

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>IRMH 403(B) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2003</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>INDIAN RIVER MEDICAL CENTER, INC</u> <u>1000 36TH STREET</u> <u>VERO BEACH, FL 32960</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>59-2496294</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>772-567-4311</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>59-2496294</u>	2c Sponsor's telephone number <u>772-567-4311</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>59-2496294</u>					
2c Sponsor's telephone number <u>772-567-4311</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/02/2011	JOHN F PEEPLES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") INDIAN RIVER MEDICAL CENTER, INC 1000 36TH STREET VERO BEACH, FL 32960	3b Administrator's EIN 59-2496294 3c Administrator's telephone number 772-567-4311
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1957
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1596
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	450
d Subtotal. Add lines 6a , 6b , and 6c	6d	2046
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	2046
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1474
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2F 2G 2H 2L 2T 2S

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan IRMH 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500. INDIAN RIVER MEDICAL CENTER, INC	D Employer Identification Number (EIN) 59-2496294

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

VARIABLE ANNUITY LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	48781	1480	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
45936	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PICKETT, JERROL G
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30865			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RICE, ELLAN R
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10009			3

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

Schedule A (Form 5500) 2010
v.092308.1

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SORRENTINO, VINCE

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4815			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VAN BUREN, RODNEY J

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
91			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DALLEO, MICHAEL P

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
56			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WATTS, BRIAN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VAN BUREN, RYAN E

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LANE, JAMES M

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KLEINE KRACHT II, JOSEPH M

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

GONZALEZ, SONJA M

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	6351747
5 Current value of plan's interest under this contract in separate accounts at year end	5	16136300

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	5116631
c Additions: (1) Contributions deposited during the year	7c(1)	881793
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	194317
(4) Transferred from separate account	7c(4)	588270
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	1664380
d Total of balance and additions (add b and c(6))	7d	6781011
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	284673
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	142587
(4) Other (specify below)	7e(4)	2004
▶ CONTRACT SURRENDER CHARGES		
(5) Total deductions	7e(5)	429264
f Balance at the end of the current year (subtract e(5) from d)	7f	6351747

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan IRMH 403(B) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INDIAN RIVER MEDICAL CENTER, INC		D Employer Identification Number (EIN) 59-2496294

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VARIABLE ANNUITY LIFE INSURANCE CO	2929 ALLEN PARKWAY HOUSTON, TX 77019
74-1625348	

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

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(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?
26 66 28 52 19 29 33 49 59 64 72 99 60 37 63	NO RELATIONSHIP	32398	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

(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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan IRMH 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDIAN RIVER MEDICAL CENTER, INC	D Employer Identification Number (EIN) 59-2496294	

Part I	Asset and Liability Statement
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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)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	200029	223446
(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)	12337905	15655200
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5147703	6355643
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17685637	22234289

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17685637	22234289
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1721592	
(B) Participants	2a(1)(B)	1757607	
(C) Others (including rollovers)	2a(1)(C)	104863	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3584062

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)	7174	
(F) Other	2b(1)(F)	194319	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		201493

(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)	695	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		695

(3) Rents	2b(3)		
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(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

		(a) Amount	(b) Total
2b (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
(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)		1792226
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5578476

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	943296	
(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)		943296
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		60751
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	25777	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25777
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1029824

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4548652
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: MCGLADREY & PULLEN, LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

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

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

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 section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>IRMH 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INDIAN RIVER MEDICAL CENTER, INC</u>	D Employer Identification Number (EIN) <u>59-2496294</u>

Part I	Distributions
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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	<u>0</u>
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): <u>76-0519990</u>		
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	

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)
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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	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 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
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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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

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

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

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

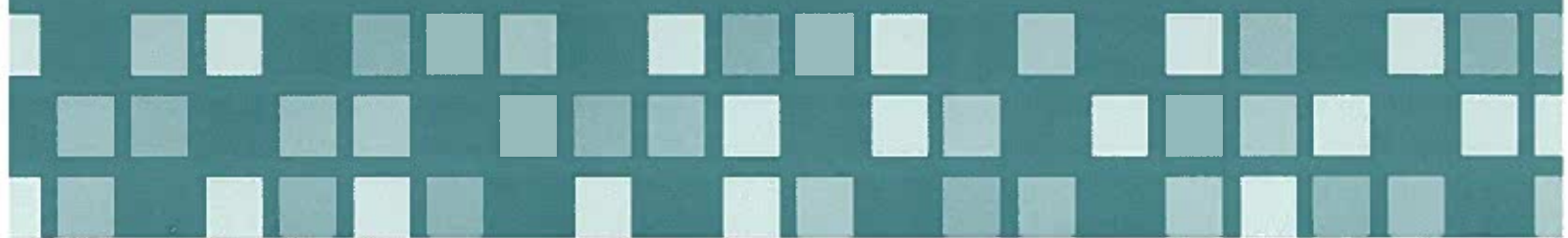
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

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

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

IRMH 403(b) Plan

Financial Report
December 31, 2010



Contents

Independent Auditor's Report	1
<hr/>	
Financial Statements	
Statements of net assets available for benefits	2
Statement of changes in net assets available for benefits	3
Notes to financial statements	4–13
<hr/>	
Supplementary Information	
Form 5500 Schedule H, Line 4i – Schedule of assets (held at end of year)	14–15
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Independent Auditor's Report

To the Plan Administrator and Participants
IRMH 403(b) Plan
Vero Beach, Florida

We were engaged to audit the accompanying statements of net assets available for benefits for IRMH 403(b) Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by The Variable Annuity Life Insurance Company, as custodian of the Plan, except for comparing information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan's Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the custodian as of and for the year ended December 31, 2010, and as of December 31, 2009.

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

McGladrey & Pullen, LLP

Orlando, Florida
October 12, 2011

IRMH 403(b) Plan

Statements of Net Assets Available for Benefits December 31, 2010 and 2009

	2010	2009
Assets:		
Investments, at fair value (Notes 3, 4 and 5):		
Registered separate accounts	\$ 15,655,200	\$ 12,337,905
Guaranteed investment accounts	6,506,646	5,272,377
Total investments	22,161,846	17,610,282
Receivables:		
Participant contributions	-	59,389
Employer contributions	937,822	915,134
Notes from participants (Note 3)	223,446	200,029
Total receivables	1,161,268	1,174,552
Net assets available for benefits at fair value	23,323,114	18,784,834
Adjustment from fair value to contract value for fully benefit-responsive investment accounts	(151,003)	(123,939)
Net assets available for benefits	\$ 23,172,111	\$ 18,660,895

See Notes to Financial Statements.

IRMH 403(b) Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2010

Additions to net assets attributed to:	
Investment results (Note 3):	
Net appreciation in fair value of investments	\$ 1,792,226
Interest	194,316
Total investment income	<u>1,986,542</u>
Interest income on notes receivable from participants	<u>7,174</u>
Contributions:	
Participants'	1,698,114
Employer	1,729,922
Rollovers	104,863
Total contributions	<u>3,532,899</u>
Total additions	<u>5,526,615</u>
Deductions to net assets attributed to:	
Benefits paid	988,289
Administrative expenses (Note 8)	27,110
Total deductions	<u>1,015,399</u>
Net increase	4,511,216
Net assets available for benefits:	
Beginning	18,660,895
Ending	<u>\$ 23,172,111</u>

See Notes to Financial Statements.

IRMH 403(b) Plan

Notes to Financial Statements

Note 1. Description of Plan

The following description of the IRMH 403(b) Plan (the "Plan"), as amended, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan, established in January 1, 2003, is a defined contribution plan covering substantially all employees of Indian River Memorial Hospital, Inc. (the "Plan Sponsor", or "Hospital"). All employees are eligible to make elective deferrals to the Plan upon the date they begin their employment with the Hospital. The Plan is subject to the provisions of the Employee Retirement Income Security Act ("ERISA").

Contributions: Each year, participants may contribute up to 100% of their compensation, up to the Internal Revenue Code ("IRC") allowable limit. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Hospital matches 50% of employee deferrals up to 4% of an employee's compensation.

Additionally, upon completion of one year of service, participants that are not classified as fixed rate, temporary or per diem are eligible to receive Employer Basic Contributions. The Employer Basic Contribution is at the Hospital's discretion and may vary year to year. For the year ended December 31, 2010, the Employer Basic Contribution to the Plan amounted to \$937,822. Allocations of the Employer Basic Contributions to each participant is based on compensation as defined in the Plan.

Participant accounts: Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution and allocations of the Hospital's contribution and Plan earnings, and charged with withdrawals and an allocation of administrative expenses and Plan losses. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions. Vesting in the Hospital's matching and Employer Basic Contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants are 100% vested in the Hospital's matching and Employer Basic contributions after reaching 3 years of credited service. Regardless of years of service, participants become 100% vested in their accounts upon reaching normal retirement age, death or permanent disability.

Investments: Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a variety of separate accounts and guaranteed interest accounts as investment options for participants. Participants may change their investment options at any time.

Notes receivable from participants: Participants may borrow from their fund accounts up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are collateralized by the balance in the participant's account and bear interest at a reasonable fixed rate determined at the date of each loan, comparable to the interest rate charged on similar commercial loans by persons in the business of lending money. Loan terms are usually a maximum of five years except for the purchase or construction of a primary residence, which may be more than five years. Principal and interest is paid ratably through payroll deductions.

IRMH 403(b) Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Payment of benefits: On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or receive regular installments over a set number of years, if such vested interest is greater than \$5,000. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Vested benefits in amounts less than \$5,000 may be distributed in a lump-sum amount without the participant election.

Participants may request hardship withdrawals of elective deferrals, rollover contributions, and vested employer contributions under certain circumstances as defined in the Plan document.

Forfeited accounts: At December 31, 2010 and 2009, forfeited nonvested accounts totaled \$3,986 and \$31,807, respectively. These accounts will be used to reduce future Hospital contributions. During the year ended December 31, 2010, \$65,498 were used to reduce Hospital contributions.

Note 2. Summary of Significant Accounting Policies

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

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis with respect to fully benefit-responsive investment contracts.

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

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

IRMH 403(b) Plan

Notes to Financial Statements

Note 2. Summary of Accounting Policies (Continued)

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Administrative expenses of the Plan are paid by the Plan or the Hospital, as provided in the Plan agreement.

Adoption of new accounting pronouncements: In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2010-06, *Improving Disclosures about Fair Value Measurements* ("ASU 2010-06"), which primarily requires new disclosures related to the levels within the fair value hierarchy. An entity is now required to disclose significant transfers in and out of Levels 1 and 2 of the fair value hierarchy, and separately present information related to purchases, sales, issuances and settlements in the reconciliation of fair value measurements classified as Level 3. In addition, ASU 2010-06 amends the fair value disclosure requirement for pension and postretirement benefit plan assets to require this disclosure at the investment class level. ASU 2010-06 was effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures related to purchases, sales, issuances and settlements for Level 3 fair value measurements, which are effective for reporting periods beginning after December 15, 2010. The Plan adopted the amendment effective January 1, 2010. The adoption did not have a material impact on the Plan's financial statements.

Recent accounting pronouncements: In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards ("IFRSs"). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

Note 3. Information Certified or Provided by Custodian

The following is a summary of the Plan's asset information as of December 31, 2010 and 2009, and for the year ended December 31, 2010, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by The Variable Annuity Life Insurance Company ("Valic"), the custodian of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the custodian that information provided to the Plan administrator by the custodians related to the following assets and asset activity is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information, except for comparing such certified information to information included in the Plan's financial statements and supplemental schedule.

IRMH 403(b) Plan

Notes to Financial Statements

Note 3. Information Certified or Provided by Custodian (Continued)

The following table presents the assets held by the Plan as of December 31, 2010 and 2009, which were certified by the custodian. Single assets representing more than 5% of the Plan's net assets are separately identified.

Description	2010	2009
Guaranteed investment accounts, at fair value *		
Fixed Account Plus	\$ 5,994,241	\$ 4,948,516
Other	512,405	323,861
Registered separate accounts of Valic, at fair value		
Vanguard Wellington Fund, Inc.	2,609,891	2,110,293
Global Strategy	1,725,617	1,502,399
Vanguard Windsor II **	1,274,213	922,188
Other	10,045,479	7,803,025
Total investments	\$ 22,161,846	\$ 17,610,282
Notes receivable from participants	\$ 223,446	\$ 200,029

* Valic also certified the contract value of guaranteed investment accounts at \$6,355,643 and \$5,148,438 as of December 31, 2010 and 2009, respectively.

** Amount represents less than 5% of Plan assets for the year ended December 31, 2009, but is included for comparative purposes.

Valic also certified to the completeness and accuracy of \$1,792,226 of net appreciation in fair value of registered separate accounts and \$194,316 of interest and dividends related to the aforementioned Plan investments and \$7,174 of interest income on notes from participants for the year ended December 31, 2010.

Note 4. Fair Value Measurements

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

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2010 or 2009.

Registered separate accounts: Valued at net asset value ("NAV") of the underlying investments as reported by the insurance company.

Guaranteed investment accounts: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

IRMH 403(b) Plan**Notes to Financial Statements****Note 4. Fair Value Measurements (Continued)**

The following tables set forth by major type and level, within the fair value hierarchy, the Plan's investments measured at fair value as of December 31, 2010 and 2009:

December 31, 2010				
	Level 1	Level 2	Level 3	Total
Guaranteed investment accounts	\$ -	\$ 6,506,646	\$ -	\$ 6,506,646
Registered separate accounts:				
Large Cap funds	-	3,121,503	-	3,121,503
Mid Cap funds	-	2,753,989	-	2,753,989
Small Cap funds	-	1,091,917	-	1,091,917
International funds	-	3,570,605	-	3,570,605
Specialty funds	-	528,991	-	528,991
Blended funds	-	1,648,579	-	1,648,579
Bond funds	-	2,770,157	-	2,770,157
Short-term investments	-	169,459	-	169,459
	-	15,655,200	-	15,655,200
Total	\$ -	\$ 22,161,846	\$ -	\$ 22,161,846
December 31, 2009				
	Level 1	Level 2	Level 3	Total
Guaranteed investment accounts	\$ -	\$ 5,272,377	\$ -	\$ 5,272,377
Registered separate accounts:				
Large Cap funds	-	2,593,992	-	2,593,992
Mid Cap funds	-	2,157,107	-	2,157,107
Small Cap funds	-	788,302	-	788,302
International funds	-	2,834,443	-	2,834,443
Specialty funds	-	263,094	-	263,094
Blended funds	-	1,318,104	-	1,318,104
Bond funds	-	2,239,693	-	2,239,693
Short-term investments	-	143,170	-	143,170
	-	12,337,905	-	12,337,905
Total	\$ -	\$ 17,610,282	\$ -	\$ 17,610,282

Changes in fair value levels: The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2010, there were no transfers between levels.

IRMH 403(b) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following table sets forth additional disclosures of the Plan's registered separate accounts whose fair value is estimated using NAV per share as of December 31, 2010 and 2009:

December 31, 2010					
	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Registered separate accounts:					
Large Cap funds (a)	\$ 3,121,503	\$ -	Daily	None	None
Mid Cap funds (b)	2,753,989	-	Daily	None	None
Small Cap funds (c)	1,091,917	-	Daily	None	None
International funds (d)	3,570,605	-	Daily	None	None
Specialty funds (e)	528,991	-	Daily	None	None
Blended funds (f)	1,648,579	-	Daily	None	None
Bond funds (g)	2,770,157	-	Daily	None	None
Short-term investments (h)	169,459	-	Daily	None	None
Total	<u>\$ 15,655,200</u>	<u>\$ -</u>			

December 31, 2009					
	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Registered separate accounts:					
Large Cap funds (a)	\$ 2,593,992	\$ -	Daily	None	None
Mid Cap funds (b)	2,157,107	-	Daily	None	None
Small Cap funds (c)	788,302	-	Daily	None	None
International funds (d)	2,834,443	-	Daily	None	None
Specialty funds (e)	263,094	-	Daily	None	None
Blended funds (f)	1,318,104	-	Daily	None	None
Bond funds (g)	2,239,693	-	Daily	None	None
Short-term investments (h)	143,170	-	Daily	None	None
Total	<u>\$ 12,337,905</u>	<u>\$ -</u>			

(a) These investments seek capital growth and invest primarily in common stocks of large capitalization companies. They normally invest the majority of assets in companies with market capitalizations similar to those of companies in the S&P 500 index. The investment manager focuses its stock selection on established companies that it believes have a sustainable competitive advantage.

(b) These investments seek to provide long-term capital appreciation by investing primarily in the stocks of midsize U.S. companies with strong earnings and revenue growth prospects.

(c) These investments seek long-term growth of capital. The funds invest primarily in common stocks and other equity securities of U.S. companies with strong earnings growth potential.

(d) These investments seek long-term growth of capital by investing in companies that are outside of the U.S.

(e) These investments seek a favorable long-term rate of return that reflects the investment performance of the financial market.

IRMH 403(b) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

(f) These investments seek conservation of capital and current income and long-term growth of capital by investing in a broad range of securities including stocks and bonds.

(g) The investments invest primarily in intermediate-term, fixed-income investments such as public and private corporate bonds, commercial and residential mortgages, asset-backed securities and U.S. government and agency-backed securities. Value is added primarily through sector allocation and security selection.

(h) These investments seek a high a level of current income consistent with preservation of principal and maintenance of liquidity. They invest in a portfolio of high quality, short-term money market instruments. The investments are U.S. dollar denominated securities which the sub-advisor believes present minimal credit risks. The sub-advisor maintains a weighted average portfolio maturity of 90 days or less.

There are no redemptions notice requirements for the accounts noted above. Participants who take redemptions from individual funds are not allowed to transfer back into those funds for ninety calendar days. New contributions are allowed during this period.

Note 5. Guaranteed Investment Accounts

As of December 31, 2010 and 2009, the Plan has two guaranteed investment accounts with Valic which, as described in Note 2, have been determined to be fully benefit-responsive. Valic maintains the contributions in its general account. Under the terms of the contracts, a crediting rate is established for amounts invested in the accounts and participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their account balance at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees. Because the guaranteed investment accounts are fully benefit -responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to those accounts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The principal is guaranteed as long as the contract is in force.

Certain events may limit the ability of the Plan to transact at contract value. Such events include but may not be limited to the following: (1) removal from the Plan of one or more groups or classifications of participants; (2) partial or complete plan termination; or (3) plan disqualification. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield earned for 2010 and 2009 was 3.0% and 3.25%, respectively. The average yield credited to participants for 2010 and 2009 was 3.0%. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3.0%.

Note 6. Tax Status

The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the exclusion from tax for Plan participants. The Plan administrators believe the Plan is currently designed and operated in compliance with the applicable requirements of the Code. Therefore, no provision for income tax has been included in the Plan's financial statements. The Plan administrator intends to apply for a determination letter on the Plan when the government opens such a program.

IRMH 403(b) Plan

Notes to Financial Statements

Note 6. Tax Status (Continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2007.

Note 7. Plan Termination

Although it has not expressed intent to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

Note 8. Parties-In-Interest

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain Plan investments are shares of mutual funds and the guaranteed investment accounts managed by Valic. Valic is the custodian as defined by the Plan and, therefore transactions with Valic qualify as party-in-interest transactions. Fees paid by the Plan to Valic amounted to \$27,110 for the year ended December 31, 2010.

Certain employees of the Hospital provide administrative services for the Plan and are not reimbursed for their services from the Plan.

Note 9. 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 the 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 and the statement of changes in net assets available for benefits.

Note 10. Reconciliation of Financial Statements to Form 5500

Fully benefit-responsive investment contracts are reported at fair value in the accompanying statements of net assets available for benefits as of December 31, 2010 and 2009, with a corresponding adjustment of net assets available for benefits from fair value to contract value for those investments. Fully benefit-responsive investment contracts are reported at contract value in the schedule of net assets and in the Form 5500.

IRMH 403(b) Plan

Notes to Financial Statements

Note 10. Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500 as of December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 23,172,111	\$ 18,660,895
Less assets not recognized per the Form 5500:		
Contributions receivable	(937,822)	(974,523)
Forfeited accounts	-	(735)
Net assets per the Form 5500	<u><u>\$ 22,234,289</u></u>	<u><u>\$ 17,685,637</u></u>

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to net income per the Form 5500 for the year ended December 31, 2010:

Increase in net assets available for benefits per the financial statements	\$ 4,511,216
Prior year contributions receivable	974,523
Current year contributions receivable	(937,822)
Prior year forfeited accounts	735
Net income per the Form 5500	<u><u>\$ 4,548,652</u></u>

IRMH 403(b) Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Guaranteed Investment Accounts:		
*	Valic Company II	Fixed Account Plus	**	\$ 5,994,241
*	Valic Company II	Short Term Fixed Account	**	512,405
		Registered Separate Accounts:		
*	Valic Company I	Vanguard Wellington Fund, Inc.	**	2,609,891
*	Valic Company I	Global Strategy	**	1,725,617
*	Valic Company I	Vanguard Windsor II	**	1,274,213
*	Valic Company I	Stock Index Fund	**	939,799
*	Valic Company I	Small Cap Index Fund	**	878,531
*	Valic Company I	Foreign Value	**	864,519
*	Valic Company I	Mid Cap Index Fund	**	837,978
*	Valic Company I	Ariel Fund	**	704,791
*	Valic Company I	Vanguard Long-term Treasury	**	685,105
*	Valic Company I	Ariel Appreciation Fund	**	646,745
*	Valic Company II	Mid Cap Value Fund	**	529,584
*	Valic Company II	Strategic Bond Fund	**	465,429
*	Valic Company I	International Equities Fund	**	462,554
*	Valic Company I	Blue Chip Growth Fund	**	310,365
*	Valic Company I	Large Cap Core	**	291,136
*	Valic Company II	Socially Responsible Fund	**	236,351
*	Valic Company I	Global Social Awareness Fund	**	223,700
*	Valic Company I	Global Real Estate Fund	**	218,431
*	Valic Company I	Value Fund	**	166,155
*	Valic Company I	International Growth I Fund	**	140,860
*	Valic Company II	Small Cap Value Fund	**	138,877
*	Valic Company II	Intl Small Cap equity	**	137,533
*	Valic Company I	Inflation Protected Fund	**	132,647
*	Valic Company I	Vanguard LT Inv-grade Fund	**	109,214
*	Valic Company I	Money Market I Fund	**	107,519
*	Valic Company I	Capital Conservation	**	87,342
*	Valic Company I	Nasdaq-100(r) Index Fund	**	83,331
*	Valic Company II	High Yield Bond Fund	**	78,402
*	Valic Company II	Vanguard Lifestrategy Growth	**	64,548
*	Valic Company II	Money Market II Fund	**	61,940
*	Valic Company II	Core Bond Fund	**	59,741
*	Valic Company I	Health Sciences Fund	**	41,415
*	Valic Company I	Vanguard Lifestrategy Moderate	**	39,948
*	Valic Company I	Mid Cap Strategic Growth	**	34,787
*	Valic Company I	Science & Technology Fund	**	32,795
*	Valic Company II	Moderate Growth Lifestyle	**	32,024
*	Valic Company I	Government Securities Fund	**	30,698
*	Valic Company I	Small Cap Fund	**	25,518
*	Valic Company II	Aggressive Growth Lifestyle	**	23,645
*	Valic Company I	Large Cap Value Fund	**	23,504
*	Valic Company II	Small Cap Growth Fund	**	23,462
*	Valic Company I	Growth & Income Fund	**	18,089
*	Valic Company I	Sm Cap Aggressive Growth	**	13,698

(Continued)

IRMH 403(b) Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Continued
December 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Valic Company I	International Government Bond	**	\$ 8,686
*	Valic Company I	Small Mid Growth Fund	**	8,077
*	Valic Company I	Global Equity	**	7,137
*	Valic Company I	Small Cap Special Value Fund	**	3,753
*	Valic Company I	Large Capital Growth Fund	**	3,612
*	Valic Company I	Core Value	**	3,135
*	Valic Company I	Vanguard Lifestrategy Conservative Fund	**	2,644
*	Valic Company I	Core Equity Fund	**	1,976
*	Valic Company I	Growth Fund	**	1,898
*	Valic Company II	Capital Appreciation Fund	**	925
*	Valic Company II	Conservative Growth Lifestyle		567
*	Valic Company I	Broad Cap Value Inc.	**	155
*	Valic Company II	Mid Cap Growth Fund	**	103
*	Valic Company I	Asset Allocation Fund	**	101
*	Participants	Notes receivable from participants (Interest rate ranging from 5.0% to 6.0% maturing from 2011 through 2020)		223,446
				<u>\$ 22,385,292</u>

* Indicates a party-in-interest as defined by ERISA.

** Cost information is not required for participant directed investments.

Form 5500 - 2010

Attachment

Schedule H, line 4i--Schedule of Assets (Held at End of Year)

Name of plan IRMH 403(b) Plan			Three-digit ERISA plan number 001	
Name of plan sponsor as shown on line 2a of Form 5500 Indian River Medical Center, Inc.			Employer Identification Number 59-2496294	
Contract Number: 48781 Plan Number: 002				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS		5,843,238
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		512,405
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE		23,645
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND		646,745
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		704,791
	VALIC SEPARATE ACCOUNT A	ASSET ALLOCATION FUND		100
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		310,365
	VALIC SEPARATE ACCOUNT A	BROAD CAP VALUE INC		155
	VALIC SEPARATE ACCOUNT A	CAPITAL APPRECIATION FUND		925
	VALIC SEPARATE ACCOUNT A	CAPITAL CONSERVATION		87,342
	VALIC SEPARATE ACCOUNT A	CONSERVATIVE GROWTH LIFESTYLE		567
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		59,741
	VALIC SEPARATE ACCOUNT A	CORE EQUITY FUND		1,976
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE		3,135
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		864,519
	VALIC SEPARATE ACCOUNT A	GLOBAL EQUITY		7,137
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		218,431
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		223,700
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		1,725,617
	VALIC SEPARATE ACCOUNT A	GOVERNMENT SECURITIES FUND		30,698
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		18,089
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		1,898
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		41,415
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		78,402
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND		132,647
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL EQUITIES FUND		462,554
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GOVERNMENT BOND		8,686
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH I FUND		140,860
	VALIC SEPARATE ACCOUNT A	INTL SMALL CAP EQUITY		137,533
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		291,136
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		23,504
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		3,612
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		103
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		837,978
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		34,787
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		529,584
	VALIC SEPARATE ACCOUNT A	MODERATE GROWTH LIFESTYLE		32,024
	VALIC SEPARATE ACCOUNT A	MONEY MARKET I FUND		107,519
	VALIC SEPARATE ACCOUNT A	MONEY MARKET II FUND		61,940
	VALIC SEPARATE ACCOUNT A	NASDAQ-100(R) INDEX FUND		83,331
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		32,795
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH		13,698
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		25,518
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		23,462
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		878,531
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		3,753
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		138,877
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		8,077
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		236,351
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		939,799
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		465,429
	VALIC SEPARATE ACCOUNT A	VALUE FUND		166,155
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY CONSER		2,644

Form 5500 - 2010

Attachment

Schedule H, line 4i--Schedule of Assets (Held at End of Year)

Name of plan IRMH 403(b) Plan			Three-digit ERISA plan number 001	
Name of plan sponsor as shown on line 2a of Form 5500 Indian River Medical Center, Inc.			Employer Identification Number 59-2496294	
Contract Number: 48781 Plan Number: 002				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY GROWTH		64,548
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA		39,948
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		685,105
	VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND		109,214
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND, INC.		2,609,891
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		1,274,213
	Participant Loans	3.00%		223,446