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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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
- [ ] 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
WOOD COUNTY HOSPITAL RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1965

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)
WOOD COUNTY HOSPITAL

950 WEST WOOSTER STREET
BOWLING GREEN, OH 43402-0000

2b Employer Identification Number (EIN)
34-4440884

2c Plan Sponsor's telephone number
419-354-8900

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.	10/14/2019	ELIZABETH FOREMAN
	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**	1153
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)**	635
a(2) Total number of active participants at the end of the plan year	**6a(2)**	633
b Retired or separated participants receiving benefits	**6b**	147
c Other retired or separated participants entitled to future benefits	**6c**	374
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1154
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	14
f Total. Add lines **6d** and **6e**.	**6f**	1168
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**	28
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [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)** [ ] 0 **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

A Name of plan
WOOD COUNTY HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-4440884

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	65299669
b Actuarial value	**2b**	63021673

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	157	11346999	11346999
b For terminated vested participants	361	9178713	9178713
c For active participants	637	25454647	28122128
d Total	1155	45980359	48647840

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**	5.71 %
6 Target normal cost	**6**	1741090

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	Date: 10/10/2019
VICENTE E. G. VELARDE, JR.	17-07512
Type or print name of actuary	Most recent enrollment number
WILLIS TOWERS WATSON US LLC	901-930-0000
Firm name	Telephone number (including area code)
3340 PLAYERS CLUB PARKWAY SUITE 200 MEMPHIS, TN 38125	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	11664288
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	11664288
10	Interest on line 9 using prior year's actual return of 12.04 %	0	1404380
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3743616
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.90%		220873
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		3964489
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	13068668

Part III Funding Percentages

14	Funding target attainment percentage	14	102.68%
15	Adjusted funding target attainment percentage	15	129.54%
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	106.11%
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
11/01/2018	2000000	0			
02/26/2019	2000000	0			
07/26/2019	2000000	0			
			Totals ► 18(b)	6000000	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	5618625

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.92%	5.52%	6.29%	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☐ 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** 1741090

b Excess assets, if applicable, but not greater than line 31a **31b** 1305165

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 435925

	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** 435925

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 5618625

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

a Total (excess, if any, of line 37 over line 36) **38a** 5182700

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

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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
WOOD COUNTY HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-4440884

Part I 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). . . . . [X] 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

KEYBANK NATIONAL ASSOCIATION
127 PUBLIC SQUARE
17TH FLOOR
CLEVELAND, OH 44114

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

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

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

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

TOWERS WATSON DELAWARE INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	252916	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MPM WEALTH ADVISORS, INC.

34-1807696

(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 51	NONE	125232	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

(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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
WOOD COUNTY HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-4440884

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4000000	4000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	577	3713
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	61334602	58623916
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	65335179	62627629
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	65335179	62627629

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)	6000000	
	(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)		6000000
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)		0
	(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)	1430197	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1430197
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		-4648722
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2781475
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5110877	
(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)		5110877
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)	378148	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		378148
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5489025
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2707550
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: BLUE & CO., LLC **(2)** EIN: 35-1178661

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

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

Part IV Compliance Questions

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

During the plan year:

		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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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 4159028. (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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
WOOD COUNTY HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-4440884

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 31-1294506

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 51

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): _____

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: 54.2 % Investment-Grade Debt: 40.4 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 5.4 %

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):

CPA s / ADVISORS

blue

Blue & Co., LLC / 9200 Worthington Road Suite 200 / Westerville, OH 43082
main 614.885.2583 *website* blueandco.com

REPORT OF INDEPENDENT AUDITORS

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

Report on Financial Statements

We have audited the accompanying financial statements of Wood County Hospital Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2018 and 2017, and the changes in its financial status for the year then ended December 31, 2018, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

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

Blue & Co., LLC

Westerville, Ohio
October 11, 2019

WOOD COUNTY HOSPITAL RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

	2018	2017
Investments at fair value		
Mutual funds	$ 58,623,916	$ 61,334,602
Total investments	58,623,916	61,334,602
Receivables		
Contributions receivable	4,000,000	4,000,000
Interest and dividends receivable	3,713	577
Total receivables	4,003,713	4,000,577
Net assets available for plan benefits	$ 62,627,629	$ 65,335,179

See accompanying notes to financial statements.

WOOD COUNTY HOSPITAL RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2018

	2018
Additions	
Employer contributions	$ 6,000,000
Interest and dividend income	1,430,197
Net depreciation in fair value of investments	(4,648,722)
Total additions	2,781,475
Deductions	
Benefit payments	5,110,877
Administrative expenses	378,148
Total deductions	5,489,025
Net change	(2,707,550)
Net assets available for benefits - beginning of year	65,335,179
Net assets available for benefits - end of year	$ 62,627,629

See accompanying notes to financial statements.

WOOD COUNTY HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

1. DESCRIPTION OF THE PLAN

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

Pension Benefits

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

On January 1, 2008, the Defined Benefit Retirement Plan for the Plan Sponsor was converted to a cash balance plan. The Board of Trustees resolved to freeze the accrued benefit option of the Plan effective December 31, 2007. The accrued benefit under the prior plan formula was converted into an initial cash account balance as of January 1, 2008. All new participants are eligible for a cash balance benefit.

Death and Disability Benefits

If a vested member of the plan dies before benefit payments begin, a pre-retirement death benefit is paid to the employee's surviving spouse or beneficiary. The pre-retirement death benefit paid to the surviving spouse will be equal to the value of the employee's cash balance benefit and 50% of the frozen benefit, if the employee has been married at least one year prior to death. If a non-spouse is the designated beneficiary, the pre-retirement dead benefit will be equal to the employee's cash balance benefit only. If a vested member of the plan dies after retirement benefit payments begin, a death benefit will be payable to a beneficiary upon death only if the payment option elected by the employee provides for such payment. If a non-vested member of the plan dies, no death benefits will be paid by the plan.

Members who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age.

Vesting

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

WOOD COUNTY HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

Contributions

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

Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by the Employee Retirement Income Security Act of 1974 (ERISA) and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2018, that ceiling was $5,420 per month for a 65-year-old annuitant. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

WOOD COUNTY HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Valuation of Investments

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Use of Estimates

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

Benefit Payments

Retirement benefits are recorded when paid.

Administrative Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2019, the date the financial statements were available to be issued.

WOOD COUNTY HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

3. FAIR VALUE OF FINANCIAL INSTRUMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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, 2018 and 2017:

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

WOOD COUNTY HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Fair Value of Assets at December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 58,623,916	$ -	$ -	$ 58,623,916
Total assets at fair value	$ 58,623,916	$ -	$ -	$ 58,623,916

	Fair Value of Assets at December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 61,334,602	$ -	$ -	$ 61,334,602
Total assets at fair value	$ 61,334,602	$ -	$ -	$ 61,334,602

The Plan's policy is to recognize transfers, if any, between levels as of the actual date of the event or change in circumstances. No transfers between levels occurred in 2018 and 2017.

4. ACCUMULATED PLAN BENEFITS

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

Prior to the freezing of the monthly pension benefit option of the Plan, benefits for retired or terminated employees or their beneficiaries are based on the employee's credited service and the average of monthly earnings for the five highest consecutive plan years during which the participant is a member of the Plan. The accumulated plan benefits for active employees are based on their credited service and fiscal monthly earnings during the five years preceding the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

WOOD COUNTY HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

After freezing of the monthly benefit option of the Plan, benefits for retired or terminated employees or their beneficiaries are determined by the sum of the employee's cash balance benefit and the employee's benefit prior to the freezing of the monthly benefit option. The cash balance benefit is determined by converting the cash balance account into a monthly single life annuity benefit. The cash balance account is based on the employee's credited service which includes pay credits, interest credits and transition credits. Pay credits are a percentage of compensation which is determined by a participants' age plus credited service. The annual pay credits benefit accrual for eligible participants range from 3% to 8% of annual wages. Interest credits are based on the cash balance account at the beginning of the Plan year and the average yield on thirty-year Treasury constant maturities. In no event will the interest credit in any Plan year be less than 4%. As the average Treasury yield was less than the minimum of 4%, a 4% interest credit was allocated in 2018. Transition credits are a percentage of compensation with is determined by a participants' age plus credited service for those participants with greater than ten years of credited service and 1,000 hours of service as of January 1, 2008. The annual transition credits benefit accrual for eligible participants range from 3% - 8% of annual wages. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

Accumulated plan benefit information is as follows:

	2018	2017
Actuarial present value of accumulated Plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 10,339,784	$ 10,111,473
Other participants	33,185,502	33,158,915
Total vested benefits	43,525,286	43,270,388
Nonvested benefits	2,523,624	2,515,742
Actuarial present value of accumulated Plan benefits	$ 46,048,910	$ 45,786,130

WOOD COUNTY HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

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

	2018	2017
Accumulated plan benefits - beginning of year	$ 45,786,130	$ 44,545,813
Increase attributable to:		
Benefits paid	(5,110,877)	(5,005,337)
Benefits accumulated	1,341,721	1,305,779
Assumption changes	(106,010)	713,895
Actuarial losses	1,017,877	1,083,183
Decrease in the discount period	3,120,069	3,142,797
Net Increase	262,780	1,240,317
Accumulated plan benefits - end of year	$ 46,048,910	$ 45,786,130

Significant assumptions underlying the actuarial computations are as follows:

	2018	2017
Discount rate	7.00%	7.00%

Life Expectancy	RP-2014 Mortality Tables for employees and annuitants with no collar adjustment, projected generationally using a modified version of Scale MP- 2018 and Scale MP- 2017 in 2018 and 2017, respectively.
Retirement	Normal retirement age 65 Early retirement age 55 and 5 years of eligibility service

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

5. TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are managed by Key Bank and Charles Schwab. Key Bank is the trustee and Charles Schwab is the custodian, as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred are paid directly by the Plan for the investment management services.

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Hospital and certain others. Willis Towers Watson is the Plan's actuary. Blue & Co., LLC is the independent auditor for the Plan. The aforementioned parties generally receive payment from the Company.

6. INCOME TAX STATUS

The Plan obtained its latest determination letter on September 3, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has not been amended since receiving the determination letter.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing Jurisdictions. However, as of the date the financial statements were available to be issued, there were no audits for any tax period in progress. Management believes it is no longer subject to income tax examinations for years prior to 2015.

7. RISKS AND UNCERTAINTIES

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2018

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	7	23	0	0	0	0	0	0	0	0	30
25-29	9	54	5	0	0	0	0	0	0	0	68
30-34	6	36	17	10	0	0	0	0	0	0	69
35-39	1	25	16	17	11	0	0	0	0	0	70
40-44	2	22	18	9	12	5	0	0	0	0	68
45-49	0	28	15	16	8	7	7	0	0	0	81
50-54	2	18	9	12	14	9	10	7	0	0	81
55-59	1	13	10	11	7	9	6	12	10	0	79
60-64	0	15	13	6	4	3	3	7	11	3	65
65-69	1	5	2	2	3	2	0	1	0	0	16
70 & over	0	5	1	1	1	1	0	1	0	0	10
Total	29	244	106	84	60	36	26	28	21	3	637

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Wood County Hospital Retirement Plan
EIN / PN: 34-4440884 / 001
Plan Sponsor: Wood County Hospital
Valuation Date January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
First segment rate	3.92%	1.75%
Second segment rate	5.52%	3.76%
Third segment rate	6.29%	4.66%
Effective interest rate	5.71%	4.05%

Annual rates of increase:

- Compensation: Future compensation is assumed to increase by 3.00% per annum.
- Cash balance interest crediting rate: 3-year average of prior September 30-Year Treasury rates: 4.00%
- Statutory limits on compensation/benefits: None
- Cost of living adjustments: 0.00%

Plan-related expense: $150,000

Demographic Assumptions

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

SCHEDULE SB ATTACHMENTS

New or rehired employees

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

Mortality:

- Healthy

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with generational projection using Scale MP-2016) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with generational projection using Scale MP-2016.

- Disabled

Mortality in accordance with Revenue Ruling 96-7.

Termination

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

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

Disability

Wyatt 1985 Disability Study Class 1 male and female rates.

Retirement

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

Age	Percentage retiring during the year	
	Males	Females
55-59	5.0%	5.0%
60-61	10.0%	10.0%
62	25.0%	25.0%
63-64	10.0%	10.0%
65	50.0%	50.0%
66-69	25.0%	25.0%
70	100.0%	100.0%

SCHEDULE SB ATTACHMENTS

Retirement (continued)	The weighted average retirement age is 63 determined by weighting each potential retirement age by the number of current active employees expected to retire at such age, as determined by the above retirement rates.
Form of payment	90% of new terminated vested participants are assumed to elect to receive an immediate lump sum, and 10% are assumed to elect a deferred annuity at age 65. 70% of new retired participants are assumed to elect to receive an immediate lump sum, and 30% are assumed to elect to receive an immediate annuity. 70% of current deferred participants are assumed to elect to receive a lump sum at age 55 or at current age if older than 55. Lump sums are converted to annuities using the mortality described in Revenue Ruling 2007-67. The interest rate used in the conversion is the discount rate used for funding purposes.
Percent married	100% of participants are assumed to be married.
Spouse age	Male participants are assumed to be three years older than their spouses and female participants are assumed to be three years younger than their spouses.
Plan compensation	Plan compensation is actual W-2 compensation for the prior year provided by the employer.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits

SCHEDULE SB ATTACHMENTS

Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2017 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Wood County Hospital and, based on that review, is not aware of any significant benefits required to be valued that were not.

Data Sources

Wood County Hospital through its administrative system, eepoint, furnished participant data as of 1/1/2018. Information on assets, contributions and plan provisions was supplied by Wood County Hospital. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts using the 30-year Treasury rate, but with a minimum interest credit rate of 4.00%. Our long term estimate of the 30-year Treasury rate is 2.77%, based on a combination of current conditions, past history, and future economic expectations.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using "annuity substitution," so that the interest rates assumed are effectively the same as described above for the discount rate.
Annuity conversion rate for hybrid plans	As required by IRC §430, annuity benefits are valued by converting accounts to annuities using the current IRC §430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Compensation increase	The resulting salary increase assumption is based on plan sponsor expectations and is a composite rate that reflects both current conditions and future expectations.

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).

SCHEDULE SB ATTACHMENTS

Termination	Termination rates are based on an experience study conducted in 2012, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates are based on an experience study conducted in 2012, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Disability	Disability rates are based on a published table for pension participants believed to have reasonably similar characteristics to participants in pension plans with similar disability provisions.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience over the period 2010-2013. The percentage of retiring participants assumed to take annuities is based on observed experience over the period 2010-2013.
Spouse age	The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law,” as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date, as required by IRC §430. The mortality table used to calculate the funding target and target normal cost was updated to reflect the new tables. Based on RP-2014 and subsequent Society of Actuaries studies, published by IRS in October 2017 in regulation §1.430(h)(3)-1.

WOOD COUNTY HOSPITAL RETIREMENT PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2018

EIN 34-4440884 Plan 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single transactions representing 5% or more of the current value of plan assets during the year:								
Federated Government Obligations	Mutual Fund	$ 3,992,324	$ -	$ -	$ -	$ 3,992,324	$ 3,992,324	$ -
Aggregate transactions representing 5% or more of the current value of plan assets during the year:								
Federated Government Obligations	Mutual Fund	$ 10,214,864	$ -	$ -	$ -	$ 10,214,864	$ 10,214,864	$ -
Federated Government Obligations	Mutual Fund	$ -	$ 9,552,078	$ -	$ -	$ 9,552,078	$ 9,552,078	$ -

See accompanying report of independent auditors.

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

A Name of plan
WOOD COUNTY HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Wood County Hospital

D Employer Identification Number (EIN)
34-4440884

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	65,299,669
b Actuarial value	**2b**	63,021,673

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	157	11,346,999	11,346,999
b For terminated vested participants	361	9,178,713	9,178,713
c For active participants	637	25,454,647	28,122,128
d Total	1,155	45,980,359	48,647,840

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**	5.71%
6 Target normal cost	**6**	1,741,090

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

Vicente E. G. Velarde, Jr. VGV
Signature of actuary

Oct. 10, 2019
Date

Vicente E. G. Velarde, Jr.
Type or print name of actuary

1707512
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

901-930-0000
Telephone number (including area code)

3340 Players Club Parkway
Suite 200
Memphis TN 38125
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	11,664,288
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	11,664,288
10	Interest on line 9 using prior year's actual return of 12.04%	0	1,404,380
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3,743,616
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.90%		220,873
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		3,964,489
	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	13,068,668

Part III Funding Percentages

14	Funding target attainment percentage	14	102.68%
15	Adjusted funding target attainment percentage	15	129.54%
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	106.11%
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
11/01/2018	2,000,000	0			
02/26/2019	2,000,000	0			
07/26/2019	2,000,000	0			
		Totals ► 18(b)	6,000,000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	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	5,618,625

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	3.92 %	5.52 %	6.29 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☐ 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**	1,741,090
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,305,165

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	435,925

	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**	435,925
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5,618,625
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	5,182,700
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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Wood County Hospital
EIN / PN	34-4440884 / 001
Plan Name	Wood County Hospital Retirement Plan
Valuation Date	January 1, 2018
Enrolled Actuary	Vicente E. G. Velarde, Jr.
Enrollment Number	17-07512

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2018

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

Plan Name:	Wood County Hospital Retirement Plan
EIN / PN:	34-4440884 / 001
Plan Sponsor:	Wood County Hospital
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
First segment rate	3.92%	1.75%
Second segment rate	5.52%	3.76%
Third segment rate	6.29%	4.66%
Effective interest rate	5.71%	4.05%

Annual rates of increase:

- Compensation: Future compensation is assumed to increase by 3.00% per annum.
- Cash balance interest crediting rate: 3-year average of prior September 30-Year Treasury rates: 4.00%
- Statutory limits on compensation/benefits: None
- Cost of living adjustments: 0.00%

Plan-related expense: $150,000

Demographic Assumptions

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

SCHEDULE SB ATTACHMENTS

New or rehired employees

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

Mortality:

- Healthy

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with generational projection using Scale MP-2016) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with generational projection using Scale MP-2016.

- Disabled

Mortality in accordance with Revenue Ruling 96-7.

Termination

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

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

Disability

Wyatt 1985 Disability Study Class 1 male and female rates.

Retirement

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

Age	Percentage retiring during the year	
	Males	Females
55-59	5.0%	5.0%
60-61	10.0%	10.0%
62	25.0%	25.0%
63-64	10.0%	10.0%
65	50.0%	50.0%
66-69	25.0%	25.0%
70	100.0%	100.0%

SCHEDULE SB ATTACHMENTS

Retirement (continued)	The weighted average retirement age is 63 determined by weighting each potential retirement age by the number of current active employees expected to retire at such age, as determined by the above retirement rates.
Form of payment	90% of new terminated vested participants are assumed to elect to receive an immediate lump sum, and 10% are assumed to elect a deferred annuity at age 65. 70% of new retired participants are assumed to elect to receive an immediate lump sum, and 30% are assumed to elect to receive an immediate annuity. 70% of current deferred participants are assumed to elect to receive a lump sum at age 55 or at current age if older than 55. Lump sums are converted to annuities using the mortality described in Revenue Ruling 2007-67. The interest rate used in the conversion is the discount rate used for funding purposes.
Percent married	100% of participants are assumed to be married.
Spouse age	Male participants are assumed to be three years older than their spouses and female participants are assumed to be three years younger than their spouses.
Plan compensation	Plan compensation is actual W-2 compensation for the prior year provided by the employer.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits

SCHEDULE SB ATTACHMENTS

Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2017 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Wood County Hospital and, based on that review, is not aware of any significant benefits required to be valued that were not.

Data Sources

Wood County Hospital through its administrative system, eepoint, furnished participant data as of 1/1/2018. Information on assets, contributions and plan provisions was supplied by Wood County Hospital. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts using the 30-year Treasury rate, but with a minimum interest credit rate of 4.00%. Our long term estimate of the 30-year Treasury rate is 2.77%, based on a combination of current conditions, past history, and future economic expectations.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using "annuity substitution," so that the interest rates assumed are effectively the same as described above for the discount rate.
Annuity conversion rate for hybrid plans	As required by IRC §430, annuity benefits are valued by converting accounts to annuities using the current IRC §430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Compensation increase	The resulting salary increase assumption is based on plan sponsor expectations and is a composite rate that reflects both current conditions and future expectations.

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).

SCHEDULE SB ATTACHMENTS

Termination	Termination rates are based on an experience study conducted in 2012, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates are based on an experience study conducted in 2012, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Disability	Disability rates are based on a published table for pension participants believed to have reasonably similar characteristics to participants in pension plans with similar disability provisions.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience over the period 2010-2013. The percentage of retiring participants assumed to take annuities is based on observed experience over the period 2010-2013.
Spouse age	The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law,” as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date, as required by IRC §430. The mortality table used to calculate the funding target and target normal cost was updated to reflect the new tables. Based on RP-2014 and subsequent Society of Actuaries studies, published by IRS in October 2017 in regulation §1.430(h)(3)-1.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The effective date is July 1, 1965. The last amendment reflected herein is effective July 1, 2015.

Covered employees	Employees of Wood County Hospital
Plan year	The 12-month period beginning each January 1
Eligibility for participation	Employees become a Member of the Plan on the first anniversary of employment if they worked 1,000 hours in the initial year, and have then attained age 20; otherwise, the January 1 following 1,000 hours in a Plan Year, if then attained age 20.

Definitions

Credited service	A Member earns one year of Credited Service on the basis of 1,800 but more than 1,000 per the schedule defined in the Plan. For year of separation, a Member earns Credited Service reduced pro-rata for less than 1,000 Hours of Service per the schedule defined in the Plan.
Eligibility service	An Employee receives one year for each Plan Year in which the Employee is credited with at least 1,000 hours. No Eligibility Service is credited prior to age 18
Monthly earnings	Compensation is 1/12th of the Employee's W-2 compensation subject to FICA tax (without regard to dollar limitations) plus TDA and 125 Plan contributions. Prior to January 1, 2008, if a Member is compensated for fewer than 2,080 hours over during a Plan Year, earnings shall be annualized by multiplying the ratio of 2,080 hours over hours actually compensated.
Final average monthly earnings	This term refers to the Employee's Monthly Earnings for the highest 5 consecutive Plan Years preceding date of separation, and is frozen as of December 31, 2007.

SCHEDULE SB ATTACHMENTS

Covered compensation

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

Accrued benefit

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

Monthly pension benefit

Based on the greater of the following formulas:

(a) Formula effective January 1, 1992 which is 1.4% of Final Average Monthly Earnings multiplied by Credited Service up to a maximum of 40 years, plus .3% of Final Average Monthly Earnings in excess of Covered Compensation multiplied by Credited Service up to a maximum of 35 years; or

(b) Prior formula for Members on December 31, 1991, which is 1.08% of Final Average Monthly Earnings at December 31, 1991 up $833.33 plus 1.5% of Final Average Monthly Earnings at December 31, 1991 in excess of $833.33, the sum of which is multiplied by Credited Service as of December 31, 1991 up to a maximum of 40 years.

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

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

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

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

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

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

Eligibility for Benefits

Normal retirement	Age 65.
Early retirement	Age 55 and 5 years of Eligibility Service.
Vested termination	Members are 100% vested upon completion of 5 years of Eligibility Service. Members are 100% vested in the Cash Balance benefit upon completion of 3 years of Eligibility Service.
Disability	Age 40 with at least 10 years of Eligibility Service plus eligibility for Federal Social Security Disability Insurance.
Preretirement death benefit	All Members eligible for a Vested Retirement Benefit (whether or not actively employed) automatically receive coverage under this Option.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of the Normal Retirement Date.
Early retirement	<u>Credited Service Prior to January 1, 2008:</u> Accrued retirement benefit as of Early Retirement Date reduced for commencement before age 65 to reflect the increased payout period. The reduction is 5/10% for each of the first 60 months plus 1/3% for each of the next 60 months that the commencement date precedes age 65. <u>Credited Service After December 31, 2007:</u> Cash Balance account balance.

SCHEDULE SB ATTACHMENTS

Vested termination

Credited Service Prior to January 1, 2008:

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

Credited Service After December 31, 2007:

Cash Balance account balance payable immediately.

Disablement

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

Preretirement death

Credited Service Prior to January 1, 2008:

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

Credited Service After December 31, 2007:

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

Other Plan Provisions

Forms of payment

Normal Form of Benefit:

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

Optional Forms of Benefits:

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

SCHEDULE SB ATTACHMENTS

Actuarial equivalence

Conversion of annuity forms:

6% interest, UP-1984 mortality.

Lump sum:

Applicable mortality table under IRC §417(e) with the applicable interest rate under IRC §417(e) for the month of September preceding the plan year of distribution.

Changes in Plan Provisions

None.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2018

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	7	23	0	0	0	0	0	0	0	0	30
25-29	9	54	5	0	0	0	0	0	0	0	68
30-34	6	36	17	10	0	0	0	0	0	0	69
35-39	1	25	16	17	11	0	0	0	0	0	70
40-44	2	22	18	9	12	5	0	0	0	0	68
45-49	0	28	15	16	8	7	7	0	0	0	81
50-54	2	18	9	12	14	9	10	7	0	0	81
55-59	1	13	10	11	7	9	6	12	10	0	79
60-64	0	15	13	6	4	3	3	7	11	3	65
65-69	1	5	2	2	3	2	0	1	0	0	16
70 & over	0	5	1	1	1	1	0	1	0	0	10
Total	29	244	106	84	60	36	26	28	21	3	637

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Wood County Hospital Retirement Plan
EIN / PN: 34-4440884 / 001
Plan Sponsor: Wood County Hospital
Valuation Date January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Wood County Hospital
EIN / PN	34-4440884 / 001
Plan Name	Wood County Hospital Retirement Plan
Valuation Date	January 1, 2018
Enrolled Actuary	Vicente E. G. Velarde, Jr.
Enrollment Number	17-07512

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2018

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

Plan Name:	Wood County Hospital Retirement Plan
EIN / PN:	34-4440884 / 001
Plan Sponsor:	Wood County Hospital
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The effective date is July 1, 1965. The last amendment reflected herein is effective July 1, 2015.

Covered employees	Employees of Wood County Hospital
Plan year	The 12-month period beginning each January 1
Eligibility for participation	Employees become a Member of the Plan on the first anniversary of employment if they worked 1,000 hours in the initial year, and have then attained age 20; otherwise, the January 1 following 1,000 hours in a Plan Year, if then attained age 20.

Definitions

Credited service	A Member earns one year of Credited Service on the basis of 1,800 but more than 1,000 per the schedule defined in the Plan. For year of separation, a Member earns Credited Service reduced pro-rata for less than 1,000 Hours of Service per the schedule defined in the Plan.
Eligibility service	An Employee receives one year for each Plan Year in which the Employee is credited with at least 1,000 hours. No Eligibility Service is credited prior to age 18
Monthly earnings	Compensation is 1/12th of the Employee's W-2 compensation subject to FICA tax (without regard to dollar limitations) plus TDA and 125 Plan contributions. Prior to January 1, 2008, if a Member is compensated for fewer than 2,080 hours over during a Plan Year, earnings shall be annualized by multiplying the ratio of 2,080 hours over hours actually compensated.
Final average monthly earnings	This term refers to the Employee's Monthly Earnings for the highest 5 consecutive Plan Years preceding date of separation, and is frozen as of December 31, 2007.

SCHEDULE SB ATTACHMENTS

Covered compensation

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

Accrued benefit

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

Monthly pension benefit

Based on the greater of the following formulas:

(a) Formula effective January 1, 1992 which is 1.4% of Final Average Monthly Earnings multiplied by Credited Service up to a maximum of 40 years, plus .3% of Final Average Monthly Earnings in excess of Covered Compensation multiplied by Credited Service up to a maximum of 35 years; or

(b) Prior formula for Members on December 31, 1991, which is 1.08% of Final Average Monthly Earnings at December 31, 1991 up $833.33 plus 1.5% of Final Average Monthly Earnings at December 31, 1991 in excess of $833.33, the sum of which is multiplied by Credited Service as of December 31, 1991 up to a maximum of 40 years.

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

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

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

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

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

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

Eligibility for Benefits

Normal retirement	Age 65.
Early retirement	Age 55 and 5 years of Eligibility Service.
Vested termination	Members are 100% vested upon completion of 5 years of Eligibility Service. Members are 100% vested in the Cash Balance benefit upon completion of 3 years of Eligibility Service.
Disability	Age 40 with at least 10 years of Eligibility Service plus eligibility for Federal Social Security Disability Insurance.
Preretirement death benefit	All Members eligible for a Vested Retirement Benefit (whether or not actively employed) automatically receive coverage under this Option.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of the Normal Retirement Date.
Early retirement	<u>Credited Service Prior to January 1, 2008:</u> Accrued retirement benefit as of Early Retirement Date reduced for commencement before age 65 to reflect the increased payout period. The reduction is 5/10% for each of the first 60 months plus 1/3% for each of the next 60 months that the commencement date precedes age 65. <u>Credited Service After December 31, 2007:</u> Cash Balance account balance.

SCHEDULE SB ATTACHMENTS

Vested termination

Credited Service Prior to January 1, 2008:

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

Credited Service After December 31, 2007:

Cash Balance account balance payable immediately.

Disablement

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

Preretirement death

Credited Service Prior to January 1, 2008:

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

Credited Service After December 31, 2007:

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

Other Plan Provisions

Forms of payment

Normal Form of Benefit:

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

Optional Forms of Benefits:

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

SCHEDULE SB ATTACHMENTS

Actuarial equivalence

Conversion of annuity forms:

6% interest, UP-1984 mortality.

Lump sum:

Applicable mortality table under IRC §417(e) with the applicable interest rate under IRC §417(e) for the month of September preceding the plan year of distribution.

Changes in Plan Provisions

None.

WOOD COUNTY HOSPITAL RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018

EIN 34-4440884 Plan 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds				
	DFA EMERGING MKTS PORT	Mutual fund	$ 580,549	$ 575,912
	DFA FIVE YEAR GLBL FIXED	Mutual fund	3,454,093	3,290,927
	DFA INTL SMALL CAP VALUE	Mutual fund	755,883	719,446
	DFA INTL SMALL CO PORT	Mutual fund	803,610	754,518
	DFA INTL VALUE PORT	Mutual fund	1,670,095	1,555,957
	DFA LARGE CAP INTL PORT	Mutual fund	1,056,307	1,045,566
	DFA ONE YEAR FIXED	Mutual fund	3,002,208	2,988,406
	DFA REAL ESTATE SECURITIES PORT	Mutual fund	1,655,550	1,782,962
	DFA SHORT TERM GOVT PORT	Mutual fund	3,346,867	3,275,278
	DFA TWO YEAR GLBL FIXED	Mutual fund	3,035,027	2,986,489
	DFA US LARGE CAP VALUE	Mutual fund	2,454,952	2,752,494
	DFA US LARGE CO	Mutual fund	2,052,196	2,945,220
	DFA US MIRCO CAP PORT	Mutual fund	2,017,057	2,174,125
	DFA US SMALL CAP VALUE	Mutual fund	2,139,840	2,104,164
*	SCHWAB GOVT MONEY FUND	Mutual fund	572,465	572,465
	FEDERATED GOVERNMENT OBLIGATIONS IS	Mutual fund	1,243,855	1,243,856
	I SHARES CORE MSCI EMERG MKTS	Mutual fund	1,585,730	1,313,363
	SPDR DOW JONES REIT ETF	Mutual fund	1,452,441	1,348,480
	VANGUARD DEVELOPED MARKETS IDX	Mutual fund	4,955,969	4,166,482
	VANGUARD INTERM-TERM BOND INDEX	Mutual fund	3,403,295	3,314,074
	VANGUARD SHORT-TERM CORP BD INDX	Mutual fund	7,966,466	7,841,153
	VANGUARD TOTAL STK MKT INDX FD	Mutual fund	10,541,847	9,872,579
	Total mutual funds		**59,746,302**	**58,623,916**
	Total Investments		**$ 59,746,302**	**$ 58,623,916**

* Represents party-in-interest.

See accompanying report of independent auditors.