

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</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>IRMC 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; include room or suite number (employer, if for a single-employer plan) <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. Signature of plan administrator	<u>10/14/2013</u> Date	<u>JOHN F PEEPLES</u> Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN																		
5 Total number of participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="width: 90%; text-align: right;">2120</td> </tr> </table>	5	2120																
5	2120																			
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a</td> <td style="width: 90%; text-align: right;">1677</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">534</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">2211</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">2211</td> </tr> <tr> <td style="text-align: center;">6g</td> <td style="text-align: right;">1761</td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">25</td> </tr> </table>			6a	1677	6b	0	6c	534	6d	2211	6e	0	6f	2211	6g	1761	6h	25
6a	1677																			
6b	0																			
6c	534																			
6d	2211																			
6e	0																			
6f	2211																			
6g	1761																			
6h	25																			
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td style="width: 90%;"></td> </tr> </table>	7																	
7																				
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2H 2L 2M 2T 2S																				
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																				
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																			
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) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																			

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2012 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

A Name of plan IRMC 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	1372	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
1519	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	
1122			3

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

SORRENTION, 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	
137			3

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

CHILDERS, RUSSELL H

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	
59			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	
41			3

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

KAMINSKI, CAROLYN 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	
34			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	
30			3

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

FORTNER, ROBERT W

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	
30			3

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

JARVIS, STEVEN

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	
21			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	
13			3

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

VINCENT, GAYLE T

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	
11			3

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

MESERVE, KEVIN F

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	
11			3

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

SILVA, DANIEL D

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

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	7027368
5 Current value of plan's interest under this contract in separate accounts at year end	5	17594585

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

b Premiums paid to carrier	6b	7167830
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c Premiums due but unpaid at the end of the year	6c	
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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	6d	
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Specify nature of costs ▶

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	7167830
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c Additions: (1) Contributions deposited during the year	7c(1)	946	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	194789	
(4) Transferred from separate account	7c(4)	479599	
(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	675334
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d Total of balance and additions (add lines 7b and 7c(6))	7d	7843164
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	597380	
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(2) Administration charge made by carrier	7e(2)	0
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(3) Transferred to separate account	7e(3)	214779
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(4) Other (specify below)	7e(4)	3636
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▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions	7e(5)	815795
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	7027369
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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 organizations(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 line 9c(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, line 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 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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012	
A Name of plan IRMC 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	1282	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
0	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

(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	

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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** 2335569**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b** 311203**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. **6d**

Specify nature of costs ▶

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** 311203**c** Additions: (1) Contributions deposited during the year **7c(1)** 1916123(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 37035(4) Transferred from separate account **7c(4)** 230692(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 2183850**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 2495053**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 151767(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 7320(4) Other (specify below) **7e(4)** 396▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 159483**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 2335570

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 organizations(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 line 9c(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, line 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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan IRMC 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 37 66 28 52 19 29 33 49 59 64 72 99 60 63	NO RELATIONSHIP	38747	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VALIC RETIREMENT SERVICES CO

51-0396365

(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?
19 28 29 33 49 52 59 60 61 63 64 72 99	NO RELATIONSHIP	10474	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>IRMC 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	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(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)	240268	55198
	(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)	17412205	23161582
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7487781	9733069
	(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	25140254	32949849

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	25140254	32949849
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1970004	
(B) Participants	2a(1)(B)	4225786	
(C) Others (including rollovers)	2a(1)(C)	629280	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6825070
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)	9541	
(F) Other	2b(1)(F)	232050	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		241591
(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)	181393	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		181393
(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)		2644803
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9892857

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2009101	
(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)		2009101
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		30168
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	43993	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		43993
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2083262

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		7809595
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: CROWE HORWATH LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>IRMC 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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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 (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
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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. 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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IRMC 403(b) PLAN
Vero Beach, Florida

FINANCIAL STATEMENTS
December 31, 2012 and 2011

IRMC 403(b) PLAN
Vero Beach, Florida

FINANCIAL STATEMENTS
December 31, 2012 and 2011

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
IRMC 403(b) Plan
Vero Beach, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the IRMC 403(b) Plan, which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Variable Annuity Life Insurance Company and AIG Federal Savings Bank, the custodians of the Plan, except for comparing such information with the related information included in the 2012 financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2012 and for the year then ended that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

(Continued)

Other Matters

The statement of net assets available for benefits of the IRMC 403(b) Plan as of December 31, 2011, was reported on by other auditors whose report dated October 4, 2012, disclaimed an opinion for the same reasons described in the Basis for Disclaimer of Opinion paragraph. The form and content of the information included in that financial statement, other than that derived from information certified by the custodians, were audited by them in accordance with auditing standards generally accepted in the United States of America and, in their opinion, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2012 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the 2012 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


Crowe Horwath LLP

Fort Lauderdale, Florida
October 11, 2013

IRMC 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
Investments, at fair value (Notes 3 and 4)	\$ 32,894,651	\$ 25,137,918
Receivables		
Employer contributions	1,087,210	993,222
Notes from participants (Note 3)	<u>55,198</u>	<u>240,268</u>
Total receivables	<u>1,142,408</u>	<u>1,233,490</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	34,037,059	26,371,408
Adjustment from fair value to contract value for fully benefit-responsive investment accounts	<u>-</u>	<u>(237,932)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 34,037,059</u>	<u>\$ 26,133,476</u>

See accompanying notes to financial statements.

IRMC 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2012

Investment income (loss)	
Net appreciation in fair value of investments	\$ 2,636,046
Interest and dividends	<u>441,008</u>
Total investment loss	3,077,054
Contributions	
Participants'	4,225,786
Employer's	2,073,564
Rollovers	<u>629,280</u>
Total contributions	<u>6,928,630</u>
Benefits paid	(2,058,143)
Administrative expenses (Note 8)	<u>(43,958)</u>
Total deductions	<u>(2,102,101)</u>
Net increase	7,903,583
Net assets available for benefits	
Beginning of year	<u>26,133,476</u>
End of year	<u><u>\$ 34,037,059</u></u>

See accompanying notes to financial statements.

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE 1 - DESCRIPTION OF PLAN

The following description of the IRMC 403(b) Plan (the "Plan"), as amended and restated effective October 3, 2011, 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 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, 2012, the employer basic contribution to the Plan amounted to \$1,087,210.

Participant Accounts: Each participant's account is credited with the participant's contributions and an allocation of (a) the Hospital's contributions, (b) Plan earnings, and (c) forfeitures of employer contributions, and is charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on participant earnings 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. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Retirement, Death and Disability: A participant is entitled to 100% of his or her account balance upon retirement, death or disability.

Vesting: Participants are immediately vested in their contributions. Vesting in the remainder of their accounts, plus actual earnings thereon, is based on years of continuous service. Participants are 100% vested in the Hospital's contributions after reaching 3 years of credited service.

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 secured 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 are paid ratably through payroll deductions.

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

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.

Assets Pledged as Collateral: Loans are available to participants through VALIC, subject to certain limitations. Loans are issued directly to Plan participants from the funds owned by VALIC. The loans are secured by assets held in the participant's Fixed Account. Issuance of these loans has no impact on the statement of net assets available for benefits. The amount of the Plan assets pledged as collateral for loans issued to participants by VALIC at December 31, 2012 and 2011, was \$706,333 and \$592,390, respectively.

Forfeitures: Any non-vested account balance remaining after the distribution of a terminated participant's vested account balance is forfeited. As of December 31, 2012 and 2011, forfeited nonvested accounts totaled \$15,073 and \$8,749, respectively. These accounts will be used to reduce future Hospital contributions. During the year ended December 31, 2012, \$9,572 was used to reduce Hospital contributions.

Administrative and Investment Management Expenses: Loan origination fees associated with notes receivable from participants and the Plan's record keeping and custodian fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. All other expenses of the Plan are paid by the Hospital.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Purchases and sales 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 (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances.

Risks and Uncertainties: The Plan holds various investments. Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair values of investments 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.

Fully Benefit-Responsive Investment Contracts: While Plan investments are presented at fair value in the statement of net assets available for benefits, any material difference between the fair value of the Plan's direct and indirect interests in fully benefit-responsive investment contracts and their contract value is presented as an adjustment line in the statement of net assets available for benefits, because contract value is the relevant measurement attribute for that portion of the Plan's net assets available for benefits. Contract value represents contributions made to a contract, plus earnings, less participant withdrawals and administrative expenses. Participants in fully benefit-responsive contracts may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Plan held a direct interest in fully benefit-responsive contracts as of December 31, 2011.

Payment of Benefits: Benefits are recorded when paid.

Reclassification: Certain prior year amounts have been reclassified to conform to the current year presentation.

NOTE 3 - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

Substantially all information pertaining to the Plan's investments and notes receivable from participants included in the financial statements, including the associated investment income (loss) and interest earned on notes receivable from participants, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by The Variable Annuity Life Insurance Company ("VALIC") and AIG Federal Savings Bank ("AIG"), the custodians of the Plan. This information has not been audited by independent accountants.

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE 3 - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS (Continued)

The following presents the fair values of investments that represent 5% or more of the Plan's net assets available for benefits.

	<u>2012</u>	<u>2011</u>
Investment contract - VALIC guaranteed account		
Fixed Account Plus	\$ 6,611,579	\$ 6,670,446
Fixed Interest Option	2,335,569	311,203 *
 VALIC Separate Account A	 16,888,252	 16,279,956
 Subaccounts of VALIC Separate Account A		
Vanguard Wellington Fund	2,830,677	2,864,895
Global Strategy Fund	1,881,713	1,729,061
Vanguard Windsor II Fund	1,226,606 *	1,310,031

* Investment does not represent 5% or more of the Plan's assets. Shown for comparative purposes only.

During 2012, the Plan's investments held by the custodians (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

Variable annuity contracts	\$ 2,308,283
Mutual funds	<u>327,763</u>
	<u>\$ 2,636,046</u>

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Variable Annuity Contracts: The fair values of participation units held in variable annuity contract subaccounts of VALIC Separate Account A are based on the net asset values reported by the VALIC as of the financial statement dates and recent transaction prices (level 2 inputs). The net asset values of the subaccounts are updated daily based upon the investment performance of the underlying mutual fund they invest in less a deduction for charges. VALIC Separate Account A, which is structured as a unit investment trust, is comprised of numerous subaccounts which each invest in a single mutual fund managed either by an affiliate of VALIC or a by an independent third party. The investment strategies of these subaccounts are consistent with each of the mutual funds identified in the name of the fund. Participants direct their investments to certain of the underlying "subaccounts" of VALIC Separate Account A available to them under the Plan. Each subaccount provides for daily redemptions by the Plan with no advance notice requirements, and has redemption prices that are determined by the fund's net asset value per unit.

Investment Contract: As of December 31, 2012, the fair values of the investment contracts have been determined based on the terms of the contract to approximate contract value (level 3 inputs), as the terms of the contracts prohibit transfer or assignment of rights under the contracts, frequent re-setting of contractual interest rates based upon market conditions, and no defined maturities. In addition, management has determined that no adjustment from contract value is required for credit quality considerations. As of December 31, 2011, the fair values of the investment contracts were determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (level 3 inputs).

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.

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at December 31, 2012 Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investment contracts with insurance company	\$ -	\$ -	\$ 9,733,069
Variable annuity contracts categorized by nature of underlying investments of the subaccounts:			
Large cap funds	-	6,395,386	-
Mid cap funds	-	3,170,498	-
Small cap funds	-	1,181,497	-
International funds	-	3,951,797	-
Intermediate government bond funds	-	1,022,374	-
Fixed income funds	-	1,062,715	-
Short-term investments	-	103,985	-
	-	16,888,252	-
Mutual funds			
Large cap funds	1,140,718	-	-
Mid cap funds	1,079,486	-	-
Small cap funds	680,178	-	-
International funds	1,473,147	-	-
Fixed income funds	707,123	-	-
Target retirement	1,192,678	-	-
	6,273,330	-	-
Total	\$ 6,273,330	\$ 16,888,252	\$ 9,733,069

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

	Fair Value Measurements at December 31, 2011 Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Guaranteed investment accounts	\$ -	\$ -	\$ 7,725,713
Variable annuity contracts categorized by nature of underlying investments of the subaccounts:			
Large cap funds	-	3,134,675	-
Mid cap funds	-	2,744,729	-
Small cap funds	-	1,131,570	-
International funds	-	3,579,894	-
Specialty funds	-	548,657	-
Blended funds	-	1,963,032	-
Bond funds	-	3,027,854	-
Short-term investments	-	149,545	-
	-	16,279,956	-
Mutual funds			
Large cap funds	265,216	-	-
Mid cap funds	160,308	-	-
Small cap funds	108,303	-	-
International funds	272,115	-	-
Bond fund	131,664	-	-
Lifecycle funds	194,643	-	-
	1,132,249	-	-
Total	\$ 1,132,249	\$ 16,279,956	\$ 7,725,713

The table below presents a reconciliation of all investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended December 31, 2012.

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3) Investment Contracts
Balance, January 1, 2012	\$ 7,725,713
Interest income on investment contracts held at end of year	258,456
Purchases	2,685,954
Sales	(937,054)
Balance, December 31, 2012	\$ 9,733,069

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE 5 - TAX STATUS

Effective June 28, 2013, the Internal Revenue Service began accepting applications for opinion and advisory letters for prototype and volume submitter 403(b) Plans. As of the date on the report of independent auditors, the Plan has not yet received a favorable opinion or advisory letter. Although the Plan has not received a favorable determination letter, Plan management believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE 6 - RIGHTS UPON PLAN TERMINATION

Although it has not expressed any 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 of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions and earnings thereon.

NOTE 7 - GUARANTEED INVESTMENT ACCOUNTS

As of December 31, 2011, the Plan had three guaranteed investments accounts with The Variable Annuity Life Insurance Company (VALIC) which were determined to be fully benefit-responsive. VALIC maintained the contributions in their 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 were fully benefit-responsive, contract value was 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 was probable of occurring.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield earned for 2011 was 3%. The average yield credited to participants for 2011 was 3%. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3% for participants who initiated their account prior to December 1, 2003, and 2% for any accounts initiated thereafter.

During 2012, Plan management re-evaluated the terms of the guaranteed investment accounts and have determined that the contracts are not fully benefit-responsive due to restrictions placed on participants withdrawal of their full account balance.

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE 8 - PARTIES-IN-INTEREST

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. The Plan invests in certain variable annuity contract sub-accounts of VALIC Separate Account A, and guaranteed accounts managed by VALIC. As VALIC is the custodian of the Plan these investments are considered party-in-interest investments. Fees paid by the Plan to parties-in-interest for investment management services were included as a reduction of the return earned by each fund.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2012 and 2011, to the Form 5500:

	<u>2012</u>	<u>2011</u>
Net assets available for benefits per the financial statements	\$ 34,037,059	\$ 26,133,476
Less - employer contributions receivable	<u>(1,087,210)</u>	<u>(993,222)</u>
Net assets per the Form 5500	<u>\$ 32,949,849</u>	<u>\$ 25,140,254</u>

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2012, per the financial statements to the net income reported in the 2012 Form 5500:

Increase in net assets available for benefits per the financial statements	\$ 7,903,583
Plus: prior year contributions receivable	993,222
Less: current year contributions receivable	<u>(1,087,210)</u>
Net income per the Form 5500	<u>\$ 7,809,595</u>

NOTE 10 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 11, 2013 which is the date the financial statements were available to be issued

SUPPLEMENTAL SCHEDULE

IRMC 403(B) PLAN
SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2012

Name of Plan Sponsor: IRMC 403(b) Plan
Employer Identification Number: 59-2496294
Three-Digit Plan Number: 001

		(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
(a)	(b) Identity of issue, borrower, lessor, or similar party			
Guaranteed Investment Accounts:				
*	VALIC	Fixed Account Plus	#	\$ 6,611,579
*	VALIC	Short-Term Fixed Account	#	785,921
*	VALIC	Valic Fixed-Interest	#	2,335,569
Sub-accounts of VALIC Separate Account A:				
*	VALIC	Vanguard Wellington Fund	#	2,830,677
*	VALIC	Global Strategy Fund	#	1,881,713
*	VALIC	Vanguard Windsor II Fund	#	1,226,606
*	VALIC	Stock Index Fund	#	1,183,446
*	VALIC	Mid Cap Index Fund	#	1,168,311
*	VALIC	Small Cap Index Fund	#	941,075
*	VALIC	Vanguard Long-term Treasury Fund	#	822,513
*	VALIC	Foreign Value Fund	#	583,907
*	VALIC	Mid Cap Value Fund	#	628,460
*	VALIC	Ariel Fund	#	653,136
*	VALIC	Ariel Appreciation Fund	#	632,731
*	VALIC	Strategic Bond Fund	#	609,250
*	VALIC	International Equities Fund	#	614,026
*	VALIC	Large Cap Core Fund	#	216,323
*	VALIC	Socially Responsible Fund	#	148,634
*	VALIC	Blue Chip Growth Fund	#	212,241
*	VALIC	Global Social Awareness Fund	#	74,989
*	VALIC	Global Real Estate Fund	#	199,772
*	VALIC	Value Fund	#	9,833
*	VALIC	International Growth I Fund	#	297,561
*	VALIC	Inflation Protected Fund	#	101,994
*	VALIC	Small Cap Value Fund	#	162,595
*	VALIC	Vanguard LT Inv-Grade Fund	#	143,136
*	VALIC	International Opportunities Fund	#	109,178
*	VALIC	Money Market I Fund	#	84,567
*	VALIC	Capital Conservation Fund	#	50,022
*	VALIC	Nasdaq-100(r) Index Fund	#	109,025

(Continued)

IRMC 403(B) PLAN
SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2012

		(c) Description of investment including maturity date, rate of interest, collateral,	(d)	(e)
(a)	(b) Identity of issue, borrower, lessor, or similar party	par or maturity value	Cost	Current value
*	VALIC	Vanguard Lifestrategy Growth Fund	#	95,670
*	VALIC	Core Bond Fund	#	66,000
*	VALIC	High Yield Bond Fund	#	70,136
*	VALIC	Science & Technology Fund	#	59,387
*	VALIC	Health Sciences Fund	#	72,891
*	VALIC	Vanguard Lifestrategy Moderate Fund	#	48,428
*	VALIC	Mid Cap Strategic Growth Fund	#	14,331
*	VALIC	Money Market II Fund	#	19,419
*	VALIC	Small Cap Fund	#	24,705
*	VALIC	Large Cap Value Fund	#	30,179
*	VALIC	Government Securities Fund	#	88
*	VALIC	Small Cap Growth Fund	#	27,420
*	VALIC	Aggressive Growth Lifestyle Fund	#	27,417
*	VALIC	Sm Cap Aggressive Growth Fund	#	15,341
*	VALIC	Growth & Income Fund	#	20,559
*	VALIC	International Government Bond Fund	#	22,160
*	VALIC	Emerging Economies Fund	#	390,423
*	VALIC	Small Mid Growth Fund	#	5,778
*	VALIC	Large Capital Growth Fund	#	4,915
*	VALIC	Dividend Value Fund	#	140,291
*	VALIC	Small Cap Special Value Fund	#	4,582
*	VALIC	Moderate Growth Lifestyle Fund	#	4,492
*	VALIC	Vanguard Lifestrategy Conservative Fund	#	3,388
*	VALIC	Growth Fund	#	2,351
*	VALIC	Capital Appreciation Fund	#	1,210
*	VALIC	Conservative Growth Lifestyle Fund	#	19,787
*	VALIC	Mid Cap Growth Fund	#	525
*	VALIC	Core Equity Fund	#	317
*	VALIC	Broad Cap Value Inc. Fund	#	178
*	VALIC	Asset Allocation Fund	#	113
*	VALIC	Am Beac Holland Large Cap Growth	#	32
*	VALIC	Sunam 2020 High Watermark	#	18

(Continued)

IRMC 403(B) PLAN
SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2012

		(c) Description of investment including maturity date, rate of interest, collateral,	(d)	(e)
(a)	(b) Identity of issue, borrower, lessor, or similar party	par or maturity value	Cost	Current value
	American Funds	American Funds EuroPacific Gr R4 Fund	#	1,278,810
	MFS	MFS Lifetime 2030 R3 Fund	#	1,023,850
	T. Rowe Price	T. Rowe Price Equity Income Adv Fund	#	539,239
	Dreyfus	Dreyfus MidCap Index Fund	#	629,243
	Dreyfus	Dreyfus S&P 500 Index Fund	#	494,000
	PIMCO Funds	PIMCO Total Return Admin Fund	#	433,926
	Dreyfus	Dreyfus Small Cap Stock Index Fund	#	510,930
	Loomis Sayles Funds	Loomis Sayles Bond Retail Fund	#	272,098
	BlackRock	BlackRock Capital Appreciation Instl Fund	#	107,479
	RidgeWorth	RidgeWorth Small Cap Value Equity A Fund	#	146,626
	Columbia	Columbia Acorn International Select A Fund	#	129,508
	Goldman Sachs	Goldman Sachs Mid Cap Value A Fund	#	299,152
	OppenheimerFunds	Oppenheimer Developing Markets A Fund	#	64,828
	MFS	MFS Lifetime 2020 R3 Fund	#	102,619
	Columbia	Columbia Acorn A Fund	#	151,091
	JPMorgan	JPMorgan Small Cap Growth A Fund	#	22,622
	MFS	MFS Lifetime 2040 R3 Fund	#	21,459
	MFS	MFS Lifetime 2050 R3 Fund	#	16,408
	MFS	MFS Lifetime Retirement Income R3 Fund	#	28,343
	Federated	Short-Term Income Instl Fund	#	1,099
*	Participants	Notes receivable from participants (Interest rate ranging from 4.5% to 6.0% maturing from 2012 through 2021)		55,198
				<u>\$ 32,949,849</u>

See Independent Auditor's Report.

Form 5500 - 2011

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		6,241,447
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		785,921
	VALIC GENERAL ACCOUNT	FORFEITURE		15,073
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE		27,417
	VALIC SEPARATE ACCOUNT A	AM BEAC HOLLAND LG CAP GROWTH		32
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND		632,731
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		653,136
	VALIC SEPARATE ACCOUNT A	ASSET ALLOCATION FUND		113
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		212,241
	VALIC SEPARATE ACCOUNT A	BROAD CAP VALUE INC		178
	VALIC SEPARATE ACCOUNT A	CAPITAL APPRECIATION FUND		1,210
	VALIC SEPARATE ACCOUNT A	CAPITAL CONSERVATION		50,022
	VALIC SEPARATE ACCOUNT A	CONSERVATIVE GROWTH LIFESTYLE		19,787
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		66,000
	VALIC SEPARATE ACCOUNT A	CORE EQUITY FUND		317
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE		140,291
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES		390,423
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		583,907
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		199,772
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		74,989
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		1,881,713
	VALIC SEPARATE ACCOUNT A	GOVERNMENT SECURITIES FUND		88
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		20,559
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		2,351
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		72,891
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		70,136
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND		101,994
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL EQUITIES FUND		614,026
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GOVERNMENT BOND		22,160
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH I FUND		297,561
	VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES		109,178
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		216,323
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		30,179
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		4,915
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		525
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		1,168,311
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		14,331
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		628,460
	VALIC SEPARATE ACCOUNT A	MODERATE GROWTH LIFESTYLE		4,492
	VALIC SEPARATE ACCOUNT A	MONEY MARKET I FUND		84,566
	VALIC SEPARATE ACCOUNT A	MONEY MARKET II FUND		19,419
	VALIC SEPARATE ACCOUNT A	NASDAQ-100(R) INDEX FUND		109,025
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		59,387
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH		15,341
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		24,705
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		27,420
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		941,075
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		4,582
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		162,595
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		5,778
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		148,634
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		1,183,446
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		609,250
	VALIC SEPARATE ACCOUNT A	SUNAM 2020 HIGH WATERMARK		18
	VALIC SEPARATE ACCOUNT A	VALUE FUND		9,833
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY CONSER		3,388
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY GROWTH		95,670
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA		48,428

	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		822,513
	VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND		143,136
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND, INC.		2,830,677
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		1,226,606
	Participant Loans	(3% - 4.25%)		410,257
	VALIC FIXED-INTEREST	VALIC FIXED-INTEREST		2,335,569
	AMER FUNDS EUROPAC R4	MUTUAL FUND - AMER FUNDS EUROPAC R4		1,278,810
	BLACKROCK CAPITAL APPREC INSTL	MUTUAL FUND - BLACKROCK CAPITAL APPREC INSTL		107,479
	COLUMBIA ACORN A	MUTUAL FUND - COLUMBIA ACORN A		151,091
	COLUMBIA ACORN INTL SELECT A	MUTUAL FUND - COLUMBIA ACORN INTL SELECT A		129,508
	DREYFUS MIDCAP INDEX	MUTUAL FUND - DREYFUS MIDCAP INDEX		629,243
	DREYFUS S&P 500 INDEX	MUTUAL FUND - DREYFUS S&P 500 INDEX		494,000
	DREYFUS SM CAP STK INDX	MUTUAL FUND - DREYFUS SM CAP STK INDX		510,930
	FEDERATED S/T INCOME INSTL SVC	MUTUAL FUND - FEDERATED S/T INCOME INSTL SVC		1,099
	GOLDMAN SACHS MD CP VAL A	MUTUAL FUND - GOLDMAN SACHS MD CP VAL A		299,152
	JP MORGAN SMALL CAP GR A	MUTUAL FUND - JP MORGAN SMALL CAP GR A		22,622
	LOOMIS SAYLES BOND RET	MUTUAL FUND - LOOMIS SAYLES BOND RET		272,098
	MFS LIFETIME 2020 R3	MUTUAL FUND - MFS LIFETIME 2020 R3		102,619
	MFS LIFETIME 2030 R3	MUTUAL FUND - MFS LIFETIME 2030 R3		1,023,850
	MFS LIFETIME 2040 R3	MUTUAL FUND - MFS LIFETIME 2040 R3		21,459
	MFS LIFETIME 2050 R3	MUTUAL FUND - MFS LIFETIME 2050 R3		16,408
	MFS LIFETIME RETIREMENT INC R3	MUTUAL FUND - MFS LIFETIME RETIREMENT INC R3		28,343
	OPPENHEIMER DEVELOP MKTA	MUTUAL FUND - OPPENHEIMER DEVELOP MKTA		64,828
	PIMCO TOTAL RET ADMIN	MUTUAL FUND - PIMCO TOTAL RET ADMIN		433,926
	RIDGEWORTH SMALL CAP VAL EQ A	MUTUAL FUND - RIDGEWORTH SMALL CAP VAL EQ A		146,626
	T ROWE PRICE EQ INC ADV	MUTUAL FUND - T ROWE PRICE EQ INC ADV		539,239