

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information								
1a Name of plan <u>MARTIN MEMORIAL HEALTH SYSTEMS, INC. 403(B) RETIREMENT SAVINGS 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/2005</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>09/01/2005</u>					
1b Three-digit plan number (PN) ▶	<u>002</u>								
1c Effective date of plan <u>09/01/2005</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MARTIN MEMORIAL HEALTH SYSTEMS, INC.</u> <u>300 HOSPITAL AVE</u> <u>P.O. BOX 9033</u> <u>STUART, FL 34995-9033</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>59-2307522</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>772-223-5945</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>59-2307522</u>		2c Sponsor's telephone number <u>772-223-5945</u>		2d Business code (see instructions) <u>622000</u>			
2b Employer Identification Number (EIN) <u>59-2307522</u>									
2c Sponsor's telephone number <u>772-223-5945</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.	10/08/2014	MARK E. ROBITAILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2014	MARK E. ROBITAILLE
	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 MARK E. ROBITAILLE P.O. BOX 9033 STUART, FL 34995-9033		3b Administrator's EIN 59-2307522
		3c Administrator's telephone number 772-223-5945
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	2967
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants	6a	3258
b Retired or separated participants receiving benefits	6b	6
c Other retired or separated participants entitled to future benefits.....	6c	314
d Subtotal. Add lines 6a , 6b , and 6c	6d	3578
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	2
f Total. Add lines 6d and 6e	6f	3580
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	3055
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2M 2S 2T		
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>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2013
		This Form is Open to Public Inspection

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

A Name of plan MARTIN MEMORIAL HEALTH SYSTEMS, INC. 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 MARTIN MEMORIAL HEALTH SYSTEMS, INC.	D Employer Identification Number (EIN) 59-2307522	

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.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(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
42-0127290	61271	452752	245	01/01/2013	12/31/2013

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	24288

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

FIDELITY INVESTMENTS TAX EXEMPT SER
82 DEVONSHIRE ST
STE MCIE
BOSTON, MA 02109-3605

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	24288	REFERRAL/SERVICE FEE	3

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

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

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

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

(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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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

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

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

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

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

b Balance at the end of the previous year	7b	7631460
--	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)	2354534	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	154907	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	2509441
---------------------------	--------------	---------

d Total of balance and additions (add lines 7b and 7c(6))	7d	10140901
---	-----------	----------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1794461	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	1794461
----------------------------	--------------	---------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	8346440
---	-----------	---------

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
		2013
		This Form is Open to Public Inspection.

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

A Name of plan MARTIN MEMORIAL HEALTH SYSTEMS, INC. 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MARTIN MEMORIAL HEALTH SYSTEMS, INC.	D Employer Identification Number (EIN) 59-2307522

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INV INST OPS CO

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INV INST OPS CO

04-2647786

(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?
64 37 65 60	RECORDKEEPER	25755	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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
FIDELITY INV INST OPS CO	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>AMERICAN CENTURY EQUITY INC</p> <p>44-0619208</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.35%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV INST OPS CO</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>COHEN & STEERS RLTY BOSTON FIN</p> <p>20-4949326</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.40%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV INST OPS CO</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>GS MID CAP VALUE A - GOLDMAN SACHS</p> <p>13-5108880</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.50%</p>		

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
FIDELITY INV INST OPS CO	60	0
(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.	
GS SM CAP VALUE INST-GOLDMAN 13-5108880	.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPS CO	60	0
(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.	
HARTFORD SMALL CO Y - HARTFORD 41-0679409	.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPS CO	60	0
(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.	
MUNDER MID CAP CORE GR Y - BNY MELL PO BOX 9793 PROVIDENCE, RI 02940	.25%	

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
FIDELITY INV INST OPS CO	60	0
(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.	
PIMCO TOTAL RETURN INSTOSTON 04-2526037	.03%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPS CO	60	0
(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.	
PRINCIPAL FIXED ACCOUNT 42-0127290	.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPS CO	60	0
(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.	
AMERICAN FUNDS FUNDAMENTAL INVS R5 95-2566717	.05%	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan MARTIN MEMORIAL HEALTH SYSTEMS, INC. 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 MARTIN MEMORIAL HEALTH SYSTEMS, INC.	D Employer Identification Number (EIN) 59-2307522	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(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)	1335723	705027
(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)	2635960	2746467
(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)	65004540	78456138
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7676349	8346440
(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	76652572	90254072

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1349	
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1349	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	76651223	90254072
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1222	
(B) Participants	2a(1)(B)	7151331	
(C) Others (including rollovers)	2a(1)(C)	675758	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7828311

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)	149188	
(F) Other	2b(1)(F)	154907	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		304095

(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)	3371080	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3371080

(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)		9136934
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		20640420

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6762218	
(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)		6762218
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		148602
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	126751	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		126751
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7037571

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13602849
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: **MAYER-HOFFMAN MCCANN**

(2) EIN: **43-1947695**

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		2000000
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)

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan MARTIN MEMORIAL HEALTH SYSTEMS, INC. 403(B) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MARTIN MEMORIAL HEALTH SYSTEMS, INC.		D Employer Identification Number (EIN) 59-2307522
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
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)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2013 v. 130118		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN**

**Financial Statements
and
Supplemental Schedule**

**December 31, 2013 and 2012
(With Independent Auditor's Report Thereon)**

**MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN**

INDEX

	<u>Page</u>
Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2013	4
Notes to Financial Statements	5 - 13
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	14



Independent Auditor's Report

To the Plan Administrator of
Martin Memorial Health Systems 403(b) Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Martin Memorial Health Systems 403(b) Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2013 and 2012 and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

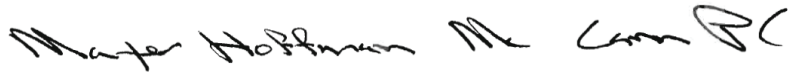
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2013, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

A handwritten signature in black ink, appearing to read "Mayer Hoffman".

September 15, 2014
Clearwater, Florida

**MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN**

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Investments at fair value:		
Registered investment companies	\$ 79,161,165	66,340,263
Guaranteed investment contract	<u>8,346,440</u>	<u>7,631,460</u>
Total investments at fair value	87,507,605	73,971,723
Notes receivable from participants	<u>3,432,880</u>	<u>3,173,771</u>
Net assets available for benefits at fair value	90,940,485	77,145,494
Adjustment from fair value to contract value for fully benefit responsive investment contract	<u>-</u>	<u>43,540</u>
Net assets available for benefits	<u><u>\$ 90,940,485</u></u>	<u><u>77,189,034</u></u>

MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2013

Additions:

Investment income:

Interest and dividends on registered investment companies	\$ 3,371,080
Interest on guaranteed investment contract	154,907
Interest on notes receivable from participants	149,188
Net realized and unrealized appreciation in fair value of registered investment companies	<u>9,136,934</u>
Total investment income	<u>12,812,109</u>

Contributions:

Participants	7,151,331
Rollover	675,758
Other	<u>1,222</u>
Total contributions	<u>7,828,311</u>

Total additions to net assets	<u>20,640,420</u>
-------------------------------	-------------------

Deductions:

Benefit payments	6,762,218
Administrative fees	<u>126,751</u>
Total deductions from net assets	<u>6,888,969</u>

Net increase	13,751,451
--------------	------------

Net assets available for benefits:

Beginning of year	<u>77,189,034</u>
End of year	<u><u>\$ 90,940,485</u></u>

**MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

(1) Description of the Plan

The following description of Martin Memorial Health Systems 403(b) Retirement Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is sponsored by Martin Memorial Health System, Inc. (Plan Sponsor). The Plan is a defined contribution plan covering all employees of Martin Memorial Medical Center, Inc., Coastal Care Corporation, and Martin Memorial Foundation, Inc. (the Group). The Plan was amended and restated on January 1, 2009. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended such that there will be no additional mandatory non-elective or discretionary success sharing contributions under the Plan for plan years beginning on or after January 1, 2011 except for those participants who terminate employment during 2011 as a result of death, disability, or after attaining normal retirement age prior to December 31, 2011. Effective January 1, 2011, for participants in the Plan, mandatory non-elective and discretionary success sharing contributions will be made to the Martin Memorial Health Systems 401(k) Retirement Savings Plan (the 401(k) Plan). The amendment also provides that there will be no additional matching contributions under the Plan for periods beginning on or after February 12, 2012. Effective February 12, 2012, participants will be entitled to a matching contribution made to the 401(k) Plan based on elective contributions made to the Plan.

(b) Contributions

Plan participants are eligible to participate upon employment. They are automatically enrolled unless they choose to opt out. Plan participants can elect to defer up to 100% of compensation to the Plan, subject to limitations of the Internal Revenue Code (IRC). 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 contribution plans. Participants can direct the allocation of their investments between various investment fund groups.

The Plan allows for participants to make Roth 401(k) Elective Deferrals (Roth Deferrals) in addition to the pre-tax deferrals. The Roth Deferrals are subject to federal income tax in the year of the deferral, but the deferrals and, in most cases, the earnings on the deferrals are not subject to federal taxes when distributed.

**MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN**

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(c) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Group's contributions made in 2012 and prior, and Plan earnings. Allocations are based on participant earnings or account balances, as defined.

(d) Forfeitures

Terminated participants that are less than 100% vested in the Group's contribution portion of their account may forfeit the non-vested portion of their account. The forfeiture will occur in the Plan year in which the participant receives a distribution of the entire vested account or after five consecutive one year breaks in service. Forfeitures are maintained in a separate investment account in the Plan and can be used to pay administrative expenses of the Plan or reduce the contributions of the Group. For the year ended December 31, 2013, approximately \$1,900 was used to offset administrative fees. As of December 31, 2013 and 2012, the forfeiture account balance totaled \$40,505 and \$36,962, respectively.

(e) Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Group's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after three years of credited service. On termination of service due to death, disability or retirement, a participant shall be 100% vested in their accounts under the Plan. Normal retirement age under the Plan is 59 1/2.

(f) Payment of Benefits

The Plan provides for benefit distributions by lump sum payment.

(g) Notes Receivables from Participants

Participants may borrow from their account balances a minimum of \$1,000 and may borrow the lesser of 50% of their vested account balance or \$50,000. Participants may have up to two loans outstanding at any time. If approved, a loan must bear interest at commensurate local rates and must be repaid within five years except if used for the purchase of a primary residence. Participants repay the loan ratably through direct payments to the trustee. When a participant ceases to be an employee or the Plan is terminated, the balance of any outstanding loan is due immediately. As of December 31, 2013 and 2012, approximately \$686,000 and \$537,000, respectively, are included in notes receivable that have been deemed distributed for tax purposes only. Interest rates ranged from 4.25% to 8.00% at December 31, 2013.

**MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN**

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(h) Hardship Withdrawals

In the event of financial hardship, participants may request a distribution from the Plan to the extent required to satisfy the immediate financial need of the participant. Such distributions are limited to the contributions of the employee. Qualifications to receive a hardship distribution are outlined in the Plan's provisions.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at the net asset value of shares held by the Plan at year end based on quoted market prices. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

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.

(c) Administrative Fees

Fees related to the administration of the Plan are primarily paid from the forfeiture account or directly by the Plan Sponsor. Participants of the Plan may be charged with administrative and transaction-based fees on a quarterly basis.

(d) Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(e) Risks and Uncertainties

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

(3) Investment Contract with Insurance Company

The Plan has entered into a guaranteed investment contract with Principal Life Insurance Company (Principal). Fidelity Investments (Fidelity), the Plan's custodian and record keeper, does not offer guaranteed investment options and in order to enable a guaranteed option, Fidelity has entered into a sub-contract with Principal to offer this option. Principal maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

Accounting Standards Codification Topic 962-325, *Plan Accounting – Defined Contribution Pension Plans* (ASC 962-325), defines the circumstances in which an investment contract is considered fully benefit responsive and provides certain reporting and disclosure requirements for fully benefit responsive investment contracts in defined contribution plans. Principal has determined that the Principal Fixed Account in which the Plan invests to be fully benefit responsive. ASC 962-325 requires that fully benefit responsive investments be reported at fair value. However, contract value is the relevant measure to the Plan because it is the amount that is available for Plan benefits. Accordingly, investment in the Principal Fixed Account as reflected in the statements of net assets available for benefits is at fair value with a corresponding adjustment to reflect the investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.95% for 2013 and 2.6% for 2012. Such interest rates are reviewed on an annual basis for resetting. The average yield was 2.68% for 2013 and 2.63% for 2012.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption under ERISA. The Plan Administrator does not believe that any events which would limit the plan's ability to transact at contract value with participants are probable of occurring.

MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(4) Investments

The fair value of investments which individually comprise greater than 5% of net assets available for benefits as of December 31, 2013 and 2012 are as follows:

	<u>2013</u>	<u>2012</u>
Registered investment companies:		
PIMCO Total Return Inst	\$ 8,036,909	9,186,607
Fidelity Freedom 2020	8,119,271	6,408,698
Fidelity Freedom 2030	5,664,084	4,400,309
Fidelity Freedom 2025	7,697,411	5,905,964
Guaranteed investment contract:		
Principal Fixed Account	8,346,440	7,631,460

(5) Trustee Certification of Plan Investments (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the Plan's trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Total investments and notes receivable from participants, as shown in the statement of net assets available for benefits as of December 31, 2013 and 2012;
- Total investment income and related investment activity, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2013;
- The schedule of assets (held at end of year) as of December 31, 2013 included in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements.

MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(6) Fair Value Measurements

The Group applies fair value accounting guidelines under ASC 820, Fair Value Measurements and Disclosures, for all financial assets that are recognized or disclosed at fair value in the financial statements on a recurring basis (at least annually). Under these guidelines, fair value is defined as the price that would be received for the sale of an asset or paid to transfer a liability (i.e. an exit price) in an orderly transaction between market participants at the measurement date. The guidance establishes a three tier fair value hierarchy which prioritizes the inputs used in measuring fair value as follows:

- Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at measurement date;
- Level 2: Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities in active markets or quoted prices for identical assets or liabilities in inactive markets; these might include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability (such as interest rates, volatilities, prepayment speeds, credit risks, etc.) or inputs that are derived principally from or corroborated by market data by correlation or other means;
- Level 3: Unobservable inputs that are supported by little, infrequent, or no market activity and reflect the assumptions that market participants would use in pricing the assets or liabilities.

The fair value hierarchy also requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in methodologies used at December 31, 2013 and 2012.

Registered Investment Companies

Registered investment companies are valued at the net asset value (NAV) of shares held by the Plan at year end based on quoted market prices and are classified as Level 1 investments.

Guaranteed Investment Contract

Guaranteed accounts are valued at fair value by the expected future cash flows for each contract discounted to present value, and are classified as Level 3 investments.

As there is no observable market price for these types of contracts, fair value is estimated by projecting contract balances, at the valuation date, forward to maturity dates using the contract guaranteed interest rate net of management fees and then discounting this value back using the current new money declared interest rates for each appropriate maturity term. In cases where the remaining maturity term does not fall on a declared rate term, the rate is linearly interpolated from the nearest two maturity term rates.

**MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN**

Notes to Financial Statements - Continued

(6) Fair Value Measurements - Continued

As of December 31, 2013 and 2012, the Plan's investments measured at fair value on a recurring basis were as follows:

Description	Assets Measured at Fair Value at December 31, 2013	Fair Value Measurements at December 31, 2013		
		Observable Inputs (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies:				
Large-Cap	\$ 13,323,583	13,323,583	-	-
Mid-Cap	5,458,026	5,458,026	-	-
Small-Cap	4,183,748	4,183,748	-	-
International	4,682,235	4,682,235	-	-
Specialty	631,108	631,108	-	-
Blended Investments	41,379,551	41,379,551	-	-
Bond Investments	8,797,887	8,797,887	-	-
Money Market	705,027	705,027	-	-
Total registered investment companies	79,161,165	79,161,165	-	-
Guaranteed investment contract	8,346,440	-	-	8,346,440
Total investment assets at fair value	\$ 87,507,605	79,161,165	-	8,346,440
Fair Value Measurements at December 31, 2012				
Description	Assets Measured at Fair Value at December 31, 2012	Observable Inputs (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies:				
Large-Cap	\$ 10,483,878	10,483,878	-	-
Mid-Cap	4,416,218	4,416,218	-	-
Small-Cap	3,105,376	3,105,376	-	-
International	4,104,773	4,104,773	-	-
Specialty	624,795	624,795	-	-
Blended Investments	32,096,194	32,096,194	-	-
Bond Investments	10,173,306	10,173,306	-	-
Money Market	1,335,723	1,335,723	-	-
Total registered investment companies	66,340,263	66,340,263	-	-
Guaranteed investment contract	7,631,460	-	-	7,631,460
Total investment assets at fair value	\$ 73,971,723	66,340,263	-	7,631,460

MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(6) Fair Value Measurements - Continued

The following table presents the changes in fair value of the Plan's Level 3 investments measured at fair value for the year ended December 31, 2013:

	Guaranteed Investment Contracts (Level 3)
Balance as of December 31, 2012	\$ 7,631,460
Purchases & transfers in	2,354,534
Sales & transfers out	(1,780,534)
Fees	(13,927)
Interest income	<u>154,907</u>
Balance as of December 31, 2013	\$ <u>8,346,440</u>

The Plan's investments that are categorized as Level 3 were valued utilizing third party pricing information without adjustment. Such valuations are based on unobservable inputs. A significant change in the third party information could result in a significantly lower or higher value of such Level 3 investments.

Transfers in and out of Level 3 investments relate to purchases and sales which are directed by participants of the Plan.

(7) Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate, at any time, the Plan subject to provisions of the Employee Retirement Income Security Act of 1974. In the event of plan termination, participants will become 100% vested in their accounts.

(8) Tax Status

The Plan agreement and related amendments have been designed with the intent of complying with the provisions of Section 403(b) of the Internal Revenue Code (IRC) and the regulations thereunder. The plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The Plan administrator and the Plan's management believe that the Plan is being operated in compliance with the Code, and as such, no provision for income taxes has been included in the accompanying financial statements.

The plan administrator and the Plan's tax counsel have analyzed the tax positions taken by the Plan and have concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by tax jurisdictions; however, there are currently no audits for any tax period in progress.

MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(9) Party-in-Interest

Certain Plan investments are shares of registered investment companies managed by Fidelity. Fidelity acts as the custodian of the Plan's assets, maintains participant account records, acts as administrator for the Plan, and prepares federal reports; therefore, these transactions qualify as party-in-interest transactions, but are expressly exempted from prohibited transaction rules.

Fidelity also charges investment management fees on a daily basis to the registered investment companies' accounts. It is impractical to estimate the total investment management fees paid through this arrangement with Fidelity.

The Plan paid approximately \$127,000 of administrative fees to Fidelity during 2013.

(10) 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, 2013 and 2012 to Schedule H of Form 5500:

	<u>2013</u>	<u>2012</u>
Net assets available for benefits per the financial statements	\$ 90,940,485	77,189,034
Participant loans deemed distributed for tax purposes under Internal Revenue Code Section 72(p)	<u>(686,413)</u>	<u>(537,811)</u>
Net assets available for benefits per Schedule H of Form 5500, Line 1(1)	<u>\$ 90,254,072</u>	<u>76,651,223</u>

The following is a reconciliation of net increase in net assets available for benefits for the year ended December 31, 2013 per the financial statements to Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 13,751,451
Participant loans deemed distributed for tax purposes under Internal Revenue Code Section 72(p)	<u>(148,602)</u>
Net income on Form 5500, Line 2(k)	<u>\$ 13,602,849</u>

(11) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements September 15, 2014, the date which financial statements were available to be issued.

**MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN**

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

**Employer Identification Number (EIN): 59-2307522
Plan Number: 002**

December 31, 2013

(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 (if applicable)	(e) Current Value
	Principal Fixed Account	Guaranteed Investment Contract	\$ 8,346,440
	PIMCO Total Return Inst	Registered Investment Company	8,036,909
	Cohen & Steers Realty	Registered Investment Company	631,108
	Vanguard Total Intl Stock	Registered Investment Company	324,484
	Vanguard Mid Cap Index	Registered Investment Company	1,761,920
	American Century Equity Inc	Registered Investment Company	1,146,463
	GS Small Cap Value Inst	Registered Investment Company	867,083
	GS Mid Cap Value Inst	Registered Investment Company	970,043
	American Funds Fundamental Invs R5	Registered Investment Company	3,803,833
	Hartford Small Co Y	Registered Investment Company	1,054,180
	Munder Mdcpcore Gr Y	Registered Investment Company	890,042
*	Fidelity Contrafund	Registered Investment Company	3,340,044
*	Fidelity Balanced	Registered Investment Company	1,912,845
*	Fidelity Blue Chip Growth	Registered Investment Company	2,745,584
*	Fidelity Low Price Stk	Registered Investment Company	1,836,021
*	Fidelity Diversified Intl	Registered Investment Company	3,713,220
*	Fidelity Small Cap Stock	Registered Investment Company	-
*	Fidelity Freedom Income	Registered Investment Company	275,622
*	Fidelity Freedom 2000	Registered Investment Company	147,702
*	Fidelity Freedom 2010	Registered Investment Company	1,039,179
*	Fidelity Freedom 2020	Registered Investment Company	8,119,271
*	Fidelity Freedom 2030	Registered Investment Company	5,664,084
*	Fidelity Retire Mmkt	Registered Investment Company	705,027
*	Fidelity Spartan 500 Index	Registered Investment Company	28
*	Fidelity Spartan 500 Index	Registered Investment Company	2,287,631
*	Fidelity Inst Sh Int Govt	Registered Investment Company	736,261
*	Fidelity Freedom 2040	Registered Investment Company	4,269,131
*	Fidelity Intl Small Cap	Registered Investment Company	644,531
*	Fidelity Freedom 2005	Registered Investment Company	147,285
*	Fidelity Freedom 2015	Registered Investment Company	4,224,393
*	Fidelity Freedom 2025	Registered Investment Company	7,697,411
*	Fidelity Freedom 2035	Registered Investment Company	4,403,923
*	Fidelity Freedom 2045	Registered Investment Company	1,673,442
*	Fidelity Freedom 2050	Registered Investment Company	1,805,263
	DFA US Small Cap I	Registered Investment Company	2,262,485
*	Spartan US Bond Index	Registered Investment Company	24,717
	Total investments		87,507,605
* Participant Loans **			4.25% -8.00% 2,746,467
			<u>\$ 90,254,072</u>

* Party-in-interest

** The difference between the balance of participant loans on this schedule and participant loans reported on the statements of net assets available or benefits is the amount of participant loans deemed distributed for tax purposes under Internal Revenue Code Section 72(p).

MARTIN MEMORIAL HEALTH SYSTEMS
403(B) RETIREMENT SAVINGS PLAN

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

Employer Identification Number (EIN): 59-2307522
Plan Number: 002

December 31, 2013

(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 (if applicable)	(e) Current Value
	Principal Fixed Account	Guaranteed Investment Contract	\$ 8,346,440
	PIMCO Total Return Inst	Registered Investment Company	8,036,909
	Cohen & Steers Realty	Registered Investment Company	631,108
	Vanguard Total Intl Stock	Registered Investment Company	324,484
	Vanguard Mid Cap Index	Registered Investment Company	1,761,920
	American Century Equity Inc	Registered Investment Company	1,146,463
	GS Small Cap Value Inst	Registered Investment Company	867,083
	GS Mid Cap Value Inst	Registered Investment Company	970,043
	American Funds Fundamental Invs R5	Registered Investment Company	3,803,833
	Hartford Small Co Y	Registered Investment Company	1,054,180
	Munder Mdcpcore Gr Y	Registered Investment Company	890,042
*	Fidelity Contrafund	Registered Investment Company	3,340,044
*	Fidelity Balanced	Registered Investment Company	1,912,845
*	Fidelity Blue Chip Growth	Registered Investment Company	2,745,584
*	Fidelity Low Price Stk	Registered Investment Company	1,836,021
*	Fidelity Diversified Intl	Registered Investment Company	3,713,220
*	Fidelity Small Cap Stock	Registered Investment Company	-
*	Fidelity Freedom Income	Registered Investment Company	275,622
*	Fidelity Freedom 2000	Registered Investment Company	147,702
*	Fidelity Freedom 2010	Registered Investment Company	1,039,179
*	Fidelity Freedom 2020	Registered Investment Company	8,119,271
*	Fidelity Freedom 2030	Registered Investment Company	5,664,084
*	Fidelity Retire Mmkt	Registered Investment Company	705,027
*	Fidelity Spartan 500 Index	Registered Investment Company	28
*	Fidelity Spartan 500 Index	Registered Investment Company	2,287,631
*	Fidelity Inst Sh Int Govt	Registered Investment Company	736,261
*	Fidelity Freedom 2040	Registered Investment Company	4,269,131
*	Fidelity Intl Small Cap	Registered Investment Company	644,531
*	Fidelity Freedom 2005	Registered Investment Company	147,285
*	Fidelity Freedom 2015	Registered Investment Company	4,224,393
*	Fidelity Freedom 2025	Registered Investment Company	7,697,411
*	Fidelity Freedom 2035	Registered Investment Company	4,403,923
*	Fidelity Freedom 2045	Registered Investment Company	1,673,442
*	Fidelity Freedom 2050	Registered Investment Company	1,805,263
	DFA US Small Cap I	Registered Investment Company	2,262,485
*	Spartan US Bond Index	Registered Investment Company	24,717
	Total investments		87,507,605
*	Participant Loans **	4.25% -8.00%	2,746,467
			<u>\$ 90,254,072</u>

* Party-in-interest

** The difference between the balance of participant loans on this schedule and participant loans reported on the statements of net assets available or benefits is the amount of participant loans deemed distributed for tax purposes under Internal Revenue Code Section 72(p).