The Fund's investment objective is to outperform the Barclays Capital U.S. Aggregate Bond Index by investing in fixed income securities including U.S. dollar denominated bonds (high yields permitted) and other fixed income financial instruments.

AEW Global Property Securities Fund, L.P.: The Fund's objective is to generate net returns in excess of the UBS Global Real Estate Investor Index through the creation and active management of a portfolio of publicly traded equity securities issued by real estate investment trusts and other publicly held real estate companies.

Colchester Global Bond Fund: The Fund's objective is to achieve favorable income-oriented returns from a globally diversified portfolio of primarily debt or debt-like securities.

John W. Bristol Equity Fund I LLP: The Fund's objective is to seek long-term capital appreciation through investment in equity securities.

Wellington Trust CTF SMID Cap Value Fund: The Fund's investment objective is to provide long-term total return in excess of the Russell 2500 Value Index by investing in a diversified portfolio of equity securities.

Hedge funds: These investments are measured primarily on a NAV basis, are available, and can be subject to certain restrictive provisions relating to redemptions from the investment. At December 31, 2017 and 2016, notice periods for hedge funds are quarterly, according to the provisions of the respective investment agreements. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. In cases where the investee has provided its investors with a NAV per share or partner capital balances that have been calculated in accordance with the AICPA Audit and Accounting Guide, *Investment Companies*, the Plan has estimated its fair value by using the NAV provided by the investee as of December 31, 2017 and 2016. The following represents the investment strategies of the hedge funds:

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

Aetos Capital Multi-Strategy Arbitrage Fund, LLC: The Fund seeks to produce an attractive absolute return on invested capital, largely independent of the various benchmarks associated with traditional asset classes, by allocating its assets among a select group of portfolio managers that utilize a variety of arbitrage strategies.

Aetos Capital Distressed Investment Strategies Fund, LLC: The Fund seeks to produce an attractive absolute return on invested capital, largely independent of the various benchmarks associated with traditional asset classes, by allocating its assets among a select group of portfolio managers across a variety of distressed investment strategies.

Aetos Capital Long/Short Strategies Fund, LLC: The Fund seeks to produce an attractive absolute return on invested capital, largely independent of the various benchmarks associated with traditional asset classes, by allocating its assets among a select group of portfolio managers across a variety of long/short strategies.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	(Level 1)	(Level 2)	(Level 3)	Total
Cash and cash equivalents	$ 7,141,979	$ -	$ -	**$ 7,141,979**
Limited partnerships and and related investments (a)	-	-	-	**5,483,026**
Hedge funds (a)	-	-	-	**1,124,179**
Total	$ 7,141,979	$ -	$ -	**$ 13,749,184**

	Assets at Fair Value as of December 31, 2016			
	(Level 1)	(Level 2)	(Level 3)	Total
Cash and cash equivalents	$ 827,003	$ -	$ -	**$ 827,003**
Shares of registered investment companies	18,592,920	-	-	**18,592,920**
Limited partnerships and and related investments (a)	-	-	-	**16,386,906**
Hedge funds (a)	-	-	-	**10,651,477**
Total	$ 19,419,923	$ -	$ -	**$ 46,458,306**

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate Net Asset Value

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

	December 31, 2017			
	Fair Value	**Unfunded Commitment**	**Redemption Frequency (if Currently Eligible)**	**Redemption Notice Period**
Limited partnership funds and related investments:				
Wellington Trust Fund	**$ 2,904,171**	**$ -**	Monthly	10 days
AEW Global Property Securities Fund, L.P.	**2,578,855**	**-**	Monthly	15 days
Total limited partnership funds and related investments:	**5,483,026**			
Hedge funds:				
Aetos Capital Long/Short Strategies Fund, LLC	**465,700**	**-**	Various	30 - 75 days
Aetos Capital Multi Strategy Arbitrage Fund, LLC	**425,447**	**-**	Various	15 - 90 days
Aetos Capital Distressed Investment Strategies Fund, LLC	**233,032**	**-**	Various	65 - 90 days
Total hedge funds:	**1,124,179**			
	$ 6,607,205	**$ -**		

	December 31, 2016			
	Fair Value	**Unfunded Commitment**	**Redemption Frequency (if Currently Eligible)**	**Redemption Notice Period**
Limited partnership funds and related investments:				
IR&M Core Bond Fund, LLC	$ 4,462,134	$ -	Daily	5 days
John W. Bristol Equity Fund I LLC	4,492,761	-	Monthly	10 days
Wellington Trust Fund	2,781,899	-	Monthly	10 days
AEW Global Property Securities Fund, L.P.	2,321,529	-	Monthly	15 days
Colchester Global Bond Fund	2,328,583	-	Monthly	10 days
Total limited partnership funds and related investments:	16,386,906			
Hedge funds:				
Aetos Capital Long/Short Strategies Fund, LLC	4,336,640	-	Various	30 - 75 days
Aetos Capital Multi Strategy Arbitrage Fund, LLC	4,035,034	-	Various	15 - 90 days
Aetos Capital Distressed Investment Strategies Fund, LLC	2,279,803	-	Various	65 - 90 days
Total hedge funds:	10,651,477			
	$ 27,038,383	$ -		

NOTE 4. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to employee service rendered through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their compensation during their years of credited service. Benefits payable under all circumstances, such as 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 actuarial present value of accumulated plan benefits, as computed by consulting actuaries from Hallett Associates, Inc., is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used in the valuations as of January 1, 2017 are:

Actuarial cost method	Projected Unit Credit
Assumed rate of return on investments	4.16% - 6.48%
Salary increases	N/A
Retirement	Age 55 – 61 – 5% Age 62 – 64 – 25% Age 65 – 100%
Mortality basis	IRS 2017 Static Mortality
Employee turnover	100% of Sarason’s T-7 withdrawal table
Disability	1978 Society of Actuaries study of long-term disability insurance experience
Expenses	Prior years administrative costs plus anticipated PBGC premiums.

In the valuation of the accumulated plan benefits, there was a change in the funding interest rates used to calculate the rate of return on investments and a change in the mortality table utilized as mandated by the Pension Protection Act of 2006. These changes resulted in a net increase in accumulated plan benefits during the year ended December 31, 2016 of $1,032,195. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2017. Had the valuations been performed as of December 31, 2016, there would be no material differences.

NOTE 5. INCOME TAX STATUS

The Plan obtained its latest determination letter on April 10, 2012, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the requirements of the IRC. The Plan has not been amended since receiving this determination letter.

NOTE 5. INCOME TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require plan 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 be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in process.

NOTE 6. RISKS AND UNCERTAINTIES

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

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

NOTE 7. INFORMATION CERTIFIED BY THE CUSTODIAN

The following financial information relating to the Plan's assets at December 31, 2017 and 2016, as well as income and transactions for the years then ended have been derived from information provided by PNC Bank, the custodian of the Plan, and has been certified by them as complete and accurate. The incorporation of this financial information in the accompanying financial statements is based solely on their certification and has not been audited by independent accountants.

	2017	2016
Investments:		
Shares of registered investment companies	**$ -**	$ 18,592,920
Hedge funds	**$ 1,124,179**	$ 10,651,477
Limited partnerships and related investments	**$ 2,578,855**	$ 9,112,246
Cash and cash equivalents	**$ 7,141,979**	$ 827,003
Transactions for the years ended:		
Interest and dividends	**$ 698,672**	$ 305,039
Net appreciation in fair value of investments	**$ 4,775,943**	$ 992,517

NOTE 8. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments and shares of registered investment companies are managed by Prime Bucholz & Associates, Inc., the investment advisor used by the Plan Sponsor. PNC Bank serves as the custodian and provides administrative services to the Plan. Certain fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. Administrative, audit, and advisory expenses paid to parties-in-interest amounted to $305,559 for the year ended December 31, 2017 and were not covered by revenue sharing ($947,197 - 2016).

NOTE 9. PLAN TERMINATION

In the event that the Plan is terminated, the net assets of the Plan would be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and the Plan Agreement, generally to provide the following benefits in the order indicated:

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual’s monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form on a single-life annuity and are at least 65 years of age 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 ceiling is actuarially adjusted.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, whereas other benefits may not be provided for at all.

WCA HOSPITAL RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Plan ID #001; EIN #16-0743226
December 31, 2017

Identity of issuer, borrower, lessor or similar party	Description of Investment; including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Cash and Cash Equivalents:			
US Treasury	Federated US Treasury Cash Reserves Fund #125	$ 4,626,536	$ 4,626,536
Uninvested Cash	Uninvested Cash	2,515,443	2,515,443
		7,141,979	7,141,979
Limited Partnership and Related Investments:			
Wellington Trust Company, NA	Wellington SMID Cap Value CTF	2,169,991	2,904,171
AEW Capital Management, LP	AEW Global Property Securities Fund LP	1,650,000	2,578,855
		3,819,991	5,483,026
Hedge Funds:			
Aetos Capital, LP	Aetos Capital Long/Short Strategies Fund, LLC	465,700	465,700
Aetos Capital, LP	Aetos Capital Multi Strategy Arbitrage Fund, LLC	425,447	425,447
Aetos Capital, LP	Aetos Capital Distressed Investment Strategies Fund, LLC	233,032	233,032
		1,124,179	1,124,179
		$ 12,086,149	**$ 13,749,184**

This schedule was prepared solely from information certified by PNC Bank with the exception of information regarding the Wellington SMID Cap Value CTF which is not certified.

WCA HOSPITAL RETIREMENT PLAN

SCHEDULE H LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Plan ID #001; EIN #16-0743226
For the Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain
Artisan International Institutional Fund	Mutual Funds	$ 3,838,487	$ 5,408,932	$ 3,838,487	$ 5,408,932	$ 1,570,445
Harbor International Fund	Mutual Funds	$ 3,146,647	$ 5,149,135	$ 3,146,647	$ 5,149,135	$ 2,002,488
T Rowe Mid Cap Equity Growth Fund	Mutual Funds	$ 1,767,098	$ 3,862,225	$ 1,767,098	$ 3,862,225	$ 2,095,127
Vanguard Instl Index Fund	Mutual Funds	$ 4,060,169	$ 5,138,831	$ 4,060,169	$ 5,138,831	$ 1,078,662
Aetos Capital Multi-Strategy Arbitrage Fund, LLC	Hedge Funds	$ 2,528,603	$ 3,829,019	$ 2,528,603	$ 3,829,019	$ 1,300,416
Aetos Capital Long/Short Strategies Fund, LLC	Hedge Funds	$ 3,831,063	$ 4,191,298	$ 3,831,063	$ 4,191,298	$ 360,235
IR&M Core Bond Fund, LLC	Limited Partnerships and Related Investments	$ 3,120,825	$ 4,639,473	$ 3,120,825	$ 4,639,473	$ 1,518,648
John W. Bristol Equity Fund I, LLC	Limited Partnerships and Related Investments	$ 3,386,630	$ 5,019,414	$ 3,386,630	$ 5,019,414	$ 1,632,784

This schedule was prepared solely from information certified by PNC Bank with the exception of information regarding the John W. Bristol Equity Fund I, LLC which is not certified..

WCA HOSPITAL RETIREMENT PLAN

O. Summary of Principal Plan Provisions

1.	Effective Date	January 1, 1967
2.	Plan Year Ends	December 31
3.	Eligibility for Participation	Each employee who was a participant on December 31, 1994 shall continue to participate. Otherwise, each employee will be eligible to participate on the first day of the month coincident or next following the date on which he has attained age 21 and completed one Year of Eligibility Service Plan Participation was frozen as of December 31, 2004.
4.	Normal Retirement Date	First of the month coinciding with or next following attainment of age 65 or the 5th anniversary of date of hire, if later
5.	Normal Retirement Benefit	A monthly benefit equal to one-twelfth of the greatest of the following: Frozen Accrued Benefit - the accrued benefit determined under the prior Plan provisions as of December 31, 1994 Basic Benefit – [(A plus B) times C] plus D A. 0.85% times the Average Earnings below the Covered Compensation B. 1.50% times the Average Earnings in excess of Covered Compensation C. Total Years of Credited Service up to 35 years D. 1.00% times the Average Annual Earnings times Years of Credited Service in excess of 35 years The Years of Credited Service for the Basic Benefit are determined for all years of employment Extended Benefit – The sum of the Frozen Accrued Benefit and the Basic Benefit determined solely with respect to Years of Credited Service after December 31, 1994 Effective December 31, 2004, all benefit accruals cease

WCA HOSPITAL RETIREMENT PLAN

O. Summary of Principal Plan Provisions (continued)

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

WCA HOSPITAL RETIREMENT PLAN

O. Summary of Principal Plan Provisions (continued)

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

WCA HOSPITAL RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Plan ID #001; EIN #16-0743226
December 31, 2017

Identity of issuer, borrower, lessor or similar party	Description of Investment; including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Cash and Cash Equivalents:			
US Treasury	Federated US Treasury Cash Reserves Fund #125	$ 4,626,536	$ 4,626,536
Uninvested Cash	Uninvested Cash	2,515,443	2,515,443
		7,141,979	7,141,979
Limited Partnership and Related Investments:			
Wellington Trust Company, NA	Wellington SMID Cap Value CTF	2,169,991	2,904,171
AEW Capital Management, LP	AEW Global Property Securities Fund LP	1,650,000	2,578,855
		3,819,991	5,483,026
Hedge Funds:			
Aetos Capital, LP	Aetos Capital Long/Short Strategies Fund, LLC	465,700	465,700
Aetos Capital, LP	Aetos Capital Multi Strategy Arbitrage Fund, LLC	425,447	425,447
Aetos Capital, LP	Aetos Capital Distressed Investment Strategies Fund, LLC	233,032	233,032
		1,124,179	1,124,179
		$ 12,086,149	**$ 13,749,184**

This schedule was prepared solely from information certified by PNC Bank with the exception of information regarding the Wellington SMID Cap Value CTF which is not certified.

Plan Name: WCA Hospital Retirement Plan

EIN: 16-0743226
Plan Number: 001

Schedule SB Line 26 - Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
25 to 29	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
30 to 34	0	n/a	0	n/a	0	n/a	2	n/a	0	n/a
35 to 39	0	n/a	0	n/a	0	n/a	2	n/a	9	n/a
40 to 44	0	n/a	0	n/a	1	n/a	3	n/a	9	n/a
45 to 49	0	n/a	0	n/a	0	n/a	9	n/a	5	n/a
50 to 54	0	n/a	0	n/a	0	n/a	10	n/a	10	n/a
55 to 59	0	n/a	0	n/a	0	n/a	14	n/a	20	n/a
60 to 64	0	n/a	0	n/a	0	n/a	10	n/a	5	n/a
65 to 69	0	n/a	0	n/a	0	n/a	2	n/a	1	n/a
70 & up	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a

Attained Age	YEARS OF CREDITED SERVICE									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
25 to 29	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
30 to 34	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
35 to 39	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
40 to 44	4	n/a	1	n/a	0	n/a	0	n/a	0	n/a
45 to 49	11	n/a	16	n/a	0	n/a	0	n/a	0	n/a
50 to 54	14	n/a	30	n/a	14	n/a	1	n/a	0	n/a
55 to 59	26	n/a	16	n/a	13	n/a	26	n/a	1	n/a
60 to 64	13	n/a	17	n/a	11	n/a	10	n/a	14	n/a
65 to 69	0	n/a	8	n/a	1	n/a	2	n/a	2	n/a
70 & up	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a

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

WCA HOSPITAL RETIREMENT PLAN

P. Actuarial Assumptions and Funding Methods for the January 1, 2017 Valuation

1. Data

a. Valuation Date	January 1, 2017
b. Employee Data	Employee data was supplied by the Hospital as of January 1, 2017
c. Asset Data	Asset data was supplied by PNC Bank as of December 31, 2016

2. Non-Prescribed Assumptions and Methods

Each significant non-prescribed assumption used in this report represents a combination of a best estimate of future expectations and observed past experience

a. Employee Termination — Table T-7:

Age 25	9.67%
Age 40	7.75%
Age 55	1.54%

b. Retirement

Age 55-61	5%
Age 62-64	25%
Age 65	100%

c. Disability — 1978 SOA Study of Long-Term Disability Insurance Experience

Age 25	0.091%
Age 40	0.206%
Age 55	1.065%

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

e. Marriage Rate — 80% of participants will have a surviving spouse. Females are three years younger than males

f. Salary Scale — n/a

g. Asset Valuation Method — Asset gains or losses are determined each year by calculating the difference between the expected market value (based on the lesser of 6.5% or the prior year's third segment rate) and the actual market value of the assets on the valuation date. These gains or losses are then recognized over a 3-year period at 33.33% per year, with the actuarial value of assets subject to a minimum of 90% and a maximum of 110% of the market value

WCA HOSPITAL RETIREMENT PLAN

P. Actuarial Assumptions and Funding Methods for the January 1, 2017 Valuation (continued)

3. Prescribed Assumptions and Methods Set by Law

The use of the following prescribed assumptions are required by the provisions of the Pension Protection Act of 2006, IRC Section 430, and various subsequent legislation, most recently the Highway And Transportation Funding Act (HATFA). No representation to the validity of these assumptions should be inferred beyond their stated purpose. Determinations for purposes other than those stated above may be significantly different from the results illustrated in this report. For example, the determination of benefit security at termination may require different assumptions and methods and the results may differ significantly from those based on prescribed assumptions. Please refer to the General Comments for additional information.

a. Rate of Investment Return

Funding and Accumulated Benefits	4.16% per year, for first five years 5.72% per year, for the following fifteen years 6.48% per year, thereafter
Maximum Deductible and PBGC Premiums	1.57% per year, for first five years 3.77% per year, for the following fifteen years 4.73% per year, thereafter

b. Rates of Withdrawal

Mortality for Funding	IRS 2017 Static Mortality

c. Actuarial Cost Method	As described in IRC Section 430 and mandated by the Pension Protection Act of 2006, including the relief offered by the Preservation of Access to Medicare Beneficiaries and Pension Relief Act of 2010, specifically the relief provided under Sec. 201(a)(1)(D)(ii) 2 Plus 7 Amortization Schedule was elected for the 2010 and 2011 plan years

4. Prescribed Assumptions and Methods Set by Plan Sponsor

ASC 960 Rate of Investment Return	Minimum Funding Segment Rates

The investment return assumption falls within a range of reasonable expectations based on the plan's investment policy and various published 2016 capital market assumptions currently available.

ASC 960 Mortality	IRS 2017 Static Mortality

The mortality assumption is based on credible general population experience as published by the IRS, and represents a reasonable estimate of future expectations

5. Changes in Actuarial Assumptions or Cost Methods	The funding interest rates and mortality table were updated as mandated by the Pension Protection Act of 2006 and reflect the changes of HATFA

Plan Name: WCA Hospital Retirement Plan

EIN: 16-0743226
Plan Number: 001

Schedule SB Line 22 - Description of Weighted Average Retirement Age

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

WCA HOSPITAL RETIREMENT PLAN

SCHEDULE H LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Plan ID #001; EIN #16-0743226
For the Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain
Artisan International Institutional Fund	Mutual Funds	$ 3,838,487	$ 5,408,932	$ 3,838,487	$ 5,408,932	$ 1,570,445
Harbor International Fund	Mutual Funds	$ 3,146,647	$ 5,149,135	$ 3,146,647	$ 5,149,135	$ 2,002,488
T Rowe Mid Cap Equity Growth Fund	Mutual Funds	$ 1,767,098	$ 3,862,225	$ 1,767,098	$ 3,862,225	$ 2,095,127
Vanguard Instl Index Fund	Mutual Funds	$ 4,060,169	$ 5,138,831	$ 4,060,169	$ 5,138,831	$ 1,078,662
Aetos Capital Multi-Strategy Arbitrage Fund, LLC	Hedge Funds	$ 2,528,603	$ 3,829,019	$ 2,528,603	$ 3,829,019	$ 1,300,416
Aetos Capital Long/Short Strategies Fund, LLC	Hedge Funds	$ 3,831,063	$ 4,191,298	$ 3,831,063	$ 4,191,298	$ 360,235
IR&M Core Bond Fund, LLC	Limited Partnerships and Related Investments	$ 3,120,825	$ 4,639,473	$ 3,120,825	$ 4,639,473	$ 1,518,648
John W. Bristol Equity Fund I, LLC	Limited Partnerships and Related Investments	$ 3,386,630	$ 5,019,414	$ 3,386,630	$ 5,019,414	$ 1,632,784

This schedule was prepared solely from information certified by PNC Bank with the exception of information regarding the John W. Bristol Equity Fund I, LLC which is not certified..

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
WCA HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WCA HOSPITAL

D Employer Identification Number (EIN)
16-0743226

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	69730834
b Actuarial value	**2b**	71563154

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	705	35707525	35707525
b For terminated vested participants	357	8449070	8449070
c For active participants	363	13172440	13270669
d Total	1425	57329035	57427264

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.84 %
6 Target normal cost	**6**	130325

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

KLN
Signature of actuary

10/9/18
Date

Keith L. Nichols, M.A.A.A.
Type or print name of actuary

17-04725
Most recent enrollment number

Findley
Firm name

(724) 934-2790
Telephone number (including area code)

2591 Wexford-Bayne Road
Suite 402
Sewickley, PA 15143
Address of the firm

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

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

2018-10-10T11:05:28.56-05:00

Schedule SB (Form 5500) 2017
v. 170203

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of 4.66 %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		21079076
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.04 %		1273176
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		22352252
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	124.61 %
15 Adjusted funding target attainment percentage	15	124.61 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.83 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16 %	5.72 %	6.48 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

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

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	130325
b Excess assets, if applicable, but not greater than line 31a	**31b**	130325

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under 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**	